Diagnostic systems and disorder classification

Supported GRE teaching and original transfer practice

Diagnostic systems and disorder classification

- Describe how DSM classification works and what it does not claim.
- Use all the parts of a diagnostic description: symptoms, duration, impairment and exclusions.
- Apply the **diathesis–stress model** 素质-应激模型.
- Separate positive and negative symptoms, and episodic from lasting patterns.

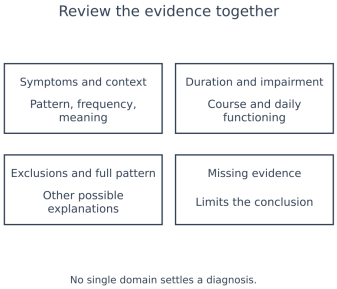
How classification works

- The current US system is DSM-5-TR (2022). The World Health Organization's ICD-11 is used in much of the world.
- A diagnosis describes a pattern. It does not by itself explain the cause.
- Explicit criteria improve **diagnostic reliability** 诊断信度, the agreement between clinicians. Reliable classification is not automatically valid.
- GRE practice items were written for an earlier edition, so check which version a question assumes.

The parts of a criterion

- Symptoms: what is experienced and observed.
- Duration: how long it has lasted. For example, a major depressive episode needs at least two weeks; acute stress disorder covers three days to one month after a trauma, and PTSD lasts more than a month.
- Clinically significant distress or impairment in daily life.
- Exclusions: the pattern is not better explained by a substance, a medical condition or another disorder.

Figure: The parts of a criterion



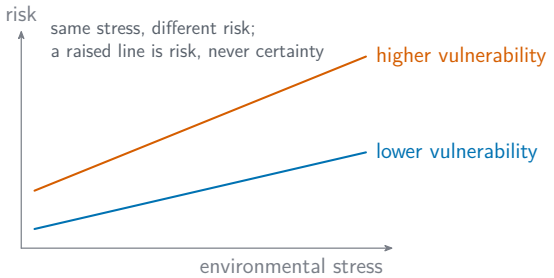
- Educational evidence domains: an incomplete vignette does not establish a diagnosis.
- Match each part of the diagram to the text.

Diathesis and stress

- A vulnerability can be genetic, biological or psychological, such as a family history or a pessimistic style of thinking.
- Stress can be a loss, illness or long-term pressure.
- Neither makes an outcome inevitable. People with high vulnerability need less stress to be affected; people with low vulnerability may stay well under heavy stress.

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Figure: Diathesis and stress



- Vulnerability and stress combine to shape risk; neither makes an outcome inevitable.
- Match each part of the diagram to the text.

Useful distinctions

- Positive symptoms add experiences, such as hallucinations and delusions in schizophrenia. Negative symptoms reduce functions, such as flat emotion and loss of motivation.
- Episodic conditions come and go (many mood disorders); personality disorders describe lasting patterns from early adulthood.
- Anxiety disorders centre on fear and worry; mood disorders on depression or mania.

Worked example: an incomplete vignette

- The vignette gives an event and two symptoms.
- It does not give impairment, the full symptom pattern or exclusions, and one week is short.
- The correct response is to name what is missing. A classroom vignette cannot establish a diagnosis, and real people should be assessed by a qualified clinician.

Worked example: two siblings

- The diathesis–stress model explains the difference: same vulnerability, different stress.
- It does not predict that the second sibling is protected for ever, or that the first was certain to become ill.
- Protective factors, such as social support, also matter.

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Common errors

- Treating a diagnosis as an explanation of its own cause.
- Deciding on duration or a few symptoms alone.
- Confusing reliability (agreement) with validity (meaning).

Common errors (2)

- Reading a family history as destiny.
- Calling hallucinations negative symptoms.

Key terms

- **diagnostic criteria**: The required symptoms, duration, impairment and exclusions for a classification.
- **diagnostic reliability**: The degree to which different clinicians give the same diagnosis to the same person.
- **diathesis–stress model**: The idea that a vulnerability and stress together shape the risk of a disorder.

Check yourself

- Are delusions positive or negative symptoms?
- What did DSM-III change in 1980, and why?
- Does a vulnerability alone cause a disorder, in the diathesis–stress model?