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Abnormal psychology prompt2

The clinical officers usually use diagnosis labeling for treatment and research purposes. Thus, the labels often make work easier for clinicians by assuming all the patients are homogeneous depending on the nature of symptoms and illness. Occasionally, a patient with a particular diagnosis has different norms from the social importance. Hence, diagnosis labeling has both advantages and disadvantages. Diagnosis labels often help the clinicians a great deal. First, problems faced by the patients are easily defined to offer the quickest solution. For instance, caregivers can easily acquire knowledge and take action against the situation when they know their names.

Additionally, understanding the labels is significant to the patient and the clinical officer, more so administering medications to the labeled patients. Moreover, behaviors which the clinical officers do not capture are easily explained given the symptoms labeled in the patients. Therefore, labeling is significant to the caregivers and the family members in eliminating behaviors their loved ones would have caused.

A useful classification of patients into DSM-IV-TR makes work easier for the clinicians. The clinicians can easily trace all the aspects and dimensions of the patient's psychological and social. All the patients' complex picture classified under one label allows clinicians to make a theoretical conclusion concerning their status as they continue with the further investigation to help. Therefore, they have the patient's detailed information under DSM-IV-TR has significantly helped the caregivers offer extensive care whenever necessary. Labeling diagnosis has got several shortcomings. First, clinicians can sympathize with patients with more uncomplicated cases. For instance, patients with musculoskeletal back pain seem to be a more straightforward case to handle than patients suffering from chronic illnesses such as cancer.

Moreover, it will negatively impact the rapport often formed by the clinicians to establish trust inpatients. Secondly, both the clinicians and the caregivers might selectively attend to information indicating the labels while ignoring crucial details about the patient. Therefore, clinicians will be focusing on specific problems on labels rather than checking on patients' full details. Third, clinical officers can easily ignore the diagnosis when the problems labeled are not correctly read. The diagnosis is likely to escape the attributions denoting laziness or stupidity while reading the clinicians' issues. Sometimes, the assessments are unclearly defined and read thus, hindering the performance from being made on the patient. For example, reading problems have been noticed in doctors in a hurry, thus making the problems invalid. Lastly, inconsistency in reading the label, causing the clinicians to abandon the crucial diagnosis. Ideally, the clinicians do have significant disagreements concerning the terms indicated on the labels. Hence, labeling has both advantages and shortcomings for both patients and clinicians.

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