



Homework Packs

Topic 12: Schizophrenia

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Teacher's Introduction

It is often said that 'practice makes perfect' and there is nothing more correct when it comes to preparing for A Level Psychology. These worksheets and answers have been designed to test students on all of the areas in the AQA Schizophrenia topic.

How do I use this resource?

These homework sheets are designed to be done individually in the students' own study time. No preparation by the teacher is required, although you may want to check your students' answers to monitor their learning. Each homework is designed to take around 20–40 minutes for the average student to complete.

The questions on the sheets cover the main points of the topic as described in the AQA specification. The specification grid on the next page gives you a breakdown of how each homework covers the specification, and you can pick out the right one for your class as appropriate.

Where possible, there are optional 'Masterminds' questions to extend knowledge or to provide more challenge for some students. Questions have been designed to provide students with knowledge and skills to assist in exams, with an exam-style activity at the end. Guideline answers for all of the homework sheets are provided at the end of this pack. The homeworks have been presented in a 'write-on' format and there is space on each sheet for students to write answers to all of the questions except for the 'Masterminds' questions. There is a total of 18 separate homeworks following spec order.

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Specification overview

Spec coverage	Name of homework	Activity number	Assessment objective(s) tested	Previous study required
Point 1 — Positive symptoms of schizophrenia	Positive symptoms of schizophrenia	1, 2, 3	AO1, AO2	The different types of positive symptoms of schizophrenia including prevalence of each.
Point 1 — Negative symptoms of schizophrenia	Negative symptoms of schizophrenia	1, 2, Masterminds	AO1, AO2 & AO3	The different types of negative symptoms of schizophrenia including prevalence of each.
Point 1 — Reliability and validity in diagnosis and classification of schizophrenia	Reliability and validity in diagnosis and classification of schizophrenia: Part one	1,2, Masterminds	AO1, AO2 & AO3	The classification and diagnostic systems used to assess mental health, including issues of reliability and validity.
	Reliability and validity in diagnosis and classification of schizophrenia: Part two	1, 2	AO1, AO2	Implications of the classification and diagnostic system.
Point 1 — Comorbidity, culture, gender bias and symptom overlap	Relevant issues to reliability and validity of the diagnosis of schizophrenia	1, 2, Exam-style question, Masterminds	AO1, AO2 & AO3	Definitions of comorbidity, culture and bias, with relevant research into culture and gender bias.
Point 2 — Biological explanations of schizophrenia: genetics	The biological explanations of schizophrenia: genetics	1, 2	AO1, AO2	The biological explanations of schizophrenia with reference to genetics and relevant theories.
Point 2 — Biological explanations of schizophrenia: dopamine hypothesis	The dopamine hypothesis	1, 2	AO1, AO2	The dopamine hypothesis and relevant research.
Point 2 — Biological explanations of schizophrenia: neural correlates	Neural correlates of schizophrenia	1, 2, Exam-style question	AO1, AO2 & AO3	The explanations based on neural correlates of schizophrenia.
Point 3 — Psychological explanations of schizophrenia: family dysfunction	Psychological explanations: family dysfunction and schizophrenia	1, 2	AO1, AO2 & AO3	Relevant psychological explanations of schizophrenia including schizophrenic-mother hypothesis and double-bind communication.
	Psychological explanations: Part two	1, 2, Masterminds	AO1, AO2 & AO3	Reliability and validity of relevant theories.
Point 3 — Cognitive explanations including dysfunctional thought processing	Cognitive explanations of schizophrenia: Part one	1, 2	AO1, AO2	The cognitive explanations of schizophrenia including dysfunctional thought processing and relevant research.
	Cognitive explanations of schizophrenia: Part two	1, Exam-style question	AO1, AO2	The cognitive explanations of schizophrenia including dysfunctional thought processing and relevant research.
Point 4 — Drug therapy: typical antipsychotics	Drug therapy: typical antipsychotics	1, 2	AO1, AO2	Definition of typical antipsychotics, examples of drugs and side effects.
Point 4 — Drug therapy: atypical antipsychotics	Drug therapy: atypical antipsychotics	1, 2, Masterminds and exam-style question	AO1, AO2 & AO3	Definition of atypical antipsychotics, examples of drugs and side effects. Implications for schizophrenic patients.
Point 5 — Cognitive Behavioural Therapy (CBT)	Cognitive Behavioural Therapy (CBT)	1, 2	AO1, AO2	Overview of CBT including relevant research into effectiveness and implications for real world.
Point 5 — Family therapy	Family therapy	1, 2, Masterminds	AO1, AO2 & AO3	Overview of family therapy techniques including relevant research.
Point 5 — Token economies as used in the management of schizophrenia	Token economies	1, 2	AO1, AO2	Outline of token economies and relevant research.
Point 6 — The importance of the interactionist approach: the diathesis–stress model	The importance of the interactionist approach: the diathesis–stress model	1, 2, 3, exam-style question	AO1, AO2 & AO3	The interactionist approach, including the diathesis–stress model and relevant research.

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Positive symptoms of schizop

Activity 1

1. What does the word 'symptom' mean?

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2. In your own words, provide a definition of a positive symptom.

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3. Think of three examples of positive symptoms of schizophrenia and write them below.

4. Can you provide a distinction between a hallucination and a delusion?

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Activity 2

1. There are different types of hallucinations and delusions that have distinct characteristics – match the characteristics with the correct type of hallucination or delusion.

Command hallucinations

Grandiose delusion

Persecutory delusion

Auditory hallucinations

Visual hallucinations

People see
colours, shapes
animals

People believe
fame, wealth
do not

People believe
often wrong
and worried

Simple
others
threaten

People believe
to command
very abnormal

2. Based on research, how prevalent are the main types of hallucinations in schizophrenia in terms of the most frequent and least frequent types of hallucinations.

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Activity 3

1. Fill in the gap of the following definition of disorganised speech.

Word pool:	impairment	behave	reaso
	communicate	removed	vagu
	difficult	disorder	disc

Disorganised speech is an _____ in a person's ability to
 characterised by words or concepts 'ei q _____ conn
 _____ from one another. This makes it _____
 seen as a _____ of the distorted thinking created by the _____

2. Provide your own descriptions and examples of the following types of disorganised speech.

Type of disorganised speech	Description
Tangentiality	
Neologisms	
Clanging	
Derailment	

3. Outline and explain what is meant by the following behavioural symptoms of schizophrenia.

Grossly disorganised behaviour:

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Catatonic behaviour:

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Negative symptoms of schizo

Activity 1

1. How are negative symptoms different from positive symptoms?


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2. Provide a description of the following negative symptoms of schizophrenia.

Type of symptom	Description
 Flat affect and incongruent affect	
Speech poverty	
Avolition	
Social withdrawal	
Catatonic stupor	

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Activity 2

1. Below is a set of case studies outlining doctors report of their patients symptoms. Decide what type of symptoms the patient is exhibiting.

Case study A

Doctor's report: 'Patient has a notable loss of energy, emotional response and family members have become increasingly worried. The patient does not appear to show any emotional response to what they previously enjoyed, such as movies, jokes and the like.'

Type of symptom and justification of answer:

.....

.....



Case study B

Doctor's report: 'When talking with the patient there is a vacant air about them with ideas of reference. They are constantly darting around the room in an agitated manner. If asked to report how they feel, they explain that they feel that the entire force of the local area is out to get them. They feel they will be arrested and they avoid going shopping because they feel they will be framed.'

Type of symptom and justification of answer:

.....

.....

Case study C

Doctor's report: 'When first meeting the patient, the doctor noted that they talk to themselves a lot, without realising it. After some *initial* questions became clear that the patient believes that the voices they are hearing are having conversations, or thoughts with other than themselves.'

Type of symptom and justification of answer:

.....

.....



Masterminds

Discuss why it is difficult to diagnose patients with schizophrenia based on negative symptoms.

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Reliability and validity of diagnosis and of schizophrenia: Part one

Activity 1

1. What does the word 'classification' mean with regard to illness?
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2. Below is a set of possible definitions for schizophrenia – decide which is the most accurate.
 - A. A physical disorder categorised by the presentation of movement abnormalities and inhibition.
 - B. A mental disorder that affects around 1% of the population, categorised by negative symptoms.
 - C. A mental disorder that is evidenced by the presentation of multiple personalities often distinctly different and competing personalities.
3. Who coined the term 'schizophrenia' and what does it mean?
What disorder is schizophrenia often confused with?
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4. Describe the three main phases of the development of schizophrenia.

Active

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Prodromal

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Residual

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Activity 2

1. What do the words 'episode' and 'relapse' mean with regard to mental illness?

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2. What is the name of the diagnostics manual used to classify mental illness? Tick the correct option below.

- A. *DSM – 1000*
B. *DSM – 5*
C. *DSM – VII*

3. How many criterion levels are there for schizophrenia?

.....

4. Why do you think there are different criterion levels?

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Masterminds

Discuss why it is important for diagnostic manuals to be constantly reviewed.

Think about:

- technology advances
- those affected
- social implications
- treatments

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Reliability and validity of diagnosis and classification systems of schizophrenia: Part two

Activity 1

1. Provide your own definition of 'reliability' and 'validity' and explain why they are important.

Reliability:

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Validity:

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2. Explain the issue of content, construct and criterion validity in the diagnosis and classification systems for mental health disorders.

Content validity:

Construct validity:

Criterion validity:

3. Explain why it is important that a diagnostic and classification system for mental health disorders is reliable and valid.

