

## CHAPTER 2: CLASSIFICATION AND ASSESSMENT IN CLINICAL PSYCHOLOGY CLINICAL ISSUES

### 2.1 CLASSIFYING PSYCHOPATHOLOGY

- Do clinical psychologists need psychopathology classification systems in order to do their job properly?
- What are the basic functions of a classification scheme such as DSM?
- What are the problems for the practicing clinician of using a diagnostic system that does not classify psychopathology according to its causes?
- Does giving a client a diagnostic label tend them towards adopting a 'sick role'?
- Should only individuals who have been diagnosed with a DSM-classified disorder be provided with access to structured treatment?
- Are the DSM diagnostic criteria so heterogeneous in some cases that it is possible to diagnose two people with the same disorder, but they in fact share no symptoms in common?
- Is case formulation a viable and effective alternative to diagnosis when treating mental health problems?
- Successive revisions of DSM result in changes in diagnostic criteria that either "undiagnose" some people or newly diagnose others. Are such changes acceptable?

### 2.2 METHODS OF ASSESSMENT

- What methods can a clinician use for developing a rapport with a client and gaining their trust?
- In a clinical interview, how does the clinician help the client to reveal information that they may want to withhold?
- How does a clinician deal with a client who has poor self-knowledge?
- How might the age of a clinician or the way they are dressed affect the course of a clinical interview?
- How does a clinician prevent themselves from relying too heavily on first impressions or giving priority to negative information in a clinical interview?
- A test such as the MMPI can take several hours for the client to complete. Can the clinician do anything to prevent fatigue affecting the client's responding?
- How can projective tests be used to help match a client with a suitable form of psychotherapy?
- Can only clinicians with a psychodynamic approach usefully employ projective tests?
- Are there any IQ tests that the clinician can use that will measure an individual's capacity to learn or their potential to acquire new cognitive abilities?
- Are psychophysiological measures, such as electrodermal responding, a useful measure of emotional responding for the clinician?
- Will clinical neuropsychologists always need evidence from neuroimaging techniques to confirm a diagnosis indicating neurological deficits?
- Observational methods are time consuming, so are they a good use of the clinician's time?
- How can the clinician be sure that the observational methods they are using are reliable and not affected by observer bias?
- Self-monitoring techniques facilitate behaviour change without active intervention. How can the clinician take advantage of this process when developing a treatment programme?
- Studies suggest that many clinicians view clients from low socio-economic backgrounds as more disturbed than those from higher socio-economic backgrounds. How can the clinician actively avoid such biases?
- What things should the clinician take into account when an interview is conducted in the client's second language?
- Clients from ethnic minority groups often feel apprehensive and timid when being interviewed by a clinician. How can the clinician identify and overcome these feelings?

- How can clinicians learn about and eradicate direct and indirect racism in the clinical assessment process?

### **2.3 CASE FORMULATION**

- How might a clinician's theoretical approach affect the way they conduct a case formulation?
- How important for the success of a case formulation is the collaboration of the client?