12.3 Treating Schizophrenia: Therapies and the Interactionist Approach: Test Pack

AQA 7182 · about 15 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Outline how a token economy programme might be used to manage institutionalised or long-stay patients with schizophrenia. State one intended behavioural target and one ethical concern about token economies.

(Total for Question 1 is 4 marks)

2 Outline the aims of cognitive behaviour therapy for psychosis (CBTp) when used to treat a patient diagnosed with schizophrenia, and give one typical technique used in CBTp.

(Total for Question 2 is 3 marks)

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3 Describe one advantage and one disadvantage of atypical antipsychotics (for example clozapine or risperidone) compared to typical antipsychotics when treating schizophrenia.

(Total for Question 3 is 3 marks)

4 Outline Meehl's original diathesis-stress model for schizophrenia and identify one limitation of the original model compared with modern versions.

(Total for Question 4 is 2 marks)

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Mark scheme · 12.3 Treating Schizophrenia: Therapies and the Interactionist Approach: Test Pack

Question 1

describes core feature: tokens are given for desirable behaviours which can be exchanged for rewards oe	**M1**
gives an intended target behaviour, e.g. self-care, attendance at therapy, punctuality, or social interaction oe	**A1**
describes reinforcement schedule or token exchange for privileges, showing how behaviour is encouraged oe	**M1**
identifies an ethical concern, e.g. controlling patient behaviour, fairness, or whether rewards are withholding basic rights, and explains why this matters oe	**A1**

Answer: A token economy awards tokens when patients show targeted behaviours, such as grooming, social interaction or attending activities; tokens are later exchanged for privileges or items. An ethical concern is that it can be controlling or coercive, potentially restricting patients' autonomy if basic needs are withheld as rewards.

Question 2

states aim: reduce distress from symptoms and change unhelpful beliefs about hallucinations/delusions oe	**M1**
states aim: improve coping and functioning, not only eliminate symptoms oe	**B1**
gives a technique: e.g. cognitive restructuring, behavioural experiments, reality testing or normalisation of experiences oe	**B1**

Answer: Aims include reducing distress caused by psychotic experiences and changing unhelpful appraisals of hallucinations and delusions, and improving coping and daily functioning. A typical technique is cognitive restructuring or behavioural experiments to test unusual beliefs.

Question 3

advantage: identifies reduced risk of some extrapyramidal side effects or better effect on negative symptoms oe	**M1**
explains advantage, e.g. atypicals act on serotonin as well as dopamine which can improve negative symptoms and cause fewer motor side effects oe	**A1**
disadvantage: identifies a real drawback, e.g. risk of agranulocytosis with clozapine, metabolic syndrome or higher cost oe	**B1**

Answer: Advantage: atypicals often affect serotonin as well as dopamine, which can improve negative symptoms and tend to cause fewer motor side effects. Disadvantage: they can carry serious risks such as agranulocytosis with clozapine or metabolic side effects, and are more expensive.

Question 4

outlines Meehl: a single schizogene confers vulnerability which interacts with chronic stress, especially from upbringing, leading to schizophrenia in susceptible people oe	**B1**
identifies limitation: overly genetic/deterministic, ignores multiple genes and biological or environmental complexity, modern models include multiple diatheses and gene-environment interactions oe	**B1**

Answer: Meehl proposed a single schizogene created vulnerability which, combined with chronic stress from family environment, produced schizophrenia. A limitation is its genetic determinism and simplicity: modern models treat diathesis as multiple biological and psychological vulnerabilities interacting with various stresses.

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