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The Professional Counselor and the Diagnostic Process: Challenges and Opportunities for Education and Training

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Counseling as a profession has expanded over the years from initially performing guidance and vocational activities with healthy individuals to actively providing education and mental health care to clients with varying levels of functioning. However, through the evolution of their profession, counselors have consistently supported the promotion of “respect for human dignity and diversity” in all professional activities (American Counseling Association, 2005, p. 2).

Newer roles played by the counselor of the 21st century include direct provider of mental health services and collaborator with other educators and health care professionals who work with individuals with mental health issues (Erikson & Kress, 2006; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). In these new roles, the professional counselor must have a solid working knowledge of both psychopathology and of the primary diagnostic systems used in the mental health field. Such knowledge allows counselors “to have access to employment, reimbursement for services from managed care and insurance companies, and professional credibility” (Hinkle, 1999, p. 474). Many counselors also regard skill in using the *Diagnostic and Statistical Manual of Mental Disorders-IV*, (DSM-IV-TR; American Psychiatric Association, 2000) and other diagnostic systems as helpful for the purposes of case conceptualization, treatment planning and communication, education, and evaluation (Mead, Hohenshil, & Singh, 1997; Zalaquett et al., 2008).

Given these realities, counselor training programs must accomplish two tasks: 1) teaching students the basics of using the DSM, and 2) training students in the wise use of

the DSM as a tool with both strengths and limitations. In accomplishing these goals, it is paramount that educators of counselors help students learn to use the DSM, which has grown from a medical model, in ways that embrace the tenets of respect for human dignity and diversity that are the foundation of the counseling profession.

This paper addresses methods used to approach the tasks described above in a graduate program that prepares students to become licensed professional counselors.

Counseling Identity and the Diagnostic Process

As part of the mental health care system, professional counselors have an opportunity to communicate to clients and to other health care professionals the respect for human dignity and diversity that is such an important part of the counselor mission and identity. In so doing, counselors must act in ways that support the profession's ethical standards related to assessment and diagnosis, as exemplified in the following Standards from Section E: Evaluation, Assessment, and Interpretation of the ACA Code of Ethics (2005):

E.5.b. ***Cultural Sensitivity.*** Counselors recognize that culture affects the way the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

E.5.c. ***Historical and Social Prejudices in the Diagnosis of Pathology.*** Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups of and the role of mental health professionals in perpetuating those prejudices through diagnosis and treatment.

E.5.d. ***Refraining from Diagnosis.*** Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others. (p. 12)

In addition, counselors can be vocal about other unique aspects of their professional identity, including the focus on strengths, development, and diversity (Erikson and Kress, 2006; Zalaquett et al., 2008). Finally, when participating in the diagnostic process, professional counselors can also maintain awareness of "their own cultural identities and how these affect their values and beliefs about the counseling process" (ACA, 2005, p. 4).

The DSM System – Strengths, Limitations, and Changes

An informed discussion of the challenges faced by counseling training programs in teaching diagnosis and assessment must explore the evolving nature of the DSM and its strengths and limitations.

Strengths

First, the DSM system provides a "common language" for mental health professionals to communicate about their clients. In fact, in the U.S., it is the most commonly used method for diagnosis (Zalaquett et al., 2008). The counselor's

proficiency in using this tool enables her/him to share information with other professionals and to be recognized as having the proper training among clients and other members of the mental health profession (Hinkle, 1999).

Second, the reciprocal relationship between the DSM and research has the potential to inform treatment as well as refine diagnostic criteria. For example, although Conduct Disorder first appeared in the DSM-III (APA, 1980), it was the DSM-IV (APA, 1994) that refined the diagnosis by adding subtypes (Erk, 2004). The inclusion of subtypes was prompted by research that found different pathways and prognoses in “early-onset” versus “adolescent-onset” CD – important distinctions for developing interventions (Moffit, Caspi, Dickson, Silva, & Stanton, 1996).

Third, as the DSM developed, its initial psychoanalytic perspective (Zur & Nordmarken, 2007) became atheoretical, thus providing a descriptive approach to diagnosis that is suitable for mental health professionals from various fields and across a wide range of theoretical orientations (Hinkle, 1999).