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Activity 2

Use the questions below to review the study by Rosenhan, aptly named 'Being sane in an insane asylum'

What was the aim of the study?

What was the experimental design of this study?

Describe the results of the study.

What are the implications of the results?

Outline the ethical issues that surround this study.

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Relevant issues to reliability and validity in the diagnosis of schizophrenia

Activity 1

- Choose the most accurate definition of comorbidity. Put a tick next to your choice.
 - The existence and presentation of more than one disorder, often sharing common causes
 - The development of the same disorder in two people who share the same environment
 - Any disorder that has at least 10 distinctive symptoms present for an extended period

- What percentage of the following disorders did Buckley et al. (2009) find were comorbid with schizophrenia?

Disorder	Percentage
Panic disorder	
Post-traumatic stress disorder (PTSD)	
Obsessive compulsive disorder (OCD)	
Depression	
Substance abuse	

- Outline and explain the problem of symptom overlap in the diagnosis of schizophrenia.

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Activity 2

1. What do 'gender bias' and 'cultural bias' mean in psychology?

Gender bias:

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Cultural bias:

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2. Discuss how there may be cultural bias in the diagnosis of schizophrenia.

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3. Which gender is more likely to develop schizophrenia according to statistics?

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4. **Exam-style question:**

Briefly evaluate the classification and diagnosis system for schizophrenia.

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Masterminds

Discuss the implications of certain cultures and genders being more likely to develop schizophrenia.



Biological explanations of schiz

Activity 1

1. Provide a brief overview of the biological explanation of schizophrenia.

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2. In terms of psychology, define 'genetics' in your own words.

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3. Name or describe the following methods of investigating the influence of biology. Some are missing the name of the method, and some are missing the description. Complete the table below.

Method of investigation	Description
Family studies	
	Looking at siblings, most usefully that have both biological and adoptive parents, to investigate the relative influence of biology and environment.
Twin studies	

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Activity 2

1. Select the most accurate definition of concordance rates out of the three below.
 - A. the frequency of presentation of symptoms of a physical or mental disorder
 - B. the measurable speed by which a disorder progresses into its final stage
 - C. the statistical probability that family members, typically siblings and twins, both have the same disorder and so on

2. Outline and explain some of the problems associated with twin studies. Try to

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3. Discuss the fact that twins, even though identical, do not show 100% concordance

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The dopamine hypothesis

Activity 1

1. First, choose the correct definition of dopamine from the options below.
 - A. a hormone that assists in the regulation of human emotions, impulses and including prevention of psychosis
 - B. one of the major neurotransmitters, which has been linked with the reward system as aiding movement
 - C. a substance that has been found to be in high concentration in the major brain areas affected in schizophrenia; the substance can also be found in natural foods and even in the brain of some animals

2. Briefly outline the dopamine hypothesis and explain who was credited with its development.

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3. Explain how antipsychotic drugs that target dopamine work at a biological level.

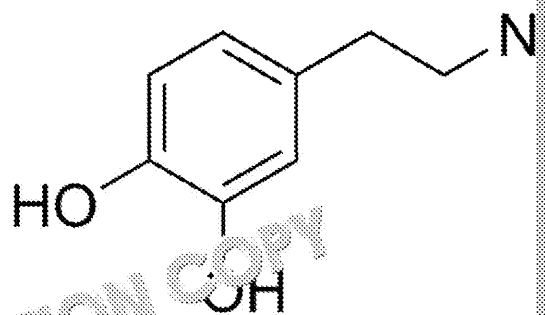
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Activity 2

1. Below is a set of research areas that have highlighted the role of dopamine in schizophrenia. Outline and explain how each of the research areas has contributed to our understanding of dopamine's role in schizophrenia.

	Outline of research and examples
Recreational drugs	
 Treatment for Parkinson's disease	
Animal studies	
Antipsychotics	

2. Outline two explanations of abnormal dopamine functioning in schizophrenia.

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3. Provide an overall evaluation of the dopamine hypothesis.

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Neural correlates of schizophrenia

Activity 1

1. In your own words, provide a definition of neural correlates.

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2. Fill in the gaps in the following passage, which outlines the neurodevelopmental hypothesis of schizophrenia.

Word pool:



schizophrenia

bipolar

foetal

neural

birth

symptoms

The neurodevelopmental hypothesis states that _____
_____ damage during the _____ stage or
after _____. This leads to later _____ of
with schizophrenia.

3. Outline and explain two factors that have been identified as early developmental factors in the development of schizophrenia. Provide research examples if you can.

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4. Describe the seasonal affect with relation to schizophrenia.

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Activity 2

- There are a number of suggested reasons behind the neurodevelopmental differences in schizophrenia. Fill in the grid below, outlining what each is and reviewing the evidence for each.

Suggested reason	Explanation
Behavioural differences before onset of schizophrenia 	
Cognitive differences before onset of schizophrenia	
Differences in social behaviour before onset of schizophrenia	
Neural differences – enlarged lateral ventricles and shrinking 	

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Activity 3 – Exam-style question

Below is an essay-style exam question worth 16 marks: the largest amount you will be asked to answer during your exam. You can use the grid to help structure your answer.

Question: Outline and evaluate biological explanations of schizophrenia.

Introduction of biological explanations of schizophrenia.



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Support for one biological explanation:

Arguments for another biological explanation:

Criticisms of one biological explanation:

Criticisms of another biological explanation:

Overall evaluation:



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Psychological explanations: Part 1 dysfunction and schizophrenia

Activity 1

1. Provide an overview of psychological explanations of schizophrenia.

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2. Outline and explain the family dysfunction hypothesis.

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3. Provide an overview of the following ideas relating to family dysfunction as schizophrenia.

Schizophrenic-mother hypothesis:

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Double-bind communication hypothesis:

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Activity 2

1. Briefly discuss the problems associated with the schizophrenic-mother and double-communication hypotheses. Try to think of at least one for each.

Problems with schizophrenic-mother hypothesis	Problems with double-
	

2. Another notable factor that has been argued to be influential in the development of schizophrenia is **expressed emotion**. Fill in the gaps of the three major types of expressed emotion and give a brief description of each.

Type of expressed emotion	Description
C_i_i_a_ c_mm_n_s	
_o_s_i_i_y	
E_o_f_ o_ _ _ _ l_e_e_n_	

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Psychological explanations: P

Activity 1

1. Provide an overview and evaluation of the longitudinal study by Chechniki et al. Use the subheadings below for guidance.

Aim of study	
Participants	
Methodology	
Evaluation	

2. There are several methods of assessing expressed emotion. Complete the table below with a description and evaluation of each.

Method of assessment	Description	
CFI =		
FMSS =		
LEE =		

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Activity 2

- Put a tick next to the description below that you believe to most accurately describe the labelling theory.
 - Labelling theory is the idea that schizophrenics' distorted thoughts involve others outside of their own mind.
 - Labelling theory argues that schizophrenics are labelled as so by others and this can influence the severity of symptoms.
 - Schizophrenics are prone to using label stickers to document their thoughts; this is known as labelling theory.

- Provide your own definition of the term 'self-fulfilling prophecy'.

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- Discuss the implications of the labelling theory in the space provided below.

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Masterminds

Write a short article discussing why psychological explanations need to be considered.



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Cognitive explanations of schizophrenia

Activity 1


1. Write a sentence or two explaining what 'cognition' means, imagining that you are a person with no previous knowledge of psychology.

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2. Complete a mind map outlining the main cognitive abilities of humans.

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Cognitive abilities of humans

3. Provide your own definition of the 'theory of mind'.

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4. Briefly discuss the statement: 'cognitive deficits are said to have an impairment in the ability to process information'.

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Activity 2

1. What theory did Frith (1987) originally propose relating to schizophrenia? Explain.

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2. What is meant by 'dysfunctional thought processing'?

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3. What does the term 'automatic thoughts' mean?

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4. Based on the symptoms below, decide what type of automatic thought is displayed. Justify your choice.

Symptoms	Type of automatic thought
Person A – Went to a party once, where they did not know anyone and when arriving did not manage to get properly involved or introduce themselves to any new people. They assume this will always be the case and have since avoided these situations with new people.	
Person B – Has a tendency to only focus on their symptoms and negative traits, without paying any attention to any of their positive qualities. They only seem to see certain parts of a situation rather than the whole picture.	
Person C – Generally uses their own feelings and sensations experienced during events or situations to interpret the event or situation, often ignoring any evidence that may suggest something else.	

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Cognitive explanations of schizophrenia

Activity 1

1. Define 'working memory' in your own words.

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2. Briefly outline and explain the working memory deficit that appears in schizophrenia.

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3. Briefly outline and evaluate Lee and Park's (2005) meta-analysis of 124 studies on working memory deficit in schizophrenics.

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Drug therapy: typical antipsychotics

Activity 1

1. Select the most accurate definition of 'typical' antipsychotics. Put a tick next to the correct answer.
 - A. Typical antipsychotics are ones that you will generally be prescribed by your GP in their common form.
 - B. Typical antipsychotics are the most recent advancement in drug therapy with no side effects.
 - C. Typical antipsychotics are the first wave of antipsychotics effective at treating schizophrenia, with adverse side effects.
2. Try to think of examples of atypical antipsychotics that may be prescribed to a person with schizophrenia.



Cognitive abilities of humans

3. Explain the difference between antagonist and agonist drugs.

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4. Explain how typical antipsychotics such as chlorpromazine work, referring to their mechanism of action.



