12/01/17

PY1CL Clinical Psychology

Classification and Diagnosis

- Assessment 2-3 hours, supervising diagnoses 1 hour- can take 3 hours to come to a diagnosis of a mental health problem

Clinical Psychology: The branch of psychology responsible for understanding and treating psychopathology

Psychopathology: The study of deviations from normal or everyday psychological functioning (treating behaviours that are abnormal/not typical).

Why define disorder?

1) **Legal Reasons** – Psychologists called into court, mental health problems may be considered, helpful in understanding ways that people behave
2) **Research** – e.g., research into depression, compare someone with and without depression, need classification to define this.
3) **Evaluation of Treatment** – CBT- is it a good treatment for depression?
4) **Treatment and Support**

Statistical Infrequency

Idea that most people are average, fall into the middle of a certain scale

Below 70 on an IQ scale considered to be a disability

Anxiety and depression- very common so would fall in the middle of the scale

Problems with this:

- Ignores specific needs and circumstances of the individual
- High IQs are also rare but we don't think of these people as in need of psychological therapy
- Anxiety and depression very common

Violation of Social & Political Norms

- We often label behaviours that violate our social norms as indicative of mental health problems
- Often a first indicator might be something wrong

E.g.- A friend noticing that other friend is more anxious and starting to check all doors are lock- sign of OCD

Problems with deviation from social norms

- Different cultures differ in what they consider 'socially normal' or 'acceptable'
- In the soviet union in the 1970s and 1980s many people were diagnosed with mental health problems whose primary symptom was speaking out against the communist regime

- Natalya Gorbanevskaya- Diagnosed with schizophrenia as an explanation of her role in the red square demonstration, later described as mentally normal by French psychiatrists
- Using culture to define psychopathology is problematic because culture affects psychopathology
- Psychopathology manifests differently in different cultures (e.g. Seizisman- psychological paralysis seen in Haiti)
- Social and cultural factors affect vulnerability for psychopathology

Personal Distress

'Clinically Significant distress' used in current diagnostic systems

Diagnosis is not needed if problem does not affect everyday life

- Many people with mental health problems do experience distress
- **Positive-** Allows people to judge their own difficulties within their own life
- **Problems-** Relying solely on this is that a mental health problem doesn't necessarily lead to personal distress –
  E.g. Personality Disorder/Schizophrenia- positive delusions, behaviours may not be apparent or bother individual but may be a large problem in everyday functioning

Abnormal/maladaptive behaviour

- Unhelpful behaviours
- Impaired functioning- affecting relationships, work, parenting – how are these behaviours affecting everyday life/making things difficult
- Integrated into current diagnostic systems
- Criminals often engage in maladaptive behaviours

Best way to look at maladaptive behaviours, behaviours that aren't helpful

Harmful Dysfunction

Wakefield (1999)-

- Condition is a result of behavioural, psychological or biological dysfunction
- Dysfunction is undesirable (affects social, occupational, or other important functioning)
- Has certainty influenced diagnostic systems

Problems with approach:

- What is normal at 'behavioural, psychological and biological' level?
- Assumes difference between well-being and mental illness but increasingly recognised that a dimensional perspective might be more appropriate

Mental health as a scale/spectrum/continuum

We all fall within that

Clinical Psychologists critique this

- Classification schemes tend to us a combination of definitions

Classification Systems

- International list of causes of death (ICD)
- Diagnostic and statistical manual (DSM-5)

DSM 5

Psychopathology- A clinically significant disturbance in cognition, emotion regulation or behaviour that indicates a dysfunction in mental functioning. This is usually associated with significant distress or disability in work, relationships and other areas of functioning

- We need to understand: Normal reactions to common stressors are not mental disorders
  E.g. losing a loved one may have similar symptoms to a mental disorder but is a natural reaction to a traumatic/difficult experience

Aim: To provide an objective and reliable set of criteria for defining mental health problems

The DSM classification systems provide:

1) **Essential features**
2) **Associated features** – bigger picture, what is going on? Explicit criteria
3) **Diagnostic criteria** – gives us an idea of exactly what we are looking for
4) **Differential diagnosis information** – help us to tease apart what is going on, how might they relate/split up

Implications of Labelling

Benefits

- Diagnosis has implications for treatment
- Knowledge that others have similar experiences may be helpful
- Facilitates understanding for family/friends

Problems

- Potential for stigmatism
- Treated differently within society
- Individuals may adopt a 'sick role'
- Labelling gives illusion for understanding

Evaluation of DSM

Labelling

Categorical Approach

- There is a boundary between the 'ill' and the 'not-ill'
- There are discreet mental illnesses
- Alternatives: dimensions/complaint-oriented (symptom) approach

- Tells us nothing about causes
- May group together disorders that 'look' the same but have different causes
- Comorbidity- e.g. anxiety and depression commonly together
- Does DSM reflect reality?

Crisp et al (2000) Societal perceptions

Crisp et al., (2000)

	Severe depression	Alcohol addiction	Eating disorder	Schizophrenia
Danger to others	23%	65%	7%	71%
Unpredictable	56%	71%	29%	77%
Hard to talk to	62%	59%	38%	58%
Selves to blame	13%	60%	35%	8%
Pull self together	19%	52%	38%	8%
Never recover	23%	25%	11%	51%

19/01/17

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Models and approaches to treatment

Function of Treatment]

- **Causes** (how that problem develops in the first place/how is that problem maintained, something that keeps the problem going)
- **Symptoms**
- Palliative care (treat symptoms only)
- Identify and treat causes
- Focus on understanding and insight into problems
- Prevention or relapse prevention
- Depends on theoretical orientation of therapist and nature of therapy

Psychodynamic Approach

- Pioneered by Sigmund Freud
- 3 psychological forces:
  Id- Instinctual needs
  Ego- Rational, controls impulses of Id
  Superego- Integrates values of society
- Psychopathology caused by:
  Conflict or imbalance between Id, ego and superego
  Fixation at specific stages of development

Freud's rationale- they come from an early age

Psychodynamic therapy…

Aims:

- Reveal unconscious conflicts
- Identify conflicts, acknowledge and bring into consciousness and develop strategies for change

Psychoanalytical Techniques:

1) **Free association**: verbalise all thoughts, feelings and images that come to mind
2) **Transference**- client 'transfer's feeling towards someone else onto therapist, safe place to raise issues, therapist respond as mother, client vocalise problems
3) **Dream analysis**- may provide access into unconscious conflicts, therapist look at dream diary and try to work out where certain anxieties, suppressed feelings are coming from
4) **Interpretation**- analyst draws information together from these sources to identify conflicts

Psychoanalysis takes a long time (3-5 sessions per week for 3-7 years)

<u>Evaluation of Model</u>

- Hugely influential
- However, central concepts are had to define/observe/measure and based on own introspection
- Limited evidence as objective research is difficult (unfalsifiable)
- Freud's observations often based on a small number of individuals (observations, small subset of people)
- Not really used today in 'pure' form, not as common, not given through the NHS, done through private work

<u>Behaviourism</u>

Scientific approach

We develop our behaviours through learning

1940/1950s there were worries about unscientific model of psychopathology and dissatisfaction with medical model

Based on **learning theory:**

- Adaptive Behaviours can be acquired by learning
- So too can maladaptive behaviours

Study- Little Albert: Albert took part in a study, confident, happy, loved animals, introduced to rat, loved rat, interested excited by animal, every time Albert tried to stroke the rat experimenters banged a bar, loud noise, so every time Albert was