

Diagnostic Authority Statement

What is an Authorized Diagnosis as an LICDC or LCDC III?

Since the implementation of diagnosing authority under the new licensing law, a number of questions related to the use of the DSM-IV-TR multi-axial system have arisen. Therefore, the Chemical Dependency Professionals Board would like to provide an expositional guideline.

Individuals who hold a Licensed Independent Chemical Dependency Counselor (LICDC), by law, have the right to diagnose substance related disorders; and, therefore, have a right to use the parameters of the multi-axial category system. This means individuals have a right to use all of the axes in the DSM-IV-TR multi-axial system, but individuals may not diagnose on all axes.

Individuals who hold a Licensed Chemical Dependency Counselor III (LCDC III) may diagnose substance related disorders while under the supervision of an individual appropriately licensed and authorized by the Ohio Revised Code to provide diagnosis and supervision.

It should be understood that no individual can diagnose on any axis beyond his or her scope of competency.

Axis I

LICDCs and LCDC IIIs may diagnose substance related disorders. Individuals may not diagnose mental health disorders.

Examples of language used in regards to mental health disorders in this axis could include:

Deferred beyond scope

Deferred, not a focus of this assessment

Deferred, see biopsychosocial history for related information

Deferred, see report from alternate professional

Client reports (TYPE) disorder diagnosed in (DATE). Suggest further evaluation.

Client reports symptomology of possible (DISORDER). Further referral/consultation needed/recommended.

Axis II

LICDCs and LCDC IIIs may not diagnose on this axis, but individuals may, for example, indicate that the individuals' clinical observations have suggested that there may be a mental health disorder, but a deferred beyond scope statement should be made.

Individuals may also note that a client, by his own statement or through historical evidence in the form of documented evaluations, has a history of a particular disorder.

Examples of language used in this axis could include:

Deferred beyond scope

Deferred, not a focus of this assessment

Deferred, see biopsychosocial history for related information

Deferred, see report from alternate professional

Client reports (TYPE) disorder diagnosed in (DATE). Suggest further evaluation.

Client reports symptomology of possible (DISORDER). Further referral/consultation needed/recommended.

Axis III

LICDCs and LCDC IIIs cannot diagnose medical conditions. Individuals may indicate that a client has a medical history of certain medical conditions by client self report or documented history. By training and ethical dictates, individuals have a responsibility to report such items even though they are not officially diagnosing them on axes II or III. This information is relevant for consultation and referral.

Examples of language used in this axis could include:

Deferred, see Medical Report

Client reports (CONDITION)

Axis IV

LICDCs and LCDC IIIs have the right to report Psychosocial and Environmental Problems on this axis as a function of a diagnostic or assessment interview using some form of the biopsychosocial interviewing instrument.

Axis V

LICDCs and LCDC IIIs may report their impressions of a person's level of functioning using the GAF on Axis V as that directly relates to the treatment plan and the actual level of functioning or dysfunctioning that occurs in dependency and abuse disorders.