How are abnormal behavior patterns classified?

- Diagnostic Statistical Manual of Mental Disorders (DSM-IVR)
- International Statistical Classification of Diseases and Related Health Problems (the ICD-10)
- DSM-IV is compatible with the ICD, so that DSM diagnoses could be coded in the ICD system as well.

The DSM and Models of Abnormal Behavior

- DSM system (like the medical model) treats abnormal behaviors as signs or symptoms of underlying disorders or pathologies.
- However, the DSM does not assume that abnormal behaviors necessarily reflect biological causes or defects.
- Authors of DSM recognize that their use of the term mental disorder is problematic.
Features of the DSM

- DSM is descriptive, not explanatory.
- Describes the diagnostic features—or, in medical terms, symptoms—of abnormal behaviors.
- Does not attempt to:
  - explain origins of abnormal behaviors or
  - adopt any particular theoretical framework.

- DSM recommends clinicians assess mental state according to five factors, or axes.
- Together the five axes provide a broad range of information about the individual’s functioning, not just a diagnosis.

  - The system contains the following axes:
    1. Axis I: Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention.
    2. Axis II: Personality Disorders and Mental Retardation.
    3. Axis III: General Medical Conditions.
    4. Axis IV: Psychosocial and Environmental Problems.
    5. Axis V: Global Assessment of Functioning.

### Table 3.3
The Multiaxial Classification System of the DSM-IV-TR

<table>
<thead>
<tr>
<th>Axis</th>
<th>Type of Information</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I</td>
<td>Clinical disorders</td>
<td>The subsets of abnormal behavior (“mental disorders”) that impact functioning and are a focus of clinical attention.</td>
</tr>
<tr>
<td></td>
<td>Other conditions that may be a focus of clinical attention</td>
<td>Other conditions that may be in the focus of diagnosis or treatment but do not constitute mental disorders, such as academic, vocational, or social problems, and physiological factors that affect mental conditions (such as delayed recovery from surgery due to dopamine depletion).</td>
</tr>
<tr>
<td>Axis II</td>
<td>Personality disorders</td>
<td>Personality disorders involve excessive rigid, enduring, and maladaptive ways of relating to others and adjusting to environmental demands.</td>
</tr>
<tr>
<td></td>
<td>Mental retardation</td>
<td>Mental retardation involves a delay or impairment in the development of intellectual and adaptive abilities.</td>
</tr>
<tr>
<td>Axis III</td>
<td>General medical conditions</td>
<td>Chronic and acute illnesses and medical conditions that are important to the understanding or treatment of the psychological disorder or that play a direct role in causing the psychological disorder.</td>
</tr>
<tr>
<td>Axis IV</td>
<td>Psychosocial and environmental problems</td>
<td>Problems in the social or physical environment that affect the diagnosis, treatment, and outcome of psychological disorders.</td>
</tr>
<tr>
<td>Axis V</td>
<td>Global assessment of functioning</td>
<td>Overall judgment of current functioning with respect to psychological, social, and occupational functioning, the clinician may assign the highest level of functioning occurring for at least a few months during the past year.</td>
</tr>
</tbody>
</table>

Source: Adapted from the DSM-IV-TR (APA, 1994).
Sample Diagnostic Criteria for Generalized Anxiety Disorder

Features of the DSM

<table>
<thead>
<tr>
<th>Table 3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Category</td>
</tr>
<tr>
<td>Psychosocial and Environmental Problems</td>
</tr>
<tr>
<td>Difficulty concentrating or finding one’s mind going blank</td>
</tr>
<tr>
<td>Feeling irritable</td>
</tr>
<tr>
<td>Having states of muscle tension</td>
</tr>
<tr>
<td>Having difficulty falling asleep or remaining asleep or having restless, annoying sleep</td>
</tr>
<tr>
<td>Experiencing emotional distress or impairment in social, occupational, or other areas of functioning as the result of anxiety, worry, or related physical symptoms</td>
</tr>
<tr>
<td>Anxiety or worry is not accounted for by the features of another disorder</td>
</tr>
<tr>
<td>Disorder disturbed does not result from the use of a drug of abuse or intoxication or a general medical condition and does not occur only in the context of another disorder</td>
</tr>
</tbody>
</table>

Source: Adapted from (APA, 2013)
Culture-Bound Syndromes

- Culture-bound syndromes - Patterns of abnormal behavior found within only one or a few cultures.

