Teacher Resource Bank

GCE Psychology A

Additional Sample Questions: PSYA4

ADDITIONAL SAMPLE QUESTIONS: PSYA4

PSYCHOPATHOLOGY

01 Outline and evaluate **two or more** therapies used in the treatment of schizophrenia. *(9 marks + 16 marks)*

Therapies for schizophrenia can be biological or psychological or some therapists use both. Which is used depends on the type of schizophrenia and on the approach that the therapist believes in.

A biological explanation for schizophrenia suggests the use of drugs to alleviate or reduce the symptoms. There is however the rule of thirds which states that a third of patients are chronic .
There are typical and atypical drugs. phenothiazine is typical and focuses on the dopamine levels in the body. In cases where typical drugs are not effective atypical drugs are used such as clozapine.

In most cases drugs have been found to be effective in reducing symptoms but the idea seems reductionist.

Other factors must play a part in Schizophrenia. Drugs also focus on the positive symptoms such as hallucinations but not the negative symptoms.

Family therapy focuses on the Psychological causes of schizophrenia. The concept is that the family can be a contributing cause of schizophrenia but can also help lower relapse rates. Bateson in a study of high expressed emotion observed families at home. By observing families he found that high stress situations or those where there was anger had a negative effect on schizophrenics. Fromm – Reich also described the double blind hypothesis as a cause of stress and confrontation within families

Falloon used family therapy to investigate relapse rates in schizophrenics. He taught families to act friendly and show low expressed emotion as well as dealing with bad points and he found relapse rates were 50% normally and 11% in those with family support. However not everyone has a close family that is willing to support them so alternative ways of dealing with Schizophrenia are needed. People who use drugs also have lower relapse rates so combination would work well.

Comment [RMH1]: Relevant ref to types. Creditworthy material.

Comment [RMH2]: A useful start to the essay. This commentary focuses on different approaches and though not by name refers to an eclectic approach.

Comment [RMH3]: 1st therapy identified.

Comment [RMH4]: Inaccurate/not made relevant.

Comment [RMH5]: This evaluative point begins well but is not elaborated effectively – which symptoms /which drugs?
The reference to reductionism is vague and does not seem to link to the preceding point.

Comment [RMH6]: This point seems to be more relevant to explanations than therapies.

Comment [RMH7]: Sound AO1 point.

Comment [RMH8]: 2nd therapy identified but not outlined. The study detail does not depict the therapy-more about cause.

Comment [RMH9]: This is the closest we get to a description of the family therapy. Followed by some relevant AO2/3 commentary.

Coping strategy enhancement a cognitive behavioural therapy has been found to be effective in lowering the symptoms. Another advantage is that it uses a cognitive process we all use coping strategies. This method can be applied to many mental disorders and participants cooperate more unlike times that people refuse to take drugs, because they already do it, the therapy just teaches them how.

***The above paragraph is very muddled/difficult to follow. It is not explicitly related to schizophrenia and there is no evidence offered to support the claims for effectiveness*

Falloon also found belief modification works better when the patient is taking drugs and has a higher level of effectiveness than ordinary routine therapies However belief modification has been found to not be long term and over a 5 year period becomes just as effective as other therapies

All these therapies have been effective at reducing symptoms of schizophrenia Drug therapy does not work for everyone hence atypical drugs being used in some cases
But they are a cheap way of helping people to maintain sound mental health in spite of side effects such as lip smacking, an obvious trait that would make it possible for others to identify a schizophrenic.

Family therapy relies heavily on the family being supportive in some cases there could be questions about whether family issues are a cause or an effect of schizophrenia
With cognitive behavioural therapy you have CSE which will focus on the persons way of dealing with situations and talk through the coping strategies with the patient and you also have belief modification which focuses on a persons cognitive thoughts in order to limit positive symptoms but once again the negative symptoms are not effectively dealt with. Cognitive behavioural therapy is appropriate for most people too because it looks at the cognitive causes and both the cognitive and behavioural ways of dealing with symptoms.