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Activity 2

1. Provide your own definition of 'side effects' of drugs.

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2. What is the common side effect of typical antipsychotics? Name and describe it.

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3. Outline and explain the dopamine-dosage dilemma.

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4. Discuss one advantage and one disadvantage of typical antipsychotic drug treatment.

Advantage:

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Disadvantage:

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Drug therapy: atypical antipsy

Activity 1

1. Define the meaning of 'atypical'.

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2. What was the first atypical antipsychotic drug created? Select one out of the next to your choice.

- | | | | |
|-----------|--------------------------|--------------|--------------------------|
| Heroin | <input type="checkbox"/> | Propranolol | <input type="checkbox"/> |
| Clozapine | <input type="checkbox"/> | Norclozapine | <input type="checkbox"/> |
| Xanax | <input type="checkbox"/> | Epinephrine | <input type="checkbox"/> |

3. Why were atypical antipsychotics developed in the first place?

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Activity 2

1. What does the word 'adherence' mean with regard to drug therapy, and how is it achieved in the treatment of schizophrenia?

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2. Outline and explain the side-effects associated with atypical antipsychotics.

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Masterminds

Write a paragraph or two discussing the following statement:

'Drug therapy is palliative, not curative, and does not suit'

Activity 3 – Exam-style question

Question: Outline and evaluate the effectiveness of typical and atypical antipsychotics. Use examples to back up your points.

Introduction of drug therapy as a treatment of schizophrenia:



Support for typical antipsychotics:

Support for atypical antipsychotics:

Criticisms of typical antipsychotics:

Criticisms of atypical antipsychotics:

Overall evaluation:



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Cognitive behavioural therapy

Activity 1

1. Provide an overview of cognitive behavioural therapy (CBT).

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2. Who is CBT generally aimed at?

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3. Outline and explain the core features of CBT for psychosis. Try to think of a

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Activity 2

1. Provide an overview and evaluation of the pilot study for the web-based CBT for hallucinations by Gottlieb (2013).

Aim of study	
Participants	
Methodology	
	
Evaluation	

2. Briefly discuss how challenging delusional beliefs in schizophrenics may be p

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Family therapy

Activity 1


1. Pick the most accurate definition of family therapy out of the options below. Family therapy is...
 - A. therapy in which all members of a patient's close family are involved in the idea that the family can help cure schizophrenia
 - B. an intervention-based approach that looks at how the family and the patient can improve the home environment
 - C. where the mother and father are given specific training to implement techniques that help reduce schizophrenic symptoms

2. Define 'psychoeducation' and do this without consulting your notes.

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3. Outline and explain what is meant by coping strategies and what they encourage.

4. Briefly discuss the use of multi-family support groups.

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Activity 2

1. Discuss the effectiveness of family therapy. Reference at least one piece of research.

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2. Is family therapy appropriate for treating schizophrenia, and will it work with your client?

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Masterminds

Write a paragraph discussing the usefulness of family compared with drug therapy.

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Token economies

Activity 1

1. Fill in the gaps in the following passage outlining what a token economy is.

Word pool:	classical	primary	operant
	secondary	immediately	shortly
	weaken	strengthen	targeted

A token economy utilises principles of _____ conditions. For a
schizophrenic patient, this involves creating a _____
immediate _____ after _____ behaviours, and _____
stimuli that can _____ the association between _____
_____ reinforcers.

2. Provide a distinction between primary and secondary reinforcers.

Primary reinforcer:

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.....

Secondary reinforcer:

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3. Briefly discuss behaviours that would likely be targeted in schizophrenic patients.

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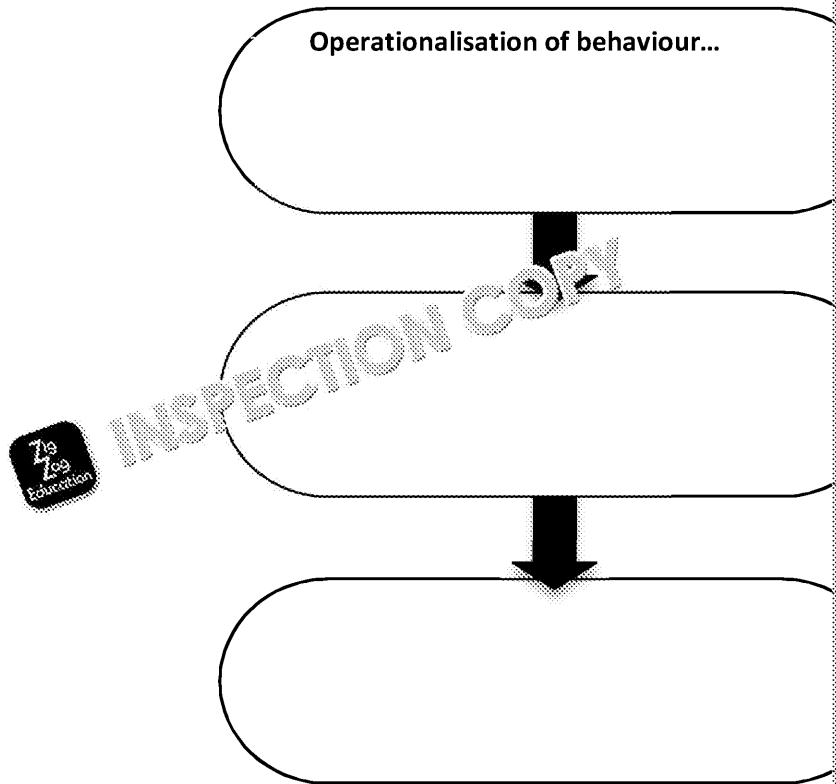
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Activity 2

- Complete a flow chart outlining the three main steps involved in creating a token economy and providing your own examples to enhance the chart. Part of the first step has



- Provide an outline and evaluation of the following research into token economies and the Internet for this question.

Research outline	Evaluation
Woods (1983)	
Dickerson et al. (2005)	

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The importance of the interactionist approach to the diathesis–stress model

Activity 1

1. Provide a distinction between 'nature' and 'nurture' with regard to human behaviour.

Nature:

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Nurture:

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2. Briefly outline the interactionist approach in Psychology and why it is important.

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3. Define the following and provide examples.

Term	Definition	
Diathesis		

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Activity 2

1. Outline and explain how twin research is used to investigate the diathesis-stress model of schizophrenia.

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2. What is the name of the main hormone released due to stress, and how does it affect the brain?

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3. Based on what you know, do you think it is the type of stress or number of stressors that leads to the onset of schizophrenia? Refer to relevant research in your answer.

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Activity 3 – Exam-style question

Outline and evaluate the interactionist approach to schizophrenia, referring to the model in your answer.

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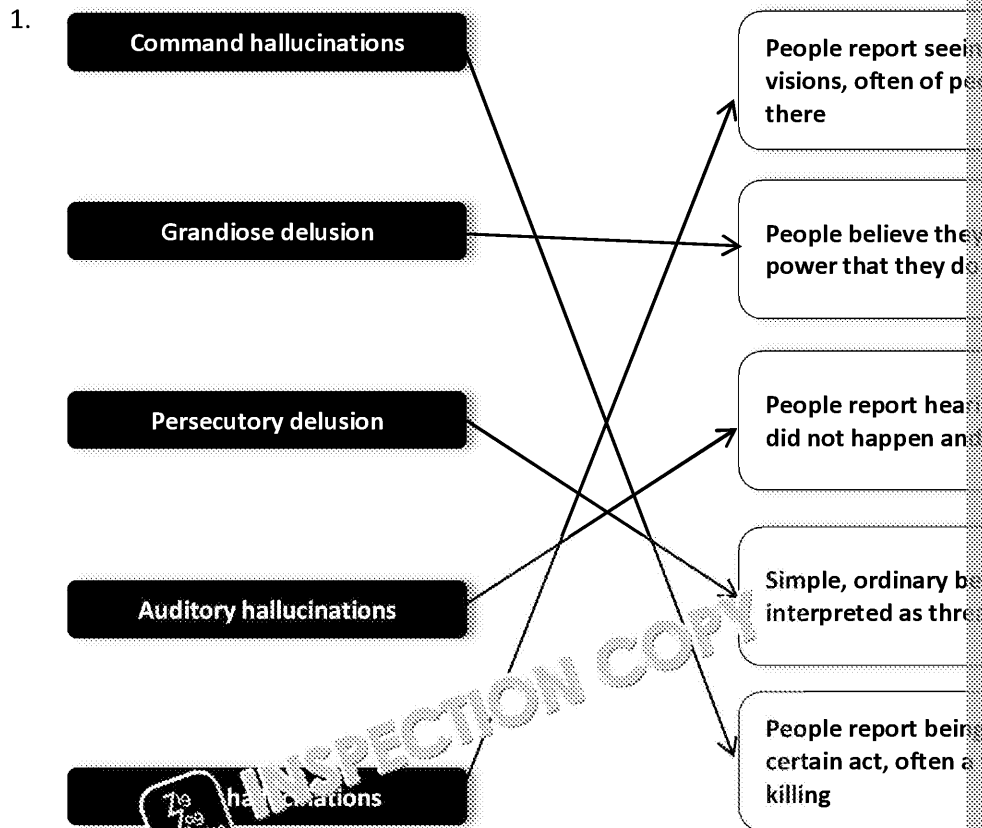
Guideline Answers

Positive symptoms of schizophrenia

Activity 1

- Symptom relates to a presentation of specific behaviours, feelings, or cognition that is characteristic of an illness or disorder.
- A positive symptom of an illness or disorder is one that is observable, atypical and persistent. Positive symptoms are essentially observable behaviours that occur in addition to normal human behaviours. Negative symptoms are the absence of particular behaviours that occur in addition to normal human behaviours.
- Potential positive symptoms of schizophrenia:
 - Hallucinations – mainly visual or auditory
 - Delusions – including grandiose and persecutory
 - Disorganised speech – clang association, neologisms
 - Grossly disorganised and catatonic behaviour
 - Odd or inappropriate psychomotor behaviour
- Hallucinations are sensory illusions that appear in the absence of any physical stimulus. Visual hallucinations are visual images that appear in the absence of any physical stimulus. Auditory hallucinations whereby people see or hear events that are not really there. Delusions are fixed, false beliefs that are not based on reality. Delusions include grandiose delusions where a person believes they are entitled and powerful beyond reality.

