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TO: ADA Executive Directors
FROM: Mark Stringer
SUBJECT: Definition of "diagnostic impression"

The term "diagnostic impression" appears in various certification standards and correspondence but has never been clearly defined. Historically, it has been interpreted as way for unlicensed individuals to make assessments using the DSM while falling short of diagnosis. Some qualified substance abuse professionals have been uncomfortable with it, and I agree with them.

Effective **July 1, 2007**, "diagnostic impression" is defined as equivalent to a provisional diagnosis, wherein there is "enough information to make a working diagnosis but the clinician wishes to indicate a significant degree of diagnostic uncertainty" (*DSM-IV-TR*, American Psychiatric Association, 2000). The only difference between diagnosis and diagnostic impression is the degree of certainty, not the credentials of the person making the decision.

Consequently, **the diagnosis or diagnostic impression must be rendered by a licensed professional.** Non-CSTAR programs that do not utilize licensed mental health professionals are required only to document a **statement of the problem.**

The above definition differs from past interpretations and will require the following:

1. **Certification Standards** – 9 CSR 10-7.030 (2) (A) 12 states, "multi-axis diagnosis or diagnostic impression" as part of the assessment and 9 CSR 10-7.030 (9) requires the same for discharge summaries. The Division will be amending the Certification Standards to require a diagnosis or diagnostic impression only in programs that are required to utilize qualified diagnosticians. In all others, a statement of the problem will suffice.

An example statement of the problem is as follows:

"The client's problems and history are consistent with criteria for substance dependence, with methamphetamine as the drug of choice" or, "the client appears to meet five out of seven criteria for alcohol dependence."

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, religion, national origin, disability or age of applicants or employees.

2. **CIMOR** – Qualified staff should make a statement of the problem and add it to the assessment notes section in CIMOR. (Completion of the diagnosis or diagnostic impression is not a required field in CIMOR for non-CSTAR providers).

Please share this information with appropriate staff in your agency. If you have any questions or concerns, please feel free to contact your District Administrator or Terry Morris, Director of Clinical Services.

MS/dsm

cc: District Administrators
Terry Morris
Pat Veltrop
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