



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

MOCK WRITTENS

Critical Essay Paper

2021

(Produced by the New Zealand Training Programmes)

Model Answer

Note that these Mock Writtens papers are produced by local NZ psychiatrists rather than by the Examination Committee so they're not vetted, test driven and perfected by committee in the way that the real papers are. The following discussion of a model answer to the CEQ is not the only way to write the essay – it just aims to provide pointers and examples of the type of content that a passing essay might contain.

NB: In the real exam there's a more complex system to calculate the final marks which we can't replicate in a Mock exam. Candidates are advised to aim for well above 50% (60-65% is safer), to allow for that in the actual exam.

Critical Essay Question (40 marks)

In essay form, critically discuss this quotation from different points of view relevant to the practice of psychiatry and provide your conclusion.

"...The most parsimonious explanation for the phenomena associated with DID (Dissociative Identity Disorder) is that they develop in patients who are suggestible, fantasy prone and willing to play a role, and who are treated by therapists who are convinced about the reality and ubiquity of this diagnosis."

Paris J (2019). *Dissociative Identity Disorder: validity and use in the criminal justice setting*. *BJPsych Advances*, 25:287-93

Reminder about marking process:

These are from the CEQ scoring domains – we've selected the ones most appropriate for the quote topic.

1. Communication/SPAG (Competency: Communicator)

The candidate demonstrates the ability to communicate clearly	Proficiency level	
The spelling, grammar or vocabulary significantly impedes communication.	0	This part's pretty self-evident. NB: Illegible handwriting isn't scored here, although if it's a significant problem it's likely to reduce the marks elsewhere. Illegibility won't be an issue if this paper ever switches to being done on computer, but spelling and grammatical errors will be <u>even more evident</u> , so being able to type <i>accurately</i> as well as quickly will matter a lot if that eventually happens.
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates below average capacity for clear written expression.	1 2	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	3 4	
The candidate displays a highly sophisticated level of written expression.	5	

2. Critical Evaluation and Grasp of the Quote (Competency: Scholar)

The candidate demonstrates the ability to critically evaluate the statement/question Includes the ability to describe a valid interpretation of the statement/question.	Proficiency level	
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0	Ideally, the first paragraph would be devoted to the trainee's understanding of the meaning of the quote, but this will also come across in the rest of the essay. "Parsimonious" refers to the simplest, most efficient explanation. This is a valued principle in medicine (think Occam's razor). "Dissociative Identity Disorder (DID)" should be defined. In DSM-5, it refers to a disorder where two or more distinct identities or personalities are present in an individual. This is linked to difficulties recalling events, not just of traumatic memories, but of everyday happenings, that are more than normal forgetfulness. As with other disorders, the condition must cause significant distress or functional impairment. It is strongly linked with a history of childhood trauma, particularly sexual abuse, and is much more common in women than men. "Dissociation" could also potentially be defined, though it is not easy to do so. It refers to a lack of connection between things (often mental activities) which are normally connected and associated. The quote appears critical of the concept of DID, suggesting that it is induced in patients who are prone to suggestion to please therapists who have an overinflated view of the importance and reality of this diagnosis.
One or more interpretations are made, but may be invalid, superficial or not fully capture the meaning of the statement/question.	1 2	
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	3 4	
One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge.	5	

