Therapy for Schizophrenia – Mark Scheme

Q1.

[AO3 = 6]

Level	Marks	Description
3	5 – 6	Discussion of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3 – 4	Discussion of two limitations is evident although one or both lack detail. The answer is mostly organised with some appropriate use of specialist terminology. OR 3 marks for one limitation discussed at the top of Level 3.
1	1 – 2	At least one limitation is presented but discussion is limited/muddled. The answer lacks organisation and specialist terminology is either absent or inappropriately used. OR one limitation discussed at Level 2.
	0	No relevant content.

Possible limitations and discussion:

- ethical problems – parents feel responsible for their child's illness causing even greater stress and anxiety. Out-dated views that were once accepted are no longer tolerated by families and are now seen as destructive rather than productive
- unreliability of recall leading to data that may lack validity – patients report childhood experiences retrospectively. Recall may be inaccurate and distorted by the need to explain. Prospective evidence is rare
- family dysfunction may be the result of the child's disturbing behaviour rather than the cause – impossible to show cause and effect
- discussion of limitations via comparison with alternatives, eg ample evidence that there is a biological cause
- family dysfunction might act as a trigger but the basic cause is biological (dopamine hypothesis, genetic evidence)
- counterargument to the limitation given.

Credit other relevant limitations.

Q2.

[AO1 = 2 AO3 = 2]

Level	Marks	Description
2	3 – 4	Outline of the use of CBT for schizophrenia is clear and has some detail. A limitation relevant to schizophrenia is clearly explained. The answer is generally coherent with effective use of terminology.
1	1 – 2	Outline of the use of CBT lacks clarity, detail and link to

		schizophrenia. The limitation is generic / stated rather than explained. The answer as a whole is not clearly expressed. Terminology is either absent or inappropriately used. **Either** outline **or** limitation done well.
	0	No relevant content.

Outline

Possible content:

- challenging beliefs (including origin of 'voices') and reality testing to reduce distress
- use of positive self-talk
- coping strategy enhancement through education and symptom targeting
- cognitive restructuring via ABCDE framework. Identifying activating event (A), exploring beliefs (B), recognising consequences (C), disputing irrational beliefs (D), restructured belief (E).

Credit other relevant aspects of cognitive behaviour therapy.

Possible limitations:

- CBT requires self-awareness and willingness to engage with process (positive symptoms lead to lack of awareness; negative symptoms lead to reluctance / inability to engage)
- practical issues, eg length of therapy (leading to drop out at times of severe episodes)
- not all clients are suited to vigorous confrontation.

Credit other relevant limitations.

Q3.

(a) **[AO1 = 2]**

1 mark for brief outline of relevant symptom

Plus

1 further mark for accurate elaboration

Possible content:

- Speech poverty refers to limited speech output with limited, often repetitive content.

- Avolition refers to a lack of purposeful, willed behaviour

Credit other relevant symptoms eg psychomotor retardation.

(b) **[AO2 = 4]**

Level	Marks	Description
2	3 – 4	Knowledge of the action/effects of typical and atypical antipsychotics is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1 – 2	Some knowledge of the action/effects of typical and atypical antipsychotics is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- Atypical antipsychotics have been shown to be more effective against negative symptoms
- Typical antipsychotics (such as chlorpromazine) are liable to produce movement side effects, sometimes resembling Parkinson's disease.
- They mainly affect dopamine pathways
- Atypical antipsychotics are less liable to produce movement side effects; they have less action on the dopamine system, and instead affect a wide range of neurotransmitter systems

(c) **[AO3 = 2]**

1 mark for brief explanation of advantage

Plus

1 further mark for accurate elaboration

Possible content:

- Allows patient to take some responsibility for own treatment
- Enhances effectiveness in other areas of life
- Research supports its effectiveness alongside drug therapy
- Effectiveness can be long term/ongoing

Credit other relevant advantages.

Q4.

[AO3 = 2]

Content:

- All drugs have side effects that can be severe and may lead to patients avoiding medication and hence to relapse
- It is questionable whether or not severely affected patients can give informed consent to medication
- Drugs may simply be supressing symptoms

2 marks for a clear and coherent limitation
1 mark for a vague/muddled limitation or limitation merely identified

Q5.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of the effectiveness of atypical and typical antipsychotics on positive and negative symptoms is clear and mostly accurate. The findings in the table are used appropriately. The answer is generally coherent with effective use of terminology.
1	1 – 2	Some knowledge of the effectiveness of atypical and typical antipsychotics and positive and negative symptoms is evident. Use of findings from the table is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

- Atypical and typical antipsychotics are equally effective against positive symptoms with more than half of patients responding well
- The main difference is that negative symptoms respond better to atypical antipsychotics, 30% improve compared with typical antipsychotics 16%
- Atypical antipsychotics are more effective against negative symptoms
- These findings support the view that they act on different neurotransmitters

Q6.

