



Rewarding Learning

ADVANCED
General Certificate of Education
2013

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

MONDAY 17 JUNE, MORNING

MARK SCHEME

General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

1 (a) Write down five signs or symptoms of depression. (AO1)

Answers may include any five of the following:

- feeling unhappy most of the time, crying a lot
- losing interest in life and not enjoying anything
- finding it hard to make decisions, an inability to concentrate
- feeling of not being able to cope with things that weren't a problem before
- feeling exhausted
- feeling restless, agitated, anxious
- losing appetite and weight (some people find they do the reverse and put on weight)
- taking a long time to get off to sleep, and then waking up earlier than usual
- losing interest in sex
- losing self-confidence
- feeling useless, inadequate and hopeless
- avoiding other people
- feeling irritable
- feeling worse at a particular time each day, usually in the morning
- thinking of suicide
- abusing alcohol or drugs, or self-harm.

All other valid points will be given credit

(5 × [1])

[5]

(b) Research suggests that the majority of people who feel depressed will visit a GP. Describe any two drug treatments that a GP might prescribe to help an individual overcome depression. (AO1, AO2)

Answers may address any two of the following:

- Monoamine Oxidase Inhibitors (MAOIs) block the action of the enzyme monoamine oxidase which normally breaks down the neurotransmitters noradrenaline and serotonin – therefore increases levels of serotonin and noradrenaline, making the individual feel happier
- Tricyclics (TCAs) prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the available levels of these neurotransmitters, making the individual feel happier
- Selective Serotonin Reuptake Inhibitors (SSRIs) increase the level of the neurotransmitter serotonin, making the individual feel happier.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion of each drug

(2 × [3])

[6]

- (c) Explain two advantages and two disadvantages of using drugs to treat depression. (AO4)

Advantages

- effectively reduce symptoms for most patients
- reasonably quick results – most people start to feel better within three weeks
- more cost effective for the health service than patients spending long periods in talking therapies
- easily accessible for patients – no long waiting list as there often is for therapy.

All other valid points will be given credit

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

Disadvantages

- does not address the root causes of the problem
- side effects of medication, e.g. some SSRIs can suppress appetite
- may be adverse interaction with other drugs/substances
- non compliance can be a problem – patients may not take the drugs because they fear addiction or may stop taking them as soon as they feel better, causing relapse.

All other valid points will be given credit

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

- (d) In a hospital setting, an individual who is clinically depressed and does not respond to drug treatments may be given electro-convulsive therapy (ECT). Describe this treatment. (AO1)

Answers should address the following:

This involves attaching electrodes to the patient's head and passing an electrical current through the brain, producing unconsciousness and seizure. It is not entirely clear how this works, but it desensitises the individual, making their symptoms of depression less severe. Convulsions are minimised by giving patients an anaesthetic before the treatment.

[1] for key phrase(s), [2] for explanation, [3] for fuller description

(1 × [3])

[3]

- (e) Define the following concepts from Rogers' humanistic perspective and use them to explain why an individual becomes depressed.
(AO1, AO2, AO3)

Self-actualisation

This is Roger's "force of life" or what he called the actualising tendency – the built-in motivation present in every life form to develop its potential to the fullest extent possible.

[1] for key phrase(s), [2] for explanation

How this concept explains an individual's depression

Individuals become depressed because they are failing to behave in ways which help them to self-actualise – they are often more concerned with doing things to gain approval from others than with what is actually best for themselves.

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

Incongruity (sometimes called incongruence)

This refers to the gap or mismatch between the real self and the ideal self, the "I am" and the "I should". When an individual is forced to live with conditions of worth and receives only conditional positive regard, he develops an ideal self with high standards that are always out of reach.

[1] for key phrase(s), [2] for explanation

How this concept explains an individual's depression.

The greater the gap between the real self and the ideal self, the greater the incongruity – incongruity is essentially what Rogers means by neurosis – depression is caused by being out of synch with oneself.