- Culture-bound syndromes may reflect exaggerated forms of common folk superstitions and belief patterns within a particular culture.

- Culture-bound syndromes in United States include anorexia nervosa and dissociative identity disorder (formerly called multiple personality disorder).

Features of the DSM

| Table 3.5 |
| Example of a Diagnosis in the Multiaxial DSM System |

**Axis I**
- Generalized Anxiety Disorder

**Axis II**
- Dependent Personality Disorder

**Axis III**
- Hypertension

**Axis IV**
- Problem with Primary Support Group (marital separation); Occupational Problem (unemployment)

**Axis V**
- GAF = 62

Examples of Culture-Bound Syndromes from Other Cultures

<table>
<thead>
<tr>
<th>Culture-Bound Syndrome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid of de paradójico (&quot;without reasons&quot;)</td>
<td>A symptom often found among Central American people reflecting a deep sense of fear and anxiety after experiencing a traumatic event or recent personal loss. The fear may be excessive or disproportionate to the perceived danger, and it may persist without a clear reason. This condition may be related to cultural beliefs about the supernatural and the idea of spirits or malevolent forces.</td>
</tr>
<tr>
<td>Alas de mar (&quot;winged sorrow&quot;)</td>
<td>A state of non-specific depression or prolonged sadness, often attributed to cultural factors such as social isolation, family conflict, or cultural stressors. The experience of sadness may be more intense and prolonged than what is considered normal in the individual's culture.</td>
</tr>
<tr>
<td>Anoemia (acute and chronic)</td>
<td>A mental disorder experienced in some Latin American cultures, characterized by persistent feelings of tiredness, malaise, and reduced energy levels, not necessarily related to any physical illness. The emotional experience of these symptoms can exceed the limitations of normal bodily responses.</td>
</tr>
<tr>
<td>Aversión al rostro (&quot;aversion to the face&quot;)</td>
<td>A cultural belief in the power of spiritual or physical harm that can be inflicted by a person's face, which is associated with specific cultural taboos and behaviors. This can affect social interactions and daily life experiences, often leading to avoidance of face-to-face encounters or specific social practices.</td>
</tr>
<tr>
<td>Abstinencia</td>
<td>A state of abstinence or withdrawal from substances or activities, which may be culturally sanctioned or encouraged, impacting behaviors and mental states. This can affect personal choices and social behaviors, often leading to feelings of guilt or shame for engaging in certain activities.</td>
</tr>
</tbody>
</table>

Note: This table is adapted from the DSM-5 and other sources.
Evaluating the DSM System

- To be useful, a diagnostic system such as the DSM must demonstrate reliability and validity.

- Reliability - In psychological assessment, consistency of measure or diagnostic instrument or system.

- Validity - Degree to which test or diagnostic system measures the traits or constructs it purports to measure.

Advantages and Disadvantages of the DSM System

- Major advantage: designation of specific diagnostic criteria.

- Critics challenge utility of particular symptoms or features associated with particular syndromes or of specified diagnostic criteria.

- Another concern is that medical model focuses on categorizing psychological (or mental) disorders.

Advantages and Disadvantages of the DSM System

- Critics also complain that DSM system might stigmatize people by labeling them with psychiatric diagnoses.

- Sanism - The negative stereotyping of people who are identified as mentally ill.

- DSM system has become part of everyday practice of most U.S. mental health professionals.
Standards of assessment

Reliability

The reliability of a method of assessment, like that of a diagnostic system, refers to its consistency.

An assessment technique has **internal consistency** if the different parts of the test yield consistent results.

An assessment method has **test–retest reliability** if it yields similar results on separate occasions.

- **Reliability**
  - Assessment method that relies on judgments from observers or raters must show interrater reliability.
  - Raters must show a high level of agreement in their ratings.
  - For example, two teachers may be asked to use a behavioral rating scale to evaluate a child's aggressiveness, hyperactivity, and sociability.
  - The scale would have good interrater reliability if both teachers rated the same children in similar ways.
Validity

• Assessment techniques must also be valid; i.e., instruments used in assessment must measure what they intend to measure.

• **Content validity** - Degree to which content of a test or measure represents the content domain of construct it purports to measure.

• **Criterion validity** - Degree to which test correlates with an independent, external criterion or standard.

