

# CHAPTER 1

## Identifying, Detecting, and Classifying Mental Disorders: MAPS of the Territory

### Chapter Outline

Identifying Mental Disorders: What Are They?

What Is a Mental Disorder?

Assessment and Diagnosis

Reliability and Validity

Diagnostic Errors

Assessment Tools: How Do Health Professionals Detect Mental Disorders?

Detect Mental Disorders?

Life Records

Interviews

Psychological Tests

Observations

Biological Measures

Diagnostic Classification: How Do Health Professionals Categorize Mental Disorders?

A Brief History

Diagnoses With the DSM-5

Diagnosis in the Real World

The Frequency of Mental Disorders: How Common Are They?

## The Four Guiding Principles: MAPS of the Territory

M = Medical Myths

A = Attempted Answers

P = Prejudicial Pigeonholes

S = Superficial Symptoms

## Learning Objectives

After reading this chapter, you will be able to answer the following key questions:

- What are mental disorders?
- How do health professionals detect mental disorders?
- How do health professionals categorize mental disorders?
- How common are mental disorders in the United States and worldwide?
- What are four guiding principles to keep in mind when studying abnormal psychology?

## Chapter Summary

### *Identifying Mental Disorders: What Are They?*

Mental disorders have been defined in various ways, but the definition that we prefer is that mental disorders involve a dysfunction or failure of biological or psychological processes to operate as they should, resulting in some harm to the individual.

### *Assessment and Diagnosis*

Clinical assessment is the process that clinicians follow to gather the information necessary for diagnosing mental disorders. The quality of clinical assessment is judged along two dimensions: reliability and validity.

### *Assessment Tools: How Do Health Professionals Detect Mental Disorders?*

Clinicians use life records, interviews, psychological tests, behavioral observations, and biological measures as their primary sources of information. Data from these sources are usually then combined to help clinicians diagnose mental disorders.

### *Diagnostic Classification: How Do Health Professionals Categorize Mental Disorders?*

Although attempts to classify mental disorders have been made from antiquity, formal nosological systems are a product of the twentieth century. The two systems in widest use—the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in North America and the *International Classification of Diseases (ICD)* in the rest of the world—have been revised many

times. In their most recent versions, these two nosologies base diagnoses on specific, operational criteria. The *DSM-5* also allows for evaluations of other dimensions that contribute to mental disorders.

### ***The Frequency of Mental Disorders: How Common Are They?***

According to major epidemiological surveys, about one third to almost one half of adults have experienced a mental disorder at some point in their lives, and about one quarter have suffered a disorder in the prior year. Mental disorders often coexist (are comorbid); in fact, most people with one disorder in their lifetimes have had at least one other diagnosed mental disorder. The prevalence of mental disorders is associated with various demographic factors, including age, gender, educational level, and ethnicity, and varies throughout the world.

### ***The Four Guiding Principles: MAPS of the Territory***

Criticisms of the *DSM* include concerns that official labels can have harmful effects, that disorders do not constitute clear categories that are distinct from other variations in behavior, that too much attention has been paid to the reliability of diagnoses at the expense of their validity, and that most diagnostic labels imply that mental disorders are caused by individual, internal factors, thus minimizing the role of possible social causes. Diagnoses may also be affected by such real-world factors as the reimbursement requirements of health insurance companies, clients' concerns about the confidentiality of their diagnoses, clinicians' personal preferences and interests, and the ethnic and cultural backgrounds of both clinicians and clients.

Throughout this textbook, we keep four guiding principles about the *DSM* and the nature of mental disorders in mind via the acronym MAPS—medical myths, attempted answers, prejudicial pigeonholing, and superficial syndromes. Icons representing each of these four principles appear throughout the book to signal whenever a particular principle is relevant.

## **Section Reviews**

### ***Identifying Mental Disorders: What Are They?***

Mental disorders have been defined as:

- deviations from social expectations,
- conditions that clinicians treat,
- labels applied to unpopular behavior,
- conditions causing subjective distress and unhappiness, and
- dysfunctions or breakdowns in a biological or psychological process that lead to harm.