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

- (f) Discuss how an individual's depression is treated by humanistic psychologists. (AO1, AO2, AO3)

Answers may include the following:

- client centred therapy/person centred therapy (PCT) – role of therapist is to provide unconditional positive regard for individuals as the depression is associated with a lack of unconditional regard, usually from parents, as an individual grows up
- need for warmth, genuineness and empathy in the therapeutic relationship
- focus on dealing with the present rather than the past
- therapy is non-directive – individuals should decide how to work towards self-actualisation so that behaviour becomes congruent with the self-concept, reducing feelings of anxiety
- therapist aims to improve self-esteem and help individuals develop a realistic ideal self
- through encounter groups individuals can provide positive regard for each other – this contributes to self-actualising behaviour.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how an individual's depression is treated by humanistic psychologists
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how an individual's depression is treated by humanistic psychologists
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays competent knowledge of how an individual’s depression is treated by humanistic psychologists
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[9]

AVAILABLE
MARKS

39

- 2 (a) Complete the table below to match the signs and effects to either anorexia nervosa (AN) or bulimia nervosa (BN). (AO1)

Signs and effects	Eating disorder
An individual regularly refuses to eat anything at all.	AN
An individual frequently engages in bingeing and purging.	BN [1]
An individual is very underweight.	AN [1]
An individual may die from this eating disorder.	AN [1]
An individual is aware that her eating patterns are abnormal.	BN [1]

(4 × [1])

[4]

AVAILABLE
MARKS

- (b) Define what is meant by **repression** and **regression** in the psychoanalytic perspective and explain how these concepts can be applied to anorexia nervosa. (AO1, AO2, AO3)

Definition of repression

Repression is a defence mechanism that involves forcing painful or frightening memories and feelings out of consciousness into the unconscious.

[1] for key phrase(s), [2] for explanation

Application to anorexia nervosa

Early trauma such as sexual abuse is repressed into the unconscious and expressed in adolescence as AN – it may be an unconscious attempt by those who have been sexually abused to destroy their bodies, which they are disgusted by.

[1] for key phrase(s), [2] for explanation

Definition of regression

Regression is a defence mechanism that involves reverting to an earlier time of life when faced with threat.

[1] for key phrase(s), [2] for explanation

Application to anorexia nervosa

AN is regression to childhood (body shape/periods stopping) to avoid adult sexual role.

[1] for key phrase(s), [2] for explanation

(4 × [2])

[8]

- (c) Discuss one way Hilde Bruch explained anorexia nervosa. (AO1)

Answers may address one of the following points

- eating disorders like anorexia nervosa are an attempt by adolescents to establish and control their own identities, particularly if they have domineering parents – allows self-control and independence
- AN linked to sexual immaturity – women fantasise about oral impregnation and confuse fatness with pregnancy – they starve themselves to avoid pregnancy.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion

(1 × [3])

[3]

- (d) Discuss how family therapy may be used to treat eating disorders.
(AO1, AO2, AO3)

Answers may include:

- family therapy aims to help the whole family learn about eating disorders and how they are treated, in particular to help parents realise that a young person with an eating disorder cannot control his or her thoughts and behaviour. The idea is to help parents to understand and support the individual more effectively through frank and open discussion of feelings about eating disorders
- the therapy aims to help everyone in the family to understand that the family is not the cause of the illness, but the family can help overcome it
- it aims to help parents take control of their child's eating until he or she has put on weight. For example, the therapist might suggest that parents monitor meals and limit exercise for a child who has anorexia. In return, parents might give the child choices over things like whether or not to tidy their room
- it tries to focus on how the family members get along together to see if anything is making it hard for parents and their child to work towards improving the eating problems. For example, the family might be encouraged to consider the rules they have, how decisions are made and how limits are set.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of how family therapy may be used to treat eating disorders
- there is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how family therapy may be used to treat eating disorders
- there is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays competent knowledge of how family therapy may be used to treat eating disorders
- there is competent discussion. [6]

- (e) Analyse how any four socio-economic factors may influence eating disorders. (AO1, AO2, AO3, AO4)

Answers may address four of the following factors

- class – AN much more prevalent in middle classes/children of professionals – this may be linked to pressure to succeed academically in middle class families – the eating disorder may be a way of getting attention where both parents have busy professional careers
- occupation – jobs where there is an emphasis on appearance, for example modelling or acting, are associated with high numbers of individuals developing eating disorders
- gender – eating disorders are more common in females – nine out of ten AN sufferers are female. This may be linked to a cultural emphasis on body image for females
- family – AN may be an attempt to maintain position as a child in the family; first-degree biological relatives (parents, siblings, children) of sufferers have an increased risk; family history of mood or personality disorders is associated with increased risk; eating disorders may be designed to prevent dissension in the family, e.g. adolescent diverts attention onto herself to prevent breakdown of parents' marriage
- media – eating disorders may be linked to images of attractiveness on television or in teenage magazines. Often these images are unnatural perhaps because they are airbrushed, leading to individuals of normal weight believing they are fat. “Size zero” models are inappropriately portrayed as the ideal. Websites promoting eating disorders can also contribute to these illnesses.

