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**Knowledge Rich Curriculum Plan**

A Level Psychology – Unit 4 Psychopathology



| **Topic 1 – Definitions of Abnormality** | | | | |
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|  | **Intended Knowledge:**  *Students will know that…* | **Tiered Vocabulary** | **Prior Knowledge:**  *To know this, students, need to already know that…* | **Assessment** |
| **LO1: Describe and evaluate the deviation from social norms definition of abnormality (2 lessons)** | * Social Norms are beliefs, attitudes, and behaviours that are considered acceptable within society. * They provide an expectation of how to behave. * There are 2 types of social norms: * Implicit - unwritten rules which we all follow e.g. queuing in line and waiting your turn. * Explicit - laws & written rules, which are punishable by law if they are not followed * ***If behaviour ‘deviates’ from an implicit or explicit social norm, then it is seen as abnormal.***   ***This definition of abnormality has the following strengths/weaknesses.:***   * It is ‘Culture Bound’ Social norms vary from one culture to the next. E.g. In some parts of Africa it is normal to speak to a dead person as a way of coping with grief. * Social Norms change over time, so what is regarded as deviant by one generation is normal to the next. E.g. homosexuality illegal in the UK in 1967, in 2004 civil partnerships were legalised * Does not distinguish between someone who is abnormal and a criminal. E.g. someone who commits bank fraud is the same as somebody who commits rape or murder. * This definition does not distinguish between people are psychologically abnormal and people who are eccentric, for example streaking or extreme hairstyles/clothing. * Behaviour is context-specific e.g. a man on a park bench waving his fist, & shouting would be classed * as abnormal, but at a football match this would be normal. | **Deviate**  Depart from or separate from an accepted standard.  **Implicit**  Understood though not put clearly into words.  **Explicit**  Information that is clearly stated. | What is a social norm – rules or guidelines of acceptable behaviours in a society.  The concept of a civil partnership – legal in the UK in 2004.  **Key AO3:**   * Historically Biased * Culturally Biased. |  |
| **LO2 – Describe and evaluate the deviation from ideal mental health definition of abnormality (2 lessons)** | Introduced by Marie Jahoda in 1958, focuses on mental health rather than mental illness  There are 6 criteria needed for ideal mental health:  1. Positive attitude towards self  2. Self-actualisation  3. Resistance to stress  4. Personal autonomy  5. Accurate perception of reality  6. Adapting to changes in the environment  ***If behaviour ‘deviates’ from the criteria, they would be classed as abnormal according to this definition.***  ***This definition of abnormality has the following strengths/weaknesses.:***   * Positive Psychology: Offers an alternative approach to defining abnormality by focusing on the positives and has had a huge influence on positive psychology. * Some criteria are specific to western culture, e.g. arranged marriage in non-western cultures and * would mean females would fail to fulfil the criteria of personal autonomy. * Very few of us attain all Jahoda’s criteria which means most of the population would be deemed psychological unhealthy according to this definition. * Less than 1%: Maslow said, very few people self-actualise due to the environment or some failure within themselves. * Some people work more effectively in moderately stressful situations, can give motivation to work towards goals and achieve well. | **Autonomy**  A person's ability to act on his or her own values and interests.  **Self-Actualisation**  Fulfilling ones’ potential. Considered as a drive or need present in everyone. | Psychologist Abraham Maslow identified self-actualisation as the highest need in the hierarchy of human needs”.  **Biopsychology – The Body’s Response to Stress**  **Key AO3:**   * Practical Applications * Culturally Biased. |  |
