Course Learning Outcomes for Unit II

Upon completion of this unit, students should be able to:

1. Demonstrate how the field of psychology defines and diagnoses specific mental disorders.
   1.1 Compare the DSM-5 to earlier versions of the manual, and identify major changes in approach.

3. Analyze the importance of recognizing cultural bias and scientific research to understand and treat psychopathology.
   3.1 Identify correlational factors in treatment utilization and cultural differences in treatment approaches.

5. Examine the history of institutional treatment of mental disorders as a context for current treatments.
   5.1 Explain the limiting effect deinstitutionalization has had on outcomes research in psychology.

Reading Assignment

Chapter 3: Diagnosis and Assessment
Chapter 4: Research Methods in Psychopathology

Unit Lesson

Chapter 3 in the textbook begins with the clinical case of Aaron. Aaron appears to be suffering some serious mental issues, including delusions and other psychotic symptoms. After reading this case in the textbook, consider the plight of the officer responding to the call—if one was made. One of the responsibilities for officers or deputies responding to a call about a person acting strangely is to make an assessment of the person to determine what, if anything, needs to be done to address the behavior that prompted the call. Needless to say, this can present a dilemma, as the officer is trained in law enforcement, not psychology. However, this is assessment at its most basic level. How does the officer navigate the responsibility placed on him or her, to satisfy the need to assess and respond appropriately? Most states have some legal provision for this process. Using the State of Florida as an example, let us examine a few of the steps involved; the process also gives us some insight into the process of diagnosis and assessment as a whole.

Florida uses a process mandated by a law called the Baker Act (FS 394.463). This will be used as an example, though you are encouraged to investigate how your home state accomplishes the same process. The officer is but one of three mechanisms by which the process can be accomplished, and the other two will be touched on later. Regardless of the mechanism, however, specific criteria and conditions must be met in order for the process of examination to progress. The first of these conditions is whether or not there is a reason to suspect the person has a mental illness (Florida Legislature, n.d., para. 1). This is similar to the first steps described in Chapter 3, though on a more basic level. The officer must, by observation or report, believe the person is mentally ill. He can directly observe the person doing something or take a report of an otherwise reliable witness who indicates that there is behavior indicating mental illness.

Next, the individual must either refuse a voluntary examination or be deemed unable to determine for himself or herself if an examination is necessary. It can be assumed from the information in the case study that Aaron
might refuse such an examination. The standard of proof at this level is relatively low, as the officer only has to have “reason to believe” (Florida Department of Children and Families, n.d., para. 1).

The process of assessment as defined by the Baker Act
(Florida Legislature, n.d.)

While not stated specifically in the law, this requirement leads us to consideration of the cornerstones of diagnosis and assessment, reliability, and validity. What things would give the officer reason to believe the person was mentally ill, and would those same things make a different officer, a judge, or a psychologist come to the same conclusion? This is the essence of reliability. Would the same information or observation lead another individual to draw the same conclusion? Do those things really indicate mental illness? This is validity. In other words, when compared to established criteria—such as the information published in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)—are the observations measuring what they are supposed to be measuring? Having accomplished this, the officer is not done with his or her determination. Does it appear likely that the individual will suffer neglect or harm that cannot be avoided, or is there a substantial likelihood the person will harm himself or herself or harm others in the near future (Florida Legislature, n.d.)?

In examining the case in the textbook, and while clearly not taking diagnosis to the level of specificity, you see that the officer has accomplished all of the basic tasks of the process. Symptoms have been identified, a determination has been made regarding the possible meaning of the symptoms, and a prediction has been made of possible outcomes or consequences of the behavior. This same process can be accomplished through other methods. A qualified mental health or medical professional may initiate the process after directly examining the individual, or a court may issue an order for examination after hearing sworn testimony regarding the person’s behavior. Obviously, this is a serious matter, as the textbook points out that the rendering of a diagnosis can have serious consequences for the individual. As you engage in the process of diagnosis and assessment, you must weigh the potential consequences against the potential benefits of correct diagnosis and resulting treatment. The clinician or judge will conduct a more thorough interview than the officer on the street, but all result in an assessment and eventual diagnosis of the individual’s illness.

Moving on, the textbook introduces you to various forms of research methods, from case studies to formal experimental research. Different approaches lend themselves to different circumstances and situational variables. You cannot always examine something before it happens. Consider the case of a serial killer such as Ted Bundy. Prior to the initial apprehension and eventual unraveling of his series of crimes, he would not have warranted attention. Afterward, however, clinical interviews and eventual case studies generated a greater understanding of this type of criminal mind, which helped to generate hypotheses for further study of criminal behavior. Case studies lack experimental control but have many advantages, as you will see in the textbook. They can also lead to more formal hypotheses that can be researched through formal experimentation.

Many research methods are misunderstood. Correlational studies are often beset with problems of causality. Before reading it in the textbook, you may have heard that correlation does not imply causation (Kring, Johnson, Davison, & Neale, 2016, p. 112). Results are often reported as a high correlation and mistakenly interpreted as a high likelihood that one thing caused the other. This is often seen in the reporting of social research, especially when reporting the correlations between social factors, such as poverty, and certain behaviors such as criminal behavior.
The most powerful tool, however, is the formal experiment. This approach is used when the variables involved can be ethically controlled, and it is often used in treatment outcome research. It is important to consider the ethical control of variables because there have been unfortunate occurrences of unethical control, where treatment was withheld, with dire consequences for the participants. To learn more about one such case, read the article titled “About the USPHS Syphilis Study” in the Suggested Reading section for this unit.

Research begins with a question and may take the form of a formal hypothesis, either developed as an original hypothesis or coming as an outgrowth of a more basic approach, such as the case study. When you can identify variables, independent and dependent, which are thought to be associated with the object of the research, and you can ethically control the variables, you can embark on a formalized investigation of that which you hope to understand better. These investigations can be simple and straightforward, such as the health-center visit study described in the textbook, or they can be complex, involving hundreds of participants or even hundreds of studies, as can be found in meta-analysis studies.

References


Suggested Reading

Involuntary inpatient placement is an interesting and, sometimes, controversial topic. The link below contains some frequently asked questions and answers about this topic.


The link below will take you to the full text of the 2015 Florida statutes for involuntary examination that were referenced in the Unit II Lesson. Take a few minutes to read these statutes to learn more about this process.

In the Unit II Lesson, you read that, historically, ethical controls have not been followed. To read about a case involving 600 men at Tuskegee University in Alabama, visit the link below.