



Diagnostic Classification Systems

Psychology 311
Abnormal Psychology

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Stone Age Models

- People also behaved weird
- Believed people were possessed by demons or spirits
- Solution
 - Need to release the spirit
 - Put a hole in the head - Trephining

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Time Progresses

- Humans become more sophisticated
- Weird behaviors are caused by demons
- Remove by religious rites and rituals

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Greek Empire

- Diagnostic model changes
- Hippocrates 460-377bc
- Rejected the demon explanation
- Formulated a medical model for the diagnosis of abnormal behavior.

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Hypothesized we get Problems From

- Organic injury (e.g., Head Trauma)
- Imbalance of body fluids
- Inherited susceptibility

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Divided Mental Illness into Categories

- First real diagnostic system
- Problems were caused by imbalances of four humors
- These imbalances caused different personality traits and abnormal behavior.

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Personalities

- | | |
|----------------------------------|------------------|
| • Personality | Cause |
| • Phlegmatic (indifferent) | Excessive Phlegm |
| • Sanguine (overly enthusiastic) | Excessive Blood |
| • Melancholic (Depressed) | Black Bile |
| • Choleric (Aggressive) | Yellow Bile |

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Points to Note

- First real diagnostic system
- Was based on a medical approach
- Used observation and hypotheses to support his model.
- Is the beginning of systematic treatments for the next several hundred years.
- In western civilization, the approach continues into the Roman empire
- Will have influences in Islamic models as well.

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Roman Empire

- Medical models continue
- Many Physicians
 - Galen
- Humors continue to be followed
- Other contributions as well

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Rome falls

- Early Middle Ages begins
- Western knowledge and writing decline
- Rise in Christianity
- Demons return
- Diagnosis related to religious teachings
 - Devil
 - Witchcraft

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Islamic Models

- Islamic physicians combined models of Aristotle, Galen, and Islamic teachings
- Husayn Ibn Sina
- Looked for brain structures that hosted various aspects of the mind discussed by philosophers.
- Continued a scientific approach for abnormality

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12th - 13th Centuries

- Many wars have occurred.
- Islamic teaching are rediscovered in the west.
- New models of thinking
 - E.g., Dance is used as a treatment
- Minimal progress in treatment success

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As Middle Ages Progress

- Belief in Magic and Witchcraft continues to increase.
- Some nations differentiate between mentally ill individuals and criminals

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England

- Mentally ill were categorized into two groups
 - Natural Fool
 - Were the mentally retarded
 - Intelligence never progresses beyond a child
 - Persons non compos mentis (Not of Sound Mind)
 - Did not show mental disability at birth
 - Deviant behavior was not continuous
 - Had times when they behaved normally
- 1500s
- Natural Fool = Ultimately becomes Idiot
- Persons non Compos Mentis = Lunatic

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1700's

- Most of the world is governed by Nation-States
- Mentally ill are recognized to be different than common criminals
- Initially were put into hospitals
- Ultimately the hospitals become more like prisons.
- Few people are cured.

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Phrenology

- Gall
- Bumps on the skull were reflections of personality

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First US Classification System (1840)

- Idiot
 - Was used to classify all Mental Illness
- By 1880
 - Were 8 categories

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Emil Kraepelin

- Noted two groups of symptoms seem to be together and reoccur.
- 1. Dementia Praecox
 - Mental deterioration early in life
 - Schizophrenia
- 2. Manic – Depressive Insanity
 - Marked by mood swings
 - Bipolar Disorder

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DSM - I and DSM - II

- Developed in 1952 and 1968
- Were based on psychoanalytic theory
- Had many problems.
 - Focused on internal non-observable problems
 - Diagnoses were often different (even for the same behavior)

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DSM III (1980)

- Developed by the American Psychiatric Association
- Tried to resolve many problems with the earlier DSMs
 - Listed specific symptoms and factors relevant to a disorder
 - Included specific features
 - When it begins
 - Disorder Progression
 - Life Complications
 - Others

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Characteristics

- Uses a Multiaxial approach to diagnosis
- Summarizes a variety of diverse information.
- Allows a person to be diagnosed on five different scales

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Axis I

- Clinical Disorders
- Used for most disorders.
- Does not include personality disorders or mental retardation
- Can have multiple diagnoses

- Example
 - Substance abuse Disorders

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Axis II

- Used for personality disorders and mental retardation.
- Most disorders begin in childhood and persist throughout adult life

- Example - Antisocial Personality Disorder

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Axis III

- Describe medical conditions that are relevant to the disorder

- Example – Cirrhosis of the liver

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Axis IV

- Used for psychosocial and environmental problems associated with the disorder
- Example – Homeless, unemployed.

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Axis V

- Is a global functioning scale
- Ranges from 1-100
- Low ratings indicate problems
- High ratings indicate good or superior functioning
- Example – GAF = 50 Moderate problems

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DSM IV, DSM IV-TR

- Are updates of the DSM III
- Are designed to “Fine tune” the system.
- Have added some new disorders,
- Have removed others

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Advantages of the DSM system

- Has increased the reliability of diagnosis for major disorders,
- Is less reliable for sub-disorders
- Allows for greater research in sub areas
- Makes it easier to justify treatment compensation by insurance companies
- Is similar to World Diagnostic Schemes
 - ICD-10 codes
- Others

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Problems

- Is culturally biased
 - Is applicable in some cultures but less in others.
- Has problems with validity in places
 - But is better than the past models
- Can be changed due to votes of committees rather than science
 - Allows for political bias or politically correct influences.

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Conclusions

- Many classification schemes
- DSM is currently the best model
 - Allows for changes.

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