

PSY 342

Question #7

While I do to some extent support deinstitutionalization in America, I view it as an important stage in the process of addressing the mental illness epidemic present in the USA. Deinstitutionalization is a failure since it did not address the factors that contributed to the problem but instead implemented a change that consisted of poorly premature strategies that have proven to be ineffective. The overall cause for the change resulted from the inhumane services and care the mentally ill patients received. In my opinion, the initial method of change to address this problem should have been to address and rectify the problem which existed within these institutions. Provide carefully structured educational training for staff, ensure adequate staffing and job satisfaction, and implement internal patient-oriented programs, and current affairs events, just to name a few. The goal is to provide patients with the level of care needed for them to attain the ability whereby they can function in society. To properly prepare patients before reintroducing them into society, therefore while in long-term care facilities, a patient's individualized care plan should focus on coping strategies that will enable them to deal with societal challenges.

If the USA needs to save the mentally ill population, they need to accept that it's a failure and abandon deinstitutionalization. The rapidly increasing number of people who are mentally ill is a testimony to its failure. Numerous treatment centers lack funding to address the needs of the population it was intended to care for resulting in undiagnosed, untreated illnesses that potentially poses danger to self and or others. Shortage of staff who are often overworked and underpaid, as well as a state that has to carry the burden of the increase in homelessness, incarceration, and loss of life due to suicide, just to highlight a few of the indicators that America has failed to care for its mentally ill population.

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Question 1

To accurately compose the definition of psychological abnormality the four elements that shape its meaning are deviance, distress, dysfunction, and danger. When our behaviors, emotions or thinking are contrary to what society views as common, implies that we are exhibiting deviance. Distress is caused due to symptoms that lodge in a person's mind, that have negative effects causing discomfort. A person who is able to execute his/her daily functions is deemed normal, therefore the inability to carry out these functions defines dysfunction. Whenever a person's behavior poses a threat to either themselves or others is a clear indication of danger.

When is abnormality not considered abnormal?

Sleeping on the job is prohibited and can result in termination, so when I was caught sleeping on the job, my action was contrary to the policy. However, my reason for falling asleep was that I was taking a muscle relaxer drug, prescribed by my doctor. (Deviance)

A female patient was observed pacing the hallway and giggling continuously, what asked to share, she said I am just thinking about the pain I will cause them all after I'm gone. (Distress)

I am a full-time CPEP staff, pursuing a degree in psychology (3 of my classes with the same professor), while attending internship training twice weekly, taking voice coaching every Monday evening, choir rehearsal on Tuesdays, soul care training via zoom on Wednesdays, bible study on Thursdays and the two days I'm off each month are Sundays, so I must be in church. (Dysfunction)

Tim is a regular patient who struggles with anxiety, stays in his room most of the time. but can be heard talking in an aggressive tone, when staff goes to enquire, he apologizes repeatedly. (Danger)

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Question 9

In order to obtain the profession of a clinical psychologist, you must achieve a Ph.D. license in psychology. The focus in this applied area includes diagnosing and treating psychological disorders and patterns of behaviors that are problematic. This profession qualifies you to administer and interpret psychological tests. Unlike the clinical psychologist whose credentials are a Ph.D., a psychiatrist receives a different education which is a Doctor of Medicine degree (MD) which gives him a wider range of both the psychiatrist scope and authority including the prescribing and administering of medicine. Even though there is a vast difference in salary, in which the psychiatrist's earnings are higher than that of a clinical psychologist, both the psychiatrists and clinical psychologists can conduct therapy and counseling for patients. However, Clinical researchers do not carry out assessments, diagnose or provide treatment for patients, instead they focus on the basis of psychological abnormalities which entails finding a common understanding of the essence, causes, and treatment abnormalities covering individuals.

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Question 17

Based on the video, the early approach used to care for people with mental disorders was medically oriented and abusive. In my opinion, these treatment options resulted in the degeneration of the patient's mental state. This video clearly shows that mental disorders were not viewed independently as psychological illnesses but instead as medical diseases. Psychological illnesses require treatments that address human thoughts and behaviors, and the causes, and effects of the mental abnormalities. In an effort to execute new and effective treatments to care for people with psychological disorders, the primary focus should be to ensure that the patient's rights, needs, and contributions are of primary importance. In addition, the support system ought to include competent specialists and family members whose role is to care for and nurture the patient throughout the process.