Finally, diagnoses generated according to DSM criteria allow for third-party reimbursement, which increases the access to services for many clients.

Limitations

One consistently cited limitation of the DSM is the focus on pathology of the individual at the expense of a larger perspective that considers cultural and developmental issues (Ivey & Ivey, 1998, 1999; White Kress, Eriksen, Rayle, & Ford, 2005). Even though the most recent editions of the DSM do include the “Outline for Cultural Formulation and a Glossary of Culture Bound-Syndromes” (Appendix II; APA, 1994; 2000), a growing body of literature suggests that diagnoses based on DSM criteria are particularly inaccurate for clients from “underrepresented and marginalized groups” (White Kress et al., 2005, p. 98) and fail to take into account larger adjustment issues such as acculturation and immigration. Ivey and Ivey (1998, 1999) and Zalaquett et al. (2008) stress the importance of looking at context in terms of developmental history to understand client behavior.

Rather than providing professionals with a “whole picture” of the client, the DSM focuses on negative aspects of the client’s functioning. The emphasis on symptoms neglects strengths the individual client may possess and resources or support systems that may be available (Lopez et al., 2006, p. 259). Further, the diagnostic label provides a limited view of the client’s world and experiences that may be passed on to other professionals. While the diagnosis captures specific symptoms, the “common language” of the label may actually have different meanings for different clinicians (Lopez et al, 2006).

Finally, while the DSM lists criteria for disorders, it does not link the disorders to treatment. Indeed, the DSM-IV-TR relies entirely on presentation of symptoms to categorize presenting concerns, often disregarding developmental issues and cultural context. Lopez et al. (2006) challenged the assumption that accurate DSM diagnosis provides the clinician with sufficient information to formulate an effective treatment plan. A case formulation approach, on the other hand, would capture the type of information about the individual’s thoughts, feelings, and behaviors that could inform treatment.

Evolution

The fifth edition of the DSM is scheduled to be published in 2012. Research and meetings regarding the revisions have been in process since 1999 (Regier, 2007). One possible change includes the addition of a dimensional approach to diagnosis. For example, Brown and Barlow (2005) wrote about rater disagreements concerning whether symptoms met the threshold of distress necessary for certain anxiety and mood disorders, as well as the reliability deficiencies for the “not otherwise specified” disorders. Adding a dimensional component to DSM-V could potentially increase the reliability and validity of the DSM (Kraemer, 2007) and it demonstrates the evolving nature of the system.

Challenges for Training Programs in Counseling

One of the fundamental challenges of graduate programs in counseling is to teach skills that enable the professional counselor to function within the existing health care system. Counselors need to be able to accurately diagnose the presenting concerns of clients using the predominant language, while at the same time they need to stay true to a non-pathologizing philosophy and strength-based conceptualization of behavioral health care.

The criticisms of the DSM-IV-TR regarding its status as the central tool of behavioral healthcare diagnosis should inform the establishment of “best practices” in the treatment of clients’ difficulties. Nonetheless, the widespread use of the DSM-IV-TR is not likely to change in favor of any alternative diagnostic system in the near future. Counseling training programs are therefore remiss if they do not provide their students with adequate training in the DSM-IV-TR as a diagnostic system. Indeed, Zalaquett et al. (2008) correctly pointed out that the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards identify diagnosis as a competence area for practicing counselors.

CACREP also mandates the understanding of “human behavior” including “developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior” (CACREP, 2001). Again, the appropriate use of the DSM-IV-TR as a diagnostic tool requires a working knowledge of traditional models of psychopathology.

Program curricula must provide students with knowledge and skills in both diagnosis of mental health disorders and the underlying conceptual frameworks of psychopathology. At the same time, programs must meet the competing demand of training students in the conceptualization of behavior within broader contexts to enable the formulation of treatment strategies that are consistent with counseling philosophy.

Meeting these competing training needs may tax an already crowded curriculum. Faculty members charged with teaching courses in assessment, diagnosis, and/or psychopathology may be faced with having to give short shrift to issues that would be better served with a more extensive exploration. For example, training students to accurately diagnose a client with Major Depressive Disorder using the DSM-IV-TR would require a review of the common symptoms (and their presentation) of depression.

