Reliability of Psychiatric Diagnosis Through Standard and Open Interviews

A Thesis Submitted in Partial Fulfilment of the Requirement of the M.Sc. Degree in Psychological Medicine and Neurology.

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This study aimed at introducing and assessing the utility of the schedules for Clinical Assessment in Neuropsychiatry (SCAN) in Arabic speaking patients. The test of the Present State Examination - 10 (PSE-10) was translated and applied in a previous study of interrater agreement.

The investigators predicted that the standard PSE-10 interview (STI) will be more reliable than Open Ended Interview (OEI) as the STI provides comprehensive, accurate and technically specifiable of describing and classifying psychiatric phenomena. According to the investigators, they measured the reliability of the Arabic version of PSE-10, STF & OEI in clinical practice effect on reliability is considered as a ceiling for validity and the accuracy of the prognostic of therapeutic inferences can be never higher than the accuracy of diagnosis it self.

50 case subjects were examined by STI & 30 subjects were examined by OEI. The investigators made a joint interviews by 3 seniors and 2 well trained junior psychiarists, on applying STI. They made a joint interview of OEI by 1 senior & I well trained psychiatrist where no discussion of the diagnosis was allowed before the clinicians has decided on the diagnosis and filled the diagnosis.

The Kappa statistics regarding interrater reliability for one, two & three digits diagnosis were calculated.

Results suggest that the degree of agreement by kappa statistics had mild decline when the diagnosis become more specific (0.95 to 0.80) in STI but more reduction is found in the OEI (0.73 to 0.45) when the more specific diagnosis is targeted. The authors reported other findings concluding the following:

1- The STI has a higher degree of inter rater reliability than OEI where the introduction of structured interviewing techniques, together with the provision of more adequate definitions for both symptoms & diagnosis, and presence of psychiatrists who share a common training enable psychiatric diagnoses to be made with high reliability levels.

2- Usage of operational criteria and definitions of symptoms and diagnoses with common training may raise the level of reliability in OEI.

3- In order to ensure adequate levels of agreement throughout the study, interviewers should be trained together with newly trained interviewers periodically introduced to permit between, rather than within, group comparisons. This procedure should help to prevent changes in reliability and consensual drift by the raters.

4- Since feedback by the principal investigator about the desirability of obtained ratings may influence reliability, comments by the researchers should be limited to the accuracy of ratings. No comments should be made which may indicate the direction in which it is hoped the results will go.

5- Feasibility & Validity of STI must be calculated mathematically to make good & global assessment of utility of STI.

6- Large number of cases are needed to be studied to cover all of ICD 10 diagnoses.

M.H.D

Symptoms, Ego Functions and Possible syndrome Shift in Group Psychotherapy

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This study was mainly concerned with testing the phenomena of shift in symptoms, ego functions and the possibility of syndrome shift in group psychotherapy.

It was based on the hypothesis that most patients will show shifting in the clinical presentation and the underlying dynamics along the therapeutic march (regardless of the diagnosis).

The aim of this work is to assess shifts in the clinical presentation along the different axes: the symptom shift, selected ego functions (object relations and defense mechanisms) and possiile of syndrome shift.

In the theoretical part, the following issues are reviewed:

Chapter I was mainly concerned with the process oriented approach to psychiatric.

Chapter II dealt with shifts along the developmental and the pathological process.

Chapter III devoted to the stages and shifts in group therapy.

Chapter IV directed to the areas of assessment. First, the symptoms and their significance. The difference between symptom and phenomena and its counter parts on descriptive versus phenomenological approaches. Secondly, the problem of the diagnosis and it's difficulties in individual group session. Thirdly, certain ego functions e.g. reality testing, defensive functioning and object relations has been reviewed from developmental, hierarchical, methodalogical and relation to group psychotherapy.

Chapter V concerned with methodological challenges. These are addressed from economic, methodological and conceptual points of view. It has been concluded that there are marked difficulties in applying methodological approaches used in drug therapy research, on psychotherapy especially group therapy. The methodology of the case study as an alternative approach has been introduced.

The practical part of this work was mainly conducted to investigate the therapeutic process of group therapy and its reflections on symptoms, object relations, defensive function and diagnosis.

Material and methods: in this work were collected from different but complementary sources .

The first part was through using a therapist questionnaire loaded with the testing hypotheses. Thirty two therapists with different levels of experience have completed the questionnaire. Their answers introduced a material of more than 350 pages. This material have been analyzed and rearranged both quantitatively and qualitatively with special stress on points directly related to the tested hypotheses.

The second part is derived from consecutive tape recordings of 42 group psychotherapy sessions and after session (ASD). The group was held by the senior

supervisor. The researcher was attending as an observer. All sessions were transcribed verbatim to provide a material of more than 2065 pages.

Patients who joined the group have been basically assessed clinically and diagnosed according to ICD, 10. They have been further subjected to PSE, Ego function, Wechsler and MMPI assessment. The patients were further reassessed. At the end of the research.

Six cases has been selected to present different aspects of shifts in the group.

I - The first case represented an illustrative longitudinal case study. Shift in this case was presented along the following dimensions:

a) Object relation as manifested through the relation to therapist, the group members and the group as whole. Shift in the patient's relation to himself, as an abject, has been presented.

b) Defense mechanism c) Symptom shift d) Impending syndrome shift.

II - A case of "flight into health" with ultimate negative shift.

III- Additional remarks from other cases.

It is to be noted that psychometeric assessment was not used as a separate qualitative approach, but it is used in an integrative manner with the detected (observed) phenomena. Such approach to the psychometric results add an important dimension.

After Session Discussion (ASD),was held immediately after the group session, verified the phenomenological dimension to the collected data from the studied group.

Results of the therapists' questionnaire proved to be the most relevant to the hypothesis. It showed that an accumulating experience is an objective tool in itself. The most dominant aspects they agreed upon were:

1- The concept of shift in different levels of the clinical and underlying dynamics, has been generally proved.

2 - The qualitative aspect of such shifts has been stressed. This was especially manifested spontaneously through the adding comments and explanations which were given by the therapists, even when they were referring to quantitative qualities of shift.

3 - The therapists refer to the occurance of sure shifts in defensive functioning, affectivety, object relations, apathy, reality testing, less shifts in the substitutional relations between object relation and different symptoms, the substitutional relations between psychic pain and different symptoms, ambivalence and structural changes.

4 - Concerning syndrome shift, the therapists' responses showed that in spite of that clinical observation reveals changes in symptom on both quantitative and qualitative measures, yet therapists were rather conservative in accepting the possibility of changing the diagnostic label. Such attitude is possibly based upon the new conceptual nosological classifications.

Discussion revealed that in the first case, the phenomena of shift has been detected along different dimension with multiple levels. In the domain of object relations, shifts progressed towards maturity and higher level of relatedness. Defense mechanisms showed shifts between the predominantly used defenses, beside the qualities of the used defense (e.g. shifted from the altruistic surrender to altruism).

The patient's psychotic symptoms decreased while the depressive symptoms emerged. The latter was augmented especially at times of crises, ushering the occurrence of syndrome shifts.

The second case, schizotypal personality disorder, showed rapid improvement and disappearance of symptoms beside the development of an intellectualized insight. However, with follow up such achievement proved not to be long lasting, besides it was considered as a case of flight into health with negative outcome.

In other cases, reference to other types of shifts were presented e.g. silent shift, shifts exclusively in object relations, shifts mainly in insight of delusion.

Discussion of this type of research work appears to be fruitful in elaborating on clinical therapeutic phenomena.

M.H.D