

Ethical Considerations of Diagnosis

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- ▶ Psychology, MFT, and Counselor Educator for 40+ years.
- ▶ Practicing Psychologist, MFT, and Counselor for four decades – specializing in work with couples and “high-risk” clients.
- ▶ Former Professor and Department Chair – Department of Counseling, LSU Health Sciences Center New Orleans.
- ▶ Former Professor and Clinical Director – Marriage and Family Therapy Program, University of Louisiana at Monroe.
- ▶ Former Vice President for Academic Affairs – Southern Arkansas University.
- ▶ Former Licensing Board Member – State of Arkansas.
- ▶ Past President of the American Counseling Association (ACA).
- ▶ CEO of the International Association of Psychology and Counseling (IAPC)

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- ▶ As helping professionals, it is our job to alleviate human pain and suffering and assist our clients in attaining desired goals.
 - ▶ In this pursuit, we must “first, do no harm”

Bradford Keeney

“What we call “therapy” is only the most recent manifestation of a 50,000 year old tradition of human helping and healing.”



“In the beginning . . . “

- ▶ There was only one “mental health profession” – psychiatry – which was a specialization of medicine. Parallel development of psychology; followed by social work, counseling, marriage and family therapy, and other groups.

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- ▶ The trend over the past 100 years has been toward an increase in the number of “professions” and practice specialization.
 - ▶ **Theories and techniques** proliferate – with little empirical research supporting clinical efficacy.

Future trends



- ▶ Greater demand for professional services to address the needs of society.
- ▶ Continued challenges regarding the efficacy and cost of services.

Cost of Mental Health Care in the USA

- ▶ The cost of all health care in the USA in 2024 was **\$5.3 trillion** - per capita cost of \$15,474.
- ▶ Mental health and substance abuse treatment account for approximately **5.5%** of all direct medical services spending in the USA - **\$291.5 billion**.

Top causes of death in the USA

- ▶ 1. Heart Disease
- ▶ 2. Cancer
- ▶ 3. **Medical Error**
 - ▶ Surgical or Procedural Errors
 - ▶ Healthcare-Associated infections
 - ▶ **Medication Errors**
 - ▶ **Diagnostic Errors**
 - ▶ **Communication and Handoff failures**

The realities of client change

- ▶ Considering all therapeutic approaches and interventions, approximately 70% of clients improve over the course of therapy.
- ▶ Approximately 10% of clients in therapy experience a worsening of their condition.
- ▶ It is estimated that about 50% of people who do not seek professional help experience improvement over time (spontaneous remission).

What are we attempting to assess?

- ▶ A behavior or set of behaviors?
- ▶ Feelings and emotions?
- ▶ A symptom or set of symptoms?
- ▶ Current relationship patterns?
- ▶ Historical relationship patterns?
- ▶ An illness or disorder?

Payment for Services

- ▶ The current health care system in the USA requires a diagnosis in order to receive funding for counseling services.
- ▶ This perpetuates a treatment model of pathology.
- ▶ However, most problems of the human condition may be understood in non-pathological terms.

Essential Questions Pertaining to Assessment/Diagnosis

- ▶ “Assessing” for what? - What is it we hope to find, identify, (or create) as a result of our “assessment/diagnosis” ?
- ▶ How might our assessment/diagnosis be potentially beneficial to our client?
- ▶ How might our assessment/diagnosis potentially harm our client?

Labeling

- ▶ Formal DSM-5 TR diagnostic label
- ▶ Informal labels (e.g. “co-dependent,” “alcoholic,” “drug addict,” “sex addict”, “abuser”, etc.)

Misuse of diagnostic labels

- ▶ DSM-5TR diagnosis creates a pathological lens for viewing and addressing client concerns.
- ▶ Creates a binary rather than continuum perspective.
- ▶ "Weaponization" of diagnostic labels (e.g. "Narcissistic Personality").

Assessment or Diagnosis

- ▶ Resist the temptation to establish whether an assessment or diagnosis is “right” or “wrong”, rather . . .
- ▶ Consider to what extent an assessment or diagnosis is “useful” to the counselor and “helpful” to the client.