• **Construct validity** - Degree to which a test measures the hypothetical construct that it purports to measure.

• Construct validity of test of anxiety requires the results of test to predict other behaviors that would be expected, given your theoretical model of anxiety.

• A test may be reliable (give you consistent responses) but still not measure what it purports to measure (be invalid).

Methods of assessment
The Clinical Interview

Although the format may vary, most interviews cover these topics:

1. Identifying data.
2. Description of presenting problem(s).
3. Psychosocial history.
4. Medical/psychiatric history.
5. Medical problems/medication.

Interview Formats

- Unstructured interview - Clinician adopts his or her own style of questioning rather than following any standard format.

- Semistructured interview - Clinician follows a general outline of questions designed to gather essential information but is free to ask them in any order and to branch off in other directions.

- Structured interview - Interview that follows a preset series of questions in a particular order.

Computerized Interviews

- In computerized clinical interview, people respond to questions about their psychological symptoms and related concerns that are posed to them on a computer screen.

- Evidence shows: people tend to reveal as much if not more personal information to a computer than they do to a human interviewer.

- Computer interview may actually be more helpful in identifying problems that clients are embarrassed or unwilling to report to a live interviewer.
Psychological Tests

- A psychological test is a structured method of assessment used to evaluate reasonably stable traits.
- Tests are usually standardized on large numbers of subjects and provide norms that compare clients’ scores with the average.
- By comparing test results from samples of people who are free of psychological disorders with those of people who have diagnosable psychological disorders, we may gain some insights into the types of response patterns that are indicative of abnormal behavior.

Intelligence Tests

- Assessment of abnormal behavior often includes an evaluation of intelligence.
- Attempts to define intelligence continue to stir debate in the field.
- First formal intelligence test was developed by a Frenchman, Alfred Binet (1857–1911).

Intelligence Tests

- Intelligence, as given by a person’s scores on intelligence tests, is usually expressed in the form of an intelligence quotient, or IQ.
- Wechsler’s intelligence scales are today the most widely used intelligence tests.
- Most IQ scores cluster around the mean.
Objective Tests

- **Objective tests** - Self-report personality tests that can be scored objectively and are based on a research foundation.

- People are asked to respond to specific questions or statements about their feelings, thoughts, concerns, attitudes, interests, beliefs, and the like.

- Subjects might be instructed:
  - to check adjectives that apply to them,
  - to mark statements as true or false,
  - to select preferred activities from lists, or
  - to indicate whether items apply to them "always," "sometimes," or "never."
Normal distribution of IQ scores.

Figure 3.2 Normal distribution of IQ scores.

Minnesota Multiphasic Personality Inventory (MMPI-2)

- MMPI-2 contains 500+ true-false statements that assess
  - interests, habits, family relationships, physical (somatic) complaints, attitudes, beliefs, and behaviors characteristic of psychological disorders.
- MMPI-2 consists of a number of individual scales
The Millon Clinical Multiaxial Inventory (MCMI)

- MCMI was developed to help clinicians make diagnostic judgments within the DSM system, especially for personality disorders found on Axis II.
- MCMI (now in a third edition) is the only objective personality test that focuses specifically on personality disorders.
- Evidence indicates that the MCMI is useful in helping clinicians discriminate among various Axis I and Axis II disorders.

Evaluation of Objective Tests

- Objective or self-report tests are relatively easy to administer.
- Such tests often reveal information that might not be revealed during a clinical interview or by observing the person’s behavior.
- Tests are also only as valid as the criteria that were used to validate them.
Projective Tests

- **Projective tests** - Psychological tests that present *ambiguous stimuli* onto which the examinee is thought to *project* his or her personality and *unconscious motives*.

- Psychodynamic model holds that potentially *disturbing impulses and wishes*, often of a *sexual or aggressive nature*, are often *hidden from consciousness* by our *defense mechanisms*.

- *Indirect methods* of assessment, however, such as projective tests, may offer clues to unconscious processes.

The Rorschach Test

- Rorschach test was developed by Swiss psychiatrist, **Hermann Rorschach** (1884–1922).

- Clinicians who use Rorschach form interpretations based on content and form of responses.

- *Reality testing* - Ability to perceive the world accurately and to distinguish reality from fantasy.