Activity 2



- Slade and Bentall's (1988) review of many studies found that visual hallucinations occur in about 10% of people with schizophrenia.

The most frequently reported type of hallucination is auditory, with around 65% of people with schizophrenia reporting auditory hallucinations. This was reported by the World Health Organisation (WHO) in 1973 – a number left unchanged since then.

Further to this, out of those who suffer from auditory hallucinations, 38% had committed violent acts. This was reported by Hellerstein et al. (1987).

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Activity 3

1. Disorganised speech is an impairment in a person’s ability to communicate and is characterised by being vaguely connected or even entirely disconnected from one another. This may be seen as the reflection of the distorted thinking created by the disorder.

2.

Type of disorganised speech	Description	
Tangentiality	A person appears to initially respond to a question or remark appropriately but quickly trails off and begins talking about something irrelevant.	Person: 'Pers... it?'. Schiz... have more...
Neologisms	These are essentially words created by an individual that are either a combination or part of two or more actual words.	'I am... Com... conc...
Clanging	They speak using the sounds of the words, rather than the meaning – often rhyming words or using alliteration.	'Hi M... yello...
Loosening of associations	They talk in a series of often very unrelated topics, with little consistency or logic.	'The... usele... Spai...

3. **Grossly disorganised behaviour** refers to patterns or actions that are atypical and unusual. Behaviours include peculiar voluntary behaviour, often based on their hallucinations or delusions of oneself. There is also a type of behaviour called echopraxia whereby they apparently imitate the behaviours of others.

Catatonic behaviour is categorised by a marked change in energy towards a given behaviour, either a decrease or large increase. It typically involves a major lack of response to stimuli, and often includes behaviours such as sitting, for extended periods of time.

Negative symptoms of schizophrenia

Activity 1

1. Whereas positive symptoms are additional, atypical behaviours, negative symptoms are characterised by a reduction in, typical behaviours. For instance, a notable reduction in normal daily activities.

2.

Type of symptom	Description
Flat affect and incongruent affect	Flat affect refers to symptoms similar to those of a severely depressed person – a lack of emotional response to anything – happy or sad. Incongruent affect refers to responses to events, such as laughing when hearing of a loved one's death.
Speech poverty	The name describes this perfectly, whereby a person has a severely limited conversational vocabulary and often uses only a word or two.
Avolition	A lack of motivation to set and complete even short-term daily tasks. This is often evident in schizophrenics' inability to maintain relationships with others.
Social withdrawal	No active social activity, with an obvious lack in motivation to engage in social activities. This is often a major difficulty in building and maintain close relationships.
Catatonic stupor	The person appears in a state of neurological immobility, with a marked lack of voluntary behaviour. Stupor refers to a marked lack of responsiveness to stimuli. Catatonic behaviour refers to the behaviour of a person.

Activity 2

1. **Case study A** = Negative symptoms – flat affect, highlighted by the low level of emotional response.

Case study B = Positive symptoms – persecutory delusion, highlighted by their belief that they are being spied on and out to get them arrested.

Case study C = Positive symptoms – auditory hallucination – evidenced by the appearance of voices.

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Masterminds

The negative symptoms of schizophrenia are particularly difficult to use as an indicator of present themselves in an outwardly observable way, making them hard for physicians to detect. Negative symptoms are similar to symptoms of certain affective disorders such as depression.

Reliability and validity of diagnosis and classification of schizophrenia: Part one**Activity 1**

1. Classification is the identification of a specific illness or ailment categorised by a set of criteria. This allows a universal diagnostic classification to be developed and used.
2. B.
3. Paul Eugen Bleuler is the name of the person who first coined the term. It means 'split from reality'. The confusion comes from the fact that Bleuler took split mind to mean schizophrenia is often confused with mental personality disorder.
4. **Active phase:** the period when symptoms of schizophrenia are most severe and with hallucinations are most evident.
Prodromal phase: the period where symptoms are beginning to appear before they become full-blown.
Residual phase: the period after the active phase where positive symptoms are less severe and negative symptoms continue long-term.

Activity 2

1. 'Episode' means an active period where symptoms of the illness are present for a time, followed by a period of symptoms or full-blown illness after a period of inactivity.
2. B. DSM – 5.
3. Six.
4. The different criterion levels allows distinct sets of symptoms and behaviours to be used for diagnosis and treatment plans to be implemented. Schizophrenia is a complex disorder and people who experience the same problems.

Masterminds

In general the diagnosis of illnesses changes as we learn more about them. Also, as techniques to understand the causes of illness, and this aids the diagnosis system. A diagnosis of depression 60 years ago compared with today. The more extensive and developed diagnostic systems allow more treatments to be applied.

Reliability and validity of diagnosis and classification of schizophrenia: Part two**Activity 1**

1. **Reliability:** The ability for a measure to produce the same results over a number of occasions. It is important to ensure an illness is not misdiagnosed or entirely missed.
Validity: The extent to which a measure is actually measuring what it is intended to measure. A diagnostic system is actually an accurate method of determining whether or not someone has a particular illness.
2. **Content validity:** refers to the ability of a diagnostic system to cover all the relative aspects of an illness, ignoring any bias.
Construct validity: the extent to which a diagnostic system is actually measuring schizophrenia.
Criterion validity: also called predictive validity; measures the degree to which the results of a diagnostic system are consistent with other criterion being measured.
3. A diagnostic system needs to be reliable and valid to ensure a patient would be diagnosed correctly. If a patient is misdiagnosed, they may not receive the most effective treatment for their disorder by a large number of people, enabling the most effective treatment to be given. Misdiagnosis whereby patients are wrongly or inaccurately diagnosed as having a particular illness for this rather than the actual disorder they may be suffering from, meaning that they do not receive the best treatment for the patient.

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Activity 2**What was the aim of the study?**

To investigate the reliability and validity of diagnostic systems in the real world by seeing how many people in a psychiatric hospital and how difficult it would be to be seen as sane once already labelled as insane.

What was the experimental design of the study?

It was a field experiment because it involved a real-world setting. There were eight pseudo-patients by purposely presenting symptoms of schizophrenia in the form of auditory hallucinations. The auditory hallucination was made up by Rosenhan and was not one that had been documented in the literature. The study involved participant observation whereby the confederates or pseudo-patients of the study experienced the same as the real patients.

Describe the results of the study.

After being admitted, the pseudo-patients acted as normal without any symptoms for a period of time when they would be reviewed or discharged. Seven of the eight participants were admitted to a ward for schizophrenia in remission, even though none presented any symptoms of this. Once admitted, the pseudo-patients took notes on the behaviour of the staff and the nature of their disorder. Even though they were not experiencing any symptoms of their illness. They were kept in hospital for between seven and 52 days.

What are the implications of the study?

The results highlight the low level of reliability and validity of diagnosing disorders such as schizophrenia in the real world. Seven of eight pseudo-patients were admitted for a serious mental disorder and stayed in hospital for 52 days. Once admitted, any normal behaviour was easily misinterpreted by staff as symptoms of schizophrenia. Rosenhan argued that the results reflected the danger of using labels such as schizophrenia and the need for an objective interpretation of that person's behaviour.

Outline the ethical issues that surround this study

- Protection from harm: participants were placed inside a real psychiatric hospital and the psychological harm this may have caused must be considered.
- Real patients in the wards may have noticed the fake patients and this may have caused them distress.
- The staff of the hospitals did not know that the study was taking place: issues of confidentiality and informed consent.

Relevant issues to reliability and validity of the diagnosis of schizophrenia**Activity 1**

1. A

2.

Disorder	Percentage (%)
Panic – disorder	15
Post-traumatic stress disorder (PTSD)	29
Obsessive compulsive disorder (OCD)	23
Depression	50
Substance abuse	47

3. There is a real issue with diagnosing certain disorders such as schizophrenia due to the fact that the symptoms, in particular the negative symptoms, are shared with, or very similar to, symptoms of depression. This makes it extra difficult for an accurate diagnosis of disorders with overlapping symptoms. Appropriate treatment may not always be given.

Activity 2

1. Gender bias refers to the bias in which a study, finding or interpretation is distorted by gender. In psychology there have been many examples of gender bias, in research conducted by and on males.

Cultural bias is similar to the above; however, a bias is made based on the culture of the researcher or the participants involved. In psychology, for instance, the majority of research has been conducted in Western cultures to generate theories for the entire human population.