Comment [RMH10]: 3rd therapy identified but not outlined. Evidence needed.
The comparison with drugs is poorly explained but creditworthy. The final point being a vestige of AO1.

Comment [RMH11]: Not clear what is meant by routine therapies. The final sentence does not make sense.

Comment [RMH12]: 1st point is repetition.

Comment [RMH13]: Atypical drugs are still drugs!

Comment [RMH14]: Not necessarily cheap. This is a very weak, unsupported assertion.

Comment [RMH15]: Another weak inappropriate point as this unfortunate symptom occurs in treatment of other disorders as well.

Comment [RMH16]: 1st point is repetition. The remainder is about the explanation not the therapy.

Comment [RMH17]: In full – at least for the first mention

Comment [RMH18]: AO1 outlining – some repetition followed by vague repetitive waffle. It illustrates how less can be more!!

Examiner's comment

The outline is of therapies is basic and muddled. Three relevant therapies are covered so it meets the requirement for more than one therapy, but the range is at the expense of detail. Although two specific classes of anti-psychotic drugs are named and the idea of expressed emotion is mentioned in the paragraph on family therapy, none of the therapies are described in the context of schizophrenia.

The organisation and structure of the essay is muddled. So much so, that the reader does not have a clear idea of the features of process of the therapy (eg the mode of action of the drugs).

There is quite a lot of weakly explained evaluation and commentary. The elaboration is not coherent and in places it is muddled and poorly expressed. More effective use of research evidence would have improved the AO2/3. The candidate frequently strays into irrelevant material (description and evaluation of explanations rather than therapies for schizophrenia.

This is a classic example of a candidate who should have spent more time planning, to avoid repetition and more time ensuring that the material was explicitly contextualised in schizophrenia. For example which types of schizophrenia benefit from which therapies? This would have conveyed convincing evidence of understanding of schizophrenia and therapies.

Marks: AO1 = 3 AO2/3 = 6

Total: 9 marks

02 Outline clinical characteristics of depression. *(5 marks)*

Bipolar depression includes cycles of both depression and mania whilst major depressive disorder just involves depression. The characteristics of depression are low mood and feelings of sadness, loosing pleasure in normal enjoyable activities. To be diagnosed as MDD at least one of these symptoms must be shown and it should not be a natural response to a recent loss. Other characteristics include feelings of excessive guilt and loss of appetite, irregular sleep patterns, reduced sex drive, fatigue and loss of energy, recurrent thoughts of death and suicide, lack of self worth and confidence. At least 5 characteristics must be shown for most of the day, everyday for a period of at least 2 weeks.

Mania the other state involves a high euphoric and frenzied state where individuals believe the world is theirs for the taking.

Comment [RMH19]: Reasonably thorough most of the characteristics are given physiological, emotional psychological.

Examiner's comment

This is the minimum required for full marks. There is an outline of the major characteristics of MDD and mention of the duration of signs. The reference to bipolar disorder is not necessary. Details of manic symptoms are not creditworthy as the specification and the question focus. The reference to bipolar "depression" rather than bipolar disorder actually detracts from the response.

Marks: 5/5

03 Explain issues associated with classification **and/or** diagnosis of depression.
(10 marks)

There are 2 systems used in the classification and diagnosis of depression. The DSM (iv) the American system and ICD. The DSM was designed in mid twentieth century meaning that although it is updated the contents may now be outdated which would affect its reliability.
The ICD , world health system for classification of psychopathology . This rates the severity of the depression as well as diagnostic criteria. As with the DSM there is an issues with the reliability and validity of the system It could also be said that they are culturally biased as they are rooted in western society and the characteristics for a person to be described as mentally ill may be different in the east compared with the west.

There are many practical issues regarding diagnosis of depression in particular that patients will often go to their GP for diagnosis which can result in wrong diagnosis because the GP is not trained in clinical diagnosis of depression. A further problem with diagnosis is that patients may not be willing to admit to having depression. They could lie about symptoms so diagnosis is difficult.
A more technical issue with diagnosis is that of comorbidity. Depression occurs alongside other disorders so it is hard to design a therapy to counteract and cure the disorder as it is not clear which may be the cause and which may be the effect.