### ***Assessment and Diagnosis***

The three major steps in assessment and diagnosis are:

- gathering information,
- organizing the information into a clinical description of the person, and
- using this description and a nosology to reach a diagnosis.

The quality and utility of diagnoses depend on:

- the reliability and validity of the assessment tools used, and
- the sensitivity and specificity of the diagnoses (false positives and negatives).

### ***Assessment Tools: How Do Health Professionals Detect Mental Disorders?***

Clinicians collect assessment data from five sources, which are then usually combined to help them diagnose mental disorders. Each of these assessment sources has unique strengths:

- Life records are relatively immune to deliberate attempts by individuals to create particular impressions.
- Interviews are flexible sources of information that, when sufficiently structured, yield highly reliable diagnoses.
- Psychological tests are standardized instruments that allow accurate comparisons of a person's scores to those of others.
- Observations permit clinicians to assess the effects of situations on a person's behavior and to resolve discrepancies among other assessment sources.
- Biological measures permit assessment of internal changes that are neither observable nor reportable by clients themselves.

### ***Diagnostic Classification: How Do Health Professionals Categorize Mental Disorders?***

Scientific classification of mental disorders was first widely established in the United States with the introduction of the *DSM* in 1952. In *DSM-5* diagnoses:

- a person's behavior is compared with a set of clearly specified criteria for each disorder;
- the person's behavior must satisfy a predetermined number of these criteria for a disorder to be diagnosed; and

- a person is also assessed for medical conditions, exposure to stressors, and overall functioning, as well as the presence of mental disorders.

Diagnoses of mental disorders in the real world are influenced by:

- financial considerations,
- concerns about privacy, and
- ethnic and cultural factors that shape the way clinicians and clients understand and interact with each other.

## Key Terms

### *Identifying Mental Disorders: What Are They?*

**mental disorder** (p. 2) A behavioral or psychological syndrome that produces harmful dysfunction in an individual, causing objective impairment and/or subjective harm.

**epidemiology** (p. 4) The scientific study of the onset and frequency of disorders in certain populations.

### *Assessment and Diagnosis*

**assessment** (p. 6) The collection of information for the purpose of making an informed decision.

**correlation coefficient** (p. 7) A number that quantifies the size of relationship between two variables, noted by the symbol  $r$ , and ranging from +1.00 to -1.00. The larger the absolute value of the correlation, the stronger the relationship between the variables

**diagnosis** (p. 6) The classification of mental disorders by determining which of several possible descriptions best fits the nature of the problem(s).

**nosology** (p. 6) A classification system containing categories of disorders and rules for categorizing disorders depending on observable signs and symptoms.

**reliability** (p. 6) Consistency or agreement among assessment data; includes test-retest reliability, internal consistency, and interrater reliability.

**sensitivity** (p. 8) The probability that a person with a mental disorder is diagnosed as having that disorder.

**specificity** (p. 8) The probability that a person without any mental disorder will be diagnosed as having no disorder.

**validity** (p. 6) The degree to which an assessment instrument measures what it is supposed to measure, thereby providing an estimate of accuracy or meaning.

**Assessment Tools: How Do Health Professionals Detect Mental Disorders?**

**achievement test** (p. 11) A measure of how much a person has learned about a specific area. One example is the Wide Range Achievement Test– Revised (WRAT-3).

**aptitude test** (p. 11) A measure of the accumulated effects of educational or training experiences that attempts to forecast future performance. One example is the Scholastic Aptitude Test (SAT).

**attitude and interest tests** (p. 12) Tests that measure the range and strength of a person’s interests, attitudes, preferences, and values.

**computerized tomography (CT)** (p. 19) A neurodiagnostic procedure that provides computer-enhanced, three-dimensional pictures of the brain.