2. The interpretation of certain symptoms of schizophrenia, such as auditory hallucinations, varies across different cultures. Different cultures have different definitions of hallucinations, which means that the prevalence of psychosis-induced hallucinations is lower in certain cultures than others. The meaning of the world is seen in a positive light, such as being close to God, whereas elsewhere it is seen as a negative light, such as being far from God.

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- The level of gender difference in schizophrenia diagnosis varies across papers and is more pronounced in males. One hypothesis argues that females have higher levels of oestrogen during pregnancy, which acts against the onset of schizophrenia. Treatments for schizophrenia have been developed, but their effectiveness requires further research.
- This exam-style question uses the following mark scheme.

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	This answer clearly evaluates the classification and diagnostic system and evaluative points are expressed clearly rather than simply using terminology is used properly and to good effect.
1	1–2	This answer makes a limited attempt at evaluating the classification system for schizophrenia; however, some points are inaccurate or used incorrectly or is not precise. Detailed knowledge is minimal and there are inaccuracies in this answer.
	0	No relevant content.

Possible content that may be included:

Positives

- The DSM-5 has allowed a more universal diagnosis of schizophrenia, allowing for a more consistent diagnosis across cultures.
- Helps distinguish schizophrenia from other disorders
- Without a classification and diagnostics system there would be no reliable method of identifying those suffering
- Encourages research into schizophrenia to understand it and properly treat it

Negatives

- Schizophrenia is very complex, with any symptoms overlapping with other disorders making it difficult to diagnose.
- Different cultures view the symptoms of schizophrenia differently, meaning the DSM-5 criteria may not be reliably used elsewhere.

Masterminds

The fact that some research has highlighted that certain genders and cultures are more likely to develop schizophrenia inadvertently lead to those cultures and genders believing they are more likely to develop schizophrenia, which lead to amplification of symptoms, similar to a self-fulfilling prophecy. The main point is that the DSM-5 criteria is not valid, which reduces the appropriateness and effectiveness of the classification/diagnostic system.

Biological explanations of schizophrenia

Activity 1

- The biological explanation of schizophrenia aims to explain and understand schizophrenia by looking at the influences on human development, including genetics, neuroanatomy and physiology.
- Genetics is the study of heredity and variation among family members. It aims to understand how genes indirectly influence human traits and behaviour.
-

Method of investigation	Description
Family studies	Looking at the similarities and differences between parents and children to see if inherited traits.
Adoption studies	Looking at siblings, most usefully that have been raised in different environments to investigate the relative influence of genetics versus the environment.
Twin studies	Looking at identical twins raised either together or apart to see if they have similar traits in the same environment or different environment. Looking at concordance rates.

Activity 2

- C

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2. Possible problems:
 - Twins raised together may have similar environments, but it is impossible to tell what has had and how this may have influenced their development.
 - Although identical twins share genes, the actual genes that are expressed during development makes identifying influential genes difficult, as twins do not necessarily express the same genes.
 - Twins are relatively rare, in particular those raised in different environments. This makes it difficult to know what that can be done.

3. Identical twins, otherwise known as homozygous twins, share 100% of their genes and therefore theoretically will develop in the same way based on genetics; however, as evidence shows, they do not develop the exact traits, behaviours and illnesses. The concordance rate for schizophrenia is around 40–50%. This is much greater than between normal siblings, but a way off from 100%. This suggests that genes are not the cause of schizophrenia, and other factors must be influential. The environment (traumatic or not) that each of the twins has, must play a role in their development.

The dopamine hypothesis

Activity 1



1. B

2. The dopamine hypothesis states that abnormal levels of dopamine in humans is the cause of schizophrenia. Too much dopamine. The person credited with first making this suggestion was Seidman.

3. Antipsychotic drugs work by interacting with and influencing neurotransmission in the brain by altering the release and uptake of target neurotransmitters. Generally, antipsychotics block dopamine receptors in particular regions of the brain. The way they work is by binding to the dopamine receptor on the neuron, in essence blocking it, so that when dopamine is naturally released, less – if not no – response is triggered by dopamine.

Activity 2

	Outline of research and examples	What this tells us
Recreational drugs	Amphetamine use appears to worsen positive symptoms of schizophrenia. Breier et al. (1997) found here: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC20129/	Amphetamine increases dopamine levels in the brain, which acts to support the dopamine hypothesis of schizophrenia.
Treatment for Parkinson's disease	Drug treatments such as L-dopa for Parkinson's disease can induce symptoms similar to those found in schizophrenia, and these treatments increase levels of dopamine to treat aspects of Parkinson's disease. Masterminds: Research example Lan et al. (2011), found here: http://www.ncbi.nlm.nih.gov/pubmed/21762841	Creating a human model of schizophrenia found that dopamine levels are increased.
Animal studies	Many studies have manipulated the dopamine system in rats or chimps to investigate effects, finding that increases in dopamine induce schizophrenic-like symptoms. For a review of research see: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC167198/	Dopamine levels in the brain with schizophrenia are increased.
Antipsychotics	Antipsychotic drugs that target dopamine are effective in treating symptoms of schizophrenia. Masterminds: Research example Seeman (2010), found here: http://www.ncbi.nlm.nih.gov/pubmed/20643630	This links dopamine levels to schizophrenia.

2. Possible abnormalities of schizophrenics related to dopamine:
 - Neuroimaging techniques such as PET scans have revealed that the brains of schizophrenics have more dopamine receptors than the average brain, meaning that when dopamine is released, there is a stronger response.
 - Others have suggested that, rather than schizophrenic brains having too many dopamine receptors, they themselves are oversensitive to dopamine, which ultimately results in the same symptoms.

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- Davies et al. (1991) found that, rather than having excess dopamine globally, small amounts of dopamine in particular regions of the brain, such as the subcortical areas, as inducing the positive symptoms of schizophrenia.
3. The dopamine hypothesis has a great deal of support, with a large bulk of research in the 1980s and 1990s. Dopaminergic systems of the brain being linked with the onset of schizophrenia. This is still up for debate and requires further research.

Neural correlates of schizophrenia

Activity 1

1. A neural correlate is a measurable signal or collection of a form of data that is directly related to neural activity in the form of neurons firing and communicating. This allows us to link certain activities to particular areas of the brain.
 2. The neurodevelopmental hypothesis states that **schizophrenia** first develops because of abnormal brain development during the **foetal** stage or very early in life, directly after **birth**. This leads to later **manifestation** of schizophrenia.
 3. One possible early developmental factor implemented in onset of schizophrenia is the timing of the second trimester of a mother's pregnancy, according to research by O'Callaghan. Children with schizophrenia was twice as likely to develop if it does occur during second trimester.
- A second possible early developmental factor is famine during pregnancy. If a mother is malnourished, there is a higher chance of schizophrenia developing in later life, as seen in research by Suskman et al. (1996).
4. The seasonal affect refers to the finding that schizophrenia appears to be more likely to occur during the winter season, see Davies et al. (2003). They argued that this may inevitably be linked to the occurrence of viral infections during these months, linking back to the question above.

Activity 2

1.

Suggested reason	Explanation	Research
<i>Behavioural differences before onset of schizophrenia</i>	Children may exhibit behaviours at a young age that could act as an indicator of later development of schizophrenia.	Walker et al. (1994) reviewed children who developed schizophrenia, compared to healthy siblings or other children with psychomotor abnormalities. The definition of schizophrenia. The defining behaviour is not clear, with some children showing
<i>Cognitive differences before onset of schizophrenia</i>	Children who go on to develop schizophrenia may show deficits in certain cognitive functions, in particular a lower IQ, prior to onset.	A review of research by Walker et al. (1994) found those who developed schizophrenia had lower IQs prior to onset, but the difference was not huge, but did indicate a link to the disorder.
<i>Differences in social behaviour before onset of schizophrenia</i>	Notable differences in social behaviour among those who develop schizophrenia has been highlighted.	Mednick and Schulsinger (1956) found that boys who acted more aggressively were more withdrawn when they developed schizophrenia. This may be used as part of a treatment plan.
<i>Neural differences – enlarged lateral ventricles and thalamic shrinking</i>	Recent neuroimaging studies have revealed that schizophrenic brains appear to have larger than normal lateral ventricles, which has been associated with a reduction in size of the thalamus. The thalamus is involved in sensory integration.	A meta-analysis in 2003 by Gaser et al. found that, on average, schizophrenic brains have larger lateral ventricles than normal brains. Another study by Gaser et al. found thalamic atrophy with enlarging ventricles.