[AO1 = 3 AO3 = 5]

Level	Marks	Description
4	7 – 8	Knowledge of the use of antipsychotic drugs to treat schizophrenia is accurate with some detail. 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	5 – 6	Knowledge of the use of antipsychotic drugs to treat schizophrenia is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.

2	3 – 4	Limited knowledge of the use of antipsychotic drugs to treat schizophrenia is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 2	Knowledge of the use of antipsychotic drugs to treat schizophrenia is very limited. 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.
	0	No relevant content.

Outline:

- typical antipsychotics (eg chlorpromazine) are dopamine antagonists reducing dopamine activity by blocking dopamine receptors at the synapse. This reduces positive symptoms such as hallucinations and has a calming/sedative effect
- atypical antipsychotics (eg clozapine and risperidone) block dopamine receptors and also act on other neurotransmitters eg acetylcholine and serotonin; also address the negative symptoms such as avolition.

Possible evaluation:

- use of evidence re effectiveness in reduction of symptoms and/or relapse rates, eg Thornley 2003
- side effects – typical antipsychotics: dry mouth, constipation, lethargy and confusion, involuntary muscle movement – tardive dyskinesia; atypical antipsychotics: weight gain, cardiovascular problems, agranulocytosis (autoimmune disorder affecting white blood cells)
- comparison of effectiveness, eg atypical antipsychotics v typical antipsychotics, eg Bagnall 2003, Marder 1996
- comparison with other treatments, eg cognitive therapy, family therapy
- need to assess long-term benefits – many studies focus on short-term effects only
- enhanced quality of life: for patients who can live independently / outside of institutional care; for family members
- economic implications eg cost in relation to other treatments / hospitalisation; analysis of benefit re ability of patient to return to work.

Credit other relevant material.

Q7.

[AO1 = 3 AO3 = 5]

Level	Marks	Description
4	7 – 8	Outline of token economies is generally accurate and mostly well detailed. Discussion is thorough and effective.

		The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail sometimes lacking.
3	5 – 6	Outline of token economies is generally accurate. Discussion is mostly effective. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3 – 4	Outline of token economies is present. There are some inaccuracies. Discussion is sometimes effective. There is some appropriate use of specialist terminology.
1	1 – 2	Outline of token economies is limited and lacks detail. There is substantial inaccuracy/muddle. Discussion is limited, poorly focused or absent. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Outline of token economies – awarding of 'tokens' when patients with schizophrenia show desirable behaviour. Tokens can be exchanged later for eg sweets
- Based on Skinnerian operant conditioning principles
- Used for behavioural shaping and management so that patients in long stay hospitals are easier to manage

Possible discussion points:

- Evidence suggests token economies can be effective in improving behaviour in psychiatric hospitals
- Token economies do not address symptoms of schizophrenia, so they are not a 'treatment'
- Not effective with unresponsive patients eg with negative symptoms
- Ethical issues – treats patients as lab rats

Credit other relevant information.

Q8.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. At least two therapies evident. Discussion / evaluation / application is thorough and effective. The answer is

		clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. At least two therapies present. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. One therapy only at Level 4
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. One therapy only at Level 3
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

AO1

The question does not specify biological or psychological therapies so either or both are acceptable. The most likely therapy to be described is drug therapy, but various others are acceptable. Examiners should be mindful of a depth / breadth trade-off here.

The important point is that therapies must be described in the context of schizophrenia. Descriptions of therapies which are not appropriate for schizophrenia such as systematic desensitisation are not creditworthy. However, discussion of unsuitable treatments could be made relevant as part of the discussion.

There are some treatments which were used for schizophrenia in the past but are no longer considered suitable in most cases, eg ECT. Although creditworthy, discussion should make clear the limited contemporary use of such treatments.

Answers which offer two different forms of drug therapy are acceptable if they have different modes of action.

AO3

Candidates are likely to evaluate therapies in terms of the issues raised in the quotation, but the wording allows discussion of a wider range. Evaluation must be relevant to therapies suited to schizophrenia. Material on other therapies will only be

creditworthy if it is explicitly used to offer relevant commentary.

Issues of appropriateness could include:

- the nature of the disorder means that some therapies are more appropriate than others
- factors affecting the choice of treatment, eg financial constraints, availability of appropriate therapist, accuracy of original diagnosis
- ethical issues, eg possible harmful side-effects, issues of informed consent, dehumanising effects of some treatments.

Issues of effectiveness could include:

- problems of measuring effectiveness, eg when to measure, how to measure, what criteria to choose
- wide range of symptoms – treatments might be effective for some but not others
- placebo effects.

Credit could be for evaluation of research in terms of methodological issues, reliability, validity and the extent to which generalisations can be made, eg treatment outcome research often has problems of operational definition and issues concerning the allocation of participants to treatment groups.