| **LO3 Describe and evaluate the failure to function definition of abnormality (2 lessons)** | * Defined as abnormal if their psychological illness is preventing them from functioning in their everyday life, e.g. personal hygiene, eating regularly. * Measured is using the Global Assessment Functioning Scale (GAFS) calculated by interviewing the patient and family members or reviewing personal records (such as police, court or hospitalisations) * The lower the overall GAF score (between 0-100) the lower their functioning is in everyday life. * 0 – Suicidal/thoughts of harming self/others * 100 – superior functioning, help others * 40 – minimum score for adequate functioning (deemed abnormal).   ***This definition of abnormality has the following strengths/weaknesses.:***   * Useful Psychiatric Tool: The use of the GAF allows psychiatrists to assess the severity of the abnormality and * prioritise patients. * This definition focuses on verifiable behaviour which means it helps us to make objective judgements about psychological illnesses. * Abnormality is not always accompanied with dysfunction, e.g. psychopaths are often highly functioning individuals who can appear completely normal. * There can be times in everyone’s life when we struggle to function, e.g. a student may become depressed or eat too little during exams. * May fail to capture individuals who are suffering but are functioning even though they are experiencing high levels of psychological distress. | **Adequate**  Satisfactory or acceptable in quality or quantity.  **Diagnostic Statistical Manual of Mental Disorders**  The handbook used by psychiatrists to help them diagnose mental disorders.  **Diagnosis:**  Identification of an illness by an examination of the symptoms. | Sometimes we can struggle with mental health but still function well.  Some abnormality is associated with high levels of functioning.  **Key AO3:**   * Practical Applications * Weaknesses |  |
| **LO4 Describe and evaluate the statistical infrequency definition of abnormality (2 lessons)** | * The best way to define which behaviour is abnormal is to calculate how many times it occurs within the general population and any rare/infrequent or unusual behaviours can be thought of as abnormal. * Use of a normal distribution curve can be used to show what percentage of people within the population have characteristics or behaviour in question. * Most people will be on or near the mean. * Any individuals who are more than 2 standard deviations away from the mean (approximately 5% of the population) are deemed abnormal according to this definition. * Any behaviour which is statistically rare or infrequent, should be deemed as abnormal   ***This definition of abnormality has the following strengths/weaknesses.:***   * Useful Psychiatric Tool This definition has real life applications and is actually used in the diagnosis of some illnesses (such as intellectual disability disorder). This definition focuses on verifiable behaviour which means it helps us to make objective judgements about psychological illnesses. * The mathematical nature of this definition means that it is clear what is defined as abnormal and what is not. There is no opinion involved which means there is no bias. * Some rare behaviours and characteristics are positive and seen as desirable. For example, being highly intelligent (IQ above 130) would be statistically infrequent but not necessarily abnormal. * Some statistics suggest that up to 25% of the population may experience depression at some point in their lives. * The decision of where to start the "abnormal" classification is arbitrary. For example, if an IQ of 70 is the cut-off point, how can we justify saying 69 is abnormal, and someone with 70 normal? | **Infrequent**  Not occurring or happening regularly, or rarely happening.  **Quantify**  To measure the amount of something.  **Distribution**  The way in which something is shared out between people.  **Arbitrary**  Something that is based on random choice or personal whim, rather than any reason.  **Population**  The total number of individuals in a given geographical area.  **Standard Deviation**  A measure of how close the scores are in a data set to the mean. | Measures of central tendency – mean median mode.  Standard Deviation shows how close the scores are in a data set to the mean.  **Research Methods – Data Analysis**  **Key AO3:**   * Practical Applications * Weaknesses * Objectivity vs Subjectivity |  |

| **Topic 2 - Phobias** | | | | |
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|  | **Intended Knowledge:**  *Students will know that…* | **Tiered Vocabulary** | **Prior Knowledge:**  *To know this, students, need to already know that…* | **Assessment** |