An issue in terms of classification of depression is that of measurement of the characteristics. How can you measure feelings of low and sad depressed emotional state? When does an individual become diagnosed with depression, if they do not reach this threshold. Another criticism is of the 5 characteristics being present for a period of two weeks, a person may show 3 characteristics for 3 months yet not be diagnosed with depression.

Interviewing depressed people is hard as the answers and diagnosis will stem form the subjective reports given by the individual. Brown et al conducted a study of 1400 participants and 2 interviewers. He measured the inter interviewer reliability between the pairs of therapists and found 3 factors

Comment [RMH20]: This shows muddled understanding as the contents have been updated.

Comment [RMH21]: Most of this is not focused on depression.
This is the first mention of validity, the candidate needs to explain why it is an issue.
Out datedness would affect validity not reliability and if the reliability is an issues it is not because the manual is out of date.

Comment [RMH22]: This could have been made relevant to depression but has been left as a general comment.

Comment [RMH23]: A couple of useful points – further elaboration might have made it clearer why this is a particular problem with depression.

Comment [RMH24]: Again a useful point but would benefit from being explained more fully – there is a leap from diagnosis to treatment. The line of reasoning needs to be elaborated. The problem of comorbidity raises several other issues such as validity of diagnostic categories. Elaboration of these would have resulted in a better mark.

Comment [RMH25]: Valid point they could have been diagnosed with a different depressive disorder, but the point could have been elaborated better to make the issues clear to the reader.

affected diagnosis firstly the problem of judging when/if a patient had reached the threshold to be diagnosed as depressed. Secondly they differed on what they saw as manic depression one would diagnose manic depression whilst the other would diagnose chronic worry in several domains of life. Lastly patients reported different to the 2 therapists resulting in different diagnosis.

Comment [RMH26]: Useful elaboration in the form of evidence to support points raised.

For successful diagnosis of depression a combination of social physical cognitive and biological factors need to be taken into account .

Comment [RMH27]: Rather a weak ending – why do these factors have to be taken into account? They have not been mentioned earlier in the answer.

Examiner's comment

A number of points made giving breadth and some elaboration, in particular the material on interviewing. However the material is not always explicitly linked to depression. This focuses more on depression as the answer progresses but it is not always clear what the issues are and appropriate points are not always well/clearly elaborated. Doesn't meet top band requirements.

Marks: 8/10

04 Outline and evaluate **one** biological therapy used in the treatment of depression. *(4 marks + 6 marks)*

Drug therapy is used in a variety of ways to change the deficit and imbalance in neurotransmitters within the brain.

Comment [RMH28]: Broad reference to mode of action.

Monoamine oxidase inhibitors MAOIS inhibit the production of neurotransmitter such as serotonin, and dopamine to counteract the chemical imbalance. This is the same for tricyclics however it has been argued that these particular drugs only cause physiological arousal to affect the symptoms of the disorder and not the underlying cause.

Comment [RMH29]: Muddled incorrect the MAOIS inhibit the production of monoamine oxidase an enzyme that breaks down the neurotransmitter, so neurotransmitters stay in the body longer.

The selective serotonin uptake inhibitors are a newer drug therapy and these work by altering the levels of serotonin

Comment [RMH30]: Muddled – not clear what is being said, is the symptom cause criticism valid here?

Tricyclics and SSRIs are regularly used in the treatment of depression. However SSRIs are the most commonly used as these produce fewer side effects, but do produce dizziness, blured vision and nausea. They combat the imbalance of neurotransmitters, although they are only effective when used over a long period of time, otherwise the patient will relapse.

Comment [RMH31]: Again not accurate.

One criticism of drug therapy is that it is naïve to think that depression is caused biochemically or through brain dysfunction. SSRIs affect the serotonin levels immediately and so if this imbalance is a cause of depression it is obviously not the sole cause as the individual would no longer be depressed as the effect of the drug would be immediate and so cure the depression immediately . Yet it can take months for the depression to go demonstrating that the cause is not just chemical imbalance.