3. Critical Reasoning/Evidence/POVs (Competency: Medical Expert, Communicator, Scholar)

<p><i>The candidate is able to identify and develop a number of lines of argument that are relevant to the proposition.</i></p> <p><i>The candidate makes reference to the research literature where this usefully informs their arguments. Includes the ability to consider counter arguments and/or argue against the proposition.</i></p>	Proficiency level	<p>DID is one of the most controversial diagnoses in contemporary psychiatry. There is generally a paucity of research in this area, and both critics and proponents often claim support from the same facts. In this section, candidates could argue points for and against the diagnosis. Some examples of points might include:</p> <p><u>Proponents:</u></p> <ul style="list-style-type: none"> • Legitimized in some diagnostic criteria (e.g. DSM-5) and in the development of rating scales for dissociation (such as the Dissociative Experiences Scale or DES). • Has face validity linked to normal dissociation as an adaptive way to deal with psychological distress, and a plausible model is that overwhelming trauma in childhood might cause the individual to fragment into a number of identities, each with its own characteristics. • This fragmentation is seen as a defence similar to splitting, so as to preserve aspects of the self. • The diagnosis gives overdue recognition to the adverse effects of childhood trauma, of which DID is the most severe manifestation. • There are powerful first-hand accounts of lived experience from patients with DID. <p><u>Critics:</u></p> <ul style="list-style-type: none"> • Argue that DID is iatrogenic, produced in vulnerable patients by psychotherapeutic techniques (which may or may not include hypnosis) or that therapists set up an expectation that the patient will play a role with multiple alters. • Point out that there are wide ranges of prevalence, with particularly high rates in the USA. Significant cultural differences in the acceptance of this diagnosis by clinicians have been noted, including more scepticism in the countries like the UK than in the US. • Note that a small number of clinicians account for the majority of diagnoses, suggesting that they may have a vested interest in this disorder and encourage these symptoms. • In forensic settings, DID has rarely been accepted as a defence for serious offending. However, there have been successful lawsuits <i>against</i> psychotherapists treating DID, citing iatrogenic harm. <p>There are many more arguments - the above are just some examples.</p>
There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.	0	
There is only a weak attempt at supporting the assertions made by correct and relevant knowledge OR there is only one argument OR the arguments are not well linked.	1 2	
The points in this essay follow logically to demonstrate the argument and are adequately developed.	3 4	
The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant.	5	

4. Critical Reasoning/Accuracy (Competency: Medical Expert, Scholar)

Information cited in the essay is factually correct.	Proficiency level	Closely linked to (3) above, so this is the place to score for the accuracy of arguments and for supportive evidence to back up any assertions, such as examples, or ideally references.
There are significant errors of fact that, if used as a basis for treatment planning, could pose a risk to patients.	0	
There are errors of fact that are multiple and/or substantial, but without the element of significant risk to patients.	1 2	
Assertions made are generally correct, with no major errors of fact.	3 4	
There are no major errors of fact and the level of relevant factual knowledge is higher than average (e.g. accurately quoted literature).	5	

5. Breadth/Maturity/Advocacy/Culture (Competency: Medical Expert, Health Advocate, Professional)

The candidate demonstrates a mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically and in the present time, and the role of the psychiatrist as advocate and can use this understanding to critically discuss the essay question.	Proficiency level	<p>The <u>History</u> of the diagnosis could be discussed here, for more depth. Pierre Janet is credited with developing the current concept of dissociation in the late 19th and early 20th Centuries. He considered dissociation a natural and adaptive psychological defence against overwhelming experiences. In a traumatic situation, dissociation minimised the effects of the experience, particularly when the individual was powerless and unable to escape. As an extension of this, DID could develop in individuals repeatedly exposed to frightening experiences where there was no sense of control or possibility of escape, this trauma occurring at an early developmental stage.</p> <p><u>Socio-Cultural context:</u> The increase in interest in DID in recent decades unfortunately occurred at the same time as adverse publicity about the recovery of false memories of childhood sexual abuse during psychotherapy, highlighting the role that inexperienced or inept therapists can play in iatrogenically inducing psychopathology (ref: the RANZCP guidelines on repressed traumatic memories). Researchers such as Elizabeth Loftus have also provided experimental support for how easily false memories can be implanted.</p> <p><u>Cultural aspects:</u> Note could be made of the discrepancy in rates of diagnosis of DID in different cultures – i.e. between the USA and UK, and of it being largely a Western cultural phenomenon.</p> <p><u>Media portrayals:</u> The rise of interest in DID was linked to its portrayal in the media, with “The Three Faces of Eve” and “Sybil” being books that were turned into successful movies. Critics argue that this widespread media portrayal (particularly in Westernised countries) of how a patient with DID would act has encouraged vulnerable patients to take on this role.</p> <p>There are more aspects giving breadth that could be included - the above are just some examples.</p>
As relevant to the question or statement: the candidate limits themselves inappropriately rigidly to the medical model OR does not demonstrate cultural awareness or sensitivity where this was clearly required OR fails to demonstrate an appropriate awareness of a relevant cultural/historical context OR fails to consider a role for the psychiatrist as advocate.	0	
The candidate touches on the expected areas but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement.	1 2	
The candidate demonstrates an acceptable level of cultural sensitivity and/or historical context and/or broader models of health and illness and/or the role of psychiatrist as advocate relevant to the question/statement.	3 4	
The candidate demonstrates a superior level of awareness and knowledge in these areas relevant to the statement/question.	5	

