Faculty Review of Open eTextbooks

Textbook Name:

Introduction to Psychology

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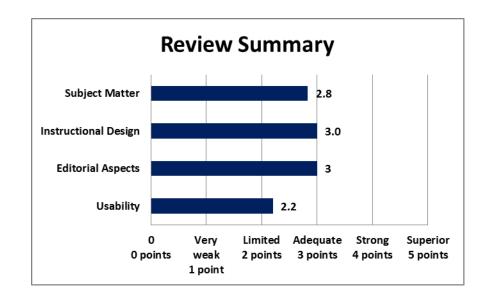
California State University, San Marcos

Title/Position:

Professor

Format Reviewed:

Online

A small fee may be associated with various formats.

Review Summary

Category	Score
Subject Matter	2.8
Instructional Design	3.0
Editorial Aspects	3
Usability	2.2

Scale: 0 = 0 points; Very weak = 1 point; Limited = 2 points; Adequate = 3 points; Strong = 4 points; Superior = 5 points

Date Reviewed:

March 2015

California OER Council eTextbook Evaluation Rubric

CA Course ID: PSYCH 110

Subject Matter (30 possible points)	N/A (0 pts)	Very Weak (1pt)	Limited (2 pts)	Adequate (3pts)	Strong (4 pts)	Superior (5 pts)
Is the content accurate, error-free, and unbiased?			X			
Does the text adequately cover the designated course with a sufficient degree of depth and scope?					X	

Does the textbook use sufficient and relevant examples to present its subject matter?				X		
Does the textbook use a clear, consistent terminology to present its subject matter?					X	
Does the textbook reflect current knowledge of the subject matter?			X			
Does the textbook present its subject matter in a culturally sensitive manner? (e.g. Is the textbook free of offensive and insensitive examples? Does it include examples that are inclusive of a variety of races, ethnicities, and backgrounds?)			X			

Total Points: 17 out of 30

Please provide comments on any aspect of the subject matter of this textbook:

- I am going to comment on the content of three chapters of the textbook in which I found room for significant improvement.

- Chapter 11 covers the psychology of personality. There are several areas that need clarification or correction.
  - The text states that the MMPI-2 is used to diagnose psychological disorders and personality disorders. In fact, the MMPI-2 is an assessment measure that can be used as a tool in aiding psychological diagnosis, but it does not provide a diagnosis in and of itself and best practices are to not rely on it alone as a diagnostic tool. In addition, while the MMPI-2 does provide information about personality tendencies and behaviors, it does not address personality disorders. Personality disorders are the subject of the MCMI-3 - Millon Clinical Multiaxial Inventory.
  - The text refers to an empirical article that supports computer interpretation of the MMPI-2 as a diagnostic tool. Best practices are that the computer interpretation should be used with caution as it can not take into account very important aspects of individuals such as culture.
  - The table describing the MMPI-2 uses letter abbreviations to refer to the different personality scales on the test. The letter abbreviations were replaced by numbers many years ago.
  - The text discusses the Rorschach inkblot test as a projective measure but does not mention the Exner method of interpretation which provides an objective approach to interpretation. The Exner method carries with it some criticism as there are critics who do not believe it is valid and reliable. However, it is definitely important to mention as it does carry empirical validation and many supporters.
  - In the discussion of Freud's theory, the book states that hysteria is no longer a disorder. The text should clarify that patients that Freud treated with hysteria would today be diagnosed with conversion disorder.
  - In the discussion of Freud's theory of personality, the text omits the important aspect of the Phallic stage which is that the end goal of the resolution of the Oedipal and Electra complexes - a child identifying with the same sex parent - is so that the child can adopt that parent's sense of morals. The text also states that failure to resolve this stage leads to many psychological problems but does not specify that these problems stem largely from a child not having an adequate superego (i.e. the standards of morality).
  - The text states that Jung, Adler and Horney all built on Freud's theories. This is somewhat misleading in that all three theorists had strong negative reactions to Freud's ideas. In fact, Jung and Adler had strong conflicts with Freud stemming from their criticisms of his theory.
  - The text states that the core of Adler's theory of personality is 'striving for superiority' - that people are driven to become better than others. Adler actually abandoned this term as the core tenet of his theory because he did not want to suggest that healthy personality included trying to be superior to others. In fact, he felt that such an orientation encompasses unhealthy personality as it goes against his core concept of 'social interest.' Adler chose the term 'striving for perfection' as the driving force of personality as he felt that people wanted to reach their potential. He was careful to note that his view of 'perfection' was not the negative connotation we have today but meant in a self-actualizing way.
  - Also with respect to Adler, it seems an omission to not mention that Adler believed that personality is largely driven by an individual's response to 'organ or psychological inferiority.' People are shaped by their efforts to overcome biological or psychological problems.
  - The text states that Jung's collective unconscious includes "ancestral memories." This is inaccurate. The collective unconscious is a set of inherited expectations about common themes that tend to occur

