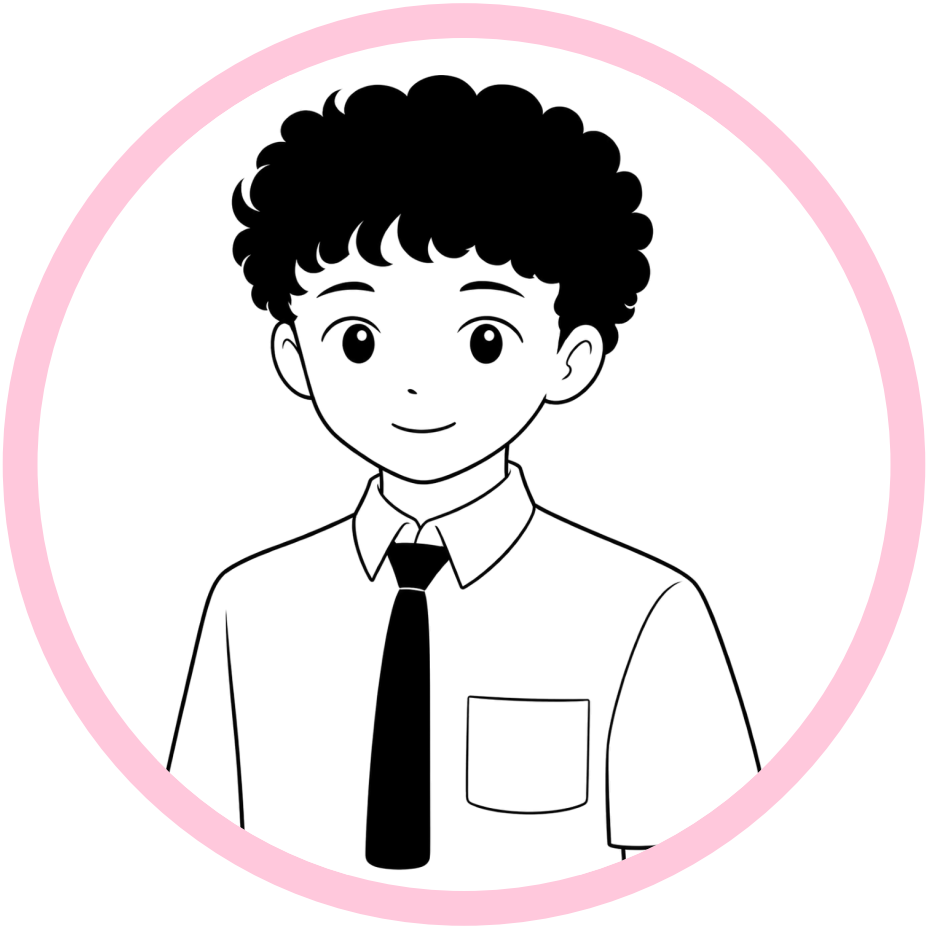
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.3.5 CLASSIFICATION OF SCHIZOPHRENIA

SCORE	PERCENTAGE
/52	%

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Q1.

[AO1 = 2]

2 marks for a clear, coherent outline of co-morbidity in the context of schizophrenia.

1 mark for a limited or muddled outline.

Possible content:

- co-morbidity is where two conditions co-exist in the same individual at the same time / have a tendency to co-exist alongside each other
- so a person with schizophrenia might also at the same time be suffering from another condition, e.g. personality disorder, depression, alcoholism, etc.

Credit other relevant answers.

[2]

Q2.

[AO3 = 2]

2 marks for a clear, coherent explanation of how symptom overlap might lead to problems with diagnosis and / or classification of schizophrenia.

1 mark for a limited or muddled explanation.

Possible content:

- shared symptoms could lead to an unreliable / incorrect diagnosis (not valid)
- because the person may exhibit a symptom typical of schizophrenia (e.g. delusions) but could instead have another condition with the same symptom (e.g. bipolar disorder).

