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| **YEAR 2 2023-2024 Spring 1 TERM**  **‘An ambitious curriculum that meets the needs of all’**  **Medium Term Planning - Topic: Schizophrenia** | |
| **Curriculum Intent** | **In addition to working further on objectives from Year \_\_, pupils will be taught, following National Curriculum guidelines, the following this term: Schizophrenia**  **Why do we teach this to students?**  Schizophrenia is a short but interesting optional topic which builds on Psychopathology Y12 knowledge.  **Why do we teach this now?**  The order of the 3 year 13 topics choices is flexible (especially forensic and schizophrenia that have similar skills), as long as they follow the year 12 topics, work around the existing research methods framework. We continue with Schizophrenia because it is option B of paper 3.   * Classification of schizophrenia. Positive symptoms of schizophrenia, including hallucinations and delusions. Negative symptoms of schizophrenia, including speech poverty and avolition. Reliability and validity in diagnosis and classification of schizophrenia, including reference to co-morbidity, culture and gender bias and symptom overlap. * Biological explanations for schizophrenia: genetics and neural correlates, including the dopamine hypothesis. * Psychological explanations for schizophrenia: family dysfunction and cognitive explanations, including dysfunctional thought processing. * Drug therapy: typical and atypical antipsychotics. * Cognitive behaviour therapy and family therapy as used in the treatment of schizophrenia. Token economies as used in the management of schizophrenia. * The importance of an interactionist approach in explaining and treating schizophrenia; the diathesis-stress model.   The exams will measure how students have achieved the following assessment objectives:  AO1: Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures. AO2: Apply knowledge and understanding of scientific ideas, processes, techniques and procedures :in a theoretical context, in a practical context, when handling qualitative and quantitative data. AO3: Analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues, to make judgements and reach conclusions, develop and refine practical design and procedures. |
| **Skills/Assessment objective links** |
| **Spiritual, moral, social, and cultural development** | **SMSC:** Care and compassion towards people with mental health issues and differences  **PSHE**   |  | | --- | | 1. How to talk about emotions accurately and sensitively | | 2. That happiness is linked to being connected with others | | 3. How to recognise the early signs of mental wellbeing concerns | | 4. Common types of mental ill-health | | 5. How to critically evaluate when something you do has a positive or negative effect on their own/others mental health | | 6. The link between exercise, time outdoors, community participation and voluntary/service based activities on mental wellbeing and happiness  **British Values: Rule of Law –** through understanding how  how important it is that the diagnosis & classification of schizophrenia is correct, as when sectioned under the Mental Health Act, individual liberty can be removed.  **Mutual respect –** through understanding that schizophrenia is a serious mental health condition that can be debilitating for people |   **Skills Builder:**  Critical thinking and analytical. communication and interpersonal, Leadership and teamwork skills, Organization/time management skills, Goal setting and prioritizing.  **Relationships:** a detailed look at the family relationships that can have an impact on long lasting and negative affect on mental wellbeing; dysfunctional families, expressed emotion. This must be done in a sensitive way. The usefulness of CBT to relationships and family therapies. |
| **Numeracy** | Statistics on effectiveness of treatments for schizophrenia |
| **Literacy** | **Vocabulary Tier 2:** symptoms, hallucinations, delusions, reliability, validity, symptom overlap, dysfunctional, thought processing, classification, diagnosis **Vocabulary Tier 3:**  Schizophrenia, , positive & negative symptoms, co-morbidity, symptom overlap, dopamine hypothesis, neural correlates, family dysfunction, cognitive explanations, schizophrenogenic mother, typical & atypical antipsychotics, family therapy, token economy, diathesis-stress model **Reading:** reciprocal reading strategies used, eg predictions – many hooks/ starters include asking what do we already know about this topic. Opportunity to summarize eg write down the main points of an argument/ theory. Questioners – does the text raise any questions, group work as an opportunity to discuss. Connectors – can the text be linked to any theories (either for or against). Opportunity to clarify – discussion of any words or ideas that the student didn’t understand. **Writing:** As Psychology is all exam classes, many lessons are dedicated to essay writing skills for the 8/ 16 mark essays. Students are required to show knowledge which should link to key psychological terminology, application which should integrate fully with the stem and a critical analysis and discussion when evaluating.  **Oracy:** group work in the majority of lessons, think pair share activities eg a debate on which types of therapy are the most successful in treating schizophrenia |
| **Becoming future ready** | **Personal Skills:**  As a Psychology student you will learn research skills, an understanding of how people think and behave which is essential in the real world, you will gain an ability to relate and empathise with a range of people, you will gain an understanding of how to listen to others sensitively and good questioning skills, you will learn techniques of how to cope with emotionally demanding situations, you will get the chance to work on your own and with others.  **Careers/Employability:**  As well as the above personal skills leading to employability, Psychology A level delivers skills employers value, such as numerical skills, the ability to understand and work with statistics, effective communication and the ability to work productively in teams. It also gives an understanding of the human mind and behaviour and so any employment would use these skills as all employment involves working with others in some aspect or another. |
| **Adaptation** | Throughout this topic, quality first teaching will provide differentiation:  **By product**: differential outcomes using must, could, should.  **By resource:**  each PowerPoint has different levels of differentiation to access, ‘key points’ extension, stretch and challenge. Stimulus questions are of a different ability.  **By Intervention**: by providing different levels of supervision and support, psychology drop ins, catch up sessions.  **By Progressive Questioning:** exploring pupils’ understanding through interactive dialogue.  **By Grouping:** according to prior attainment, gender, social preference, preferred learning style.  **By Task:**Pupils should be involved in the identification of targets which are meaningful to them and in the selection of an appropriate task from the given range.  **By Offering Optional Activities:** In class or as homework, to extend learning.  This QFT/SEND provision will be explicit within the lesson-by-lesson schemes of work. |
| **QFT/SEND Provision** |
| **Implementation**  **Curriculum Delivery** | To be able to:   |  | | --- | | Know the classification of schizophrenia | | Know the positive symptoms of schizophrenia, including hallucinations and delusions | | Know the negative symptoms of schizophrenia, including speech poverty and avolition | | Discuss reliability and validity in diagnosis and classification of schizophrenia, including reference to co-morbidity, culture and gender bias and symptom overlap | | Discuss and evaluate the biological explanations for schizophrenia: genetics, the dopamine hypothesis and neural correlates | | Discuss and evaluate psychological explanations for schizophrenia: family dysfunction and cognitive explanations, including dysfunctional thought processing | | Discuss drug therapy treatments: typical and atypical antipsychotics | | Discuss and evaluate cognitive behaviour therapy and family therapy as used in the treatment of schizophrenia. Token economies as used in the management of schizophrenia | | Know the importance of an interactionist approach in explaining and treating schizophrenia; the diathesisstress model |   Red denotes interleaving; aspects of knowledge covered previously. |
| **Learning Outcomes**  **(Core knowledge)** |
| **Current learning to be developed in the future within:** | This topic builds on the psychopathology unit from year 1. We will revisit both in the exam preparation. |
| **Assessment** | Refer to assessment maps for formative and summative assessment opportunities. |
| **Impact** | Attainment and Progress – Refer to assessment results / data review documentation. |

