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ORIGINAL ARTICLE

A case-controlled field study evaluating ICD-11 proposals for relational problems and intimate partner violence

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KEYWORDS

International Classification of Diseases;
Intimate partner violence;
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Abstract *Background/Objective:* Intimate partner relationship problems and intimate partner abuse and neglect — referred to in this paper as “relational problems and maltreatment” — have substantial and well-documented impact on both physical and mental health. However, classification guidelines, such as those found in the International Classification of Diseases (ICD-10), are vague and unlikely to support consistent application. Revised guidelines proposed for ICD-11 are much more operationalized. We used standardized clinical vignette conditions with an international panel of clinicians to test if ICD-11 changes resulted in improved classification accuracy. *Method:* English-speaking mental health professionals ($N = 738$) from 65 nations applied ICD-10 or ICD-11 (proposed) guidelines with experimentally manipulated case presentations of presence or absence of (a) individual mental health diagnoses and (b) relational problems or maltreatment. *Results:* ICD-11, compared with ICD-10, guidelines resulted in significantly better classification accuracy, although only in the presence of co-morbid mental health problems. Clinician factors (e. g., gender, language, world region) largely did not impact classification performance. *Conclusions:* Despite being considerably more complicated,

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raters' performance with ICD-11 guidelines reveals training issues that should be addressed prior to the release of ICD-11 in 2018 (e. g., overriding the guidelines with pre-existing archetypes for relationship problems and physical and psychological abuse).

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PALABRAS CLAVE

Clasificación Internacional de Enfermedades; violencia de pareja; problemas en la relación de pareja; problemas de salud mental; estudio de campo con casos controlados

Estudio de campo con casos controlados para evaluar propuestas de la CIE-11 en problemas relacionales y de violencia de pareja

Resumen *Antecedentes/Objetivo:* Los problemas en la relación de pareja y relacionados con abuso y negligencia de pareja, referidos como "problemas relacionales y maltrato", tienen un importante impacto en la salud física y mental. Sin embargo, guías de clasificación, como la Clasificación Internacional de Enfermedades (CIE-10), son vagas y su aplicación es inconsistente. Las guías propuestas por el CIE-11 son más operacionales. Junto con un panel de clínicos, utilizamos viñetas clínicas estandarizadas, para evaluar si los cambios propuestos por CIE-11 mejoraban la precisión de la clasificación. *Método:* Profesionales de la salud de habla inglesa ($N=738$) de 65 naciones compararon la aplicación del CIE-10 y CIE-11 en casos experimentales, estableciendo presencia o ausencia de (a) diagnósticos individuales de salud mental y (b) problemas de relaciones o maltrato. *Resultados:* CIE-11 tuvo resultados significativamente más precisos, aunque solo en presencia de comorbilidades de salud mental. Factores como género, idioma y región no presentaron mayor alteración. *Conclusiones:* Aunque el CIE-11 está mejor explicado, este estudio revela problemas de capacitación que deberían abordarse antes de su publicación en 2018.

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The health impacts of intimate partner relationship problems (Kiecolt-Glaser & Wilson, 2017; Robles, Slatcher, Trombello, & McGinn, 2014), intimate partner maltreatment (i. e., partner physical, emotional, and/or sexual abuse and partner neglect; Coker et al., 2002; Lagdon, Armour, & Stringer, 2014) have been well documented. Grouped here as "Relational Problems and Maltreatment" (RPMs), each of these problems has extensive research literatures on prevalence, etiology, and treatment (Sullivan & Lawrence, 2016; Bray & Stanton, 2012; Foran, Beach, Slep, Heyman, & Wamboldt, 2013); are among the most common themes in psychotherapy (Gaut, Steyvers, Imel, Atkins, & Smyth, 2017); and are factors in precipitating, exacerbating, and maintaining mental and behavioral disorders (Schonbrun & Whisman, 2010).

In recognition of the importance of couple and family health to worldwide physical and mental health, the WHO International Advisory Group for the Revision of the International Classification of Diseases (ICD) Mental and Behavioral Disorders created a Working Group to develop evidence-based proposals for improving the usability of the ICD's definitions that assist clinicians in reliably identifying RPMs. The Working Group noted that (a) the ICD-10 RPM guidelines are vague and unlikely to support consistent application; and (b) RPMs are found in multiple places in the ICD-10 (e. g., Z, T, Y codes). The Working Group recommended that these factors be consolidated and revised to enhance clinical utility (i. e., the ability of a classification system

to facilitate communication among stakeholders; support implementation and useful clinical management across clinical settings; and facilitate improvements in individual- and population-level health outcomes; Reed, 2010; Reed et al., 2013).

This study is part of a program of developmental field studies WHO is conducting to inform the ICD revision, expected to be available in 2018. These studies use clinical vignettes to evaluate experimentally the impact of proposed changes to the ICD definitions for mental and behavioral disorders on clinician diagnostic behavior (Reed et al., 2013). Because the ICD provides a global classification of all health conditions and a shared nomenclature for clinicians worldwide, an important element of clinical utility evaluation is testing the proposed guidelines with users from myriad national, lingual, and disciplinary backgrounds (Reed, 2010).

The Working Group's proposals for ICD-11 RPM definitional requirements for maltreatment were adapted from Heyman and Slep's (2006) criteria, which were independently developed and field-tested in a prior five-study program that included a content validity study, a mixed-method study with clinicians about clinical utility, development of operationalized criteria, evaluation of the inter-rater agreement of the revised criteria under typical usage in field settings, and evaluation of the inter-rater agreement of the revised criteria using a computerized decision support tool. Baseline agreement between field-

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