All other valid responses will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how socio-economic factors may influence eating disorders – may list factors or only discuss one or two
- there is limited analysis
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how at least two socio-economic factors may influence eating disorders
- there is adequate analysis
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of how three or more socio-economic factors may influence eating disorders
- there is competent analysis – there may be some variation in the quality of analysis across factors where four factors have been discussed
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of how four socio-economic factors may influence eating disorders
- there is highly competent analysis
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [12]

33

- 3 (a) Explain the following concepts from Skinner's theory of operant conditioning. (AO1)

Positive reinforcement

The chance to gain something pleasurable (e.g. sweets, praise, money) increases the probability of a desired response/behaviour occurring (e.g. producing good homework). Skinner showed that rats would learn to press a lever in order to get a food pellet in the Skinner box.

[1] for key phrase(s), [2] for explanation

Negative reinforcement

The chance to escape or avoid something unpleasant (e.g. staying in after school) increases the probability of a response/behaviour occurring (as above). Skinner showed that rats would learn to jump up into a compartment when a warning buzzer sounded in order to avoid electric shock in the Skinner box.

[1] for key phrase(s), [2] for explanation
(2 × [2])

[4]

- (b) Discuss how time management can help an individual reduce stress. (AO1, AO2, AO3)

Answers may include some of the following

- time management removes the environmental stressor of lack of time and improves the individual's sense of control
- focuses on changing the behaviours that have become associated with the stress response, e.g. rushing to complete tasks at work
- aims to extinguish the stress response caused by not having enough time to complete tasks
- sets realistic goals so individual feels he or she is achieving – this is reinforcing
- aims to replace the stress response with relaxed behaviour.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion
(1 × [3])

[3]

- (c) Discuss how behaviour modification can be used to reduce aggressive behaviour in children. (AO1, AO2, AO3)

Answers should include the following:

- involves measuring/quantifying the behaviours to be reduced, e.g. observing and counting acts of aggression
- aggressive acts are ignored where possible or punished using time out
- non aggressive behaviour is positively reinforced, e.g. by attention or use of star charts
- this approach will have to be consistently applied by all adults, e.g. teachers and parents
- behaviour is measured to check for change.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of how behaviour modification can be used to reduce aggressive behaviour in children
- there is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how behaviour modification can be used to reduce aggressive behaviour in children
- there is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays competent knowledge of the contribution of how behaviour modification can be used to reduce aggressive behaviour in children
- there is competent discussion. [6]

- (d) Analyse how Pavlov's theory of classical conditioning contributes to understanding and treating phobias. (AO1, AO2, AO3, AO4)

Answers may include the following points:

Understanding

- any phobia is a learned response to the feared stimulus
- this happens through classical conditioning of physiological reflexes – an unconditioned stimulus becomes paired with a conditioned stimulus so that a conditioned response develops – so a phobia is a learned association between a conditioned stimulus (the feared object) and the conditioned response (fear)
- Watson and Raynor's Little Albert experiment may be used to illustrate this
- the focus is on the learned behaviour rather than what the individual is thinking or feeling. Fear is not extinguished because the stimulus is avoided.

Treating

- behaviour therapy focuses on changing responses as opposed to trying to understand reasons for them – aim is to replace fear response with a more appropriate response, i.e. a more relaxed response
- systematic desensitisation– the individual draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation and gradually working up the hierarchy
- implosion therapy and flooding – individuals required to remain with the feared stimulus despite high levels of anxiety – it is physiologically impossible to maintain anxiety state so it subsides and fear is extinguished as a result. With implosion therapy the feared stimulus is imagined, whilst with flooding the stimulus is present, e.g. taking an individual with a phobia of cars out driving until the fear subsides.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how Pavlov's theory of classical conditioning contributes to understanding and treating phobias – may focus on only one half of the question
- there is limited analysis
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how Pavlov’s theory of classical conditioning contributes to understanding and treating phobias
- there is adequate analysis
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge of how Pavlov’s theory of classical conditioning contributes to understanding and treating phobias
- there is competent analysis of analysis – there may be some variation in the quality of analysis between the two parts to the question, understanding and treating
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- displays excellent knowledge of how Pavlov’s theory of classical conditioning contributes to both understanding and treating phobias
- there is highly competent analysis
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

[15]

Total

AVAILABLE
MARKS

28

100