in all people's lives such as there being a nurturing mother figure and people who are good as well as people who are evil. In fact, Jung makes it clear that the collective unconscious does not consist of our ancestors' memories. He says memories refer to events that you have directly experienced and that memories can thus be made conscious again. He further supports this by asserting that the material in the collective unconscious can never be made conscious - it only shows up in our lives in indirect ways such as through deja vu or dreams.

- In the discussion of Horney's description of personality development, the textbook states that her primary emphasis is on the sense of inferiority that women feel from their dependency on men and that the goal of personality development is for people to find secure relationships. First, the way the text presents Horney's theory suggests that her theory primarily refers to the development of females when in fact her theory applies to both males and females. Furthermore, an accurate interpretation of Horney's conception of personality would focus on 'parental indifference.' Horney's theory of personality details a childrens' response to thinking that their parents do not care about him - regardless of whether parental indifference is real or just perceived. She then describes personality as growing out of parents' response to childrens' efforts to make their parents care.

- The chapter on personality omits a discussion of Bandura. He should be included as he provides cognitive, behavioral, and learning aspects to the view of personality.

- The personality chapter seems to largely pit nature against nurture which is antiquated. The text should emphasize from the outset that most contemporary psychologists view the two as interacting and inseparable.

- Chapter 12 introduces and defines psychological disorders. Several areas need improvement or clarification:
  - The textbook has not been updated to reflect DSM-5 changes. For example, Table 12.1 reflects the old categories of disorders from DSM-IV-TR. DSM-5 does not include PTSD or OCD within the category of Anxiety Disorders. In addition, bipolar disorder and major depressive disorder are now in separate chapters. Later the text distinguishes between Autism and Aspergers. Aspergers is no longer a distinct disorder in DSM-5 and is now represented as Autism Spectrum Disorder. The book also describes the five Axes system of the DSM. This system has been omitted from DSM-5.
  - The text states that there are no tests for psychological disorders. While this is true, there are tests that assist with diagnosis such as the MMPI-2 which was mentioned in Chapter 11.
  - The chapter opener describes Robert who has body dysmorphic disorder. The text then later describes Robert as having obsessive compulsive disorder. The accurate diagnosis of Robert is BDD, not OCD.
  - The text states that psychological disorders cause 'distress and dysfunction.' This is inaccurate and even the DSM states that diagnosis requires 'distress and/OR dysfunction.' For example, there are psychological disorders such as schizoid personality disorder and antisocial personality disorder which notably do not cause distress to the individual. Conversely, there are many individuals with anxiety disorders and unipolar depressive disorders who function at a high level despite being incredibly distressed.
  - The text states that the DSM does not provide exact symptoms of psychological disorders but rather relies on categories for diagnosis. The DSM organizes disorders into categories, but clearly lists specific symptoms and behaviors required to make a diagnosis. An individual does not need to have ALL of the symptoms listed to gain a diagnosis, but a certain number and duration of symptoms is always defined.
  - The text describes the problem with over diagnosis of ADHD but leaves out a couple core issues. First, the most common reason that young children have problems concentrating in school is because of problems at home. Second, 'inattention' is a core symptom of several psychological disorders/states including depressive disorders, mania, generalized anxiety disorder, and post traumatic stress disorder. Third, DSM-5 criteria for diagnosing ADHD require that attention be a problem in more than one setting. Often ADHD is diagnosed based on teacher report without assessment of the child's ability to pay attention at home, daycare or other environments.
  - In the description of Generalized anxiety disorder, the text states that individuals with GAD worry about work, relationships, school etc and that they are usually aware that their worries are not real. This description does not seem to represent the defining aspects of GAD which are that individuals worry excessively about most things including very minor daily events, which for them are very real

and concerning. In addition a defining feature of GAD is that those affected can not control their worry despite repeated attempts to stop or reduce it. They in fact rely on the worry process as a coping mechanism, believing that if they worry, they will always be prepared for the worst thing happening.