| **LO5 – The behavioural, emotional and cognitive characteristics of phobias.** | Phobias are a type of anxiety disorder, an intense irrational fear to an object, place or situation. Phobias are characterised by uncontrollable/extreme fear which is disproportionate to any actual risk of danger.  **The behavioural characteristics of phobias are:**   1. Avoidance 2. Disruption of Functioning 3. Panic (crying, screaming, running away)   **The emotional characteristics of phobias are:**   1. Fear 2. Panic Attack 3. Disproportionate Emotional response   **The cognitive characteristics of phobias are:**   1. Distorted Thinking 2. Selective Attention 3. Irrational beliefs | **Disproportionate**  Having or showing a difference that is not fair, reasonable, or expected.  **Clinical Characteristics**  Symptoms of a psychological illness that an individual must display to receive a clinical diagnosis.  **Cognitive**  A mental action or process involved in knowing, learning or understanding. | The notion of anxiety.  That a phobia is different to a fear.  Panic Attacks happen when anxiety takes over the body.  Emotional – the way you feel.  Cognitive – the way you think.  Behavioural – the way you act. |  |
| **LO6 - The behavioural approach to explaining phobias (the two-process model (2 lessons)** | Mowrer (1947) proposed the two-process model in which he said phobias are acquired and maintained through 2 processes:  **1. Classical Conditioning (Acquisition Stage)**  Association is made between a NS and an UCS because they are presented together.  The UCS is a traumatic event which is naturally frightening.  This means that the NS will become a CS and produce the same CR as the UCS whenever it is presented.  **2. Operant Conditioning (Maintenance Stage)**  Maintained through positive and negative reinforcement.  If a fear response is rewarded (attention or concern) then that it is likely to be repeated (positive reinforcement)  If avoiding the phobic object removes something negative is removed (anxiety/panic removed) then avoidance is likely to be repeated (negative reinforcement)  ***This explanation of phobias has the following strengths/weaknesses.:***   * Effective Therapies: Such as systematic desensitization and token economy. * People with phobias often do recall a specific incident which triggered the onset of their phobia. * Not everyone who has a phobia can recall a specific incident that led to their phobia (but could be repressed. * Factors such as irrational thoughts are ignored by this approach. * An alternative explanation is modelling - Bandura - ‘model’ acted in pain every time a buzzer sounded, those who had observed this were frightened of the buzzer. * An alternative explanation is evolution as certain phobias are acquired more easily than others (snakes/spiders) | **Acquisition**  The process of attaining (getting) something.  **Maintenance**  The process of keeping something going.  **Neutral Stimulus;**  Something in the environment that provokes no reaction.  **Unconditioned Stimulus;**  Something in the environment that automatically provokes a reaction.  **Unconditioned Response;**  A natural reaction to a stimulus in the environment.  **Conditioned Stimulus;**  Something in the environment that you learn to respond to.  **Conditioned Response;**  A learnt response to something in the environment. | The principles of classical conditioning and principles of operant conditioning.  Positive reinforcement and negative reinforcement.  **Approaches – Behaviourist Approach**  **Attachment – Learning Theory**  **Key AO3:**   * Practical Applications (therapies) * External Validity * Reductionist * Deterministic * Alternative Explanations |  |
| **LO7 – Describe and evaluate systematic desensitisation as a behavioural treatment for phobias. (2 lessons)** | Systematic Desensitisation aims to replace fear response with relaxation (counter conditioning).  It is based on the concept of Reciprocal Inhibition: two contrasting feelings (fear and relaxation) cannot exist at the same time. There are 3 stages to SD:  **Stage 1: Relaxation** Taught relaxation techniques such as meditation, breathing exercises or imagery. Alternatively, with drugs such as Valium.  **Stage 2: Anxiety Hierarchy Create** a hierarchy of anxiety provoking situations, from least anxiety provoking situation to the most anxiety provoking situation involving the phobic object,  **Stage 3: Exposure** Gradual exposure through the hierarchy. Can be conducted in vitro (imagined) or in vivo (real life). Treatment is complete once the patient can be exposed to the highest level whilst remaining calm.  ***This treatment for phobias has the following strengths/weaknesses.:***   * 42 patients (spider phobia) given 3 x 45-minute sessions of SD. At both 3 and 33 months after treatment the SD group were less fearful. * Very low refusal rates and attrition rates. * SD does not cause the same level of stress/trauma as some other treatments (flooding) and teaches relaxation techniques. * Appropriate treatment for some patients who find treatments (CBT and Flooding) not accessible (e.g. children). * Several sessions to work through the hierarchy, patients must be highly committed and expensive in terms of the therapist’s time. * Does not tackle the root cause and can lead to symptom substitution. | **Inhibition**  The act of stopping a process or preventing it from happening.  **Reciprocal Inhibition**  This principle states that anxiety will be inhibited by a feeling or response that is not compatible with the feeling of anxiety. | Mowrer (1947) proposed the two-process model in which he said phobias are acquired through Classical Conditioning.  Association is made between a NS and an UCS because they are presented together.  The UCS is a traumatic event which is naturally frightening.  This means that the NS will become a CS and produce the same CR as the UCS whenever it is presented.  **Key AO3:**   * Effective Therapy * Ethical issues * Implications for the Economy * Symptom Substitution |  |
| **LO8 - Describe and evaluate flooding therapy as a behavioural treatment for phobias. (2 lessons)** | Also known as implosion therapy, is based on the idea of extinction.  Person is exposed to the most frightening situation immediately for an extended period in a safe and controlled environment (generally, involves vivo exposure).  Fear is a time limited response. As the body cannot sustain that level of physiological arousal for an extended period.  The client will enter a state of extreme anxiety, perhaps even panic, but eventually exhaustion sets in and the anxiety levels begins to subside.  The client must consent to having their right to withdraw from the session. Removing themselves from the situation once the session had started would only serve to strengthen avoidance to the phobia through negative reinforcement.  ***This treatment for phobias has the following strengths/weaknesses~;***   * Choy (2007) compared flooding and SD in terms of effectiveness and concluded that flooding was more effective. * Ougrin (2011) found that flooding therapy was at least as effective and much quicker than other therapies such as cognitive therapies. * Does not tackle the root cause and ca an lead to symptom substitution. * Not suitable for patients who are not in good physical health as extreme levels of anxiety incurred during the therapy can cause other risks. * Less effective less effective for some more complex phobias such as social phobias which have irrational thought processes as a symptom and works better for specific phobias rather than generalised phobias.# * Highly traumatic experience and despite giving informed consent many are unwilling to see it through to the end. | **Subside**  Become less intense, violent, or severe.  **Extinction**  Occurs in classical conditioning, when the conditioned response (CR) no longer occurs when the conditioned stimulus (CS) is presented. | Conditioned Stimulus;  Something in the environment that you learn to respond to.  Conditioned Response;  A learnt response to something in the environment.  **Key AO3:**   * Effective Therapy * Ethical issues * Implications for the Economy * Symptom Substitution * Appropriateness. |  |

| **Topic 3 – Depression** | | | | |
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|  | **Intended Knowledge:**  *Students will know that…* | **Tiered Vocabulary** | **Prior Knowledge:**  *To know this, students, need to already know that…* | **Assessment** |
| **LO9– The behavioural, emotional and cognitive characteristics of depression.** | Depression is an affective (mood) disorder characterised by feelings of despondency and hopelessness. 2 main types listed in the DSMs. Unipolar Depression: Depression without episodes of mania, and Bipolar Depression: periods of heightened moods and elation followed by periods of despondency and hopelessness.  **The behavioural characteristics of depression are:**   1. Aggression and Self-Harm: 2. Disruption to Sleep and Eating 3. Reduced Activity Levels   **The emotional characteristics of depression are:**   1. Anger 2. Low Self-Esteem 3. Lowered Mood   **The cognitive characteristics of depression are:**   1. Absolutist Thinking 2. Dwelling on the Negative 3. Poor Concentration | **Despondent**  In low spirits from loss of hope or courage.  **Self-Esteem**  Confidence in one's own worth or abilities; self-respect.  **Affect**  Any experience of feeling or emotion, ranging from suffering to elation.  **Affect**  Any experience of feeling or emotion, ranging from suffering to elation. | The notion of depression.  That depression is different to being sad.  Emotional – the way you feel.  Cognitive – the way you think.  Behavioural – the way you act. |  |
