

DIAGNOSING

CAVEAT: If legal action or litigation is brought against a counselor the diagnosis they've given to a client is where opposing counsel will dig and try to prove incompetence. We need to follow DSM Criteria. As a counselor you must be familiar with the current version of the DSM and competent in its use. If at all possible, take your time when it comes to a diagnosis. Therapy is a relationship. All relationships start with unknowns. Relationships are about getting to know the person. Diagnostics are present in the therapy relationship, but we treat the person with the diagnosis, not the diagnosis. Therapy is a process, not an event. And, test and measurements can never be the source of diagnosis; it must be combined with clinical perceptions.

MISDIAGNOSIS

When a clinician fails to diagnosis a condition accurately, or at all, it can be malpractice when the failure occurs by virtue of providing care below generally accepted professional standards, pursuant to which the client was injured.

Diagnosis requires knowledge. Counselors know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). They know the impact of co-occurring addictive disorders on medical and psychological disorders. Counselors understand the relevance and potential cultural biases of commonly used diagnostic tools as related to clients with disorders in multicultural populations. They are clear about current definitions for mental disorders.

Diagnosis requires skills and practices. Counselors demonstrate the appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with disorders and mental and emotional impairments. They are able to conceptualize an accurate diagnosis of disorders presented by clients and communicate the diagnosis with collaborating professionals.

REASONS FOR DIAGNOSIS ERRORS

- Clients with the same diagnosis do not necessarily function at similar levels. Therefore, much more than a diagnosis should be documented.
- A diagnosis, in itself, does not imply the level of care needed. Therefore, specific client needs must be considered and documented.
- If medical necessity is not documented the client may be denied services by a third-party payer. Therefore, specific problems in functional impairment must be documented.
- Although counseling may be helpful, it does not imply medical necessity. Therefore, it is important to explain to the client that services are not necessarily covered by a third-party.

REASON THAT THE SAME CLIENT RECEIVES DIFFERENT DIAGNOSES

- Multiple disorders, but not all initially detected.
- Incorrect, incomplete, or conflicting previous or current information obtained
- Discrepant cyclical behaviors that are observed at different points in the cycle by different counselors
- Effects of using (or abstaining from) alcohol or drugs
- Medications: effects, level of compliance, changes, interactions, side effects
- Changes in levels and types of environmental stressors that lead to different reactions
- Organic or physical factors affecting psychological conditions
- Counselor's expertise, experience, and theoretical stance
- Level of client's insights, exaggerations, or denial
- Malingering or secondary gain
- Actual changes in diagnosis

PATHOLOGIZING NORMAL BEHAVIORS AND TEMPERAMENTS:

Labeling normal behaviors as mental disorders financially and professionally serve psychotherapists of all theoretic orientations.

Following are some examples of how the DSM turns normal behaviors and temperaments into mental illness.

- Shyness or normal introversion could be diagnosed as Social Phobia
- The individual process of healthy grief might be diagnosed as Depression
- Healthy, strong willed or active children could be diagnosed as having Oppositional Disorder
- Children who are restless, non-compliant or not academically oriented might be diagnosed with ADHD
- Meaningful and healthy existential angst might be diagnosed as General Anxiety Disorder
- A person who attributes spiritual meaning to a powerful insight could be diagnosed as Delusional
- A woman who is not sexually aroused in relationship could be diagnosed as having Female Arousal Disorder.

ASSIGNMENT (Self-reflection and/or Group Discussion)

Take the latest version of the DSM and come up with 10 more example like the ones listed above.

The DSM has been criticized for pathologizing bias against women, lower socioeconomic class, geriatric population, ethnic groups, and other populations.

What other populations can you add?

Give examples of how each of these groups might be diagnosed incorrectly.