Comment [RMH32]: This could have been a good point but the candidate seem to focus on evaluation of the explanation rather than evaluation of the therapy.

Drugs used to treat depression are addictive partly because they need to be taken for some time (they are ineffective short tem). Patients come to believe that if they stop taking the drugs the depression will return.
The cyclic nature of depression makes it difficult to establish the effectiveness of drug treatment. Moncrieff concluded that there is a very small difference between antidepressants and placebo groups in treating the diverse symptoms of depression and it depended on the severity of the depression. Given the side effects and risks of addiction drug therapy should be used less.

Comment [RMH33]: Focus here on evidence is good though not entirely accurate.

Examiner's comment

The AO1 description of drug therapy is muddled and the mode of action is inaccurate. 2/4

The AO2/3 is slightly better. Although appropriateness is not explicitly mentioned it is addressed as is effectiveness. There are a number of relevant points 3/6.

Marks: AO1 = 2 marks AO2 = 3 marks

Total: 5 marks

PSYCHOLOGY IN ACTION

05 Explain some of the difficulties of gathering data about problem gambling.
(5 marks)

Psychologists gather data about gambling using lots of methods. They can do lab experiments or use surveys or questionnaires.
Gathering data about gambling is difficult because people may not always give the right amount they gamble. For example people may feel guilty and ashamed to disclose just how much they spend because of social desirability factors. It is also hard to determine between someone who is a pathological gambler and someone who may gamble often but is not addicted.

Comment [RMH34]: These say nothing about problems of data gathering.

Comment [RMH35]: Weak expression. The following example makes it clearer.

Comment [RMH36]: Use of appropriate psychological terminology.

Examiner's comment

The answer is well focused. The candidate makes two good points explicitly related to gathering data about problem gambling. The answer shows understanding but is very brief; just a little more elaboration would take this from the basic band into the reasonable band.

Marks: AO2/3 = 2 marks

06 Outline and evaluate **one** explanation of gambling addiction.
(4 marks + 6 marks)

One explanation for gambling addiction is genetics factors. It is believed that it runs in families. Shah et al did a twin study and found that gambling is inherited in men. However this was only in men and you cannot generalise to women. Black also

Comment [RMH37]: One explanation identified.

found that first degree relatives had a bigger risk of becoming addicted to gambling than distant relatives. Thus showing a strong genetic link. A gene D2 dopamine receptor, has been found in people suffering from addiction such as gambling. Gamblers experience excitement when gambling this results in the release of dopamine which is linked to the D2 dopamine receptor gene. Slutske found that 64% of variance for gambling is down to genetics. Therefore increasing the validity of the view that genetic play a major role in gambling. However not all men in a family are addicted to gambling and it could be explained by environmental factors or by reinforcement and conditioning not genetics.

Comment [RMH38]: Evidence to support.

Comment [RMH39]: An attempt to elaborate on the explanation that shows some understanding the mechanism.

Comment [RMH40]: The expression and the error suggest this candidate does not understand this.

Comment [RMH41]: A valid point but without elaboration it would gain minimal credit. Credit is mainly for the reference to reinforcement and conditioning.

Examiner's comment

The answer is very brief. The description of one explanation is limited but generally accurate.
The evaluation of the explanation is basic it shows superficial understanding with some inaccuracy. There is reference to alternative explanations but they are not used effectively to evaluate the genetic explanation merely identified as alternatives.

Marks: AO1 = 3 marks AO2/3 = 3 marks

Total: 6 marks

07 Discuss reasons why relapse occurs in people with addictive behaviour.
(5 marks + 5 marks)

The reason why relapse occurs in people with addictive behaviour is environmental factors. In the environment there are cues that can trigger the addictive behaviour long after a person has given up gambling or smoking. Conditioning explains that we learn addictive behaviours through associations. Not only do we associate the behaviour with positive reinforcement we associate giving up with the pain of withdrawal so once established an addiction is easily maintained.
Cue reactivity theory provides a good explanation of relapse. It states that when we acquire an addiction we associate the paraphernalia eg ashtrays, betting slips with the addictive behaviour. These are the secondary reinforcers and come to trigger release of dopamine which the addict experiences as a reward. The primary reinforcer, the smoking becomes associated with the environmental cues. So when a person has given up, these cues trigger a craving. This along with withdrawal symptoms can prove too hard to resist and relapse occurs and the relapse is rewarded by the craving disappearing .

