# STUDY GUIDE

## CHAPTER 3

1. What are the origins of the term “diagnosis?” How is the term used differently by different mental health professionals?
2. How does the medical model use of psychiatric diagnosis rely on concepts like symptoms, signs, and syndromes to arrive at categorical diagnoses?
3. What is descriptive psychopathology and what is its stance on etiology?
4. Who writes the *DSM* and *ICD*? How can they be obtained?
5. Summarize the historical origins of the *ICD* and *DSM*. What are the current versions of these manuals?
6. How do the *ICD* and *DSM* define mental disorder?
7. What are diagnostic guidelines? What are diagnostic criteria? How do diagnostic guidelines and criteria differ in their use of prototype versus algorithmic models of diagnosis?
8. What are diagnostic codes? Where do they originate from and what practical uses do they have?
9. Define reliability generally and interrater reliability specifically. Why are these terms important to *DSM* and *ICD* diagnosis? How does *DSM* use diagnostic criteria to help with reliability and what do *DSM* supporters and critics say about the manual’s current state of reliability?
10. What is diagnostic validity? What types of validity are relevant to diagnosis? Why has diagnostic validity been difficult to establish for mental disorders?
11. Describe the Rosenhan pseudopatient study, its main findings, and debate over its implications and scientific status.
12. Summarize the ways in which the *DSM* and *ICD* have been successful.
13. What do *DSM* and *ICD* supporters see as the advantages of these manuals?
14. What do *DSM* and *ICD* critics see as the disadvantages of these manuals?
15. Describe trends that are likely to influence the *DSM* and *ICD* in the future.
16. What is formulation and how does it differ from diagnosis?
17. Outline the steps of integrative evidence-based formulation.
18. Outline the steps of the 4P model of case formulation.
19. Evaluate commonly mentioned strengths and limitations of formulation.
20. What is the *Psychodynamic Diagnostic Manual* (*PDM*)? What edition of the *PDM* is currently in use? How does the *PDM* differ from the *DSM* and *ICD*?
21. What are the three axes used to make a *PDM* diagnosis?
22. What are considered to be the strengths and limitations of *PDM* diagnosis?
23. Describe the Research Domain Criteria (RDoC) initiative. What are RDoC’s five domains?
24. What is the status of RDoC as a diagnostic system? Ultimately, what is the goal of RDoC?
25. Summarize arguments for and against the RDoC initiative.
26. What is the Hierarchical Taxonomy of Psychopathology (HiTOP) and in what ways does it challenge the *DSM* and *ICD*? How is HiTOP different from RDoC?
27. Define HiTOP’s six spectra dimensions.
28. What is the status of HiTOP and what do its supporters see as its strengths? What might detractors consider to be its weaknesses?
29. What is assessment? List the main types of assessment used in clinical practice.
30. Explain how reliability and validity are important in assessment. What types of validity must be paid attention to in evaluating assessment measures?
31. Define clinical interviews and then distinguish unstructured from structured approaches to conducting such interviews. What are the advantages and disadvantages of unstructured versus structured approaches?
32. What are self-report inventories and how are they examples of objective personality tests? Name and describe three examples of commonly used self-report inventories.
33. What are projective tests? How are they different from objective tests? Name and describe two examples of commonly used projective tests.
34. What is behavioral assessment? Explain the significance of conducting a functional analysis in behavioral assessment.
35. Distinguish the following forms of behavioral assessment: ABC recording, scatterplot method, analogue behavioral observation, and functional analysis interview (FAI).
36. What is emphasized in cognitive forms of assessment? Describe the Daily Record of Dysfunctional Thoughts (DRDT) as an example of cognitive assessment.
37. What is emphasized in humanistic approaches to assessment? Describe these two humanistic models of assessment: Q-sort and role construct repertory test (rep test).
38. Define intelligence, achievement, intelligence tests, and intelligence quotient (IQ). How is IQ calculated?
39. Distinguish neuropsychological tests from neurological tests.
40. Describe the Bender Visual Motor Gestalt Test, the Halstead-Reitan Neuropsychological Test Battery, and the Luria-Nebraska Neuropsychological Test Battery.
41. Define the following neurological testing methods: electroencephalogram (EEG), positron emission topography (PET scan), and magnetic resonance imaging (MRI). What is the status of these methods for assessing psychopathology?
42. What is culture bias and how is it relevant in thinking about diagnosis, formulation, and assessment?