What does this look like?
**The Thematic Apperception Test (TAT)**

- Thematic Apperception Test (TAT) was developed by psychologist Henry Murray (1943) at Harvard University in the 1930s.
  - Respondents are asked to describe what is happening in each scene, what led up to it, what the characters are thinking and feeling, and what will happen next.
  - Psychodynamic theorists believe that people will identify with the protagonists in their stories and project underlying psychological needs and conflicts into their responses.

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**Evaluation of Projective Techniques**

- Reliability and validity of projective techniques continues to be subject of extensive research and ongoing debate.
  - Although many critics would like to see projective tests scrapped, others argue that in skilled hands, tests can yield meaningful material that might otherwise not be revealed.
  - Moreover, allowing subjects freedom of expression through projective testing reduces the tendency of individuals to offer socially desirable responses.
Neuropsychological Assessment

- **Neuropsychological assessment** - Measurement of behavior or performance that may be indicative of underlying brain damage or defects.

- When neurological impairment is suspected, a neurological evaluation may be requested from a neurologist.

- Clinical neuropsychologist may also be consulted to administer neuropsychological assessment techniques, such as behavioral observation and psychological testing, to reveal signs of possible brain damage.

Bender Visual Motor Gestalt Test

- **Bender Visual Motor Gestalt Test** was one of the first neuropsychological tests to be developed and is still one of the most widely used neuropsychological tests.

- “The Bender” consists of geometric figures that illustrate various Gestalt principles of perception.

- Client is asked to copy geometric designs, and signs of possible brain damage include rotation of the figures, distortions in shape, and incorrect sizing of the figures in relation to one another.
Halstead-Reitan Neuropsychological Battery

- Halstead-Reitan test battery comprises a number of subtests, including the following:
  1. The Category Test.
  2. The Rhythm Test.
  3. The Tactual Performance Test.

Behavioral Assessment

- **Approach** to clinical assessment that focuses on objective recording and description of problem behavior.
- **Aims** to sample an individual’s behavior in settings as similar as possible to real-life situation, thus maximizing relationship between testing situation and the criterion.
- **Examiner** may conduct a **functional analysis** of problem behavior—an analysis of problem behavior in relation to antecedents, or stimulus cues that trigger it, and consequences, or reinforcements that maintain it.

Self-Monitoring

- **Self-monitoring** - Process of observing or recording one’s own behaviors, thoughts, or emotions.
- **Behaviors** that can be easily counted, such as food intake, cigarette smoking, nail biting, hair pulling, study periods, or social activities, are well suited for self-monitoring.
- Self-monitoring can produce highly accurate measurement, because the **behavior is recorded as it occurs**, not reconstructed from memory.
Analogue Measures

*Analogue measures* are intended to simulate the setting in which the behavior naturally takes place but are carried out in laboratory or controlled settings.

- Role-playing exercises are common analogue measures.
- Behavioral Approach Task, or BAT, is a widely used analogue measure of a phobic person’s approach to a feared object, such as a snake.

Behavioral Rating Scales

- A *behavioral rating scale* is a checklist that provides information about frequency, intensity, and range of problem behaviors.

  - Child Behavior Checklist (CBCL) asks parents to rate their children on more than 100 specific problem behaviors, including the following:
    - refuses to eat
    - is disobedient
    - hits
    - is uncooperative
    - destroys own things

Cognitive Assessment

- *Cognitive assessment* - Measurement of thoughts, beliefs, and attitudes that may be associated with emotional problems.
- Several methods of cognitive assessment have been developed.
  - One of the most straightforward is the *thought record or diary*.
  - Automatic Thoughts Questionnaire (ATQ-30) has clients rate the weekly frequency and degree of conviction associated with 30 automatic negative thoughts.
Physiological Measurement

- Physiological assessment - Measurement of physiological responses that may be associated with abnormal behavior.
- Measures of the GSR assess amount of electricity that passes through two points on the skin, usually of the hand.
- We assume the person’s anxiety level correlates with amount of electricity conducted across the skin.

Brain-Imaging and Recording Techniques

The electroencephalograph (EEG) - can be used to study differences in brain waves between groups of normal people and people with problems such as schizophrenia or organic brain damage.

- Computed tomography (CT) scan - aims a narrow X-ray beam at the head, and resultant radiation is measured from multiple angles as it passes through.
- Computer enables researchers to consolidate measurements into a 3-dimensional image of the brain.
- CT scan reveals structural abnormalities in the brain that may be implicated in various patterns of abnormal behavior.