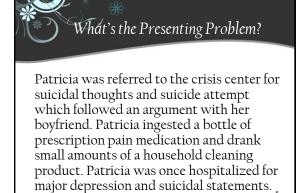


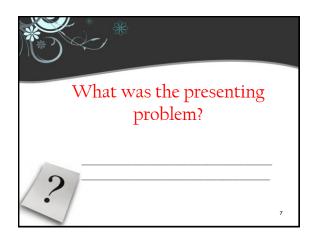


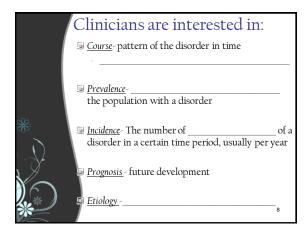
- Presenting problem
- Orientation

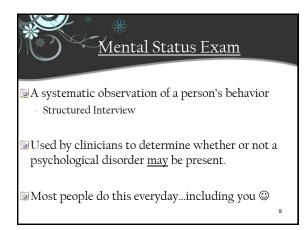


Clinical Description	
■A <u>presenting problem</u> typically refers to	
	_
™ Why are you here today?"	5

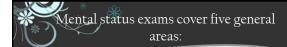












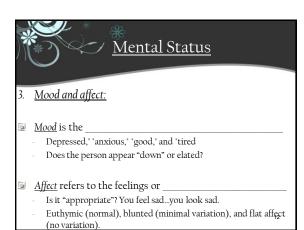
1. Appearance and behavior

Overt physical behaviors, appearance, body language, facial expression

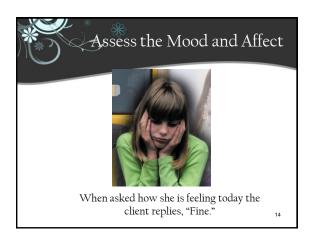
2. Thought Processes

- Are thoughts linear and organized?
- Are there delusions/hallucinations present?

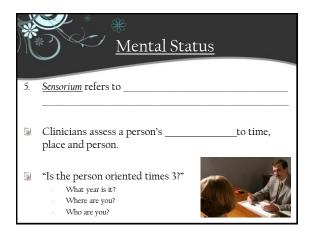
11





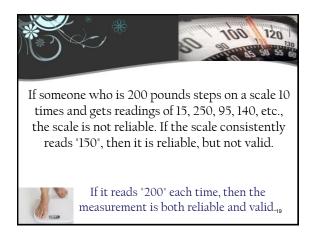


Mental Status
4. <u>Intellectual functioning:</u>Vocabulary and memory testing are used to
help determine level of intellectual functioning
Repeat these 3 words: 'pen,' 'chair,' 'flag'
The "serial 7s"
Abstracts and metaphors
Proverbs





What makes a psychological test good?	_
□ <u>Validity:</u>	_
Does the assessment measure what it is designed to measure?	
Reliability	
The, measurement, or category system	_
18	



Standardized Tests

There are literally hundreds of <u>standardized</u> <u>tests</u> clinicians can use for assessment purposes.

- 1. Intelligence Testing
- 2. Personality and Diagnostic Testing
- 3. Behavioral Assessment
- 4. Biological Tests

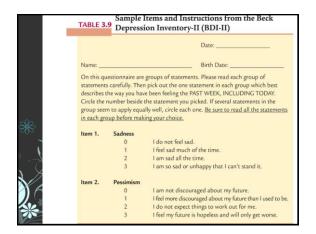
Beck Depression Inventory-II (BDI-II)

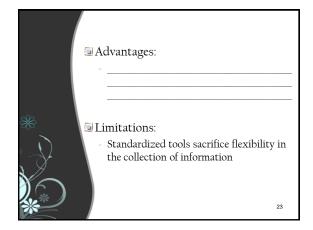
- 5. Environmental Assessment
- 6. Multicultural Assessment

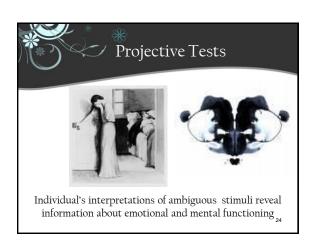
20

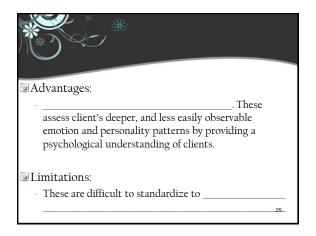
Personality and Diagnostic Testing	
Self –Report Clinical Inventories:	
These responses yield standardized measures of psychological symptoms and personality profiles	