6. Ethical Awareness (Competency: Professional)

The candidate demonstrates appropriate ethical awareness	Proficiency level	Candidates should be able to consider the ethical aspects of any quote. e.g.
The candidate fails to address ethical issues where this was clearly required, or produces material that is unethical in content.	0	<ul style="list-style-type: none"> As scientific practitioners, we should encourage debate about the <u>validity of diagnostic concepts</u>, particularly ones as controversial as DID. If we are uncritical, patients may be misdiagnosed and iatrogenic harm may be done (relevant principles: beneficence and non-maleficence). However, there are <u>benefits from accurate diagnoses</u> as these can lead to appropriate and effective treatment and give meaning and information to patients suffering from worrying symptoms. Accurate diagnosis can also link patients into resources and support systems. There are thus good reasons both to <u>make a DID diagnosis</u> appropriately, and <u>not to make it</u> if there is insufficient evidence for DID. And, clearly, iatrogenic creation of the condition is unethical and likely to be harmful. (relevant principles: autonomy, beneficence, non-maleficence).
The candidate raises ethical issues that are not relevant or are simply listed without elaboration or are described incorrectly or so unclearly as to cloud the meaning.	1 2	<ul style="list-style-type: none"> <u>Avoiding harm by denigration</u>: However, this quote appears to be critical of both sufferers with this condition (whose symptoms are seen as invented and as acting out a role, akin to malingering) and of their therapists (said to be invested in finding and treating this complaint, with the unsaid implication of this being for personal gain). The overall extreme tone of this quote is not one that most reasonable psychiatrists would support, particularly as it denigrates patients and therapists (most of whom are likely not psychiatrists). (Respect, non-maleficence, professionalism)
The candidate demonstrates an appropriate awareness of relevant ethical issues.	3 4	
The candidate demonstrates a superior level of knowledge or awareness of relevant ethical issues.	5	

7. Patient-centred Care (Competency: Medical Expert, Collaborator)

The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	Proficiency level	Those with Dissociative Identity Disorder often struggle for many years with bewildering memory lapses and episodes of behaviours that they can't recall and which they might not normally chose to do. They are typically ashamed about these problems and reluctant to seek help.
The candidate fails to consider patient-centred care, carers, and/or recovery principles where these are relevant OR merely mentions them.	0	It is not hard to imagine how difficult it would be for a patient or family seeking help from mental health services to be confronted by a clinician who did not believe that they had a legitimate problem or who mis-diagnosed it as something more acceptable (such as depression) because of a lack of understanding or active rejection of the diagnosis of DID.
The candidate mentions these concepts but does not demonstrate an accurate understanding of them or is unable to do so clearly.	1 2	Listening carefully to the patient and making an accurate diagnosis increases the patient's autonomy and allows them to be linked to relevant information and resources, so that their care can be a true collaboration.
The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	3 4	The extreme sentiments of the quote are likely to further disempower and stigmatise patients with DID and seem the antithesis of patient-centred care. For patients with a significant history of childhood abuse, this rejection by treatment services would be even more difficult.
The candidate demonstrates a superior depth or breadth of understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	5	

8. Conclusion (Competency: Medical Expert, Communicator, Scholar)

<i>The candidate is able to draw a conclusion that is justified by the arguments they have raised.</i>	Proficiency level	
There is no conclusion.	0	<p>The essay needs to wrap up with a defined conclusion. This should be justified by the arguments made and not introduce any new information or new arguments.</p> <p>If the conclusion is not clearly announced and the last paragraph does not seem to be a conclusion at all (just a point where the candidate ran out of time), score zero for this domain.</p>
Any conclusion is poorly justified or not supported by the arguments that have been raised.	1 2	<p><u>An example of issues that could usefully be summarised in the conclusion:</u></p>
The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.	3 4	<ul style="list-style-type: none"> It is recognised that Dissociative Identity Disorder is a controversial diagnosis, about which there has been a surge of interest in recent decades. Healthy debate about the validity of the diagnosis should be encouraged and should prompt further research.
The candidate demonstrates an above average level of sophistication in the conclusion/s drawn, and they are well supported by the arguments raised.	5	<ul style="list-style-type: none"> However the extreme attitudes in the quote denigrate patients suffering from these problems and those attempting to help them.

In the real CEQ they tend to only have about 6 marking domains, and to weight them each differently. That's too complex a system for a Mock exam, so these 8 domains for the CEQ scoring add up to exactly 40 marks. Final Mark % = score / 40