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Activity 3 –Exam-style question

Mark scheme for this question:

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

Level	Marks	Description
4	13–16	This answer demonstrates a well-rounded and accurate knowledge of schizophrenia. Knowledge is expressed articulately and specialist terminology is used to good effect. Evaluation points are made skilfully and have been explained fully. The answer may be made by providing further details or elaboration.
3	9–12	This answer shows clear evidence of knowledge of the biological explanations of schizophrenia. The answer is generally articulate and well-structured, and specialist terminology is used properly and to good effect. Some skilful evaluation is presented and has been explained fully. The answer may contain small errors. The answer is discussion central to the question.
2	5–8	This answer displays some evidence of knowledge of the biological explanations of schizophrenia. The answer is not clearly structured and specialist terminology is not always used correctly. This answer has some evaluation in relation to the descriptive element of this question but it is unskilful and lacks elaboration. The answer shows errors in some specialist terminology.
1	1–4	This answer shows a narrow or poor knowledge of the biological explanations of schizophrenia. The answer is poorly structured, unclear and specialist terminology is used incorrectly. There is insufficient or no evidence of evaluation provided. The answer is not discussion central to the question.
	0	No relevant content

Possible points for answer:

Question: Outline and evaluate biological explanations of schizophrenia. (16 marks)	
Introduction of biological explanations of schizophrenia: The biological approach attempts to explain schizophrenia by looking at genetics, physiology and neuroanatomy. It involves investigating hereditary factors by looking at families, in particular twins, to assess the risk of developing disorders. In more recent years, the advancement of neuroimaging techniques has allowed us to study the neuroanatomy and functioning of the brain. Particular theories stemming from biological explanations include the dopamine hypothesis and theories based on neural correlates, such as the neurodevelopmental model.	
Support for one biological explanation: The dopamine hypothesis argues that abnormally high levels of dopamine in the brains are directly linked with the development of schizophrenia. Support comes from findings such as amphetamine use increasing the likelihood of schizophrenic symptoms – amphetamines increase dopamine absorption. Further to this, antipsychotics that inhibit the release of dopamine are effective in treating certain symptoms.	Arguments for another biological explanation: Neural correlates theories argue that functional deficits of the brain are linked to schizophrenia. Studies have shown that brains often have enlarged ventricles and a smaller thalamus. The thalamus can lead to notable shrinkage of the thalamus which is particularly important for the processing of sensory information. This can lead to certain symptoms of schizophrenia.
Criticisms of one biological explanation: <ul style="list-style-type: none"> The dopamine hypothesis lacks a clear explanation, with several possibilities such as more dopamine receptors and more sensitive dopamine receptors. Until recently, the technology has not been available to directly investigate this issue. Needs more research. 	Criticisms of another biological explanation: <ul style="list-style-type: none"> The variety of symptoms in schizophrenia patients makes it difficult to identify particular regions of the brain that are affected. The deficits highlighted in the dopamine hypothesis are not unique to schizophrenia, rather they are common to many other mental health conditions. Again, needs more research.
Overall evaluation: <ul style="list-style-type: none"> The biological explanations of schizophrenia have a massive amount of support, across a range of studies and cultures. There is no doubt that biological explanations are crucial in explaining schizophrenia. Drug treatments based on biological explanations work. The progress in creating a clearer model of schizophrenia. More research is needed. 	

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Psychological explanations: family dysfunction and schizophrenia

Activity 1

1. Psychological explanations of schizophrenia attempt to understand the environmental factors that influence the onset of the disorder. This involves looking at the person's indicators and cognitive factors.
2. The family dysfunctional hypothesis suggests that a child's upbringing and treatment influence in the development of schizophrenia. This involves investigating family home
3. **Schizophrenic-mother hypothesis:** the argument that a mother who acts emotionally towards the child and in essence rejecting them, can lead to a child feeling unwanted eventually psychosis.

Double-bind communication: whereby parents communicate competing points to conflicting responses, making it impossible to achieve both. This dilemma leads to psychosis in later life.

Activity 2

1.

Problems with schizophrenic-mother hypothesis	Problems with double-bind communication
<ul style="list-style-type: none"> • Lacks consistent research support • Difficult to study scientifically in family settings • Requires subjective interpretation from researchers • Not enough support to carry the theory, and it is no longer considered today 	<ul style="list-style-type: none"> • Requires observation of family interactions, which is subject to researcher biases • Again, difficult to study scientifically in family settings • It has been suggested that the double-bind theory is not supported between the child and the schizophrenic syndrome

2.

Type of expressed emotion	Description
Critical comments	Family members respond negatively towards the schizophrenic patient, which in itself intensifies the symptoms and may lead to relapse
Hostility	Those around the schizophrenic patient act hostile towards them, outwardly blaming them for many problems that they act, outwardly blaming them for many problems that they act
Emotional over-involvement	The family exhibits an above-normal level of emotional involvement, trying to control their behaviour for them, telling them how to behave

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Activity 1

1.

Aim of study	To investigate the influence of expressed emotion on the effectiveness of treatment in schizophrenia.
Participants	43 patients who had been admitted at one time to a psychiatric institution in the low-expressed emotion condition, and 31 were in the high expressed emotion condition.
Methodology	<p>When patients were admitted to the hospital they were assessed for expressed emotion, and if one of the family members was deemed to be high in expressed emotion, the patient of the family was placed in the high expressed emotion condition.</p> <p>Based on the whole interview, family members were assessed as follows:</p> <ul style="list-style-type: none"> • Hostility was measured on a scale from 0 to 3, where 1 or more was considered high hostility • Six or more critical comments was considered high criticism • Family involvement was measured on a scale from zero to 10, where 7 or more indicated a high level of emotional over-involvement <p>Follow-ups were made at one-, three-, seven-, 12- and 20-year intervals.</p>
Findings	<p>Higher expressed emotion correlated with:</p> <ul style="list-style-type: none"> • Higher relapse rates • More time in psychiatric institutions • High critical comments were linked with increases in positive family involvement <p>Expressed emotion was not significantly correlated with negative family involvement.</p>
Evaluation	<ul style="list-style-type: none"> • The method of investigation relied upon relatively subjective family reports, which may affect reliability. • All of the patients had been or were in a psychiatric institution, which may mean that they represented relatively severe cases and may not be representative. • The family members themselves may act differently around the patient than they normally would, which may lead to an inaccurate picture of the family environment.

2.

Method of assessment	Description and evaluation
CFI = Camberwell Family Interview	<p>Semi-structured interview technique that investigates inter-family relationships in schizophrenic patients. Recordings of the conversation are made and key components or themes looked at are criticism, hostility and over-involvement.</p> <p>This method of assessment is one of the most extensive, yielding a lot of information, but requires a lot of time and expertise in analysis of conversations and is subject to subjective interpretation, which always has its problems.</p>
FMSS = Five-minute Speech Sample	<p>Parents are asked to talk about their child who suffers from schizophrenia. A sample of this conversation is later analysed for occurrence of positive or negative remarks. A positive remark is counted as high criticism if it is measured by six or more critical comments, praise, involvement and self-satisfaction.</p> <p>This method is quicker and easier to administer, although does not cover as many important components such as hostility.</p>
LEE = Level of Expressed Emotion Scale	<p>A self-report-style questionnaire given to both the patient and family members. A series of questions designed to assess:</p> <ul style="list-style-type: none"> • Intrusiveness • Emotional response • Attitude toward illness • Tolerance and expectations <p>This is a fast and direct method, requiring no special training, but is not the most scientific and relies on a great deal of honesty from family members, which is impossible to assess.</p>

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Activity 2

1. B
2. Self-fulfilling prophecy refers to the idea that if someone is labelled with a particular disorder, they are more likely to go on to exhibit that trait or disorder.
3. Possible implications:
 - The labelling of disorders may increase the likelihood of the disorders occurring.
 - People who experience certain symptoms of disorders may inadvertently label themselves without any professional advice.
 - At the same time, labelling can help to clarify problems for people, allowing appropriate interventions to be implemented.
 - It can help families to understand and deal with illness better.

Masterminds

It is up to students to provide a discussion of this content. Here are some possible points to discuss:

- Psychological explanations allow for the investigation of individuals.
- Recognising the importance of the environment, in particular family, is crucial to developing a holistic understanding of schizophrenia.
- Incorporating research into psychological explanations with other areas such as biology can provide a more effective understanding compared with using one or the other.
- Biological research so far has shown that genetics alone does not cause schizophrenia, but is a major factor that needs proper research.

Cognitive explanations of schizophrenia: Part one**Activity 1**

1. Cognition refers to the mental processes and abilities of humans involved in acquiring and using knowledge.
2. A conservative list of abilities:
 - Perception
 - Memory
 - Consolidation of information
 - Language development
 - Speech
 - Conscious thought
 - Executive processes such as planning
 - Inhibition
3. Theory of mind refers to the ability to recognise that other humans hold their own beliefs and thoughts of others. Also known as 'mind reading'.
4. Schizophrenics are said to have distorted theory of mind, whereby they overthink what others are thinking that is normal. This overthinking is reasoned to lead to paranoid delusions that are associated with schizophrenia.

Activity 2

1. He proposed a theory of poor self-monitoring as an explanation of schizophrenia. This theory suggests that individuals exhibit a poor ability to monitor their own cognition or behaviour, often attributing their actions to external factors.
2. Dysfunctional thought processing refers to patterns of thought that are essentially how schizophrenics process information differently, interpreting new information according to (often warped) beliefs rather than adjusting their beliefs. Schizophrenics develop a fixed negative bias that leads them to interpret the world around them.
3. Automatic thoughts are not a symptom of schizophrenia alone, but rather a type of thought that can occur in many experiences. Automatic thoughts are ones that seem to occur without any conscious effort. They are reasoned to be primarily determined by underlying beliefs, which if distorted lead to distorted automatic thoughts.

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4.

Symptoms	Type
Person A – Went to a party once, where they did not know anyone and when arriving did not manage to get properly involved or introduce themselves to any new people. They assume this will always be the case and have since avoided these situations with new people.	Overgeneralisation – past experiences are generalised to all situations.
Person B – Has a tendency to only focus on their symptoms and negative traits, without paying any attention to any of their positive qualities. They only seem to see certain parts of a situation rather than the whole picture.	Mental filtering – deal of focus on negative aspects that block out the positive.
Person C – Generally uses their own feelings and sensations experienced during events or situations to interpret the event or situation, often ignoring any evidence that may suggest something else.	Emotional reasoning – feelings are taken as evidence of reality. Time taken to think about things is less than time taken to feel.