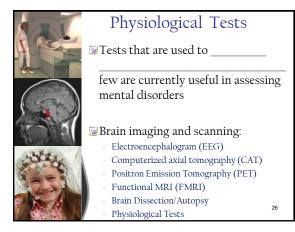
Minnesota Multiphasic Personality Inventory-2 (MMPI-2) 21

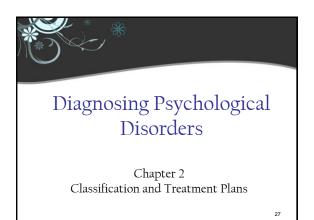


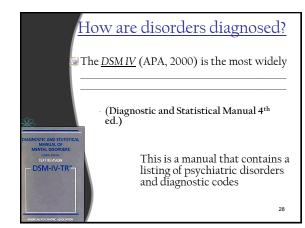


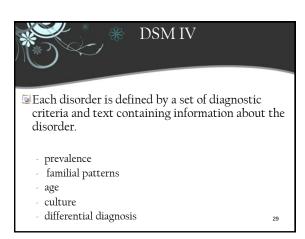


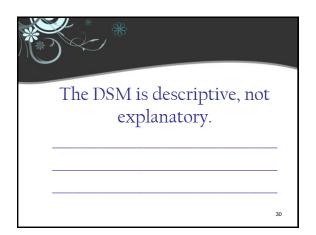




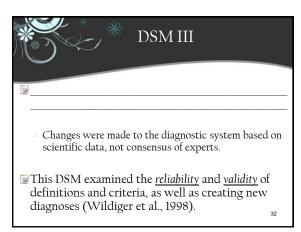


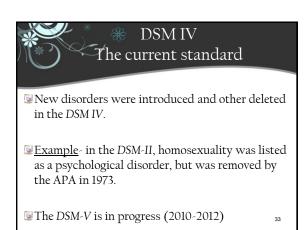






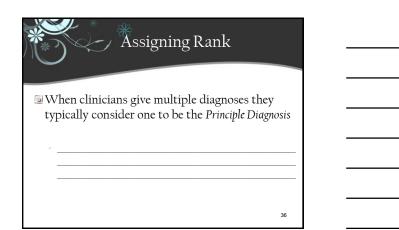
History of the DSM The first edition of the DSM was published in 1952 and contained about 60 disorders. The DSM –I and II were very influenced by the Psychodynamic Approach There was no sharp distinction between "normal and abnormal" All disorders were loosely defined and caused by unconscious emotional conflict. The reliability of these systems was poor.





	DSM IV is a <u>"multi-axial"</u> system of classification.	
Ū	Axis 1 — Mood disorders, Schizophrenia, Anxiety disorders etc	
*	<u>Axis 2-</u> Personality Disorders/Mental Retardation	
	Axis 3- Physical conditions and disorders	
	Axis 4- Axis 5- (GAF)Global Assessment of Functioning	
	(Out)Oloba Assessment of Lunctioning	

What's the BEST Diagnosis?
After reviewing all of the symptoms presented by the cline the clinician makes a diagnosis.
■It is important to rule our other possible diagnoses before giving a final diagnosis
- Differential Diagnosis refers to all of the diagnostic



Is this system perfect?	
One criticism of the DSM IV is the notion of <u>comorbidity</u> the	
Some criticize this categorical system because it can lead to labeling.	

Treatment Planning

- Once a diagnosis has been assigned a treatment plan is developed which is designed to provide the most appropriate treatment for the client.
 - First the clinician deals with the crisis, then handles problems in the near future and finally issues that require extensive work well into the future.

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Treatment Sites

- Treatment sites vary in the degree to which they provide a controlled environment and in the nature of the services they provide.
 - Psychiatric hospitals
 - Outpatient Treatment Centers
 - Halfway Houses and Day Treatment Centers

39

	What type of treatment is b	est?
	The Modality of Treatment is the form treatment determined by the clinic based on the best match between t client's goals and needs.	ian
*	There are many forms of therapy available for clients:	
	Family Group Therapy	
*	Milieu Therapy	40

Next class	
■Anxiety Disorders	
41	