

**GCE A2**

**Health and  
Social Care**

**January 2009**

**Mark Schemes**

Issued: April 2009



**NORTHERN IRELAND GENERAL CERTIFICATE OF SECONDARY EDUCATION (GCSE)  
AND NORTHERN IRELAND GENERAL CERTIFICATE OF EDUCATION (GCE)**

**MARK SCHEMES (2009)**

**Foreword**

***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 16- and 18-year-old 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 a 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.

The Council hopes that the mark schemes will be viewed and used in a constructive way as a further support to the teaching and learning processes.



## CONTENTS

	<b>Page</b>
A2 9: Unit 9	1
A2 12: Unit 12	11





*Rewarding Learning*

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**Health and Social Care**

**Assessment Unit A2 9**

*assessing*

**Module 9: Providing Services**

**[A6H31]**

**MONDAY 19 JANUARY, AFTERNOON**

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**MARK  
SCHEME**

1 (a) Write down **four** ways a voluntary organisation such as the Northern Ireland Association for Mental Health may be funded. (AO1)

- Lottery
- Street collections
- Bequests
- Fundraising events
- Government contracts
- Sponsorships
- Donations
- Proceeds from charity shops
- Grants from businesses or government

(4 × [1])

[4]

(b) Explain one **different** way each of the following practitioners may have provided care for Carmel. (AO1, AO2)

No repetition allowed – candidates must explain one different way each practitioner may have provided care  
[1] for key phrase/s, [2] for explanation

Clinical psychologist

- May have counselled Carmel to help her deal with distress
- May have assessed Carmel's state of health
- May have taken part in a case conference
- May have liaised with other professionals such as psychiatric nurses or psychiatrists
- May have provided therapy for Carmel, e.g. psychoanalysis or CBT (cognitive behavioural therapy)
- May have written reports on Carmel's progress
- May have produced a diagnosis

(1 × [2])

Community psychiatric nurse

- Responsible for continuing care provision in Carmel's own home
- May have taken over responsibilities of hospital nurse for care planning cycle
- May have liaised with other health care practitioners, e.g. GP, psychiatrist, psychologist
- May have administered medication or prescribed if a specialist nurse practitioner
- May have written reports on Carmel's progress
- May have provided support for informal carers who helped to look after Carmel

(1 × [2])



Social worker

- Responsible for organising care plan/communicating with family
- May have liaised with other health care workers, e.g. about hospital care or day care or may have acted as an advocate
- May have organised a case conference to consider Carmel's needs
- May have worked in a residential setting like sheltered accommodation to encourage Carmel to develop independent living skills
- May have given advice, e.g. on benefits, housing, how to access support groups
- May visit Carmel in own home to provide support and advice

(1 × [2])

[6]

(c) Write down **five** methods of referral for clients with mental health problems. (AO1, AO2)

[1] for each method

- Self referral, e.g. client going to voluntary organisation for support
- Professional referral, e.g. GP referring to psychiatrist or counsellor
- Third-party referral, e.g. a relative or a friend making an appointment with a GP
- Emergency referral, e.g. ambulance taking a client to hospital
- Recall, e.g. psychiatrist organising a follow-up appointment with client
- Compulsory referral, e.g. sectioning

(5 × [1])

[5]

(d) Carmel feels her lack of knowledge was a barrier to accessing services when she was younger. Describe four **other barriers** clients with mental health problems may experience when accessing services. (AO1, AO2)

Barriers:

- Psychological barriers, e.g. stigma/denial
- Physical barriers, e.g. transport, opening hours
- Financial barriers, e.g. lack of money
- Cultural barriers, e.g. language or social class
- Geographical barriers, e.g. distance
- Communication barrier, e.g. deafness, literacy barriers

[1] for key phrase [2] for full description

(4 × [2])

[8]

(e) Analyse how a voluntary organisation such as the Northern Ireland Association for Mental Health can meet the needs of clients with mental health problems

Carmel. (AO1, AO2, AO3, AO4)

**Mark Band 1([0]–[4])**

Overall impression: limited understanding.

- Displays limited understanding of how a voluntary organisation like the Northern Ireland Association for Mental Health works to meet the needs of clients with mental health problems
- Answers in this mark band may list different ways a voluntary organisation may help clients without discussing their needs
- There is little or no evidence of analytical writing
- Quality of written communication is basic

**Mark Band 2 ([5]–[8])**

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how a voluntary organisation like the Northern Ireland Association for Mental Health works to meet the needs of clients with mental health problems
- Answers at the top of this mark band should analyse how a voluntary organisation can meet at least three of the four types of need
- There is evidence of analytical writing
- Quality of written communication is adequate

**Mark Band 3 ([9]–[12])**

Overall impression: displays competent understanding.

