Mark schemes

Q1.

[AO1 = 1]

Answer: A – They block dopamine receptor sites.

[1]

Q2.

[AO1 = 1]

Answer: **C – Something neutral that is presented for good behaviour**.

[1]

Q3.

[AO3 = 2]

2 marks for a clear, coherent limitation.
1 mark for a limited/partial/muddled limitation.

Possible limitations:

- side effects, for example, dry mouth, weight gain etc
- masking the symptoms rather than dealing with the cause
- ethical issues, for example, control.

Credit other relevant limitations.

[2]

Q4.

[AO3 = 8]

Level	Marks	Description
4	7-8	Evaluation of antipsychotics as a therapy for schizophrenia is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5-6	Evaluation of antipsychotics as a therapy for schizophrenia is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3-4	Evaluation of antipsychotics as a therapy for schizophrenia is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-2	Evaluation of antipsychotics as a therapy for schizophrenia is limited and poorly focused. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible evaluation:

- use of evidence for effectiveness or otherwise, eg meta-analysis of the use of chlorpromazine (Adams 2005); atypicals, eg risperidone, are more effective than typical anti-psychotics (Bagnall 2003); comparison of chlorpromazine with placebo (Thornley, 2003)
- relative effectiveness with certain symptoms – typical drugs more effective for positive symptoms
- side effects, eg weight gain, muscle tremors etc and the need to balance costs and benefits to the patient
- preventative use – olanzapine used effectively with high risk individuals
- historical appraisal – revolutionised treatment of patients with psychosis – no longer any need for physical restraint
- short-term v long-term benefits, possibility of relapse, revolving door effect
- comparison with alternatives, eg family therapy, cognitive therapy
- implications for the patient and family, and for the economy; reasoned discussion of cost/time

Credit other relevant material.

[8]

Q5.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Mark	Description
4	13-16	Knowledge of family therapy and cognitive behaviour therapy for schizophrenia is accurate and generally well detailed. Application to the stem is effective. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9-12	Knowledge of family therapy and cognitive behaviour therapy for schizophrenia is evident but there are occasional inaccuracies/omissions. Application/evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5-8	Limited knowledge of family therapy and cognitive behaviour therapy for schizophrenia is present. Focus is mainly on description. Any evaluation/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. **OR one** therapy at L3/4.
1	1-4	Knowledge of family therapy and cognitive behaviour therapy for schizophrenia is very limited. Application/evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. **OR one** therapy at L1/2.
	0	No relevant content.

Possible content:
Family therapy:

- aim is to reduce anger, frustration and expressed emotion
- therapist meets family members and patient for open, productive discussion
- educates family members about the disorder and what to expect
- encourages the family to develop problem-solving and communication skills to support the patient.

Cognitive behaviour therapy:

- delivery of techniques to identify and manage intrusive or delusional thoughts
- patient is encouraged to develop rational interpretations or alternative perceptions, eg viewing voices as interesting rather than threatening
- promotes increase in social activity and use of relaxation strategies.

Possible application:
Family therapy:

- Jay is referring to family therapy when he speaks of involving close relatives
- Jay's reference to 'less tension' is a reference to the key aim of family therapy, ie reduction in anger/frustration/expressed emotion.

Cognitive behaviour therapy:

- Mary is referring to cognitive behaviour therapy (CBT) when she speaks about 'understanding own thoughts', for example, patients might be trained to identify delusional thoughts
- Mary's reference to developing 'strategies' is a reference to a key part of CBT which is about challenging/mastering intrusive thoughts.

Possible evaluation:

- use of evidence to support/contradict the therapy in terms of effectiveness, ethical issues, effect on compliance with medication routines, practicalities etc
- suitability for different patient groups, eg need for a degree of insight, attitude of family etc
- availability of skilled practitioners and appropriate context
- comparison with alternative therapies/treatments
- broader issues, eg holism versus reductionism.

Credit other relevant material.

[16]

Q6.

[AO2 = 4]

Level	Mark	Description
2	3-4	Explanation of how cognitive behaviour therapy could be used to address Martine's symptoms is clear and appropriate. There is appropriate use of specialist terminology.
1	1-2	Explanation is limited, muddled or inappropriate. Use of specialist terminology is absent or inappropriate.
	0	No relevant content.

Possible application:

- Martine could be helped to identify her irrational thoughts/beliefs, eg her belief that care workers are trying to hurt her
- therapist could help Martine understand the voices are not real, explaining how it could be her own thoughts
- Martine could be helped to see the link between her thoughts (that the care workers are trying to hurt her), her emotion (being afraid) and her behaviour (locking the doors)
- therapist could offer Martine alternative interpretations, eg that the care workers are there to help/it is their job to help
- therapist could give Martine strategies to counter irrational thoughts, eg self-distraction strategies to use when the thoughts intrude; ways of drowning out the sound of the voices when they occur; positive self-talk strategies.

Credit other relevant material.

[4]