Monica Pena Post to week 4 discussion 1

 As a colleague reviewing this case for Dr. Stephen Brewer, it appears that Dr. Brewer violated the ethical standards outlined in Section 4 of the APA. In the presentation, the identification of Bob was revealed. In the APA Section 4.06 consultations, psychologists are not to disclose confidential information, which can lead to the identification of the client (APA, 2010). When Dr. Brewer confirms whether or not Bob is who he says he is by looking at his driver’s license stating his childhood location is unethical. Also, hiring a private detective to access his mother after Bob did not give consent is a violation.

   To highlight the patient’s history is as follows: only child, low-income, conservative, and a very religious household. The patients’ father was absent except for the weekends, and the mother is strict, short-tempered, prone to outbursts, and worked at the schools the patients’ attended. The mother suggested moving to San Diego to be closer to the patient. During this time, the patient ceased all contact with the mother. The patient was a psych tech but grew bored with the job.

   Based on the behavioral perspective, the patient’s father was not present in his life. The mother displayed strict, short-tempered behavior and prone to outbursts that the patient observed regularly.  The patient learned what behaviors would pose a positive reinforcement or a negative reinforcement. Therefore, when the patient’s mother worked at the schools, he attended it caused his behavior to change. When the patient attended school, this is a safe place for him to be himself rather than being at home suffocating. This causes the patient to withdraw from everyone due to the mother’s anger issues. According to Cloninger (2013), anger becomes a learned drive that motivates behavior (pp. 193).

   The diagnosis of a mental disorder is not easy.  Dr. Brewer observed the patient in one aspect than another after talking to the patient's friends. However, the patient becoming distant and withdrawing from others poses concern.  The patient also denies using illegal substances and occasional drinking with friends, weight loss, absence from the workplace, and not returning calls indicates signs of depression.

   Cognitive behavior therapy (CBT) is one evidence-based option for therapy. CBT is a set of empirically grounded clinical interventions implemented by therapists who understand themselves operating as scientist-practitioners (Eagle & Worrell, 2007). The duration of CBT is approximately twelve to twenty-four sessions with a maintenance plan. CBT is effective for the treatment of depression. Therefore, CBT helps the patients processing thoughts on personal experiences with self and how they interact interpersonally. The non-evidence-based option would be non-pharmacological treatment. Many antidepressants pose harmful risks to the patient, such as becoming addicted to antidepressants.

Questions to ask a patient to determine an accurate diagnosis are as follows:

1. What made you decide to come in for a visit today?
2. How can I help you with that situation? (Do you have a specific area in mind?)
3. Have you noticed a change in your sleeping patterns, appetite, and energy levels?
4. How are your social interactions?

References

*American Psychological Association*. (2017). Retrieved from Ethical principles of psychologists and code of conduct: Including 2010 and 2016 amendments: http://www.apa.org/ethics/code/index.aspx

Brewer, S., & Simpelo, V. (2014). *PSY645 grand rounds presentation*  (Links to an external site.) (Links to an external site.) [Video]. Ashford University: San Diego, CA.

Cloninger, S. (2013). Theories of personality: Understanding persons. NJ: Pearson.

Eagle, A., & Worrell, M. (2007). Cognitive behavior therapy. In S. Ayers, A. Baum, C. McManus, & et al. (Eds.), *Cambridge handbook of psychology, health, and medicine* (2nd ed.). Cambridge University Press. Credo Reference: https://search-credoreference-com.proxy-library.ashford.edu/content/entry/cupphm/cognitive\_behaviour\_therapy/0

Gartiehner, G., Wagner, G., Matyas, N., Titscher, V., Greimel, J., Lux, L., . . . Lohr, K. N. (2017). Pharmacological and non-pharmacological treatments for major depressive disorder: review of systematic reviews. *BMJ Open, 7:e014912*, 1-13. doi:10.1136/bmjopen-2016-014912