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ABSTRACT
        Using Callis's (1965) Missouri Diagnostic
Classification Plan, the author investigated whether or not
counseling centers serving similar populations generate different
patterns of diagnoses. One Hundred and forty case folders of students
seen at a university mental health clinic were reviewed and
classified and then compared with the diagnostic patterns of student
problems seen at the University Testing and Counseling Service as
reported by Callis. The 2-dimensions of the scheme are described: (1)
problem-goal, which includes the vocational, emotional and
educational categories; and (2) cause, which includes lack of
information about or understanding of self and/or environment, as
well as conflict within self or with others. Major differences are
reported between the 2 agencies' patterns of diagnostic
classifications. In general, the Mental Health Clinic works almost
exclusively with emotional problems, while the other deals primarily
with vocational and educational problems. (TL)

A COMPARISON BETWEEN DIAGNOSTIC PATTERNS OF STUDENT PROBLEMS

SEEN AT THE MENTAL HEALTH CLINIC AND THE TESTING AND

COUNSELING SERVICE OF THE UNIVERSITY OF

MISSOURI-COLUMBIA

SUBMITTED

BY

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The recent emphasis on diagnosis in counseling has fo-
cused on classification systems for client problems. Ef-
forts to construct classification systems which are appli-
cable to the universe of client problems, which inherently
distinguish among client problems, and which classify into
mutually exclusive, discrete cells, have been moderately
successful (Bordin, 1946; Pepinsky, 1948; Berezin, 1957;
Apostal and Miller, 1959; Callis, 1965). In his 1965 arti-
cle, Callis proposed a diagnostic classification scheme and
suggested some functional uses of diagnostic classification
systems as research tools. He suggests that analyses of
patterns of diagnoses within classification systems can be
used to identify the nature of an agency's case load, to
determine the amount of time devoted to different types of
cases, and to determine whether or not counseling centers
serving similar populations generate different patterns of
diagnoses (Callis, 1965). In addition, this type of analy-
sis of diagnostic patterns has implications for staffing,
training, and budgetary needs of an agency.

The Missouri Diagnostic Classification Plan

The diagnostic classification scheme devised by Callis

is a two-dimension scheme in which (1) problem-goal and (2)

cause is indicated. It is this diagnostic classification

system which was used in the present study.

Problem-Goal Dimension

The three categories of the problem-goal dimension are

(1) vocational, (2) emotional, and (3) educational. The

problem-goal dimension refers to the developed problem and

not necessarily to the presented one. The definition of the

categories of this dimension, given by Callis (1965), are as

follows:

Vocational (VOC)--Career choice and planning, choice of col-
lege major and similar educational planning which would
ultimately implement or lead to a career plan.

Emotional (EM)--Personal and social adjustment problems
which have a primary affective component. Problems of ad-
justment to current situations involving emotions, attitudes
and feelings.

Educational (ED)--Lack of effective study skills and habits,
poor reading ability or lack of information about institu-
tional policies and regulations. Primarily concerned with
adjustment to current academic situations rather than plan-
ning for the future.

Cause Dimension

Categories in this dimension refer to the probable

cause of the developed problem and attempt to answer the

question, "Why is the client unable to solve his problem

within his own personal resources?" (Callis, 1965).   The

definitions of these categories are as follows:

Lack of information about or understanding of self (LIS)--
The emphasis here is on relatively uncomplicated lack of
information. The client simply does not know enough about
himself particularly in relation to certain groups. For ex-
ample, the client may ask, "Am I bright enough to success-
fully complete the law curriculum?" He may be sufficiently
well versed regarding his intellectual ability in relation
to his current educational peers but needs additional under-
standing of himself with respect to some possible future
peer group.

Lack of information about or understanding of the environ-
ment (LIE)--This category is similar to LIS above except it
refers to the environment rather than self. Occupational
and educational stereotypes as well as simple lack of infor-
mation are included here. LIE may result from lack of ex-
periences, gaps in training, or exposure to incomplete or
biased propaganda. Caution must be used in employing this
category because of its high social respectability as a rea-
son for inability to solve a problem. A client who persist-
ently distorts the available information about the environ-
ment because of strong status needs should not be diagnosed
LIE but probably would be diagnosed LIS or CS.