- o The description of hallucinations in patients with schizophrenia has several errors. The text states that hallucinations are "imaginary" when in fact medical imaging techniques show that patients with schizophrenia who report hearing voices have activated brain areas similar to persons who are actually being spoken to. Within the description of schizophrenia, 'echo speech' is listed as a negative symptom when in fact it is part of the group of positive symptoms called 'disorganized speech.' The definition of delusions includes a statement that people maintain such beliefs 'when they are obviously wrong.' 'Obviously' does not provide an accurate description of the power of delusions. A better statement could be 'delusions describe strongly held beliefs that are maintained even when patients are presented with significant evidence to disprove such beliefs.'

- o The text makes some significant errors when describing personality disorders. First and foremost, personality disorders are not milder versions of Axis I disorders. Personality disorders are not mild in any sense of the term. In fact the majority of them cause significant distress and/or impairment for those who have them or for the people who have to interact with affected individuals. Second, personality disorders are qualitatively - not quantitatively - different from Axis I disorders. The only exceptions to this are that people affected by schizoid or schizotypal personality disorders often have family members who have been diagnosed with schizophrenia. In addition, a strong argument can be made that borderline personality disorder lies on a continuum with complex post traumatic stress disorder. However, such mention would require a description of the similarities and differences. Finally, a comparison of Axis I and Axis II disorders (terms of which should be avoided because they are no longer used in DSM-5) should highlight the most significant difference between them which is that people who suffer from the disorders formerly listed on Axis I experience them as ego-dystonic, meaning that the symptoms and behaviors are generally viewed as distressing and inconsistent with the affected individual's identity. In stark contrast, people with personality disorders experience them as ego-syntonic, meaning that the symptoms are consistent with the individuals' sense of self and therefore those individuals do not have insight into how their behavior affects others. Because there is no insight in those with personality disorders, they are largely unresponsive to treatment.

- o The book states that obsessive compulsive personality disorder is a mild form of obsessive compulsive disorder. This is inaccurate. OCD requires the presence of obsessions and compulsions which are not included in a diagnosis of OCPD. Rather OCPD encompasses personality traits of perfectionism, a need to control others, and rigid approaches to money, relationships, and self as a way of avoiding humiliation.

- o The book states that David Beckham has OCD. It is very important for a psychology text to address misconceptions about psychological disorders including the way certain terms are misused by the lay public. David Beckham may have described himself as having OCD because he is particular about certain things such as the way his refrigerator is maintained. However, OCD causes extreme impairment and distress such that it is the psychological disorder most often associated with inpatient hospitalization. There is a Youtube video of a young man named Chad who has OCD which highlights the severity of this illness. David Beckham likely does not suffer from the disorder and such a mention minimizes the severity of this disease.

- Chapter 13 covers the treatment of psychological disorders. There are important areas of omission.
  - o The text states that anxiety disorders are treated by benzodiazepines but fails to mention the more commonly prescribed and safer group of medications used to treat them - the SSRI's. In addition, the text should highlight that anxiety disorders are better treated by cognitive behavioral therapy than medications. In addition, many studies support the use of CBT alone over a combination of medications and therapy for anxiety disorders.
  - o The text fails to mention the most current and effective treatments for posttraumatic stress disorder: emotional freedom technique and EMDR eye movement desensitization and reprocessing.
  - o The text fails to mention that atypical antipsychotic medications are one of the core treatments for bipolar disorder.
  - o The text omits a discussion of how current medication treatments for psychological disorders often

take a 'cocktail' approach with patients taking multiple medications at lower doses to maximize therapeutic gains while minimizing side effects.

