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**S101/1
GENERAL PAPER
2 HRS 40 MINS**

**UGANDA ADVANCED CERTIFICATE OF EDUCATION
RESOURCEFUL MOCK EXAMINATIONS 2017
GENERAL PAPER
S101/1
TIME: 2 HOURS 40 MINUTES**

INSTRUCTIONS TO CANDIDATES:

- ❖ *The total time of 2 hours and 40 minutes includes ten minutes for you to study the questions before you begin answering.*
- ❖ *Answer TWO questions. ONE question from section A and ONE question from section B.*
- ❖ *You are advised to divide your time equally between the two questions.*
- ❖ *All questions carry equal marks.*
- ❖ *Any additional question(s) attempted will not be marked.*

SECTION A

1. "Ignorance is the primary cause of underdevelopment in Uganda." Discuss. (50mks)
2. What are the merits and demerits of the increased number of members of parliament in Uganda? (50mks)
3. Assess the role of cultural norms and practices in your society. (50mks)
4. Account for the rampant violence and suggest measures to curb this vice.

SECTION B

5. Read the following passage and answer the questions that follow:

It would be naïve to think that possessing doctorate in psychology or a degree in medicine is a guarantee that a professional is capable of treating every client requesting services. Mental health professionals are guided by standards that specify that they possess the skills needed to treat people who approach them for professional services. In other words, they should have the intellectual competence to assess, conceptualize, and treat clients whom they accept into treatment. Furthermore, they need to be emotionally capable of managing the clinical issues that emerge in treatment.

Consider how inappropriate it would be for a clinician without any training or experience in the treatment of people with severe eating disorders to advertise that he is opening a specialty practice in treating women with anorexia nervosa. Obviously, he would be practicing in a field in which he lacks the competence to treat people with specialized treatment needs, and his behavior would be unethical. In a case such as this, the **absurdity** is evident. However, there are other cases in which the clinician may have the training and experience, but not the **emotional competence**, to deal with certain kinds of clinical issues. Mental health professionals are expected to conduct regular self-scrutiny, in which they make an effort to objectively evaluate their competence to carry out their work. When faced with prospective clients whose needs are beyond the clinician's competence, a referral should be made or the clinician should obtain appropriate supervision. Self-assessment of emotional competence is a bit more difficult, in that it can be difficult to recognize the depth or extent of one's own problems. Astute clinicians regularly seek out the advice of senior or peer consultants to help them make such evaluations. Competency is a **multifaceted phenomenon** that includes a clinician's sensitivity to people of diverse backgrounds and the clinician's effort to understand and acquire knowledge about individuals from differing backgrounds.

Assuming that the clinician has the intellectual and emotional competence to treat, the next set of issues pertains to obligations within the treatment context. Although it would be **unusual to have a legalistic contract for therapy**, experts in the field recommend some form of a therapeutic understanding. In other words, clinicians should provide clients with the information they will need to make decisions about therapy. There are several key elements in the sound therapeutic contract. At the outset of therapy, clinicians should discuss goals of treatment, the process of therapy, the client's rights, the therapist's responsibilities, the treatment risks, the techniques that will be used, financial issues, and the **limits of confidentiality**. When these matters have been discussed, the client gives informed consent, an indication that he or she has participated in setting the treatment goals, understands and agrees to the treatment plan, and knows the clinician's credentials. Generally, clients are given a written statement containing this information. In cases in which a risk is involved in treatment, such as when medication or electroconvulsive therapy is recommended, the client should understand the possible short-term and long-term side effects. The clinician has a responsibility to ensure that the client is made aware of these

issues, is given answers to these questions, and is given the opportunity to refuse treatment.

This process has some complications. Psychotherapy is an **imprecise procedure**. The clinician's job, however, is to give a best estimate at the onset of therapy and to provide further information as therapy proceeds. Most people are able to discuss these matters with the clinician and to make an informed choice. However, what happens when prospective clients are unable to understanding the issues in order to make informed consent? This is the case with people who are out of touch with reality, people who are mentally retarded, and children. In these cases, the clinician must work with the individual's family or other legally appointed guardians. The clinician must make every effort to ensure that client's rights are protected.

Part of the informed consent process involves informing the client that what takes place in therapy is private. Confidentiality, long regarded as a sacred part of the clinician-client relationship, refers to the principle that the therapist must safeguard disclosures in therapy as private. Why is confidentiality so important? In order for clients to feel comfortable disclosing **intimate details**, they need to have the assurance that the clinician will protect this information. In fact, safeguards against the disclosure of confidential information exist within the laws of the states.