Comment [RMH42]: Clear introduction identifying environmental cues.

Comment [RMH43]: Brief and limited outline of conditioning but orientated towards initiation not relapse.

Comment [RMH44]: This is the only evaluative point and it is really not creditworthy as AO2/3.

Comment [RMH45]: Some inaccuracy – this would depend on how recently the person had given up.

Comment [RMH46]: Although there is limited detail in the explanation it does provide a line of argument and the elaboration depicts the mechanism by which relapse occurs.

Examiner's comment

The response is incomplete as there is no evaluation of the explanation. There is no evidence, reference to strength or weaknesses, no comparison with other explanations, or judgement of how it might explain some addictions better than others and no ref to issues debates.

In contrast, the description, whilst lacking a little in detail, is reasonable. It shows some elaboration and understanding.

Marks: AO1 = 4 marks AO2/3 = 0 marks

Total: 4 marks

RESEARCH METHODS

08 With reference to the data in **Table 1**, (see January 2010 question paper) outline what the findings of this investigation seem to show about the effectiveness of the treatment. *(2 marks)*

The median of the results show that improvement was greatest for the group being treated. However the range shows more variation in the performance of the treatment group than the non-treatment group.

Comment [RMH47]: Reference to both the median and the range but not much elaboration on either so 2 marks for two brief findings.

Marks: 2/2

09 Identify an appropriate statistical test for analysing the participant' scores. Explain why it would be a suitable test to use in this study. *(4 marks)*

The statistical test used would be the chi squared test because the data is interval level.

Comment [RMH48]: The choice of test is incorrect. The data is not interval as the candidate claims.

Marks: 0/4

10 What is the likelihood of the psychologist having made a Type 1 error in this study? Explain your answer. *(2 marks)*

The likelihood of a type one error being made is considerable as an acceptable but not very stringent level of significance was used. The more stringent level of significance the less chance of making a type one error where the alternative hypothesis is accepted and the null rejected.

Comment [RMH49]: Muddled answer. There is some understanding of the circumstances in which a type 1 error becomes more likely, hence the 1 mark, but the candidate has not answered the question appropriately in the context of this study.

Marks: 1/2

11 The psychologist assumed that improvements in the treatment group were a direct result of the new type of treatment. Suggest **two** other reasons why people in the treatment group might have improved. *(4 marks)*

The participants may have been showing demand characteristics and not have acted in the way they normally would during the second interview because they thought the researcher would have wanted them to improve. So, due to the social desirability bias, the participants may have behaved in a way to show the researcher that they've improved when they have not.
The participants in the treatment group may have also been receiving treatment outside the study as well, especially if they'd already been diagnosed with an eating disorder and they'd volunteered for the study. It is possible that other treatment may have caused their improvement rather than the treatment being tested.

Comment [RMH50]: Clear contextualising /link to the study.

Comment [RMH51]: Grasp of demand characteristics shown but the candidate seems confused about the difference between demand characteristics and social desirability response bias.

Comment [RMH52]: Sound point well made.

Marks: 4/4

12 The psychologist could have used self-report questionnaires to assess the participants instead of using interviews with the therapist. Explain **one** advantage and **one** disadvantage of using self-report questionnaires in this study rather than interviews. *(4 marks)*

A disadvantage of self report questionnaires in this case is that many people with eating disorders are in denial about it so may not respond to the questionnaire as if they had an eating disorder and the researcher can't ask extra questions to check this out so the data collected would not be valid.

Comment [RMH53]: A good point fully elaborated including implications for validity.

An advantage of self report questionnaires is that they can save time and so save money as compared with an interview. The investigator can send or give them all out at the same time so they are quick, they take less of the researchers time to collect the data. Also you do not have to spend time transcribing the interview tapes so they can usually be analysed more quickly than interviews so overall this would mean they are cheaper.

