Example First Year Essay

The following essay was based on the following topic and requirements:

Topic: Treating Schizophrenia: The role of psychological therapies

This essay should include:

(i) a brief overview of the symptoms and diagnosis of schizophrenia (approx 200-300 words)

(ii) a brief description of the current pharmacological (drug) approach to the treatment of schizophrenia (approximately 200- 300words)

(iii) the key body of work in your essay should then discuss the role of psychological therapies in managing schizophrenia (approximately 700-900 words)

(iv) a final conclusion summarising the essay (approximately 200-300 words)

Three starting references were provided and students were asked to find a further 5 – 8 related references. The word limit was 2000 words.

Treating Schizophrenia: The Role of Psychological Therapies

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Course: 1009PSY

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Tutorial time: Tuesday; 2-4pm

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Word Count: 1520

Check the marking criteria or speak to your tutor regarding what is included in your word count

Abstract

Schizophrenia is a disabling and complex disorder often presenting during adolescence and early adulthood and is distinguished by three broad categories of symptoms; positive symptoms, negative symptoms, and cognitive impairment. Treatment of schizophrenia involves the use of antipsychotic medications that block abnormal dopamine pathways. Despite improvements in pharmacological treatments, many of the symptoms prove difficult to manage. Psychological therapies such as cognitive behaviour therapy (CBT) have improved outcomes in the treatment of affective disorders which led to the specific use of CBT for psychosis (CBTp). Variability of results range from a number of factors including the type of CBT used, to the way therapy is delivered. Research indicates that a multifaceted approach is necessary for achieving better outcomes.

This is a good abstract. The language is clear, the sentences short and sharp and it provides an excellent outline of the essay.

Treating Schizophrenia: The Role of Psychological Therapies

Schizophrenia is a complex and debilitating disorder affecting approximately one percent of the population (Tarrier & Wykes, 2004). Symptoms of schizophrenia emerge during adolescence and early adulthood and mostly persist throughout life. The high economic, social and psychological costs of schizophrenia place it among the
disability in the world today. Research has led to both pharr
advances in the treatment and management of schizophrenia
disorder to live a more rewarding and meaningful life within their community (Mueser & McGurk, 2004).

A statement about the purpose of the essay would have been good here. Perhaps something like "This paper will provide a review of the current treatment approaches to schizophrenia drawing from both pharmacological and psychological treatment studies."

Schizophrenia is distinguished by three broa
(positive) symptoms involving false beliefs, false perceptions and/or bizarre behaviours; negative symptoms, where basic emotional and behavioural processes are diminished or absent; and cognitive impairment, relating to attention and concentration, learning and memory, abstract thinking and problem solving, and psychomotor speed (Mueser & McGurk, 2004). For a diagnosis of schizophrenia to be made two or more of the following symptoms must be present for the duration of one month. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) lists diagnostic symptoms as; delusions, hallucinations, disorganised speech - such as incoherence, frequent derailment, grossly disorganised or catatonic behaviour (American Psychological Association [APA], 2000, p. 640), alogia (an inability to generate spontaneous speech; Matsumoto, 2009, p. 29), avolition (an inability or lack of desire to engage in motivated activities; Matsumoto, 2009, p. 73), and affective flattening (APA, 2000, p. 640). However, psychosis involving delusions and hallucinations is not exclusive to schizophrenia which makes diagnosis very difficult. Criteria

This is an excellent description of the symptoms. The student understands the concept of diagnosis and is using the current diagnostic nomenclature from DSM IV TR

based on duration, dysfunction, associated substance use, bizarreness of delusions, and the presence of depression or mania are used to distinguish betw

The student could have provided some examples of what symptoms are reduced e.g. positive symptoms such as hallucinations and delusions

psychotic disorders (van Os & Kapur, 2009).

Clinical management after a diagnosis of schizophrenia begins with a pharmacological approach of antipsychotic drugs which block dopamine transmission. First generation antipsychotics, discovered in the 1950's such as haloperidol and chlorpro

Again … how are they clinically effective?

the treatment of psychotic symptoms but frequently cause side-effects such as muscle stiffness, tremors, and the neurological syndrome tardive dyskinesia which causes involuntary movements in the body's extremities. Evidence suggests that second–generation or atypical antipsychotic drugs such as clozapine and aripiprazole are more clinically effective and have a better effect on cognitive functioning then first-generation drugs. Although the side-effects of second-generation antipsychotics have a more favourable profile they still have some potentially life threatening drawbacks such as a dramatic lowering of the white blood-cell count (Mueser & McGurk, 2004), weight gain, increased triglycerides, and high cholesterol (van Os & Kapur, 20

This is a nice summary and provides a good reason for looking for better ways of managing schizophrenia. A linking sentence could have been used here.

despite the effectiveness of anti-psychotic pharmacotherapy, a substantial num experience medication-resistant positive schizophrenia (Lindenmayer, 2000).

Research evidence supports the effectiveness of adjunct psychological therapies such as cognitive behaviour therapy (CBT) in the treatment of both negative and posit drug refractory schizophrenia (Sensky et al., 2000). While other medications s antidepressants and mood stabilisers are frequently used in the management o there is limited evidence to the benefits of polypharmacy (Mueser & McGurk, 2004). The need for a more effective treatment of schizophrenia has led to the use of psychological interventions such as CBT, which has been used to treat affective disorders over the last 30 years. Cognitive

It is appropriate to use et al. after this first author in this instance (even though this is the first reference to this source) as there are more than 3 authors.

behavioural techniques in psychosis were first used by Beck (1952). CBT is based on the general principles Beck developed for treating depression and has since been adapted for the treatment of schizophrenia. Beck's early theory was built on behavioural theories and the assumption that early life experiences and social environment contributed to the forming of schemas about the self, other people and the world, which led to distortions in cognition and negative ways of thinking. Beck believed that by evaluating their accuracy, inaccurate negative emotional reactions resulting from thought distortion could be reduced or extinguished (Tai & Turkington, 2009). Although Beck started this work in 1952, which was the first evidence of the use of delusions, his main work was with depression and anxiety. titutional and biological dominance in psychiatric thinking generally and schizophrenia specifically (Tarrier & Wykes, 2004).