Cognitive explanations of schizophrenia: Part two

Activity 1

- Working memory refers to the short-term processing and retention of information that is currently ready for use, that may be learnt for later recall or forgotten, dependent on rehearsal.
- The working memory deficit that appears in schizophrenics is that they have a relative deficit compared to normal controls. Schizophrenics show a marked deficit in abilities such as flexible thinking, which are all related to working memory.
- They reviewed a large pool of research papers that investigated working memory deficits. A consistent reduction in performance of schizophrenics compared with normal controls was found. Working memory occurred over a number of modalities, such as verbal or written, and a major problem with studying working memory concerns the apparent inability to distinguish between testing abilities with which working memory is associated. Further to this, effectiveness of working memory with other higher cognitive abilities such as planning, forward thinking and inhibition.
- Exam-style question – mark scheme is below.

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

Level	Marks	Description
4	13–16	This answer demonstrates a well-rounded and accurate knowledge of the cognitive explanations of schizophrenia. Knowledge is expressed articulately and used properly and to good effect. Evaluation points are made fully. Improvement to the answer may be made by providing more detail.
3	9–12	This answer shows clear evidence of knowledge of the psychological explanations of schizophrenia. The answer is generally articulate and well-structured. Knowledge is generally used properly and to good effect. Some skilful evaluation points have been explained fully. The answer may be improved by keeping the focus on central to the question.
2	5–8	This answer displays some evidence of knowledge of the psychological explanations of schizophrenia. The answer is not clearly structured and specialist terminology is not used. The weight of this answer has been given to the description of the problem, if present, is unskilful and lacks elaboration. The answer does not contain any evaluation.
1	1–4	This answer shows a narrow or poor knowledge of the psychological explanations of schizophrenia. The answer is poorly structured, unclear and specialist terminology is not used. The answer is incorrect or is not present. There is insufficient or no evidence of knowledge. The answer contains many mistakes.
	0	No relevant content.

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Possible evaluation points:

- Review of family dysfunction hypothesis – including schizophrenic-mother hypothesis and expressed emotion.
- Review of neurodevelopmental hypothesis – including neural correlates.
- Review of cognition explanations – automatic thoughts, dysfunctional thoughts.
- Psychological theories highlight the importance of environmental factors in the development of schizophrenia.
- Research often requires subjective interpretation because of the use of interviews.
- Difficult to distinguish between cause and effect – did schizophrenia cause the symptoms or vice versa?
- Treatments based on these explanations vary in effectiveness – the biological model is not fully addressed.
- Further research is needed.

Drug therapy: typical antipsychotics

Activity 1

1. C
2. Typical antipsychotics include:
 - Chlorpromazine
 - Fluphenazine
 - Haloperidol
 - Perphenazine
 - Thioridazine
3. *Agonist* drugs act by promoting the release or action of a neuron by attaching to its receptors and induce the release of particular neurotransmitters.
Antagonist drugs essentially do the opposite, attaching to the neuronal receptor but not activating the receptor – inhibiting a response from the neuron.
4. Antipsychotics such as chlorpromazine work by targeting dopamine receptors in the brain. Essentially the drug enters the brain and, because their genetic make-up is different, the brain allows it to attach to dopamine D2 receptors and block them from receiving dopamine.

Activity 2

1. Side effects of drugs are typically undesirable symptoms created by the use of the pharmacological agent.
2. The most prominent side effect of typical antipsychotics is called tardive dyskinesia – involuntary, jerky, involuntary movements attributed to the reduction in dopamine levels in the brain.
3. The dopamine-dosage dilemma refers to the finding that higher dosages for more severe symptoms result in more severe side effects. This creates a difficult task in producing effective treatment for schizophrenia while reducing the side effects as much as possible.
4. Possible advantages:
 - effective in treating positive symptoms of schizophrenia in many patients
 - relatively fast in effect compared with non-drug treatment
 - easy to administer
 Possible disadvantages:
 - notable negative side effects
 - faster than non-drug treatment, but not immediate
 - do not provide much aid for negative symptoms

Drug therapy: atypical antipsychotics

Activity 1

1. 'Atypical' means not representative of a type, class or group. With regard to drugs, it refers to drugs that are chemically different from the older typical antipsychotics.
2. Clozapine.

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- Atypical antipsychotics, otherwise known as second-generation antipsychotics, were providing effective treatment for the positive symptoms of schizophrenia without producing the major problem of typical or first-generation antipsychotics was that they produced side effects in patients, especially with high dosages.

Activity 2

- 'Adherence' essentially means the likelihood that the patient will properly take the medication; in a way, how responsible the patient is for their drug therapy. A major problem in the use of drug therapy is that patients have to be monitored both inside and outside of psychiatric institutions there is no real way to monitor the patient to ensure adherence to treatment.
- The main side effects of atypical antipsychotics include:
 - Weight gain
 - Type 2 diabetes
 - Myocarditis
 - Sexual dysfunction

For a review see <https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC2327229/>:

Patients appear to maintain high-fat diets on antipsychotics, and, recently, researchers have appeared to trigger parts of the brain responsible for appetite. Many of the symptoms related to above average weight, with 40% to 60% of schizophrenics being obese.

Sexual dysfunction has been linked with thalamic shrinking, an area of the brain associated with sexual function.

Masterminds

Points students should consider:

- Definition of statement: palliative not curative refers to the fact that drug treatment for schizophrenia, and can prevent them. However, the drugs are not curing the disorder, symptoms are likely to reoccur.
- The drug treatments are often effective at treating positive symptoms but not so good at treating negative symptoms.
- The 'comorbidity' of schizophrenia means that many patients also suffer from other mental health disorders such as depression. This needs to be considered when prescribing drug therapy, to ensure that the drugs do not worsen these disorders.

Activity 3

Exam-style question

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

Level	Marks	Description
4	13–16	This answer demonstrates a well-rounded and accurate knowledge of typical and atypical antipsychotics. Knowledge is expressed articulately and specialist terminology is used with a good effect. Evaluation points are made skilfully and have been explained. The answer may be made by providing further details or elaboration.
3	9–12	This answer shows clear evidence of knowledge of typical and atypical antipsychotics. The answer is generally articulate and well-structured and specialist terminology is used with a good effect. Some skilful evaluation points are presented and some evaluation is provided. The answer may contain small errors. The answer may be incomplete or lack a central focus.
2		This answer displays some evidence of knowledge of typical and atypical antipsychotics. The answer may be on one over the other. The answer is not clearly structured and specialist terminology is not always used correctly. The weight of this answer has been given unevenly. The question and evaluation, if present, is unskilful and lacks elaboration in some sections.
1	1–4	This answer shows a narrow or poor knowledge of typical and atypical antipsychotics. The answer is poorly structured, unclear and specialist terminology is used incorrectly. There is insufficient or no evidence of evaluation provided. The answer contains errors.
	0	No relevant content.

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<p>Question: Outline and evaluate the effectiveness of typical and atypical antipsychotic drugs. Support your points.</p>	
<p>Introduction of drug therapy as a treatment of schizophrenia: Drug therapy involves patients taking antipsychotic drugs developed to reduce the core symptoms of schizophrenia. There are two major types of antipsychotic drugs: first-generation or typical antipsychotics and second-generation or atypical antipsychotics. Both target dopamine systems in the brain.</p>	
<p>Support for typical antipsychotics:</p> <ul style="list-style-type: none"> • Research has shown them to be effective at treating positive symptoms of schizophrenia 	<p>Support for atypical antipsychotics:</p> <ul style="list-style-type: none"> • As effective at treating positive symptoms as typical antipsychotics • Do not produce certain negative side effects that typical antipsychotics produce
<p>Criticisms of typical antipsychotics:</p> <ul style="list-style-type: none"> • Higher risk of neurological side effects • Can induce movement disorder • Does not properly treat negative symptoms 	<p>Criticisms of atypical antipsychotics:</p> <ul style="list-style-type: none"> • Side effects such as weight gain and metabolic complications • Again, do not properly treat negative symptoms
<p>Overall evaluation:</p> <ul style="list-style-type: none"> • Both effective in treating positive symptoms • Both have side effects • Atypical antipsychotics are the primary drug used today because of their supposed effectiveness in treating negative symptoms • Neither is great at treating negative symptoms of schizophrenia • Drug adherence is a problem for drug therapy 	

Cognitive Behavioural Therapy

Activity 1

1. Cognitive behavioural therapy is a form of treatment designed to target the dysfunctional thought patterns of schizophrenic patients, such as distorted automatic thoughts, negative thought patterns and delusions. CBT involves trying to look at cognition more objectively.
2. CBT is aimed at treating sufferers of many mental disorders, primarily minor disorders. However, it has been used to support drug therapy in the treatment of severe mental health symptoms more specifically.
3. Possible core features:
 - Developing good therapist–patient rapport. This means the therapist and the patient to feel comfortable and benefit from the therapy.
 - Identify underlying beliefs that are causing problems in the patients’ lives.
 - Treatments are individualised – essentially each patient’s treatment is tailored to their experiences, rather than a more general type of treatment.
 - Trying to modify delusional beliefs for healthy ones – this involves actively disputing delusional patterns to allow the patient to change them.
 - Challenging irrational thoughts – developing the ability to look at one’s own thoughts and beliefs that are causing problems.

Activity 2

1.

