

S101  
GENERAL  
PAPER  
SUBSIDIARY  
PAPER  
4 August 2023  
2 ½ hours



**ENTEBBE JOINT EXAMINATION BUREAU**  
**Uganda Advanced Certificate of Education**

**GENERAL PAPER**

**SUBSIDIARY PAPER**

**2 hours 40 minutes**

**INSTRUCTIONS TO CANDIDATES:**

Attempt **one** question from Section A and **one** from Section B.

You are advised to divide your time equally between the two questions. The total time of 2 hours 40 minutes includes 10 minutes for you to study and select the questions before you begin answering.

All questions carry equal marks.

Any extra question attempted shall **not** be assessed.

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**A - GP - 1 Entebbe Joint Examination Bureau: General Paper Turn Over**

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## SECTION A: (50 MARKS)

Answer one question from this Section. Answers should be between 500 and 800 words in length.

1. Justify the view that Uganda's education system is responsible for the current high rates of unemployment in the country. (50 marks)
2. Suggest measures that your community should adopt to provide effective primary health care. (50 marks)
3. To what extent is corruption in society a result of poor wages to employees? (50 marks)
4. Examine the strategies employed by various institutions to fight poverty in your community. (50 marks)

SPELLING AND GRAMMATICAL EXPRESSIONS (10 marks)

## SECTION B

Answer one question from this Section.

5. Read the information below and answer the questions that follow.

In a certain school's Annual Inter-House MDD competitions, various houses prepared to compete for the Championship trophy in addition to a huge bull and minor trophies. This year's competition had six different events on the theme: **Unity for National Excellence** – around which the houses participated. The organizers set down a number rules to guide the contestants as follows;

- Only four houses were cleared for the competition: Abim, Paidha, Sheema and Singo are registered.
- Every event was marked out of 100 scores.
- The winner of an event would get a minor trophy and a cash prize for that event.
- The winner of the competition by total scores would receive a championship trophy, a hefty cash prize and a huge bull.
- The winner of the Set piece event would take the bull if the overall winner of the competition by total scores did not win that Set piece.
- The overall winner of the competition by total scores would take both the trophy and the bull if they won the competition with a range of 25 marks above the winner of



- the set piece. However, the cash prize for the overall winner would not be challenged.
- A house that takes three event trophies out of six will be the undisputable winner of the competition regardless of higher total scores in another house.
  - Each of the six events in the competition has been assigned a rank in accordance to its overall importance on the theme.

The table below was a provisional score sheet of the various houses before the final result was released.

House	% score	Singo	Sheema	Abim	Paidha
Set piece	40	86	85	79	76
Local comedy	10	55	82	80	80
Traditional dance	15	74	77	75	75
Traditional song	10	77	79	82	78
Mime on theme	10	79	68	86	85
Creative Wear	15	80	72	73	79

**Questions:**

- Illustrate the performance of the four houses in the event in terms of their position and awards. Hence identify the Champion. (15 marks)
- It was realized three days later that there were errors of entry and false counting. The miscount on Abim's mark sheet erroneously gave them a false score of seventeen more marks in the Set piece. The marks for the Mime on Sheema's column belonged to Singo and vice-versa.
  - Show how the changes on the new score sheet for the four houses affect position and awards. (06 marks)
  - Why do you think the organisers attached more importance to the set piece and local song? (04 marks)
- What is the importance of MDD competitions in your community? (08 marks)
- How can Music, Dance and Drama (MDD) competitions be exploited to benefit more youth in your society? (07 marks)

**SPELLINGS AND GRAMMATICAL EXPRESSIONS:** (10 marks)



6. Read the passage below and answer the questions that follow.

It would be naive to think that possessing a 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 understand 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 most 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 is 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. (02 marks)
- (b) What does the author mean by:
- (i) "... unusual to have a legalistic contract for therapy." (04 marks)
  - (ii) "... has waived the psychologist-client privilege as it relates to the defendant's mental state at the time of the alleged crime." (04 marks)
- (c) In about 100 words, explain the duties of clinicians to their clients. (10 marks)
- (d) Explain the meaning of the following words and phrases in the passage, using your own words as much as possible:
- (i) Absurdity (02 marks)
  - (ii) Emotional competence (02 marks)
  - (iii) multifaceted phenomenon (02 marks)
  - (iv) limits of confidentiality (02 marks)
  - (v) imprecise procedure (02 marks)
  - (vi) intimate details (02 marks)
  - (vii) privileged communication (02 marks)
  - (viii) explicit permission (02 marks)
  - (ix) sanctity (02 marks)
  - (x) mandated reporting (02 marks)

**SPELLING AND GRAMMATICAL EXPRESSIONS**

(10 marks)  
(50 marks)