



Knowledge Organiser: Year 13

Psychology; SCHIZOPHRENIA

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DIAGNOSIS AND CLASSIFICATION

1

Diagnosis and classification:

More common in men and lower socio-economic groups.

Classification – identify symptoms that go together.

Diagnosis – use classification to identify disorder.

Positive symptoms:

Symptoms that are additional (added on because of the disorder) e.g. hallucinations and delusions.

Negative symptoms:

Loss of usual abilities because of the disorder e.g. speech poverty and avolition

DIAGNOSIS AND CLASSIFICATION - EVALUATION

2

Good reliability:

DSM 5 has improved. Higher inter-rater and test-retest reliability.

Low validity:

More individuals were diagnosed in ICD than in DSM 5.

Co-morbidity:

Around half of patients have another diagnosis e.g. depression.

Gender bias in diagnosis:

More men than women diagnosed – could be an underdiagnosis of women.

Culture bias in diagnosis:

Afro-Caribbean 10x more likely to be diagnosed than white individuals in the UK.

Symptom overlap:

Schizophrenia symptoms overlap with other disorders e.g. bipolar

BIOLOGICAL EXPLANATIONS

3

Genetic basis:

Family studies – risk of schizophrenia increases if family member has schizophrenia.

Candidate genes – schizophrenia is polygenic.

The role of mutation – genetic vulnerability in people with no family history.

EVALUATION

- **Research support** – Gottesman family studies
- **Lack of environmental factors**

Neural correlates:

Dopamine – DA levels in brain correlate with schizophrenia.

EVALUATION

- **Evidence for dopamine** – medication reducing DA also reduces schizophrenia
- **Glutamate** – post-mortems show high levels in people with schizophrenia

BIOLOGICAL THERAPIES

4

Drug therapy:

Typical anti-psychotics – associated with dopamine hypothesis. Widely used in 1950's but decline in use e.g. chlorpromazine

Atypical antipsychotics – since 1970's. Aim to reduce symptoms with minimal side effects e.g. clozapine and risperidone.

EVALUATION

- **Evidence for effectiveness** – chlorpromazine more effective than placebo.
- **Serious side effects** – can be mild or occasionally fatal.
- **Mechanism unclear** – dopamine hypothesis could be incorrect.

PSYCHOLOGICAL EXPLANATIONS

5

Family dysfunction:

The schizophrenic mother – cold and rejecting parent

Double bind theory – contradictory family communication

Expressed emotion – high levels of negative emotion

EVALUATION:

Research support – many sufferers have insecure attachments.

Little evidence for explanations.

Cognitive explanations:

Meta representation dysfunction – can't recognise thoughts as own

Central control dysfunction – can't suppress responses

EVALUATION:

Research support – people with schizophrenia took longer in stroop test

A proximal explanation – does not explain origins



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| <u>PSYCHOLOGICAL TREATMENTS</u> | | <u>MANAGEMENT OF SCHIZOPHRENIA</u> | 7 |
|--|--|---|---|
| Cognitive behavioural therapy: 5-20 sessions. Deals with both thoughts and behaviours. Reality testing is used. EVALUATION: Evidence of effectiveness – 34 studies show symptoms improved. Quality of evidence – different studies focus on different CBT techniques Family therapy: Reduces negative emotions. Improves families ability to help EVALUATION: Evidence of effectiveness – relapse rates down 50-60% Benefits to whole family – reduces negative impact on family | | Token economies: <ul style="list-style-type: none">• Patients are given plastic tokens for positive behaviours.• This aims to improve quality of life in hospital.• This is an example of behaviour modification. EVALUATION: Evidence of effectiveness – studies show a reduction in negative symptoms Ethical issues – professionals have power to control behaviour | 6 |
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How do we use Knowledge Organisers in Psychology

How can you use knowledge organisers at home to help us?

- **Retrieval Practice:** Read over a section of the knowledge organiser, cover it up and then write down everything you can remember. Repeat until you remember everything.
- **Flash Cards:** Using the Knowledge Organisers to help on one side of a piece of paper write a question, on the other side write an answer. Ask someone to test you by asking a question and seeing if you know the answer.
- **Mind Maps:** Turn the information from the knowledge organiser into a mind map. Then reread the mind map and on a piece of paper half the size try and recreate the key phrases of the mind map from memory.
- **Sketch it:** Draw an image to represent each fact; this can be done in isolation or as part of the mind map/flash card.
- **Teach it:** Teach someone the information on your knowledge organiser, let them ask you questions and see if you know the answers.

How will we use knowledge organisers in Psychology?

- **Test:** We will do regular low stakes tests to check your ability to retrieve information from memory.
- **Mark our answers:** Once you have done a low stake test you can mark your work using the knowledge organiser.
- **Improve our work:** Once you have finished a piece of work you may be asked to check your knowledge organiser to see if there is any information on it that you could add into an answer.

| <u>ASSESSMENT</u> <u>TYPE</u> | <u>SECTION ON KNOWLEDGE</u> <u>ORGANISER</u> | <u>DATE</u> <u>COMPLETED</u> | <u>SCORE/TOTAL</u> <u>SCORE</u> |
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