Comment [RMH54]: Although cheap is a weak "advantage" it has been explained fully and appropriately in relation to features of the method and compared with another method.

Marks: 4/4

13 The psychologist needed to obtain informed consent from her participants. Write a brief consent form which would be suitable for this study. You should include some details of what participants could expect to happen in the study and how they would be protected. *(5 marks)*

If you take part in this study you are agreeing to be interviewed by a psychologist about not just your eating habits but other aspects of you life too. You will be given a numerical score of your current functioning 50 indicating

excellent health and 0 indicating failure to function adequately. You will be put into a group that either receives treatment or a group that doesn't receive treatment. After 8 weeks you will be reassessed. All information you give is confidential and will only be used for the study

Comment [RMH55]: This is inappropriate. It would not get through an ethics committee. The tone of the consent form is rather peremptory and would not put the participant at ease.

Comment [RMH56]: There is no detail about the nature of the re-assessment.

Good on procedure, poor on reassuring participant that they will be protected from harm, no reference to right to withdraw and no mention of possibility of asking questions /checking understanding.

Examiner's comment

The answer does not need to have all aspects to get full marks but the combined omissions make this "not effective but better than basic".

Marks: 3/5

14 What is meant by reliability? Explain how the reliability of the scores in this study could be checked. *(4 marks)*

Reliability is the consistency between data and method. In order to check reliability of the study the no treatment group should treatment group should have received treatment after the initial study and the treatment group should have had a period of not treatment. If the same improvement is found in the second group the results are reliable. This is the split half technique.

Comment [RMH57]: This shows complete lack of understanding about what consistency means in the context of this study.

Comment [RMH58]: Muddled and does not address reliability of the scores.

Examiner's comment

The question asks about the reliability of the *scores* so the focus should have been on inter rater reliability. The candidate has tried to apply some knowledge of reliability of tests to the conditions of the IV.

Marks: 0/4

15 Imagine that you are the psychologist and are writing up the report of the study. Write an appropriate methods section which includes reasonable detail of design, participants, materials and procedure. Make sure that there is enough detail to allow another researcher to carry out this study in the future. *(10 marks)*

The participants should be split into males and females. An independent groups design should be used. Males and females should be allocated by use of a random number generator to one of the two conditions. There should be a group of boys receiving treatment and a group of girls receiving treatment. There should also be a group of boys receiving no treatment and a group of girls receiving no treatment.
Before treatment begins the questionnaires should be given to all participants. The questionnaire or one that gives exactly the same information should be given after 12 weeks.

Comment [RMH59]: There is no reference to participant suffering from eating disorders. There is no detail of the sample size, the nature of the sample (except gender) or detail of how the sample would be obtained.

Comment [RMH60]: Size clear correct but rather laboured description allocation to conditions but no explicit identification of the investigation design.

The data from the questionnaire should be analysed to assess participants current functioning there should be content analysis so that numerical values can be obtained. This should be repeated for the second questionnaire and an improvement score calculated. The mean score (measure of central tendency) should be calculated and the standard deviation to provide a measure of dispersion. To work out the level of significance for this study a Mann Whitney U test would be used at the 5% probability. All participants should be debriefed at the end of the study.

Comment [RMH62]: This candidate clearly knows about data analysis but this is not appropriate for the method. It belongs in the results.

Comment [RMH63]: This is creditworthy.

Examiner's comments

This answer only just makes the criterion of 'reasonable'. There are various ways of writing reports these days and it is, therefore, unreasonable to prescribe a particular, rigid format in the mark scheme. However, the convention is always to write in the past tense – the method indicates a lack of awareness of this basic report writing convention.

There is some attempt to describe the questionnaire but no attempt to elaborate in any way on the treatment programme (eg duration, frequency, the fact that it is new etc). There is a mention of 12 weeks but it is not clear what happens to all of the participants within this period.

Other omissions include reference to consent and confidentiality.

Marks: 6/10