Motivational conflict within self (CS)--Conflicting and com-
peting motivations within self and contradictory attitudes
toward self predominate in this category. The counselor may
employ the notion of unconscious motivation here if that
construct is a part of his theory of behavior. Such descrip-
tive terms as intrapunative, self-depreciation, anxiety, and
depression may suggest this category. The counselor can
often infer a considerable gap between the client's perceived
self and his ideal self.

Conflict with significant others (CO)--At a sufficiently ab-
stract level it can be successfully argued that conflict with
significant others is just a special case of motivational
conflict within self. However, on an operational level it
seems to be useful to distinguish between CS and CO. Conflict
with parents and other authority figures, with roommates, girl
friends, or boy friends are common in this category. In addi-

tion to the above, conflicts with new sub-cultural groups
are included here. Movement from one geographic region to
another or from one socioeconomic level to another may pro-
duce CO.

Lack of skill (LS)--Clients who lack the necessary skills to
meet the demands of their particular situation whether it be
educational, social or vocational, are to be diagnosed LS.
Poor reading ability, poor study habits, poor social skills
and lack of skill in interviewing a prospective employer are
typical of clients diagnosed LS. Problems which are primar-
ily motivational in nature are not to be classified as LS
(Callis, 1965).

This investigation seeks to answer the question of

whether or not counseling centers serving similar popula-

tions generate different patterns of diagnoses, specifically,

"Are there differences in patterns of diagnostic classifica-

tions, using the Missouri Diagnostic Classification Plan,

between the client case load seen at the Mental Health

Clinic and that seen at the University Testing and Counsel-

ing Service?"

Method

One hundred-forty case folders of students seen at the

Mental Health Clinic of the Student Health Service of the

University of Missouri-Columbia were reviewed and classified

according to the Missouri Diagnostic Classification Plan.

All "closed" case files from the academic year 1969-70 were

used in the study; the criterion for inclusion into the study was that the file folder reflect at least three visits by the student to the Mental Health Clinic. Case files which were "carried over" from the 1969-70 school year and are still current were not utilized in the study.

Based on research findings by Berezin (1957) that high interjudge agreement could be reached in classifying counseling cases using the Missouri Plan, independent judges were not used.

A comparison was made between the diagnostic patterns of students seen at the Mental Health Clinic and the diagnostic patterns of student problems seen at the University Testing and Counseling Service, as reported by Callis (1965).

Results

Table 1 reflects the distribution of case load by diagnostic classification at the Mental Health Clinic.

Insert Table 1 about here

Table 2 is the distribution of case load for the academic years 1959-63 of the University Testing and Counseling Service, as reported by Callis (1965).

Insert Table 2 about here

Tables 3 and 4 reflect the number of cases and mean

number of interviews per case for the several diagnostic

categories reported by the Mental Health Clinic and the

University Testing and Counseling Service, respectively.

Insert Table 3 about here

Insert Table 4 about here

Additional information recorded during classification

of the Mental Health Clinic cases indicated that, in addi-

tion to regular services, 19.2% of the students seen were

treated with drugs; 23.5% were referred for additional medi-

cal services (either to the Student Health Service or to

private physicians); 13.5% were hospitalized at the Student

Health Service.

Discussion

An inspection of Table 1 reveals that the case load of

the Mental Health Clinic is almost entirely made up of emo-

tional (EM) problems (97.8%); the causal factor most often

associated with these emotional problems is conflict with

self (CS), a category which accounts for 70.0% of the total

emotional problems. Conflict with significant others (CO)

is a causal factor associated 22.8% of the time with emotion-

al problems of the students seen. Together, the diagnoses

emotional-conflict with self (EM-CS) and emotional-conflict

with others (EM-CO) account for more than 92% of the total

cases studied.

Contrasted with the diagnostic classifications reported

at the University Testing and Counseling Service (Table 2),

where emotional problems at no time in the years studied ex-

ceeded 20% of the case load, it appears that the Mental

Health Clinic case load differs greatly from that of the

University Testing and Counseling Service. Almost half of

the University Testing and Counseling case load is accounted

for by one diagnostic code VOC-LIS (vocational lack of infor-

mation about self); seventy per cent of the selected Mental

Health Clinic cases is accounted for by the diagnostic code

EM-CS (emotional-conflict with self). In light of the sta-

bility reported by Callis of the diagnostic patterns gener-

ated by the University Testing and Counseling Service, there

is no reason to suspect that the present patterns of case

load emphasis of the University Testing and Counseling Ser-

vice, nor the Mental Health Clinic, will shift (Callis,

1965).