Instructional Design (35 possible points)	N/A (0 pts)	Very Weak (1pt)	Limited (2 pts)	Adequate (3pts)	Strong (4 pts)	Superior (5 pts)
Does the textbook present its subject materials at appropriate reading levels for undergrad use?					X	
Does the textbook reflect a consideration of different learning styles? (e.g. visual, textual?)				X		
Does the textbook present explicit learning outcomes aligned with the course and curriculum?					X	
Is a coherent organization of the textbook evident to the reader/student?					X	
Does the textbook reflect best practices in the instruction of the designated course?			X			
Does the textbook contain sufficient effective ancillary materials? (e.g. test banks, individual and/or group activities or exercises, pedagogical apparatus, etc.)			X			
Is the textbook searchable?			X			

Total Points: 21 out of 35

Please provide comments on any aspect of the instructional design of this textbook:

- The book was visually appealing with the color boxes and easily readable text. Figures and tables were legible. The textbook had clear organization.

- The only format available to me when reviewing this text was a pdf file. There was not an ability to search the book nor was navigation between chapters facile.

- Please see previous comments regarding the content of the book with respect to best practices.

Editorial Aspects (25 possible points)	N/A (0 pts)	Very Weak (1pt)	Limited (2 pts)	Adequate (3pts)	Strong (4 pts)	Superior (5 pts)
Is the language of the textbook free of grammatical, spelling, usage, and typographical errors?					X	
Is the textbook written in a clear, engaging style?					X	
Does the textbook adhere to effective principles of design? (e.g. are pages latid0out and organized to be clear and visually engaging and effective? Are colors, font, and typography consistent and unified?)					X	
Does the textbook include conventional editorial features? (e.g. a table of contents, glossary, citations and further references)			X			
How effective are multimedia elements of the textbook? (e.g. graphics, animations, audio)		X				

Total Points: 15 out of 25

Please provide comments on any editorial aspect of this textbook.

- The book was visually appealing.

- The text is notably missing a glossary and index.

- There were some small formatting mistakes throughout the entire book such as italicized words appearing without a space between them and the previous word.

Usability (30 possible points)	N/A (0 pts)	Very Weak (1pt)	Limited (2 pts)	Adequate (3pts)	Strong (4 pts)	Superior (5 pts)
Is the textbook compatible with standard and commonly available hardware/software in college/university campus student computer labs?				X		
Is the textbook accessible in a variety of different electronic formats? (e.g. .txt, .pdf, .epub, etc.)		X				
Can the textbook be printed easily?				X		
Does the user interface implicitly inform the reader how to interact with and navigate the textbook?				X		

How easily can the textbook be annotated by students and instructors?		X				

Total Points: 11 out of 30

Please provide comments on any aspect of access concerning this textbook.

- The only format available to me was pdf, however, other reviewers seemed to indicate that there were alternative formats available. The book does not seem to contain the ability for annotations or modifications. However, I do not see modification as a strong requirement of a text.

Overall Ratings						
	Not at all (0 pts)	Very Weak (1 pt)	Limited (2 pts)	Adequate (3 pts)	Strong (4 pts)	Superior (5 pts)
What is your overall impression of the textbook?				X		
	Not at all (0 pts)	Strong reservations (1 pt)	Limited willingness (2 pts)	Willing (3 pts)	Strongly willing (4 pts)	Enthusiastically willing (5 pts)
How willing would you be to adopt this book?			X			

Total Points: 5 out of 10

Overall Comments

If you were to recommend this textbook to colleagues, what merits of the textbook would you highlight?

- The book is visually appealing. The text is written in clear, understandable language. The author includes engaging components such as the chapter openers.

What areas of this textbook require improvement in order for it to be used in your courses?

- There are significant issues with content accuracy and clarification in the personality and psychological disorders chapters.

- The text should better address kinesthetic learning style by including assessment measures beyond just the brief critical thinking questions included throughout.

- The author should capitalize on his chapter openers by referring back to them to illustrate concepts in the discussions that follow.

- The book should include a navigation bar so that students can easily move from one chapter or section to another.

- The text should add a chapter or large section addressing cultural considerations in psychology.

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