**diffusion MRI (dMRI)** (p. 21) Diffusion MRI, also known as diffusion tensor imaging, is a magnetic resonance imaging (MRI) method that allows the mapping of the diffusion process of molecules, mainly water, in biological tissues, in vivo and noninvasively; these water molecule diffusion patterns can reveal microscopic details about brain architecture.

**functional magnetic resonance imaging (fMRI)** (p. 20) Functional magnetic resonance imaging or functional MRI (fMRI) is a functional neuroimaging procedure using magnetic resonance imaging (MRI) technology that measures brain activity by detecting associated changes in cerebral blood flow.

**intelligence test** (p. 12) A measure of general mental ability and various specific intellectual abilities, such as verbal reasoning, quantitative skills, abstract thinking, visual recognition, and memory.

**life records** (p. 9) Documents associated with important events and milestones in a person’s life, such as school grades, court records, police reports, and medical histories.

**magnetic resonance imaging (MRI)** (p. 20) A neurodiagnostic procedure that tracks the activity of atoms in the body as they are “excited” by magnets in a chamber or coil placed around the patient.

**mental status examination (MSE)** (p. 10) A brief, specialized, and focused interview designed to assess a person’s memory, mood, orientation, thinking, and concentration.

**neuropsychological test** (p. 12) A psychological assessment tool that measures deficits in behavior, cognition, or emotion known to correlate with brain dysfunction and damage, and helps to determine whether a person is suffering from brain damage or deterioration.

**norm** (p. 11) A score obtained from large numbers of people who have taken a test previously under similar conditions.

**objective test** (p. 15) A personality test that requires answers or ratings to specific questions or statements that are scored quantitatively.

**personality test** (p. 14) A standardized psychological assessment of an individual's predominant personality traits and characteristics.

**positron emission tomography (PET)** (p. 19) A neurodiagnostic procedure that shows changes in the structure of the brain and in its metabolic functioning by tracking the rate at which brain cells consume injected radioactive glucose.

**projective tests** (p. 14) Personality tests that require the person to respond to ambiguous stimuli, such as inkblots, incomplete sentences, or vague drawings. The responses are thought to reveal important characteristics about people by the way they project meaning onto the ambiguous stimuli.

**psychological test** (p. 11) A systematic procedure for observing and describing a person's behavior in a standardized situation.

**self-monitoring** (p. 18) A special form of observation in which people record the frequency, duration, intensity, or quality of their own behaviors, such as smoking, eating, moods, or thoughts.

**single photon emission computed tomography (SPECT)** (p. 20) Similar to positron emission tomography (PET), a SPECT scan uses a radioactive chemical that allows pictures of the brain from several angles.

**social history** (p. 11) Obtained as part of clinical interviews, it includes assessment of educational achievements, occupational positions, family history, marital status, physical health, and prior contacts with mental health professionals.

**standardization** (p. 11) Administering and scoring a test using uniform procedures for all respondents.

**structured interview** (p. 9) An interview in which the interviewer asks questions in a predetermined sequence so that the procedure is essentially the same from one interview to another.

### ***Diagnostic Classification: How Do Health Professionals Categorize Mental Disorders?***

**Axis I** (p. 25) In *DSM-IV*, the dimension that contained 16 general groupings of major mental disorders.

**Axis II** (p. 25) In *DSM-IV*, the dimension that consisted of 10 personality disorders and mental retardation. *DSM-5* now includes these 10 disorders with all the other (former Axis I) disorders on a single axis.

**Axis III** (p. 25) In *DSM-IV*, the dimension where clinicians listed general medical conditions that could be relevant to understanding or treating a person's mental disorder. Using *DSM-5*, medical conditions are simply listed along with the mental disorders on the same axis.

**Axis IV** (p. 25) In *DSM-IV*, the dimension where clinicians recorded psychosocial and environmental stressors that could affect the diagnosis, treatment, and course of a mental disorder. Using *DSM-5*, these factors may be listed along with the mental disorders on the same axis.