It should be pointed out, however, that the criterion

for inclusion into the Mental Health Clinic "sample" was

that the student file reflect at least three interviews. If

the mean number of interviews for vocational (VOC) and edu-

cational (ED) problems of students seen at the Mental Health

Clinic is less than three interviews, as was the norm report-

ed by Callis for the University Testing and Counseling Ser-

vice (Table 3), then the selection procedure used in the

present research may have operated to systematically exclude

VOC and ED problems from the Mental Health Clinic "sample."

The mean number of interviews of the selected cases

from the Mental Health Clinic, classified emotional-conflict

with self (EM-CS) was 8.04 (Table 3). Cases diagnosed and

classified EM-CS had, on the average, a greater number of

interviews than those designated emotional-conflict with

others (EM-CO); the average total number of interviews for

all emotional (EM) cases was 6.53.

The mean number of interviews at the Testing and Coun-

seling Service of cases designated EM-CS was also higher

than those designated EM-CO, 4.49 and 3.29 respectively

(Table 4). The average total number of interviews for all

emotional (EM) cases was also higher than cases classified

vocational (VOC) or educational (ED); 4.06 for EM cases,

2.03 and 2.10 for all VOC and ED cases respectively.

From this it might be inferred that cases classified as

emotional (EM) require more therapeutic time of each agency

than those classified either vocational (VOC) or educational

(ED), and that cases classified emotional-conflict with self

(EM-CS) require the greatest number of interviews of all

classifications.

A direct comparison of the mean number of interviews

per case between the selected Mental Health Clinic cases

(Table 3) and that of the University Testing and Counseling

Service (Table 4) is not warranted since the criterion for

inclusion into the Mental Health Clinic "sample" was a mini-

mum of three interviews, a criterion which affects the mean

number of interviews in the Mental Health Clinic data.

The major differences in the two agencies' patterns of

diagnostic classifications are (1) the Mental Health Clinic

works almost exclusively with problems of an emotional na-

ture, and sees very few student problems of a vocational or

educational nature, and (2) the University Testing and Coun-

seling Service's student case load is made up primarily of

vocational and educational problems, and a relatively low

percentage of emotional problems.

The additional data collected at the Mental Health

Clinic, e.g., that 13.5% of students included in the study

were hospitalized, etc., serve only to suggest the severity

of emotional problems of students who sought out the services

of the Mental Health Clinic. Further research into the se-

verity of the emotional problems seen at university counsel-

ing centers and student mental health clinics seems warranted.

Table 1

Distribution of Case Load by Diagnostic Classification,

University of Missouri Mental Health Clinic,

1969-1970

Problem-Goal Dimension	Cause Dimension					
	LIS	LIE	CS	CO	LS	Total
VOC				.8%		.8%
EM	2.8%	.8%	70.0%	22.8%	1.4%	97.8%
ED	--	--	--	--	--	--
Total	2.8%	.8%	70.0%	23.6%	1.4%	98.6*

*Totals do not equal 100% because two cases were clas-sified "no problem."

Table 2

Distribution of Case Load by Diagnostic Classification,

University of Missouri Testing and Counseling Service,

1959-1963

Problem-Goal Dimension	Cause Dimension						
	LIS	LIE	CS	CO	LS	Total	Year
VOC	49%	9%	4%	1%	1%	64%	(a)
	48	8	5	1	1	63	(b)
	45	9	4	2	1	61	(c)
	45	12	4	1	<1	63	(d)
EM	3%	<1%	9%	4%	<1%	16%	(a)
	3	<1	7	3	<1	14	(b)
	2	<1	10	3	<1	16	(c)
	3	<1	12	3	<1	19	(d)
ED	10%	4%	1%	<1%	5%	20%	(a)
	10	6	2	<1	5	23	(b)
	6	7	2	<1	8	23	(c)
	7	4	2	<1	4	18	(d)
Total	62%	13%	14%	5%	6%	100%	(a)
	61	14	14	5	6	100	(b)
	53	17	16	5	9	100	(c)
	55	17	18	5	5	100	(d)

Year: (a) 1959-60, 790 cases
       (b) 1960-61, 1001 cases
       (c) 1961-62, 1538 cases
       (d) 1962-63, 1574 cases

Note.--Reprinted from an article by Robert Callis published in the Journal of Counseling Psychology, 1965. Copyrighted by the American Psychological Association, Inc., 1965.