However, training students to consider all of the factors that may contribute to the onset of depression, including social, developmental, and cultural experiences, is a much more complicated and time-consuming process. Such training is nevertheless essential to help students fully understand a client's experience of depression.

Opportunities for Training Programs in Counseling

Discussion of the DSM and the diagnostic process can take place in several different courses in a counseling program's curriculum, including assessment and appraisal, psychopathology, theories and techniques of counseling, professional identity and ethics, and field placement supervision. Different activities can be used to address the limitations of the DSM, to build upon its strengths, and to help the student develop her/his approach to the diagnostic process.

One limitation of the DSM, noted earlier, is its tendency to focus on a categorical perspective of a client while limiting attention to the client's cultural and developmental experiences. "A Day in the Life" is an activity designed to deepen the student's understanding of a client's unique experiences. Students are given a full description of a hypothetical client's symptoms, provisional diagnosis, history, background, and cultural issues. The students are then asked to imagine waking in the morning as the client, and to write about a particular day in the client's life from this first person perspective. Afterward, students demonstrate increased empathy for the client, as well as the ability to develop a more personalized treatment plan.

A second limitation of the DSM is its primary focus on negative symptoms of a client, with no attention given to a client's strengths. In reality, most clients who seek help have strengths and resources that could augment treatment. In addition, the presenting symptoms of many clients have served them well at some point in their lives. When presented with either a hypothetical or actual client, students can focus on strengths and resources in the client's life that can be integrated into the treatment plan. Students can also explore possible functions that a client's symptoms serve in her/his life (i.e., protectiveness, distraction, attention-eliciting), and then consider these positive functions when developing a client's treatment plan. Zalaquett et al. (2008) and Halling and Nill (1989) both describe case conceptualization approaches that include reference to developmental and cultural issues, as well as possible functions of symptoms for the client.

In another activity designed to address the problem of inter-rater reliability with the DSM and the ways in which one's experience may influence diagnosis, students are given a packet of several client descriptions. The descriptions capture many of the symptoms that are criteria for DSM disorders. The students are then divided into small groups, which discuss the cases and generate the DSM-IV-TR diagnoses that they believe best fit each case description. The class reconvenes and discusses differences between the diagnoses suggested by each group, as well as the ways in which students' own values and experiences influenced their views of the cases.

As noted above, the DSM's use of relatively objective and atheoretical criteria for diagnosis supports research about assessment and treatment of individuals with

psychiatric disorders. In “How do they treat that?” students are asked to review and critique outcome studies for an assigned DSM diagnosis and to determine the efficacy of different psychotherapeutic interventions for the disorder, demonstrating the links between diagnosis and treatment approaches and between the DSM and research. In addition, students learn firsthand of the shortcomings in the treatment literature.

A final classroom exercise is an exam that requires students to develop adaptations to the DSM that would enable them to more fully understand a client’s experiences and needs. Students use their imaginations, as well as existing research, in their creations. Examples of student ideas generated in this exam follow: 1) add an axis to the DSM that incorporates strengths and resources; 2) add an axis that includes, in their own words, the client’s and/or family members’ perceptions of the problem and/or goals for the evaluation and treatment; 3) place Axis IV in the first position among the axes, emphasizing context before focusing on the individual’s diagnosis; 4) add an axis that describes cultural factors that may have an impact on a client’s presentation or treatment; and 5) add an axis that consists of a time-line of the client’s life, with major events in the arenas of family, social life, and education/work highlighted. Although counselors’ written reports about clients are often constrained by the expectations of work settings and insurance companies, their thinking processes about clients are not constrained, and broader and deeper thinking can only enhance the counseling process.

Conclusions

This paper explored challenges and opportunities of training counselors in the wise use of the DSM, while staying true to the counseling profession. Several classroom activities were offered to augment traditional training in assessment, diagnosis, and treatment planning with material designed to highlight the inherent complexities in these processes. Educators of counselors are encouraged to stay abreast of research about diagnostic systems and processes, particularly the DSM with its strengths, limitations, and revisions, and to incorporate these into coursework and training activities. Educators will thus help their students become counselors who can work easily within traditional mental health care systems and also maintain the respect for human dignity and diversity that is such an important part of the counseling profession.

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