**Axis V** (p. 25) In *DSM-IV*, the dimension on which clinicians rated a person's overall level of functioning at the time of the evaluation, giving a summary assessment of the person's general clinical status and providing a gauge for how well the person responded to treatment. *DSM-5* encourages use of the WHODAS system instead.

**classical method of classification** (p. 27) A method of classification in which every disorder is assumed to be a distinct and unique condition for which each and every attribute must be present for a diagnosis to be made.

**comorbidity** (p. 27) The co-occurrence of two or more mental disorders in the same person.

**culture-bound syndrome** (p. 29) A pattern of abnormal behavior that appears only in certain localities or cultures.

**field trial** (p. 23) A research study conducted in the natural environment.

**multiaxial classification** (p. 25) A system for diagnosing mental disorders and describing a person along several dimensions, or axes, including physical health, psychosocial and environmental problems, and global functioning.

**overpathologizing** (p. 29) A tendency to mistakenly construe some behavior as a symptom of a mental disorder when, in fact, the behavior is culturally appropriate.

**polythetic approach** (p. 26) An approach to classification that requires a person to meet a particular number of criteria out of a larger set of criterion symptoms to be diagnosed with a specific mental disorder.

**somaticizing** (p. 29) A tendency to express psychological problems through physical complaints.

**underpathologizing** (p. 29) A tendency for clinicians to mistakenly construe some behavior as merely reflecting a cultural difference when, in fact, it is the symptom of a mental disorder.



***The Frequency of Mental Disorders: How Common Are They?***

**prevalence** (p. 30) The total number of people who suffer from a disorder in a specific population.

**incidence** (p. 30) The number of people who develop a disorder in a specific time period, usually the previous six or twelve months

**remission** (p. 31) When symptoms of a previously present disorder are no longer apparent, implying improvement or recovery.

***The Four Guiding Principles: MAPS of the Territory***

**dimensional approach** (p. 39) An approach to describing mental disorders in which disorders are portrayed along different personality dimensions that produce a profile summarizing the person's functioning.

**Chapter Quiz**

- \_\_\_\_\_ 1. Hippocrates believed that all disorders were
  - a. biologically caused.
  - b. caused by psychological imbalances.
  - c. caused by disturbances in sleep patterns.
  - d. caused by stress.
  
- \_\_\_\_\_ 2. Developing continents, primarily Asia, Africa, and South America, have about
  - a. 60% of the psychiatric population worldwide.
  - b. 75% of the psychiatric population worldwide.
  - c. 50% of the psychiatric population worldwide.
  - d. 90% of the psychiatric population worldwide.

- \_\_\_\_\_ 3. Joel Paris's advice that you should "learn the *DSM-5* but do not believe it" is an example of
- the manual's shortcomings.
  - the evolving nature of the manual.
  - latest research in the field.
  - lack of research in the findings.
- \_\_\_\_\_ 4. Comorbidity refers to
- patients who have had near-death experiences.
  - patients with multiple chronic injuries.
  - patients with a mental disorder related to a physical disability.
  - patients with two or more mental disorders.
- \_\_\_\_\_ 5. A clinician misconstrues a certain behavior as a symptom of a mental disorder when, in fact, the behavior is considered desirable in the client's culture. This is an example of
- underpathologizing.
  - misunderstanding.
  - overpathologizing.
  - wrong observation.
- \_\_\_\_\_ 6. In the United States and Canada, mental disorders are prevalent in (an)
- estimated 35% of the population.
  - 20% of the population.
  - estimated 26% of the population.
  - 40% of the population.

