12.3 Treating Schizophrenia: Therapies and the Interactionist Approach: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Identify two common side effects associated with typical antipsychotics and state one monitoring or management strategy for each side effect.

(Total for Question 1 is 3 marks)

2 Outline one strength and one limitation of the interactionist diathesis-stress model as an explanation for schizophrenia, focusing on its implications for treatment.

(Total for Question 2 is 2 marks)

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3 Discuss the interactionist approach to schizophrenia, including the diathesis-stress model and implications for combined biological and psychological treatment. In your answer consider strengths and limitations, and refer to evidence where appropriate.

(Total for Question 3 is 16 marks)

4 A vignette for application: Kwame is a 24 year old recently discharged from hospital following a first psychotic episode. He continues to have occasional auditory hallucinations and has poor adherence to medication because of concern about side effects. His family are distressed and often shout at him in arguments. Using the interactionist approach, recommend a combined treatment plan for Kwame that integrates biological and psychological therapies. Explain how each element addresses aspects of the diathesis-stress model in this case.

(Total for Question 4 is 6 marks)

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Mark scheme · 12.3 Treating Schizophrenia: Therapies and the Interactionist Approach: 30-minute Pack

Question 1

identifies one side effect, e.g. extrapyramidal symptoms or parkinsonism oe	**B1**
gives management: e.g. prescribe anticholinergic medication, reduce dose, or switch to atypical antipsychotic oe	**B1**
identifies second side effect or long term effect, e.g. tardive dyskinesia or sedation/weight gain, and gives a relevant monitoring/management strategy oe	**B1**

Answer: Examples: extrapyramidal symptoms such as parkinsonism can be managed by reducing dose, switching to an atypical antipsychotic or giving anticholinergic medication; tardive dyskinesia can be monitored with regular clinical checks and, if present, treated by switching drugs or stopping the offending medication.

Question 2

strength: identifies a benefit, e.g. explains complexity of causes and supports combined treatment approaches oe	**B1**
limitation: identifies a drawback, e.g. can be vague about specifying which diatheses or stresses matter, complicating targeted interventions oe	**B1**

Answer: Strength: it recognises multiple interacting causes and thereby supports combined biological and psychological treatments tailored to the patient. Limitation: it can be vague about specific vulnerabilities and stresses for an individual, which makes it hard to design precisely targeted prevention or intervention strategies.

Question 3

Level 4 Knowledge of the interactionist approach and diathesis-stress model is detailed and accurate. Discussion is thorough and evaluates strengths and limitations with good use of evidence and clear implications for treatment. There is effective synthesis of biological, psychological and social factors and a clear, coherent argument throughout, with appropriate use of specialist terms.	**13-16**
Level 3 Knowledge is generally accurate with some development. Discussion evaluates strengths and limitations and refers to evidence or treatment implications, but may lack depth or full integration of perspectives. Answer is mostly clear and uses relevant terminology.	**9-12**
Level 2 Knowledge is present but limited or partially inaccurate. Discussion is superficial and may list strengths and limitations without detailed development or evidence. Links to treatment are limited or only briefly stated.	**5-8**
Level 1 Very limited knowledge with little or no discussion. Answers may be simplistic, fragmented, or only list a few points without development. Specialist terms are largely absent.	**1-4**
Level 0 No creditable content.	**0**

Indicative content:

- AO1: The interactionist approach combines biological, psychological and social explanations, arguing schizophrenia arises from a vulnerability (diathesis) interacting with life stress.
- AO1: Meehl's original model proposed a single schizogene producing a biologically vulnerable schizotypic personality, with social stress, especially from family, triggering schizophrenia. Modern models view diathesis as multiple genetic, neurodevelopmental and psychological factors, and stress as wider, including urbanicity, drug use and trauma.
- AO1: Biological treatments such as antipsychotic medication reduce neurochemical contributors to symptoms, while psychological therapies such as CBTp and family therapy address cognitive appraisals and social stressors; token economies manage behaviour in institutional settings.
- AO3: Strengths include greater explanatory power than single-factor models, clinical utility in supporting combined treatment plans, and empirical support from trials showing medication plus CBT can be more effective than medication alone.
- AO3: Limitations include risk of vagueness about specific diatheses and stresses for individuals, potential for blaming social factors if misinterpreted, and practical issues of integrating services across psychiatry and psychotherapy. There are also challenges in identifying causal pathways in complex interactions.
- AO3: Evidence considerations: cite generic trial findings that combined treatment can reduce relapse and improve functioning; note genetic and neurodevelopmental evidence for biological vulnerability and epidemiological evidence for social risk factors such as urban living, migration and cannabis use as stressors.
- AO2: Implications for treatment include the rationale for integrated care teams, personalised treatment planning, psychoeducation for families, and the use of CBTp alongside medication to improve adherence and coping.
- AO3: Evaluate balance of support: while combined treatment often yields better outcomes, effect sizes vary and access to CBTp or family therapy may be limited. Also consider ethical and practical issues in prescribing, monitoring side effects and obtaining informed consent.
- AO3: Conclude with reasoned judgement: the interactionist approach is pragmatic and clinically useful, offering a more complete account and better treatment guidance than single-factor models, but its vagueness and implementation challenges should be acknowledged.

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Question 4

recommends a biological treatment, e.g. prescribing an atypical antipsychotic like risperidone or switching to clozapine if treatment resistant, and/or adjusting dose to reduce side effects oe	**M1**
explains how this addresses diathesis: reduces neurochemical activity causing positive symptoms, lowering biological vulnerability's expression oe	**A1**
recommends a psychological intervention, e.g. CBTp to help Kwame cope with hallucinations and challenge beliefs about voices, or family therapy to reduce expressed emotion and improve communication oe	**M1**
explains how CBTp and family therapy address stress: CBTp improves coping and reduces distress from symptoms, family therapy reduces social stress from high expressed emotion, lowering relapse triggers oe	**A1**
mentions adherence strategy or combined care, e.g. psychoeducation about side effects, monitoring, shared decision making, or use of depot injections if appropriate oe	**M1**
explains how adherence strategies reduce stress and ensure biological treatment works, showing interactionist rationale for combined treatment oe	**A1**

Answer: Suggest switching or starting an atypical antipsychotic and adjusting medication to reduce side effects, combined with CBTp to help Kwame reappraise and cope with auditory hallucinations, and family therapy to reduce expressed emotion at home. Add psychoeducation about side effects, shared decision making or depot medication if adherence remains poor. The meds reduce biological expression of psychosis, CBTp reduces symptom distress and maladaptive appraisals, and family therapy lowers social stressors that can trigger relapse, exemplifying the diathesis-stress approach.

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