- Displays competent understanding of how a voluntary organisation like the Northern Ireland Association for Mental Health works to meet the needs of clients with mental health problems
- Answers in this mark band should analyse how a voluntary organisation can meet all four types of need – physical, intellectual, emotional and social
- There is clear evidence of analytical writing and application to the client group
- Effective written communication, demonstrating use of subject-specific terminology

Answers may include any of the following:

- Physical needs such as accommodation, nutrition, medication and mobility needs may be met through providing sheltered housing schemes, day centres where lunch is provided and where nursing staff can provide medication, transport to day centres or for hospital or counselling appointments
- Intellectual needs such as need for stimulation through activities like reading or hobbies, the need to understand their illnesses may be met by clubs where clients can become involved in creative activities and the provision of literature giving information about a range of mental illnesses and their treatments
- Emotional/psychological needs such as self-esteem, a sense of belonging, or emotional well-being can be met by providing the opportunity to form self-help groups where clients can support each other, through counselling or therapies, developing independent living skills, supporting employment opportunities, providing advocacy
- Social needs such as communication and friendship can be met by clubs where clients have opportunities to socialize, providing assistance with obtaining benefits or with managing money and home visits [12]

35

- 2 (a) Explain three ways the Nurses' Code of Practice contributes to the quality of care provided in hospital or a residential setting. (AO1, AO2, AO3, AO4)

[1] for key phrase [2] for full explanation of how quality of care may be affected

No repetition allowed – candidates must explain three different ways quality of care may be affected

Nurses' Code of Practice

- Makes clear the standards of behaviour expected of nursing staff
- Reduces confusion about the nurse's role
- Informs and guides practice
- Facilitates disciplinary action by the NMC
- Reflects legislative requirements for appropriate standards of care

Also accept specific examples from the code, e.g. confidentiality, informed consent

(3 × [2])

[6]

- (b) Discuss three ways the quality of service provision can be measured for hospitals. (AO1, AO2, AO3)

[1] for key phrases [2] for adequate discussion [3] for detailed discussion of how the quality of service can be measured

Answers may discuss any three of the following:

- Feedback from clients and family
- Meeting NHS targets
- League tables
- Complaints
- Inspection reports
- Quality awards, e.g. charter marks
- Mental Health Commission investigations
- Health/clinical audits

(3 × [3])

[9]

- (c) Evaluate the effectiveness of organisational policies and procedures in raising the standards of care for clients with mental health problems in care settings. (AO1, AO2, AO3, AO4)

### Mark Band 1 ([0]–[4])

Overall impression: limited understanding:

- Displays limited understanding of the effectiveness of organisational policies and procedures in raising the standards of care for clients with mental health problems in care settings
- At least two ways in which policies and procedures raise standards of care in care settings for clients with mental health problems have been **discussed** at the top end of this band or **four ways** have been **listed**
- There is little or no evidence of analytical writing
- Quality of written communication is basic

**Mark Band 2 ([5]–[8])**

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of the effectiveness of organisational policies and procedures in raising the standards of care for clients with mental health problems
- At least **three** ways in which policies and procedures raise standards of care in care settings for clients with mental health problems have been analysed at the top of this band
- Candidates must show some evidence of evaluation at the top of this band
- There is little or no evidence of analytical writing
- Quality of written communication is adequate to good

**Mark Band 3 ([9]–[12])**

Overall impression: competent knowledge and understanding.

- Displays competent understanding of the effectiveness of organisational policies and procedures in raising the standards of care for clients with mental health problems
- Candidates must evaluate to achieve in this band
- Answers at the top of this mark band should analyse at least four ways in which policies and procedures raise standards of care in care settings in residential settings for clients with mental health problems
- There is clear evidence of analytical writing and application to the client group
- Effective written communication, demonstrating use of subject-specific terminology

Answers may include the following points:

**Effective because:**

- Policies and procedures reduce confusion among staff about expected behaviours
- Policies and procedures inform and guide practice – define roles and responsibilities of health and care workers
- Policies inform clients about standards of care they can expect to receive
- Policies and procedures provide route for redress – complaints policy
- Policies and procedures help to ensure equal treatment for clients
- Policies reflect legislative requirements for appropriate standards of care
- Policies promote positive care/high standards of care
- Policies and procedures regulate practice within an organisation – promote high standards/ethical practice
- Policies and procedures promote confidentiality and anti-discriminatory practice

**May be ineffective because:**

- Policies may not be well understood by staff
- Clients may not know the policies exist or have access to them
- Staff may not have received adequate training
- Policies may exist but not be actively used in the setting
- Policies may not have been updated
- Policies may be misused, e.g. whistle blowing policy
- Policies increase bureaucracy – less time for care

[12]

27

Accept examples of specific policies and procedures which are linked to standards of care such as health and safety policies and procedures, staff training policies, equal opportunities policies, protection from abuse of vulnerable adults policy, whistle blowing procedures, complaints policies and procedures.