| **LO10 – Describe and evaluate the cognitive approach to explaining depression (Beck and Ellis)** | There are 2 main cognitive approaches to explaining depression:  **Beck’s Negative Triad** The way people think makes them more vulnerable to depression.  1. Cognitive Bias such as Overgeneralisations or Catastrophising  2. Negative Self Schemas (because of negative experiences.).  3. The Negative Triad  **Ellis ABC Model** *Poor mental health such as depression is because of irrational thoughts.*  **Activating Event** - irrational thinking activated by a situation or event  **Beliefs About What Caused the Activating Event** – irrational such as Musturbation, I-can’t-stand-it-itis and Utopianism.  **Consequences of Beliefs**: irrational beliefs affect the way the person feels, which affects the way a person behaves, leads to depression  ***This explanation of depression has the following strengths/weaknesses.:***   * Boury et al. (2001) patients with depression more likely to misinterpret information negatively and feel hopeless about their future. * Sudden onset of depression following a traumatic event, but some people develop depression for seemingly for no reason. * Grazioli and Terry (2000) assessed 65 pregnant women for faulty cognitions. They found that women with irrational beliefs before giving birth were more likely to suffer from post-natal depression. * Cognitive explanations of depression have been used to develop very effective therapies (CBT). * Much of the research supporting cognitive explanations of depression is correlational showing a relationship between depression and negative thoughts. * Depression is an extremely complex psychological illness with a range of different symptoms. For example, some depressed patients suffer from hallucinations and extreme anger. * Not all irrational beliefs are irrational, some may be rational. Alloy and Abramson found that depressive people are realists and can give accurate explanations of what caused an event – they called this the ‘sadder but wiser effect’ * Cognitive explanations of depression do not explain the cause of depression, only the symptom. They do not explain where the irrational beliefs and negative thoughts originate from. | **Irrational**  Something that is not logical or reasonable.  **Activate**  Make (something) active or to start it.  **Utopian**  A state in which everything is perfect.  **Schema**  A schema is a cognitive framework or concept that helps organize and interpret information, schemas are stored in our long-term memory. | The main cognitive characteristics of depression is negative thinking and irrational beliefs.  **Key AO3:**   * Supporting Evidence * Practical Applications * Correlational Evidence * Reductionist * Explanatory Power? |  |
| **LO11 – Describe and evaluate the use of cognitive behavioural therapy to treat depression.** | In CBT the therapist and the client work together to identify negative or irrational thought processes and challenge them.   * Cognitive - Identify irrational and negative thoughts, and to replace more positive ones. * Behavioural - reality-test beliefs through behavioural experiments and homework to disprove   **Beck’s Cognitive Therapy**   * Identify negative thoughts world/self/future) * Patient as scientist’ – generate hypotheses to test validity of irrational thoughts * Reinforcement of positive thoughts. * Cognitive restructuring of faulty schemas. * Unconditional Positive Regard: desirable for success   **Ellis’ REBT**   * Identify irrational beliefs about causes of events * D: Dispute (Empirical or Logical) * E: Effects of this dispute * ‘Behavioural Activation’ – re-starting activities they stopped doing but used to enjoy. * Unconditional Positive Regard: desirable for success but direct instruction to confront irrational beliefs.   ***This treatment for depression has the following strengths/weaknesses.:***   * Ellis (1957) claimed a 90% success rate for REBT, taking an average of 27 sessions * to complete the treatment. * March et al (2007) compared 327 adolescents with depression receiving CBT or antidepressants. * After 36 weeks 81% of the CBT group and 81% of the antidepressant group improved significantly. * The cognitive approach suggests that the client is responsible for their own thinking and therefore their depression. * Depressed patients often struggle to motivate themselves to engage with the hard cognitive work of CBT. * CBT ignores real circumstances that might contribute to a person’s depression, for example, * a patient who is suffering from domestic violence or abuse. * Ellis views the therapist as a teacher and UPR is not essential. Beck stresses the quality of the therapeutic relationship. REBT is directive, and confrontive | **Dispute**  A disagreement or argument.  **Verify**  Demonstrate that something is true, accurate, or justified.  **Empirical**  Verifiable by evidence.  **Unconditional Positive Regard**  Showing complete acceptance of a person no matter what that person says or does. The therapist accepts and supports the client, no matter what they say or do, placing no conditions on this acceptance. | Beck believed that depression was caused by negative views about the world, themselves and the future (The Negative Triad)  Ellis believed that depression was caused by irrational beliefs about what caused activating events.  They disagreed on the role of unconditional positive regard in tehrapy.  **Key AO3:**   * Supporting Evidence * Practical Applications * More free will. * Appropriateness |  |

