Classification Systems

- Background
  - Kraepelin (1913)
  - Two major systems
    - Diagnostic Statistical Manual
      - Based on axes of symptoms
      - USA system
      - First used 1952
      - now on DSM-IV
    - International Classification of diseases
      - European system
      - Supported by WHO
      - Now on ICD-10
      - Different headings
      - causes rather than mere descriptors
  - Both list same disorders
- DSM-IV
  - Gross pages 764-773
  - 5 axes of diagnosis
    - Axis 1 Clinical Syndromes
      - major diagnostic classification reached by clinical psychologist
        - "looks like e.g. major depressive disorder"
        - catatonic schizophrenia
        - generalised anxiety disorder
    - Axis 2 Developmental and personality disorders
      - additional diagnoses which may complement Axis 1
    - Axis 3 Medical Conditions
      - Physiological problems associated with the disorder
    - Axis 4 Psychosocial Stressors
      - potentially stressful background e.g. redundancy, poverty
        - might be relevant to the disorder
        - Severity rated on scale usually 1-6 (6=catastrophic)
    - Axis 5 Global Assessment of Functioning
      - considers highest level of occupational, social and psychological functioning
        - scale of 1-90
        - 1= persistent danger
        - 90 = good in all areas
        - Compares present data with last year.
- Purpose of Classifications
  - Identification of groups of behaviours or symptoms
  - Groups taken together may form a disorder type
  - Allows practitioners to communicate at a standardised level
  - Treatment can be standardised
- Assessment techniques
  - Observation of Behaviour
    - methods
      - coding systems
      - rating scales
    - evaluation
      - Strength
        - direct and detailed data
      - Weakness
        - interobserver reliability may be suspect
        - can't observe all symptom
  - Clinical Interview
    - methods
      - open ended questions
      - reliable, standardised interviews
    - evaluation
      - Strength
        - detailed
        - sensitive
      - Weakness
        - Lack Objectivity
        - Open to misinterpretation by therapist
        - Client may be unwilling to give truthful data
  - Physiological testing
    - methods
      - Brain scans
        - fMRI
        - PET
    - evaluation
      - strength
        - precise
        - measurable
      - weakness
        - expensive
        - needs more research
  - Psychological assessment
    - methods
      - psychometric tests
        - Personality
        - IQ
    - evaluation
      - strength
        - standardised
        - objective
        - quick
      - weakness
        - reliance on self report
        - question of understanding