Letters to the Editor

What Makes a Group Heterogeneous?

In “Treatment Choices: Rehabilitation Services Used by Patients With Multiple Personality Disorder” by Gail Zehner Richert and Christy Bergland (July 1992 AJOT, pp. 534-538), the authors stated, “. . . high functioning patients can use heterogeneous groups successfully, provided the groups are structured and consist of patients at the same or similar level of functioning” (p. 537). If the patients are at the same level of function, what is it that makes the group heterogeneous (i.e., different)?

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Author’s Response

That which makes patients heterogeneous, or different, is the DSM III-R Axis I or II diagnosis. In a heterogeneous group, patients may have different diagnoses but the same or similar levels of functioning in different functional areas, such as emotional–behavioral, cognitive, or interpersonal–social. For example, patients in any given group may have different diagnoses, such as multiple personality disorder, major depression, or borderline personality disorder, but have similar levels of cognitive functioning like lower levels 5-6 according to their score on the Allen Cognitive Level Test.

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Correction


In the first paragraph, the word “affected” was incorrectly substituted for the word “effect.” The sentences should read, “Free from the time constraints imposed by the American health care provision system, we employed three different approaches to assessment and contrasted their use in measuring the effect of schizophrenia on patients’ lives in Zanzibar, Tanzania” and “If the assessments endorsed by American therapists measure the effect of schizophrenia on the patient’s underlying functional capacity for task performance, they should do so across cultures.” The AJOT editorial staff regrets these errors and hopes readers were not inconvenienced.