The Royal Australian & New Zealand College of Psychiatrists

Exam ID:

Modified Essay Questions

MARKING GUIDE

FEBRUARY 2022

INSTRUCTIONS:

- Please use pencil ONLY.
- Do not fold or bend.
- Erase mistakes fully.
- Completely fill in the oval.

Please MARK LIKE THIS ONLY:

Modified Essay 5

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior consultant psychiatrist working in a community mental health centre. A general practitioner refers Stan, a 37-year old unemployed electrician to you.

Stan has a 20-year history of obsessive compulsive disorder. He is unable to leave the house because of checking rituals. He lives with his elderly parents who shop and cook for him. He has a long history of intermittent contact with mental health services but has never attended for longer than a few months at a time. He has tried many different medications but has stopped them because he could not tolerate the side-effects.

Question 5.1

Describe (list and explain) the factors that may have contributed to Stan's poor engagement with mental health services in the past.

Please note: a list with no explanation will not receive any marks. ***(10 marks)***

A.	**INDIVIDUAL/ILLNESS FACTORS:** • Treatment Pessimism. Pessimistic attitude towards treatment, including stigma, poor insight, stage of change, lack of treatment understanding and previous treatment failures. Can include frustration and hopelessness. • The OCD itself. Severe OCD may have made it difficult to leave the house and attend appointments. This may be related to overwhelming anxiety and the time consuming nature of the rituals. • Comorbidities: psychosis; personality factors, such as passive aggressive, avoidant, paranoid personality traits. substance abuse. • Impact of OCD on Stan's developmental trajectory.	0 1 2 3 4
B.	**FAMILY FACTORS:** • Parents tolerate and accommodate OCD symptoms, so no impetus to change. • Family attitudes about mental illness and mental health services. • Parents' lack of awareness of treatment options which could improve his level of functioning and the illness. • Family violence – dynamic of avoidance and fear of Stan becoming violent. • Stigma – self, parental, community. • Relational dynamics between Stan and his parents may contribute to his poor engagement by his acting out (punishing his parents, for example). • Parental health including frailty.	0 1 2
C.	**TREATMENT FACTORS:** • Inadequate or inappropriate treatment e.g. benzodiazepines or only one treatment modality e.g. never offered CBT. • Medication side-effects, poor understanding of expected response times and duration of treatment. • Failure to address comorbidities, e.g. substance dependence, depression, other anxiety disorders. • Failure to address systemic barriers to treatment e.g. failure to address possible parental factors. • ERP/CBT may cause Stan to become distressed or anxious.	0 1 2 3
D.	**MENTAL HEALTH SERVICES FACTORS:** • Difficulty following up an ambivalent patient. • Service capacity and lower prioritisation as Stan may be perceived as not being at high risk. • Lack of staff trained in relevant psychotherapy e.g. CBT. • Failure to develop a therapeutic alliance e.g. through failure to personalise treatment. • Lack of continuity of treatment staff. • Poor attunement between staff and Stan. • Accessibility – distance, transport.	0 1 2 3

E.	**SPARE**	1
F.	**CANDIDATE DID NOT ATTEMPT**	
G.	**DID HANDWRITING AFFECT MARKING?**	

P.T.O.→

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NOTES TO EXAMINER	
• **SPARE:** Only to be used after approval from Co-Chairs, Writtens Subcommittee. • **DID NOT ATTEMPT:** If the candidate did not attempt this question, fill in ONLY the **CANDIDATE DID NOT ATTEMPT** bubble. *No other bubbles should be filled in.* • **MARKS:** This question is worth 10 marks, however, a total of greater than 10 is acceptable. • **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.	 **Marker initials**

NOTES TO EXAMINER

- **The question asks the candidate to list and explain the factors that contribute to poor engagement with the MHS in the past. Efforts to demonstrate a level of understanding or to elaborate on a factor are needed in order to score points. This involves an element of examiner discretion or judgement to determine whether a candidate meets the "explain" element of the question. Answers that try to draw connections, include explanatory elements or include additional detail are more likely to meet the "explain" criteria than answers that offer factors in isolation.**

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Modified Essay 5

The information that is presented in italics in this question is a repetition of the earlier sections of the case vignette.

You are a junior consultant psychiatrist working in a community mental health centre. A general practitioner refers Stan, a 37-year old unemployed electrician to you.

Stan has a 20-year history of obsessive compulsive disorder. He is unable to leave the house because of checking rituals. He lives with his elderly parents who shop and cook for him. He has a long history of intermittent contact with mental health services but has never attended for longer than a few months at a time. He has tried many different medications but has stopped them because he could not tolerate the side-effects.

