Key Dates

- TU Mar 21
- TH Mar 23 Begin Explanations and Treatments, review Unit 3, plus Unit 17
- TU Mar 28 Unit 18 "Loss of control drinking in alcoholics" (on course website); Marlatt assignment
- TH Mar 30 Unit 19; Term Paper Step 2
- TU Apr 4 Begin Biological Perspectives, Unit IIIA and 20; Step 2 Assignment

Goal: To understand why the search for explanations of psychopathology is a difficult task

UNIT 17: UNDERSTANDING CAUSATION AND TREATMENT

Learning Outcomes

- By the end of this class, you should be able to:
 - Explain why we need to look at multiple factors and multiple perspectives to understand causation
 - Explain what it means to say that two variables are correlated, and what it doesn't mean
 - Distinguish between factors in causation that contribute to as well as protect us from psychological problems
 - Identify and describe the differences between biological, psychological, and social perspectives
 - Explain why identifying the causes of a disorder and identifying effective treatments have to be separate tasks

Harry is driving home at night, and because he stopped for a couple of drinks with co-workers and is now late for dinner, he's driving too fast. It's winter, and the roads are icy. He's driving a new car, but the brakes are defective. His wife was supposed to take the car back to the dealer last week but she forgot. All of a sudden, up ahead, a young child, whose parents are not watching him, runs into the road. The driver of the car in front of Harry is texting her boyfriend and doesn't see the child until the last minute, and she then stops suddenly to avoid hitting the child. Harry hits his brakes, but they fail, and Harry crashes into the car ahead.

What caused the accident?

- Etiology = the study of the origins, i.e., causation
- We search for causes to help us come up with more targeted treatments
- But remember, "diagnosis" merely identifies a pattern of symptoms; it does not explain those symptoms
- © Causation is complicated—if we think A causes B:
 - Is A the only cause of B?—no, many possible causes
 - Is B the only result of A?—no, the same outcome can occur as the result of many different causes (equifinality)
 - Can B also cause A?—yes, reciprocal causation

- Emphasizing multiple perspectives rather than "reductionism"—the biopsychosocial approach
- Considering both predisposing as well as precipitating causes (diathesisstress)
- Causal factors might change over time as we develop, or differ for different people or in different social contexts

- Correlation versus causation
 - When A and B go together, we say they are "correlated," which means that the two go together in some predictable way
 - But we often assume too quickly that if A and B go together, A must cause B, especially if B follows A
 - But it could be a coincidence
 - Or something else might have also occurred along with A and be the cause of B—correlation does not prove causation
 - So we often speak of risk factors to simply indicate a likelihood that when A occurs, B will follow

- Protective factors
 - Risk factor A means there is an increased likelihood that B will follow A
 - But there might be other factors that negate or diminish the effect of A
 - Trauma (a risk factor) often leads to PTSD, but most people never develop PTSD—why not?
 - People might have personal strengths resilience—or supportive environments to mitigate the effect of a risk factor

- Perspectives (the "biopsychosocial" approach)
 - Biological
 - Genetics and heredity
 - Neurological dysfunction
 - Psychological
 - Freud and the focus on unconscious psychic determinism
 - Humanistic psychology and the focus on the self and selfactualization
 - Experimental psychology and the emphasis on learning and cognition
 - Social
 - Developmental influences (family, peer group, etc.)
 - The wider society
- Thinking about causation in terms of "recipes"

- When do people need professional help?
 - Problems sometimes go away on their own spontaneous remission
 - We can often solve our own problems
 - Family and friends can help
 - The cost or risk of treatment might be too great
 - NIMH estimates that 1 in 4 Americans have a diagnosable mental disorder (but only 6% would be considered "serious" or "major"
 - 5%-10% of Americans see a health professional each year for mental health treatment

- Treatment-etiology fallacy: understanding what makes a treatment effective can be independent of what causes the problem
- Principles of change: a stage model
 - Precontemplation
 - Contemplation
 - Preparation
 - Action—the actual treatment techniques
 - Maintenance—the need for long-term follow-ups
 - Can change be forced—motivational counseling
 - What are the goals?—e.g., the serenity prayer