When you use a term it is often good to provide an example so that your reader (or marker) is clear what you mean (and your marker knows that you know what it means).

Expand – how early? With whom?

In the 1980's the consistent findings on family environment prompted family interventions to be used. These interventions were strongly behavioural and were developed to assist in reducing relapses and to facilitate the reduction of stress to family members. The key elements of effective family interventions include; emotional support, crisis intervention, and training and education on dealing with the illness. Early intervention proved pivotal to better outcomes (Dixon et al., 2010). The need to address social skills which are known to be deficient in schizophrenia led to the development of social skills training (SST). SST incorporated three elements of social competence and interactions such as receiving skills (social perception), processing skills (social cognition) and how the individual responds (behavioural responding or expression). SST targeted such elements through modelling, goal setting, positive reinforcement, role playing, community-based homework assignments, and corrective feedback. Research indicates that SST has a moderate to average effect on negative symptoms in schizophrenia

(Kurtz & Mueser, 2008). Schizophrenia has a major impact on education and vocational development, which led to the need for a supported employment program. Evidence suggests that employment plays a critical part in the process of recovery, improvement of social skills, and economic functioning. Supported employment combined with training in skills development is an empirically validated approach to vocational rehabilitation based on a "place and train" philosophy (Mueser & McGurk, 2004). A number of recent concepts that expand the range of CBT strategies for use in schizophrenia are; mindfulness training - training of the mind to disengage from unhelpful thinking, meta-cognitive approaches - based on changing the way in which thoughts are experienced and regulated, and compassionate mind training – where emphasis is place e internal hostile signals, as useful adjuncts in CBT

This is clearly demonstrating that the student has read and understood the importance of evaluating treatments within the context of clinical trials: the science of psychological treatment is key here.

As the benefits of CBT were expanded to other affective disorders it became the treatment of choice for non-psychotic conditions. This led to the development of specialised CBT treatments for the management of psychosis in schizophrenia. CBT was not considered as a stand-alone therapy but an addition to already established management practices. Random control trials, specifically in the United Kingdom Mental Health Services, have shown CBT to be effective in the treatment of positive psychotic symptoms. The research also indicates that the specific use of cognitive behaviour therapy for psychosis (CBTp) must be evaluated on individual needs and effectiveness. One size does not fit all and must be considered carefully in acute psychotic phases of the disorder as compared to its use in the chronic phases (Tarrier & Wykes, 2004). An example of this is the effect of CBTp on hopelessness studies which indicate that this type of therapy may not be beneficial and perhaps even detrimental on this particular symptom (Wykes et al., 2008). Most studies concentrate on the chronic phase of schizophrenia

as maintenance medication does not always control the symptoms of hallucinations and delusions (Tarrier & Wykes, 2004). A study conducted by Zimmermann et al. (2005), showed that CBTp had a better effect on the acute psychotic phase of the disorder then on stabilized chronic psychotic symptoms.

Variability of results may be influenced by a number of variables such as; the type of CBT used, the timing of the intervention, family involvement in learning CBT techniques, individualisation of therapy, the level of therapist competence, patient therapist relationship, and the way in which the outcome was assessed. However, all studies do indicate the usefulness of all types of CBT in a variety of settings, interactions, and symptoms targeted (Tarrier & Wykes, 2004). To this end a cognitive therapy scale has been developed to measure the therapist skills in offering CBTp. A cognitive therapy scale for psychosis CTS-PSY and the cognitive therapy for psychosis: adherence scale, have been developed to standardise outcomes from these therapies. The need for such scales is to quantify essential nonspecific interpersonal relationships, adherence to treatment procedures, and individual treatments, with further scale modification required as more specific CBTp is developed. This gives a background upon which individual therapists can empirically measure outcomes for themselves and their clients. For evidence based recognised within mental health services, quality evaluation te assessment of treatment benefits must be maintained (Tarrier &

This is good, an area for improvement would once again have been to include some examples of the terms to once again demonstrate that you the student, know what you are talking about.

As can be seen from the ongoing research, a multifaceted approach is required in the management of schizophrenia, as no individual treatment, whether it be pharmacological, psychological or social, can control all of the symptoms. While the use of antipsychotic drugs may dampen the symptoms of psychosis, psychological therapy holds out hope of improved

outcomes and should be viewed as a range of therapies in the management of this complex disorder. Variability of results indicate that individualisation of adjunct therapy may be the cornerstone of improved outcomes in the future treatment and management of schizophrenia.

A nice conclusion. Clear, short and well written.

References

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For references with **20 authors**, list all the authors. For 21 or more authors, list the first 19 authors, insert an ellipses, followed by the last author's name.

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Zimmermann, G., Favrod, J., Trieu, V. H., & Pomini, V. (2005). The effect of cognitive behavioural treatment of the positive symptoms of schizophrenia spectrum disorders: A meta-analysis. *Schizophrenia Research, 77*(1), 1-9. http://dx.doi.org/10.1016/j.schres.2005.02

A good reference list, the student has demonstrated that these have been read by using them within the body of the essay to support an argument or point.