Assessment

Is a narrative about a client upon which significant people agree.

Assessment and Diagnosis

All forms of assessment and diagnosis are ***socially-constructed concepts*** that conform to cultural beliefs of the person(s) conducting the assessment and diagnosis.

Dr. Joseph Biederman on “depression”

“Depression is simply a biological misfire, a chemical imbalance in the brain. Through advanced pharmaceutical intervention, we can safely regulate these neurotransmitters and restore the patient to a fully productive life.”



Dr. R.D. Laing on “depression”

“If a man is trapped in a suffocating job, drowning in unpayable debt, and entirely isolated from human connection, his despair is not a chemical malfunction. It is a completely sane, rational response to a sick society. The pill does not cure him it merely anesthetizes him so he can quietly continue turning the gears of the machine that is actively crushing him.”



Some cultures (e.g. Yucatecan Mayan Indians) have no concept of “depression”.

“Depression”

- ▶ Unhappiness
- ▶ Melancholy
- ▶ Misery
- ▶ Sadness
- ▶ Gloom
- ▶ Woe
- ▶ Slump

Albert Ellis

- ▶ “Traditional psychiatric labels and diagnoses can be socially retrogressive, restrictive, and deeply misleading to clinicians and patients alike.”
- ▶ “In and of itself, I have never seen a diagnostic label help a person, but I have seen many people harmed by the attachment of a diagnostic label.”

Assessments and Diagnoses

- ▶ Are not "real things" that exist independent of the beliefs of the observer.
- ▶ **The only legitimate purpose of an "assessment" and/or "diagnosis" is to assist in alleviating human pain and suffering.**

Assessment

- ▶ All counselors and therapists “assess” what they believe is happening with a client (e.g. “problem origins.” “problem continuation,” “effective change strategies”.)
- ▶ The only difference regarding assessment, is how the counselor or therapist uses the data they collect.

Diagnosis

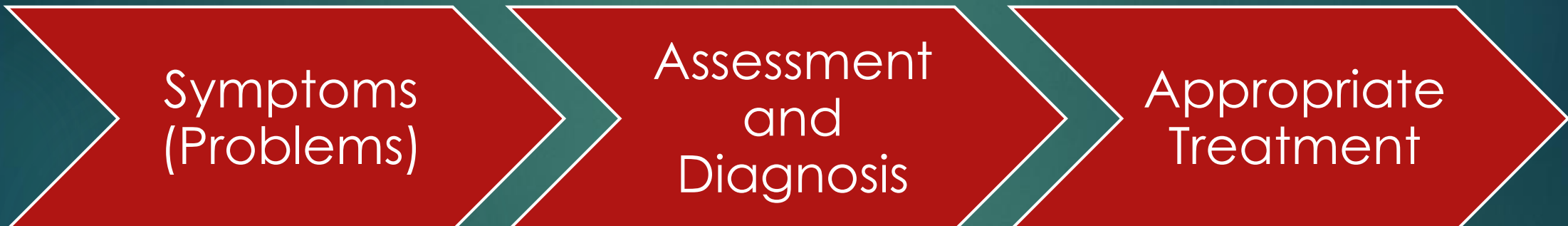
- ▶ All “agreed upon” diagnoses are subject to change (e.g. 1973 DSM diagnosis removal of “homosexuality”)
- ▶ A “diagnosis” does not exist as an independent reality. It only exists if we agree it exists.

Diagnosis

- ▶ Is a label to describe individual or relational behavior(s) (i.e. “symptoms”)
- ▶ Could the behavior or set of behaviors be described or explained in different terms?
- ▶ What is the utility of describing a behavior or set of behaviors in a particular way?



The "medical model" tradition of healing holds that proper **assessment** leads to the correct **diagnosis** – which in turn indicates an appropriate intervention or **treatment**.