| **Topic 4– OCD** | | | | |
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|  | **Intended Knowledge:**  *Students will know that…* | **Tiered Vocabulary** | **Prior Knowledge:**  *To know this, students, need to already know that…* | **Assessment** |
| **L12– The behavioural, emotional and cognitive characteristics of OCD.** | Anxiety disorder in which causes **recurring**, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions). The repetitive behaviours, such as hand washing, significantly interfere with a person’s daily activities and social interactions.  **The behavioural characteristics of OCD are:**   1. Repetitive behaviours (**Compulsions**) 2. Avoidance of situations. 3. Disruption to Functioning   **The emotional characteristics of OCD are:**   1. Sadness/Low Mood 2. Guilt/Disgust 3. Extreme Anxiety)   **The cognitive characteristics of OCD are:**   1. Recurring Thoughts (**Obsessions**) 2. Insight (into anxiety) 3. Selective Attention | **Obsession**  An idea or thought that continually preoccupies or intrudes on a person's mind.  **Compulsion**  An irresistible urge to behave in a certain way | The concept of anxiety.  Emotional – the way you feel.  Cognitive – the way you think.  Behavioural – the way you act. |  |
| **LO15 – Describe and evaluate genetic explanations of OCD** | **There are three possible genetic explanations of OCD:**  **1. Candidate Genes:**  **SERT** gene affects the transportation of **serotonin** across the synapse and can cause lower levels of serotonin.  **COMT** is responsible for clearing **dopamine** from synapses and low activity of the COMT gene would result in high levels of dopamine at the synapse.  **2. OCD is polygenic in nature and aetiologically heterogenous:**  Taylor (2013) has found that up to 230 different genes linked.  **3. Diathesis Stress Model:**  Genetic Vulnerability PLUS exposure to a stressor which triggers the onset of the illness.  ***This explanation of OCD has the following strengths/weaknesses.:***   * A meta-analysis of 14 twin found on average MZ twins were twice as likely to develop OCD if one twin had the illness than DZ twins. * Neustadt et al (2010) reviewed previous twin studies & found that68% of MZ twins share OCD compared to 31% of DZ twins. * Concordance rates for twin studies are never 100% for MZ twins. * MZ twins may share 100% the same genes but they are also more similar in terms of shared environments * Groothest et al (2005) found evidence that OCD originating in childhood is more genetic in nature than OCD originating in adulthood. * Cromer et al (2007) found half of OCD sufferers studied had experienced a traumatic life event and OCD was more severe in those with more than one trauma. | **Predisposed**  To make something more likely to happen.  **Aetiology**  The study or science of the causes of disease.  **Candidate Gene**  A gene that could be the determinant (cause) of a disease.  **Monozygotic & Dizygotic**  MZ twins come from a single ovum and are identical whereas DZ twins come from two ova and are not identical.  **Concordance Rate**  The percentage of pairs of twins (or other blood relatives) who exhibit (show) a trait or disorder. | Students will need prior knowledge of the processes of synaptic transmission to understand how the genetic dysfunction works can lead to OCD.  **Biopsychology – Synaptic Transmission**  Students will need to already know how psychologist study the genetic basis of behaviour using twin and family studies.  **Approaches – The Biological Approach**  **Key AO3:**   * Supporting Evidence * Twin Studies * Nature Nurture Debate and an Interactionist Approach * Reductionist * Deterministic * More Scientific. |  |
