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| **Symptoms of Schizophrenia** |
| **Positive** | **Negative** |
| **Definition** |
|  |  |
| **Hallucinations** | **Delusions** | **Avolition** | **Speech poverty (Alogia)** |
|  |  | Must mention “ lack of goal orientated behaviour” |  |
| **Speech disorganisation (not on spec but useful to know**) |

**Essay questions**

* Discuss token economies as a method used in the management of schizophrenia. (Total 8 marks)
* Outline and compare two treatments for schizophrenia. (Total 16 marks)
* ‘There is considerable evidence that schizophrenia is caused by biological factors. These can be genetic, neuroanatomical, biochemical, viral or a combination of such factors’. Discuss biological explanations of schizophrenia. (Total 16 marks)
* ‘Therapies can be time-consuming and, in some cases, uncomfortable for the client. It is, therefore, very important to offer the most appropriate and effective type of treatment.’ Outline and evaluate two or more therapies used in the treatment of schizophrenia. (Total 16 marks)
* Outline and evaluate the dopamine hypothesis of schizophrenia (8 marks)

|  |  |
| --- | --- |
| **Reliability** | **Validity** |
| Link these terms directly to Schizophrenia and it’s diagnosis and state what the problem actually is. |
|  |  |
| Evidence to support that these issues occur? Is it as bad as we think? | Evidence to support that these issues occur? |
|  |  |
| **Over-lap** | **Co-morbidity** | **Cultural bias** | **Gender bias** |
| So how does this issue effect the diagnosis of Schizophrenia? What is the issue? |
|  |  |  |  |
| Is there any evidence to support this? |
|  |  |  |  |
| Link to validity | Link to reliability | Link to validity | Link to reliability | Link to validity | Link to validity |
|  |  |  |  |  |  |  |  |

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| Explanations of Schizophrenia |
| Biological explanations | Psychological explanations |
| Genetic | Dopamine hypothesis | Neural correlates | Family dysfunction | Cognitive explanation**S** |
|  |  |  | High EE | Double bind | Dysfunctional thought process | Attentional bias |
| **Biological** | **Psychological** |
| Genetics | Dopamine hypothesis | Neural correlates | Family dysfunction | cognitive |
|  |  |  | EE -  | Double Bind | Dysfunctional thought processing | Attentional bias |
| **Evaluation (ao3)** |
| **Biological reductionism (negative) Lowest level** | **Socially sensitive** | **no issue and debate- treatment/predictive validity** |
| **Issues with twin studies**  | **Causation** | **Causation** | **Causation** | **Causation-Does not tell us anything about the origins of the faulty cognitions** |
| **Research evidence** |
| Kety-incidence10x higher in…….. | Curan (2004) | Ho- | Tienari (2004)5.8%-36.8%- | Stroop effect |

|  |  |  |
| --- | --- | --- |
|  | **Biological** | **Psychological** |
|  | Typical antipsychotics | Atypical antipsychotics | CBT | Family therapy | Token economy |
| Aims and how is it carried out? |  |  |  |  |  |
| Link directly to the therapy  |  |  |  |  |  |
|  | **Biological** | **Psychological** |
|  | Typical antipsychotics | Atypical antipsychotics | CBT | Family therapy | Token economy |
| Effective? | **Thornley** | **Meltzer** | **Tarrier (2005)** | **McFarlane****Pharoah** | **Limited evidence** |
| Effective? | **Economic implications** | **Jauhar (2014)****Tarrier (200)** | **Economic implications** | **Not long term** |
| Appropriate? | **Side effects** | **Side effects** | **Engage?** | **Reduces distress** | **More appropriate for who?** | **Ethics** |
| **Interactiona-****ism** |  |

Interactionist approach