Symptoms
(Problems)

Assessment
and
Diagnosis

Appropriate
Treatment

Paying for the cost of Professional Services

- ▶ Insurance companies require a formal diagnosis to justify payment for professional services.
- ▶ Problems or client needs that do not reflect a diagnosed physical illness or mental disorder are typically not covered by insurance companies. As such, identifying (finding or creating) an illness or disorder is necessary to secure financial support for professional help.

Increases in ADHD Diagnoses

- ▶ First appeared in 1968 in the DSM-II – providing a diagnostic label for children who showed high levels of activity and impulsivity.
- ▶ In the past two decades, there has been a marked increase in ADHD Diagnosis increased from 6.1% to 10.2% in the national populations.
- ▶ ADHD diagnoses have risen sharply among adults.

Diagnosis

- ▶ **DSM Diagnosis** – Attention Deficit Hyperactive Disorder (ADHD) – “Your son’s behaviors fit the clinical criteria for a diagnosis of ADHD”
- ▶ **Alternative** – “Your son has a high level of energy and he is easily bored by things that do not interest him. This has resulted in poor school performance.”

Current Diagnostic categories and labels used in the mental health field derive from:

- ▶ The Diagnostic Statistical Manual of Mental Disorders - Fifth Edition (Text Revision) of the American Psychiatric Association. **(DSM-V TR)**
- ▶ International Classification of Diseases – 11th Edition of the World Health Organization. **(ICD-11)**

ICD-11 Codes

- ▶ Mental health ICD-11 codes fall under the F01-F99 range for mental, behavioral, and neurodevelopmental disorders.
- ▶ Frequently Used Specific Codes include:
 - ▶ F41.1 Generalized anxiety disorder
 - ▶ F32.9 Major depressive disorder, single episode, unspecified
 - ▶ F33.2 Major depressive disorder, recurrent, severe without psychotic features
 - ▶ F43.10 Post-traumatic stress disorder (PTSD), unspecified
 - ▶ F31.9 Bipolar disorder, unspecified.

Pathologizing “Problems” of the human condition

Increasingly, problematic thoughts, feelings, and behaviors are viewed through a lens of psychopathology (illness).

Assessments and Diagnoses

- ▶ Are they "real things" that exist independent of the beliefs of the observer?
- ▶ Are they "heuristic constructs" which potentially serve to take us from one level of understanding to another.
- ▶ The only legitimate purpose of an "assessment" or "diagnosis" is to assist in alleviating human pain and suffering.

Assessment



Unfortunately, major diagnostic criteria focus almost exclusively on client symptoms.

A client's **relational context** and **cultural context** are typically given little or no consideration.

What are we attempting to assess?

- ▶ A behavior or set of behaviors?
- ▶ Feelings and emotions?
- ▶ A symptom or set of symptoms?
- ▶ Current relationship patterns?
- ▶ Historical relationship patterns?
- ▶ A biogenic illness or disorder?

Essential questions

- ▶ “Assessing” for what? - What is it we hope to find, identify, (or create) as a result of our “assessment”?
- ▶ How might our assessment be potentially beneficial to the client?
- ▶ How might our assessment be potentially harmful to the client?

What is the cause of the “problem”?

- ▶ Natural variance of the human condition?
- ▶ Biochemical imbalance?
- ▶ Personality “disorder” – genetic predisposition?
- ▶ Ignorance – lack of education and knowledge?
- ▶ Improper social or moral conduct ?

Factors that may influence a diagnosis

- ▶ Cultural identity (race, ethnicity, affiliations).
- ▶ Life experiences.
- ▶ Personal beliefs (religious, social, political, philosophical, etc.)
- ▶ Prejudices, Bias, personal preferences

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A “problem” is only a problem,
if someone views it as such.

What we can do to improve the situation

- ▶ If the primary reason you generate a diagnosis is to secure payment from insurance, recognize you are participating in and perpetuating a flawed and corrupt system.
- ▶ Is this diagnostic label in the best interest of the client?. Weigh up the potential benefit with the potential harm.
- ▶ Discuss a potential diagnosis with your client (or parent, if the client is a minor).

International Association of Psychology and Counseling (IAPC)

- ▶ Interdisciplinary
- ▶ International
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Questions

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