| **LO16– Describe and evaluate neural explanations of OCD** | There are three possible neural explanations of OCD…  **1. The Pre Frontal Cortex:**  decision making and the regulation of primitive behaviours (survival)  Over active PFC could causing an exaggerated control of primal impulses (washing hands)  Inability to make logical rational decisions.  **2. The Parahippocampal Gyrus:**  Processes unpleasant emotions, and dysfunction in this area could explain why sufferers of OCD struggle to manage anxiety.  **3. Neurotransmitter Abnormalities:**  Low serotonin and excess dopamine.  ***This explanation for OCD has the following strengths/weaknesses.:***   * Neural explanations of OCD have led to the development of effective drug therapies to treat OCD. * Antidepressant drugs work effectively to treat symptoms of OCD. These drugs work by increasing the amounts of serotonin in the brain – but the treatment aetiology fallacy * There is clear that neural structures are involved in OCD but different studies implicating different brain structures. * The research to suggest a link between neural structures and OCD is mostly correlational evidence. * This approach to explaining OCD only focusses on biological factors that may cause OCD and ignores the role of environment/cognition. * Cromer et al (2007) found half of OCD sufferers studied had experienced a traumatic life event and OCD was more severe in those with more than one trauma. | **Regulate**  Maintain the level of something so it operates effectively.  **Lateral**  Situated at the side.  **Neural**  Any structure relating to the brain or nervous system is ‘neural’.  **Serotonin**  A neurotransmitter (chemical messenger) which helps to regulate our mood.  **Cortex**  The outer part of an organ or bodily structure. | The 2 candidate genes that are implicated in OCD are:  SERT gene affects the transportation of serotonin across the synapse and can cause lower levels of serotonin.  COMT is responsible for clearing dopamine from synapses and low activity of the COMT gene would result in high levels of dopamine at the synapse.  **Key AO3:**   * Practical applications. * Correlational research. * Reliability * Nature Nurture Debate and an Interactionist Approach * Reductionist * Deterministic * More Scientific. |  |
| **LO17: 15. Describe and evaluate drug therapy as a biological treatment for OCD.** | The main type of drug used to treat OCD is the anti-depressant drug – Selective Serotonin Reuptake Inhibitor (SSRI):  SSRIs work by raising levels of Serotonin in the brain.  Serotonin is constantly released from the pre-synaptic nerve ending, stimulating the post synaptic neuron.  If this fails (possibly due to a faulty SERT gene) serotonin is reabsorbed into the pre-synaptic nerve ending before it can stimulate the neighbouring neuron.  SSRI bind to the pre-synaptic neuron to block the re-absorption keeping serotonin in the synapse for longer.  initial dosage would be 20mg a day taken as capsules or liquid.  Daily dosage for 3 to 4 months to see an impact on symptoms.  If no impact, may increase the dosage to 60mg a day.  ***This treatment for OCD has the following strengths/weaknesses:***   * Soomro et al (2009) reviewed the effects of SSRIs compared to placebos, and found 17 studies showed SSRIs has a significant positive effect. * Typically, symptoms significantly decline for 70% of patients taking SSRIs and for remaining 30% an alternative type of drug treatment will be somewhat effective. * Drugs are more economical to the NHS to administer to patients and they are less disruptive to patients’ lives. * SSRI side effects can include indigestion. diarrhoea or constipation. loss of appetite and weight loss. dizziness. * Using drugs to treat OCD, only helps to relieve the symptoms and does not get to the root cause of the disorder. * Cromer et al (2007) found half of OCD sufferers studied had experienced a traumatic life event and OCD was more severe in those with more than one trauma. | **Inhibit**  To stop or prevent something.  **Reuptake**  The process of absorption by a presynaptic nerve ending of a neurotransmitter that it has secreted (released/produced).  **Placebo**  A substance that has no therapeutic effect, used as a control in testing new drugs.  **Sedative**  A drug taken for its calming or sleep-inducing effect. | The 2 candidate genes that are implicated in OCD are:  SERT gene affects the transportation of serotonin across the synapse and can cause lower levels of serotonin.  COMT is responsible for clearing dopamine from synapses and low activity of the COMT gene would result in high levels of dopamine at the synapse.  Students will need prior knowledge of the processes of synaptic transmission to understand how the genetic dysfunction works can lead to OCD.  **Biopsychology – Synaptic Transmission**  **Key AO3:**   * Supporting evidence * Implications for the economy * Symptom Substitution * Nature Nurture Debate and the Interactionist Approach. |  |