Credit other relevant explanations.

[2]

Q3.

[AO1 = 3 AO3 = 5]

Level	Marks	Description
4	7 – 8	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is accurate and generally well detailed. Discussion is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5 – 6	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is evident. There are occasional inaccuracies. There is some effective

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		discussion. The answer is mostly clear, organised and focused. Specialist terminology mostly used effectively.
2	3 – 4	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy, organisation and focus in places. Specialist terminology used inappropriately on occasions.
1	1 – 2	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible Content:

- Definitions of reliability in relation to diagnosis and classification – level of agreement on the diagnosis by different psychiatrists across time and cultures; stability of diagnosis over time given no change in symptoms
- Definitions of validity – the extent to which schizophrenia is a unique syndrome with characteristics, signs and symptoms
- Identification of issues such as range of symptoms across individuals, comorbidity and symptom overlap

Possible discussion points:

- Use of evidence on the reliability of major classification systems (ICD IV, DSM IV or V)
- Use of evidence on reliability of diagnosis between different clinicians and across different cultures
- Range of different symptoms in different patients – positive and negative symptoms
- Evidence on comorbidity with eg depression, mixed syndromes eg schizo-affective disorder, symptom overlap eg bipolar disorder
- Factors affecting reliability and validity of diagnosis
- Wider implications of reliability and validity of diagnosis eg labelling, cultural bias.

Material must be explicitly linked to reliability and/or validity to earn credit.

Credit other relevant information.

Q4.

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

1 mark for brief outline of relevant symptom

Plus

1 further mark for accurate elaboration

Possible content:

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- Speech poverty refers to limited speech output with limited, often repetitive content.
- Avolition refers to a lack of purposeful, willed behaviour

Credit other relevant symptoms eg psychomotor retardation.

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

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

Possible content:

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

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

1 mark for brief explanation of advantage

Plus

1 further mark for accurate elaboration

Possible content:

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

Credit other relevant advantages.

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Q5.

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

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

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

AO1

Credit is awarded for description of issues concerned with classification and diagnosis of schizophrenia, most of which are related in some way to reliability and validity. Some issues are specifically relevant to schizophrenia eg the range of symptoms / sub-types of schizophrenia and the difficulty of distinguishing between them. Reference may be made to co-morbidity, culture and gender bias. Other issues surrounding the classification and diagnosis of mental disorders in general can receive credit as long as they are made relevant to schizophrenia.

AO3

Discussion should be of the issues identified when classifying and / or diagnosing schizophrenia. Answers should evaluate and offer commentary on the issues they have identified, for example by considering the consequences arising from the issue. Answers may include discussion of advantages of using classification systems in relation to effective treatment programmes and support and / or problems associated with classification and diagnosis. For example, diagnosis might lead to labelling and stigmatisation (Scheff 1966) causing long-term problems of getting / keeping employment and leading to a self-fulfilling prophecy.

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Q6.

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

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

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

AO1

There are many issues surrounding the classification and diagnosis of mental disorders in general, most of which are related in some way to the idea of reliability and validity. It is acceptable to describe overarching issues as long as they have relevance to schizophrenia. However, there are some issues which are particularly relevant to schizophrenia eg the range of sub-types of schizophrenia and the difficulty of distinguishing between them. Issues include:

- The reliability of the major classification systems ICD and DSM.
- The availability of other diagnostic criteria for schizophrenia eg Schneider criteria.
- The lack of homogeneity in schizophrenic symptoms.
- The problems of labelling.
- The problem of co-morbidity.
- The problem of distinguishing schizophrenia from, for example, mood or personality disorders.
- The lack of objective tests for schizophrenia.
- The difficulty of being able to predict outcome or response to treatment.
- Cultural differences in symptom presentation.
- The question of whether schizophrenia is a mental disorder at all.