You assess Stan in his home and confirm that he has no other major psychiatric disorder. Stan tells you that he has to check switches and power sockets constantly because he fears he will leave an electrical appliance on and cause harm to his parents. Similar fears have prevented him from working outside of the home. Stan reports that he does not drink nor take drugs. He would like treatment for his problems as long as it does not involve admission to hospital. He consents to treatment.

Question 5.2

Describe (list and explain) the key features of your psychological treatment plan for Stan.

Please note: a list with no explanation will not receive any marks. ***(8 marks)***

A.	**PSYCHOEDUCATION:** • Provide information to the patient and family about the condition in a way that has personal relevance. • Provide information that exposure and response prevention, and cognitive therapy have the best evidence base. • Explain rationale of chosen psychological treatment.	0 1 2
B.	**COGNITIVE BEHAVIOUR THERAPY:** • Initial assessment and formulation, assess preparedness to change; identify maintaining factors: triggers, avoidance and safety behaviours. • Development of exposure hierarchy. Use of a measurable monitor of change, e.g. Subjective Units of Distress Scale, YBOCS, or other. • Choose goals to work on and set specific homework tasks. • Confront each chosen situation, refrain from engaging in compulsive ritual and stay in situation until anxiety subsides. • Monitor using an appropriate outcome measurement e.g. role of Goal Attainment Scale.	0 1 2 3 4 5
C.	**FAMILY INTERVENTION:** • Family therapy to support understanding of and responses to enduring patterns. • Negotiate role for parents; practical advice for parents assisting them not to inadvertently do things for him instead of with him e.g. by completing tasks for him. • Identify the dynamics/parental responses which may be reinforcing the illness, e.g. conflict avoidance.	0 1 2
D.	**LONG TERM RECOVERY:** • Maximising quality of life even in the context of chronic disorder, including vocational and functional rehabilitation. • Learning to live with OCD. • Identifying and encouraging realistic goals. • Note to Markers: mentioning recovery without contextualising or justifying its use here is not acceptable.	0 1 2

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Marker initials

NOTES TO EXAMINER

- **The candidate needs to state which of the symptoms and signs are relevant to each answer to get the justification.**

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Question 5.3

Outline (list and justify) your approach to Stan's pharmacological treatment.

Please note: a list with no justification will not receive any marks. ***(6 marks)***

A.	**PAST MEDICATION TRIALS:** • Review past medication including which medications were prescribed, duration of treatment, doses utilized and side effects. • Review compliance and effectiveness. What is the 'meaning' of medication for Stan? • Explore in more detail patient's complaints about adverse effects.	0 1 2
B.	**SSRIs:** • First line treatment. • Start low dose but be prepared to use higher doses because of a dose response relationship. • Try more than one SSRI because evidence suggests individual response to specific drugs is variable.	0 1 2
C.	**CLOMIPRAMINE:** • Second line treatment because of side effects and risk in overdose. *Clomipramine should be considered in the treatment of adults with OCD after an adequate trial of at least one SSRI has been ineffective or poorly tolerated, if the patient prefers clomipramine or has had a previous good response to it (NICE Guidance, Dec 2018).* **Note to examiner:** No marks for the term TCA.	0 1 2
D.	**OTHER MEDICATION:** • A second opinion from a peer should be sought before considering medications with minimal evidence of efficacy in OCD. • Failure to respond to standard medication suggests alternative options should be considered, such as an SNRI (explaining to Stan that this is not a first line treatment) or, combining clomipramine and citalopram. • Adjunctive medication: some evidence for atypical antipsychotics (possibly strongest for quetiapine), limited and/or poor quality evidence for clonazepam, lithium. *Note to Markers:* *From NICE Guidance (Dec 2018):* *"…Following multidisciplinary review, for adults with OCD if there has been no response to a full trial of at least one SSRI alone, a full trial of combined treatment with CBT (including ERP) and an SSRI, and a full trial of clomipramine alone, the following treatment options should also be considered (note, there is no evidence of the optimal sequence of the options listed below):* *• additional CBT (including ERP) or cognitive therapy* *• adding an antipsychotic to an SSRI or clomipramine* *• combining clomipramine and citalopram…."*	0 1 2
E.	**SPARE**	1
F.	**CANDIDATE DID NOT ATTEMPT**	○
G.	**DID HANDWRITING AFFECT MARKING?**	○

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