- \_\_\_\_\_ 7. Injury is to rehabilitation as
- disorder is to remission.
  - remission is to disorder.
  - disorder is to order.
  - order is to disorder.
- \_\_\_\_\_ 8. While conducting a mental status examination, a clinician asks
- brief, direct questions.
  - detailed questions.
  - personal questions.
  - questions of family and friends.
- \_\_\_\_\_ 9. A field trial is conducted in a
- natural environment.
  - controlled environment.
  - unnatural environment.
  - undetermined environment.
- \_\_\_\_\_ 10. The algorithmic model of *DSM* diagnosis can be seen in
- a treatment based on a combination of prescriptions and counseling.
  - a structured report to evaluate symptoms of anxiety.
  - an interview process to determine the level of mental disorder.
  - a structured interview to check for at least five of the nine listed symptoms of major depression.
- \_\_\_\_\_ 11. Expressing psychological problems through physical complaints is known as
- somatic disorder.
  - somaticizing.
  - somatizing.
  - a somatic symptom.

- \_\_\_\_\_ 12. The best example of a mental disorder would be defining it as
- a deviation from social expectations.
  - imbalances in biological functioning.
  - a complex interaction of a variety of genes.
  - a problem with emotion regulation.
- \_\_\_\_\_ 13. Reliability can be measured by
- high test-retest reliability.
  - internal consistency.
  - interrater reliability.
  - all of the above.
- \_\_\_\_\_ 14. When a clinician correctly concludes that a condition is present, this is called
- true positive.
  - true negative.
  - false positive.
  - false negative.
- \_\_\_\_\_ 15. Observing and describing a person's behavior in a standardized situation can be done by
- psychological tests.
  - cognitive tests.
  - physiological tests.
  - psychometric tests.

- \_\_\_\_\_ 16. The most widely used neuropsychological test battery in North America is the one developed by
- Halstead-Reitan.
  - Rorschach.
  - Luria-Nebraska.
  - Reitan-Nebraska.
- \_\_\_\_\_ 17. Test-retest reliabilities for the RC scales of the MMPI-3-RF average
- .78.
  - .75.
  - .69.
  - .72.
- \_\_\_\_\_ 18. Biological measures are useful in assessing
- anxiety, mood, sexual, and other disorders.
  - depression.
  - mood swings.
  - violent behavior.
- \_\_\_\_\_ 19. Idioms such as “my nerves are shot” and “I’m having my spells again” are most likely to reflect
- cultural differences in language.
  - an informal attitude.
  - a flowery way of speaking.
  - slang.

- \_\_\_\_\_ 20. Conditions involving problems in the self-control of emotions and behaviors reflect
- disruptive, impulse-control, and conduct disorders.
  - a neurodevelopmental disorder.
  - a depressive disorder.
  - an anxiety disorder.
- \_\_\_\_\_ 21. The U.S. military devised classification schemes to include
- soldiers at the frontline.
  - the veterans who suffered mental disorders as a result of combat in World War II.
  - Vietnam war veterans.
  - the veterans who suffered mental disorders as a result of combat in World War I.
- \_\_\_\_\_ 22. According to Thomas Widiger, mental disorders are the result of a complex interaction of
- a variety of genes.
  - several genetic disorders.
  - a variety of genes with an array of environmental experiences.
  - a variety of genes with external stressors.
- \_\_\_\_\_ 23. Substance use disorders are highest in
- the U.S., Ukraine, and South Africa.
  - the U.S., New Zealand, and France.
  - the U.S., New Zealand, and Columbia.
  - the U.S., Ukraine, and Columbia.

- \_\_\_\_\_ 24. In middle- and low-income countries, 85% of patients with severe mental disorders
- a. receive minimal treatment.
  - b. receive no treatment.
  - c. have access to counseling.
  - d. have a good support system.
- \_\_\_\_\_ 25. Life records document
- a. important events in a person's life.
  - b. probable events in a person's life.
  - c. mental disorders of patients.
  - d. important diseases of patients.

**Answers to “Chapter Quiz”**

1. a
2. b
3. a
4. d
5. c
6. c
7. a
8. a
9. a
10. d
11. b
12. a
13. d
14. a
15. a
16. a
17. a
18. a
19. a
20. a
21. b
22. c
23. a
24. b
25. a