

Presentation advice and groupings

Group 1:

Gabrielle
Gurpinder
Nickolas
Anna
Omega

Group 2:

Gillian
Alina
Suzanne
Genevieve
Patrick
Declan

Advice for presentation:

1. In your groups, decide upon a PowerPoint background theme and font size. As you are presenting for 5 minutes each, it is estimated that you will have roughly 5 slides each (one minute per slide).
2. You should plan to present your presentation as a coherent continuous whole, including an introduction, main body and conclusion. Whilst each of you will be responsible for your own slides, the whole presentation should be able to flow from one person to the next with clear links to the previous/following slides.
3. You should choose your content according to your own preferences; i.e. information slides/strengths/weaknesses/evaluation/evidence. I do not expect you to record your presentations for this assessment, although this will be expected in future assignments.
4. Importantly, as you compile your slides, don't forget to include your name on your slides and remember to INTRODUCE YOURSELF!
5. Remember to include a slide for all of your references, in appropriate APA formatting. Here is a shortened version of the APA style to guide you.

<file:///E:/APA%20referncing%20of%20journals/APA%207th%20Edition%20Referencing%20Guide.pdf>

6. Usually you would upload the complete presentation onto moodle via turnitin (if it is an individual presentation). However, as this is a group presentation you need only upload YOUR SLIDES and not the rest of the presentation.
7. Also remember the guidelines for penalties for exceeding word counts/time limits. These can be found here under point 7.7 (there is no word count for your presentation, just the 5 minute time limit):

https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/aqh-chapters/chapters---en/Chapter_07_Assessment-Taught_Programmes_Pages_71-78.pdf

Suggestions for your PowerPoint content are below.

Suggested content for your PowerPoint:

Introduction:

What is diagnosis?

Why do we have it?

What model is diagnosis based upon? E.g. the Biomedical model and Psychiatry.

Which tools are used in the diagnostic process? E.g. DSM5 and ICD10. You need to focus on DSM5.

Main body:

Briefly outline what DSM5/ICD10 are and how they have developed over the years.

For example, the work of Rosenhan and colleagues demonstrated how unreliable Psychiatric diagnosis can be. One person could summarise and explain Rosenhan's study.

Rosenhan's work was part of the anti-psychiatry movement which argued against the use of such stringent measures for diagnosis and the use of medication based on the biomedical model.

In the past, individuals were given medication and hospitalised, sometimes treated inhumanely. You could provide examples of this.

Today, we have DSM5 which has developed to hopefully provide a more accurate and consistent diagnosis, but psychology aims to address the shortfall of Psychiatry by using treatments such as CBT and psychological therapies rather than just drugs, which tend to mask the actual causes of mental illness.

Some points you **could** include:

Issues of validity/reliability in diagnosis. In other words, would different psychiatrists give the same diagnosis as each other and would diagnosis change over time?

Issues of Cultural bias – we judge everything by Western standards – what about other cultures?

Issues of Gender bias – are women treated differently in diagnosis compared to men?

Sick role/expert role – the self fulfilling prophecy, accepting the diagnostic label and living up to it.

Diagnosis should not be an 'all or nothing' process; there are varying degrees of mental illness, from mild to severe. At what point do we decide what is severe enough for a diagnosis to be made?

In order to improve diagnosis, Psychology incorporates the **Biopsychosocial Model** during **Psychological Case Formulation**, in an attempt to improve both diagnosis and treatment.

Conclusion:

Simple: a summary of your key points and an overall concluding statement.