Aim of study	To investigate the effectiveness of CBT implemented online.
Participants	20 young men with a psychotic disorder, typically schizophrenia or bipolar disorder, who are currently experiencing positive symptoms such as hallucinations.
Methodology	<ul style="list-style-type: none"> • Past experience of patients was assessed. • Clients were given training via 10 online lessons to combat their symptoms. • Videos were created to help to explain the principles of CBT. • Lessons included changing beliefs, behavioural coping techniques, cognitive restructuring, thinking and changing attitudes towards hallucinations. • Wrote down auditory experiences that week and their responses to them. • Completed quizzes to review progress on a regular basis. • Behavioural tasks assigned to do during the week.

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Findings	<ul style="list-style-type: none"> • 81% of patients completed 6 lessons or more. • 4 patients dropped out. • Assessments revealed a reduction in certain positive symptoms. • However, beliefs based on hallucinations were still prominent. • Patients learned a great deal about their psychosis and how to manage it.
Evaluation	<ul style="list-style-type: none"> • Using online CBT would be easy to administer to a mass population. • Requires fewer trained staff. • Cost-effective. • The validity is difficult to measure as it is outside of a professional setting. • Not all patients will have access to a computer in the residential setting. • Whether or not they will properly pay attention to video lessons.

2. The reason that it is particularly difficult to implement CBT with schizophrenics is that schizophrenics often do not realise their thoughts are irrational, delusional and in reality challenging these thoughts may not seem rational to them or useful in the first place.

Family therapy



Activity 1

1. B
2. Psychoeducation involves teaching people – patients and family – about disorders and the steps in positive change.
3. Coping strategies are the ways in which families are taught and encouraged to understand. Coping strategies aim to help communication between patients and family, reducing the disorder, assessing and solving problems and generally reducing the associated stress.
4. Multi-family support groups involve a number of families, each having a family meeting and discussing the disorder together. This allows a support network to be formed for families to help each other.

Activity 2

1. Discussion points:
 - Family therapy allows a safe interaction between patients, family and practitioners.
 - Multi-family groups can help to create a network of support between people who are experiencing similar hardships.
 - The effectiveness of family therapies is typically measured by the level of reduction in symptoms and eventually relapse rates.
 - A study in 2006 by Pitschel-Walz et al. found that, after relatively prolonged use, there was a reduction of 17% in the likelihood of rehospitalisation, reflected in around 39% reduction on average over a year for the patient.
 - They also found that family therapy encouraged compliance with drug treatment.
 - Another study by Lehman et al. (2004) found that multi-family therapy also had a 11% reduction in relapse rates.
 - Overall, the use of family therapy appears to be beneficial, with few downsides. Drug therapy appears to be most beneficial to the patient, as well as the family.
2. Discussion points:
 - Family therapy appears to be beneficial to any family who undertakes it.
 - A meta-analysis by Chechnicki et al. (2013) highlighted that schizophrenic patients with poor family support and communication are more likely to relapse.
 - Family therapy is likely to provide much-needed insight to these families to help them understand the patient more and be less critical of the patient.
 - However, there is no guarantee that every family will become more understanding of the patient.
 - Drug therapy alone may miss certain aspects of schizophrenia, such as negative symptoms, and family therapy can help with this.

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Masterminds

Potential points:

- Drug therapy has proved effective in treating positive symptoms of schizophrenia.
- However, it is less effective in treating negative symptoms and there are major issues with the treatment.
- Family therapy can help to address certain issues that surround drug therapy by teaching around the patient about the disorder.
- By understanding more about the disorder, the family can help to facilitate treatment in a suitable environment for the patient.
- A combination of drug and family therapy is the most beneficial form of treatment.

Token economies

Activity 1

1. A token economy utilises principles of **operant conditioning** to alter behaviour of someone by creating a **primary reinforcer** that is given immediately after **target** behaviours, and that can **strengthen** the association between target behaviours and primary reinforcers.

2. **Primary reinforcers:** In general, these are stimuli that are inherently valuable, and in regards to token economies, however, primary reinforcers are essentially the 'tokens' that target, adaptive behaviours are exhibited. These can be used to purchase desirable items.

Secondary reinforcers: The reward or desirable items or privileges that reinforce the behaviours and primary reinforcers. This further encourages the target behaviours.

3. Possible targeted behaviours:
- Regular hygiene maintenance – a common problem associated with schizophrenia is poor hygiene.
 - Social interaction – a lack of social interaction is often associated with negative symptoms. Social interaction is an important part of human life and needs encouraging, even in a hospital setting.
 - Academic behaviour – encourage learning and challenging themselves.
 - Disruptive behaviour – tokens will be taken away if certain negative behaviours are exhibited.

Activity 2

1. **Operationalisation of behaviour...** Identifying and defining particular target behaviours of interest to allow proper measuring of these behaviours.



Creating tokens: this means an object such as a coin or coloured card which symbolises the currency for obtaining reward.



Identifying secondary reinforcers – that is, types of rewards and privileges – to give to patients for a certain number of tokens. The more tokens, the more reward.



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2.

Research outline	Evaluation
<p>Woods (1983)</p> <p>Looked at the use of token economies on a psychiatric ward of 16 patients. Firstly, observations of patients behaviours were made to establish a baseline.</p>	<p>After baselines of behaviour were established, tokens and at first tokens were given immediately after target behaviours were given at increasing distances from target behaviours will persist without immediate reward. patients showed improvements following introduction of token economy. However, when being released from the ward after a year. However, when controlled for, with no patients not receiving the tokens, it may have occurred without any intervention, and it is difficult to use.</p>
<p>Dickerson et al. (2005)</p> <p>A review of 13 controlled studies by Dickerson et al. (2005), consisting of around 1000 schizophrenic patients looking at token economies.</p>	<p>They found that 11 of these studies showed a positive impact on the patients' lives and increase of adaptive behaviours. The results varied and compared to control groups included self-care, social interaction and participation in treatment. This suggests that token economies may be beneficial for schizophrenics and may allow them to adapt our world. More longitudinal studies of this kind are required.</p>

The importance of the interactionist approach: the diathesis-stress model

Activity 1

1. Nature refers to the genetic makeup and biology of the individual that influence the individual. Nurture refers to the environmental factors that influence the individual's development, upbringing, education and culture.
2. The interactionist approach aims to integrate ideas and research findings from both biology and environment – to provide the fullest of understandings. This means that both biology and environment influence each other.
3. Answers may differ but here are some general points to consider:

Term	Definition	
Diathesis	Pre-existing disposition to developing a trait or disorder.	<ul style="list-style-type: none"> • May be genetic • Likelihood of developing a disorder • A brain abnormality • Pre-natal factors
Stress	A type of stimuli that creates a particular type of stress response from the body, either short- or long-term.	<p>Many examples of stressors include:</p> <ul style="list-style-type: none"> • Bullying • Physical trauma • Academic pressure • Death • Substance abuse

Activity 2

1. Twin research, in particular with identical twins, allows for a direct comparison of human genetics (at least at birth). This means that we can assess how likely twins are to develop the same disorder, words, concordance rates. Furthermore, this allows us to use instances in which twins are discordant to deduce the relevant influence of biology and environment. We can use twin research to assess how much influence the environment has on the onset of various mental disorders.
2. Cortisol has many effects on the body including increased blood pressure, inflammation, and storage of body fat. Importantly, it influences the release of dopamine. As dopamine is associated with the positive symptoms of schizophrenia, and higher levels of dopamine are associated with higher levels of dopamine.

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3. There are two slightly competing ideas regarding the effect of stress on a person's development. One is that a particularly stressful event that can trigger the onset of a disorder. The other is that it is a combination of stressors over a lengthy period of time that surmounts to the onset of certain disorders. The diathesis–stress model is that there is a certain threshold that needs to be crossed before a disorder is released. The diathesis dictates where this threshold lies.
- Ventura et al. (1989) found that, in individuals who had already been diagnosed with a disorder, it was more likely if a number of stresses had occurred over a period of time.
 - Ingram (2004) argues that stress is cumulative and even begins in birth with the environment. It is thought that a twin with a more impoverished pre-natal environment is more likely to develop a disorder than that this is because they begin life already having experienced a certain amount of stress.

Activity 3

Exam-style question

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

Level	Marks	Description
4	13–16	This answer demonstrates a well-rounded and accurate knowledge of the diathesis–stress model. Knowledge is expressed accurately and terminology is used properly and to good effect. Evaluation points are explained fully. Improvement to the answer may be made by providing more detail.
3	9–12	This answer shows clear evidence of knowledge of the interactionist diathesis–stress model. The answer is generally articulate and well-structured. Terminology is generally used properly and to good effect. Some skills and some evaluative points have been explained fully. The answer may be improved by keeping discussion central to the question.
2	5–8	This answer displays some evidence of knowledge of the interactionist diathesis–stress model. The answer is not clearly structured and terminology is not always used correctly. The weight of this answer has been given to description and evaluation, if present, is unskilful and lacks elaboration in some sections.
1	1–4	This answer shows a narrow or poor knowledge of the interactionist diathesis–stress model. The answer is poorly structured, unclear and contains many mistakes.
	0	No relevant content.

Possible points:

- Explanation of nature approach
- Explanation of nurture approach
- Recognition that both biology and environment play a role in the development of schizophrenia
- Relationship between stress and dopamine
- Stressful events appear to precede initial episodes of schizophrenia
- Reference to research examples used throughout this topic are necessary for top marks
- Discussion of treatment implications
- Offers an explanation for the differences between identical twins



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