The content of therapy is legally considered **privileged communication**. In the context of the courts, privileged communication differs from the general notion that the public is entitled to relevant evidence pertaining to a case. However, there are certain kinds of cases in which the court is entitled to information shared within the therapy context. For example, in certain kinds of child custody cases, a judge may deem that therapy information is crucial in order to protect the welfare of the child. Other exceptions to privilege involve cases in which a defendant is using mental disability as a defense in a criminal trial; in this kind of case, the court would likely rule that the defendant **has waived the psychologist-client privilege as it relates to the defendant's mental state at the time of the alleged crime**. Along similar lines, an exception to privilege applies in a case in which a psychologist is appointed by a court to determine whether the defendant is competent to stand trial; obviously, the psychologist would be expected to share findings from such an evaluation with the court.

However, the psychologist would not necessarily have blanket permission to share all that was communicated during the evaluation; the psychologist cannot disclose any statements by the defendant regarding the offence, unless the individual gives **explicit permission**.

As you can see, the work of a mental health professional involves many challenges in cases in which there is a legal aspect. For the most part, the legal system is committed to protecting the **sanctity** of private communication between a mental health professional and a client who has turned to that professional for help. In some instances, however, the client's rights must be overlooked for the good of society and the welfare of other people, such as children, who might be at a risk of harm.

There are some important exceptions to the principle of confidentiality, such as cases involving abuse. Every state requires some form of **mandated reporting** by professionals when they learn first-hand of cases involving child abuse or neglect. Abuse, which may be physical or sexual, is defined as an act by a caretaker that causes serious physical or emotional injury. Neglect is characterized as the intentional withholding of food, clothing, shelter, or medical care. In recent years, many states have expanded mandated reporting statutes to include a wider range of vulnerable people, such as those who are handicapped or developmentally disabled as well as impaired elders who cannot otherwise protect themselves. One variation of mandated reporting that has been enacted in some states is the requirement to report self-neglect of older persons (60 or older) who are not attending to essential needs for food, clothing, safe and secure shelter, personal care, and medical needs.

Clinicians as well as teachers and other health professionals are required by law to notify the appropriate authorities about cases in which vulnerable individuals are being abused or neglected. The purpose of mandated reporting to protect victims from continuing abuse and neglect, to initiate steps towards clinical intervention with the abused individual, and to deter, punish, and rehabilitate abusers.

Another exception to the principle of confidentiality involves instances in which the clinician learns that a client is planning to hurt another person. In such cases, the clinician has a duty to warn (sometimes referred to as "duty to protect"). This means that the clinician is required to inform the intended victim that the client plans to harm him or her.

(Slightly adapted from: Abnormal Psychology, Clinical Perspective on Psychological Disorders).

Questions:

- (a) Suggest a suitable title for the above passage. (2mks)
- (b) What does the author mean by:
 - (i) "...unusual to have a legalistic contract for therapy..." (4mks)
 - (ii) "...has waived the psychologist-client privilege as it relates to the defendant's..... mental state at the time of the alleged crime." (4mks)
- (d) Explain the meaning of the following words and phrases in the passage, using your own words as much as possible:
 - (i) absurdity (2mks)
 - (ii) emotional competence (2mks)
 - (iii) multifaceted phenomenon (2mks)
 - (iv) limits of confidentiality (2mks)
 - (v) imprecise procedure (2mks)
 - (vi) intimate details (2mks)
 - (vii) privilege communication (2mks)
 - (viii) explicit permission (2mks)

- (ix) sanctity (2mks)
- (x) mandated reporting (2mks)

Spelling, grammar and expression (10mks)

6. Study the information provided below and answer the questions that follow:

Sixteen countries are participating in a National Cup Final Tournament. They have been grouped as follows;

| GROUP A | GROUP B |
|----------------|----------------|
| Nitus | Burkia |
| Darongo | Nenkou |
| Nigua | Limogi |
| Wandao | Sengope |
| GROUP C | GROUP D |
| Angeria | Geriny |
| Mbazania | Nibento |
| Merquois | Croama |
| Delinia | Ricaragua |

The following rules have been laid for the tournament:

- The opening matches will be played on 24th January 2014 in each group.
- All teams in each group play against each other, and these matches before quarter final should have ended by the 2nd February 2014.
- No team plays on consecutive days.
- Two matches are played concurrently on the 25th January in groups A and B and on 26th January in groups C and D. With effect from 27th January, one match is played every day in each group. All groups rest on 29th January.
- The semi-finals are played concurrently on the same day.
- Three days' rest is granted before the commencement of each of the following matches:
quarter finals, semi-finals and the match to determine the third place.
- The winners and runners-up in each group go on to the quarter finals.

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- Winners in group A play against winners of group B and those from group C play against winners of group D.
- Losers at quarter finals are knocked out.
- Finals are played on the 14th February 2014.

Questions:

- (a)(i) Draw up a time table for the matches to be played from the beginning to the end of the tournament.
- (ii) How many matches will be played altogether?
- (b) State the dates on which the following matches will be played:
- (i) The last matches before quarter finals.
 - (ii) Quarter finals
 - (iii) Semi-finals
 - (iv) Third place match.
- (c) What, in your opinion, is the importance of such a tournament to the participating countries?
- (d) Suggest measures that should be taken to improve sports in Uganda.

E N D