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AO3

Candidates should evaluate and offer commentary on the issues they have identified for example considering the consequences arising from the issue. They could discuss the advantages and disadvantages of using classification systems to diagnose schizophrenia. For example, diagnosis might lead to labelling which causes long-term problems for the person with schizophrenia in terms of getting / keeping employment or establishing relationships. On the other hand, careful diagnosis can lead to effective treatment programmes which would, otherwise, not be offered.

Q1.

Some answers were quite vague but most were able to gain limited credit by giving an example of a disorder that often occurs alongside schizophrenia, usually depression. Where this question was poorly answered it was often because students confused co-morbidity with symptom overlap.

Q2.

This was generally well-answered, although some responses were unnecessarily long. The best answers were those that started by saying what symptom overlap is, then went on to address the problem. Quite a number of students could say what the problem might be (eg misdiagnosis) but failed to adequately explain the role of 'symptom overlap' in this.

Q5.

Schizophrenia remains the most popular option and this question was attempted by over half of students. Whilst some schools and colleges had clearly prepared their students for a question on issues regarding classification and diagnosis, others appeared to have covered this in insufficient depth. AO1 credit was awarded for the identification/description of issues relating to classification and diagnosis, most of which can be placed under the headings of reliability and validity. Weaker answers often showed little evidence of organisation or planning with students producing long lists of clinical characteristics without identifying issues relating to classification or diagnosis. This approach gained rudimentary AO1 credit.

A lack of focus on the question was also notable for AO2 / 3 with weaker students. Many focussed almost exclusively on Rosenhan's 1973 study 'On being sane in insane places' often providing lengthy and detailed description without linking this to an issue related to classification or diagnosis. Weaker students also focussed on methodological evaluation of this research study, which was of limited relevance to the question. There was little recognition that Rosenhan's study is over 40 years old and changes have taken place to classification and diagnosis since then.

Stronger students approached the question by identifying an issue (such as the lack of reliability between ICD and DSM IV) then considering possible consequences of this and/or research evidence regarding reliability of diagnosis using the respective systems. There was some useful discussion of the problems of co-morbidity, cultural differences and Szasz's critique of the myth of mental illness in better answers. Higher AO2 / 3 marks went to students who evaluated each issue as they went through the essay. Those students who were able to consider a range of research evidence relating to reliability and validity were also rewarded.

Q6.

This was the most popular question in this section. There were some excellent answers to this question showing sound understanding of the issues and thorough, effective analysis. In such answers, issues surrounding the reliability of ICD, DSM and other diagnostic criteria were generally well understood, and problems associated with co-morbidity, cultural bias, symptom overlap and labelling were usually addressed effectively.

However, it was disappointing to see large amounts of irrelevant material presented, even by well-informed candidates. Some candidates saw it as an opportunity to write all they

knew about schizophrenia and included clinical characteristics, types, explanations and, even in some cases, treatments. It was quite common for half the essay to be taken up with this kind of irrelevant material.

A significant number of candidates showed evidence of weak understanding. For example, they confused co-morbidity with symptom overlap and were very muddled about how and where DSM and ICD are used and the level of difference between them.

Candidates need to plan their essays a little better, in order to avoid repetition and irrelevance.Many answers were poorly structured and it was difficult to follow the line of argument or identify exactly which issues were being discussed. More structured paragraphs introduced by phrases such as 'an issue is -----, 'this is an issue because ---', ’a consequence of this issue ---’, would have benefited many candidates.

Some candidates were able to identify issues but struggled to provide effective AO2 / 3 material.Rosenhan’s work was not used very effectively. There were often very long descriptions of Rosenhan’s studies with little attempt to relate them to the question. Despite the quote given in the question paper, many candidates did not seem to realise how dated this work is and that they could have used this fact to provide relevant commentary. The best answers offered extended commentary often citing psychological research to highlight each issue that had been addressed.

A number of candidates really struggled to express their ideas clearly. This often obscured the meaning of what they were trying to say.

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