**This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid.**

**3 (a)** Describe **three** trends in mental health in Northern Ireland (AO1, AO2)

Answers may include any one of the following:

- Increase in suicide among young men
- Increase in numbers of individuals diagnosed with anxiety/depression and taking medication for same
- Increase in numbers of clients with mental health problems living in the community, especially in urban areas
- Decrease in numbers of clients with mental health problems detained in mental health hospitals
- Increase in homelessness among clients with mental health problems
- Increase in demand for services relevant to mental health
- Increase in provision of services
- Increase in number of young people suffering from mental illness and demand for services to support teenagers
- Increase in the number of people suffering from Alzheimer's disease and dementia
- Illness related to changing levels of unemployment
- Mental health problems related to changing levels of violence in the community
- Increase in numbers of people suffering from stress, e.g. taking days off work
- Increase in mental health problems, e.g. linked to stress of informal caring role

(3 × [2])

[6]

**This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid.**

**(b)** Explain **two** ways each of the following influences the provision of care for clients with mental health problems:

The Mental Health Act 1983/Northern Ireland Order 1986 (AO1, AO2, AO3)  
[1] for key phrase [2] for full explanation

- Clearly defined mental illness
- Named professionals/relatives who can be involved in detention/sectioning process
- Set up the Mental Health Commission
- No certification required for entry or departure from hospital
- Admission and treatment without compulsion is a key principle

- Sets out clear grounds for compulsory admission even when the client objects
- Clients can be detained for assessment for 72 hours and can be kept for up to 28 days at the second stage and 6 months at the final stage, depending on the review process
- Sets out conditions for appeal
- Clients have a right to a tribunal

(2 × [2])

[4]

The NHS and Community Care Act 1990

[1] for key phrase [2] for full explanation

- Fewer clients with mental health problems in hospital/hospitals closed down
- Services concentrated in the community
- Introduced care planning/assessment of need
- Encouraged packages of care provided by the mixed economy
- Contributed to reducing stigma by caring for clients with mental illness in the community
- Promoted independence/empowered clients with mental health problems

(2 × [2])

[4]

- (c) The “mixed economy of care” approach to the provision of services has both supporters and critics. Evaluate this approach to providing services for clients with mental health problems. (AO1, AO2, AO4)

### Mark Band 1 ([0]–[4])

Overall impression: limited understanding.

- Displays limited knowledge and understanding of the “mixed economy of care”
- Candidates who focus on only strengths or weaknesses remain in this band
- May simply list up to four strengths and/or weaknesses
- Quality of written communication is basic

### Mark Band 2 ([5]–[8])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge and understanding of the “mixed economy of care”
- At least two strengths and two weaknesses discussed at the top of this band
- Some evidence of analysis
- Quality of written communication is adequate to good

### Mark Band 3 ([9]–[12])

Overall impression: competent knowledge and understanding.

- Displays a competent knowledge of what is meant by the “mixed economy of care”
- At least three strengths and three weaknesses discussed at the top of this band
- Clear evidence of analysis and application to client group
- Effective written communication



**Strengths**

- Higher quality of service
- Greater choice for clients
- Greater flexibility
- Competition means better value for money
- Sense of community is strengthened
- More focused role for social services
- Less bureaucracy outside the statutory sector means clients' needs can be addressed more quickly
- Reduces waiting lists
- Staff in voluntary sector may have personal experience which helps them better understand the needs of clients

**Weaknesses**

- Quality may be compromised as services outside the statutory sector may be less well regulated/less accountability
- Increased costs – private sector aims to make a profit
- Can be seen as dismantling the Welfare State
- Clients may feel stigmatised using the voluntary sector
- Critics argue clients' rights to statutory sector services are compromised as they have paid tax and national insurance and have a right to care
- Haphazard provision – clients can slip through the net
- Unreliable – private sector will shut down unprofitable services/ voluntary organisations may also disappear
- Potential for having untrained staff in voluntary and informal sectors may affect quality of care
- Choice may not be open to all, e.g. private sector too expensive
- Poor communication can lead to problems
- Lack of clarity re: roles and responsibilities [12]

- (d) Within the “mixed economy of care”, multi-disciplinary team working is essential to provide care and support for vulnerable clients with mental health problems. Discuss the value of professionals working together to provide services for clients with mental health problems.  
(AO1, AO2, AO3, AO4)

**Mark Band 1 ([0]–[4])**

Overall impression: limited understanding

- Displays limited understanding of the value of multi-disciplinary team working in providing care and support for vulnerable clients with mental health problems
- Answers at the top of this mark band should **list at least four or discuss at least two** reasons why multi-disciplinary team working is important in providing care and support for vulnerable clients with mental health problems
- There is little or no evidence of analytical writing
- Written communication is basic







*Rewarding Learning*

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**January 2009**

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## **Health and Social Care**

### **Assessment Unit A2 12**

*assessing*

**Unit 12: Understanding Human Behaviour**

**[A6H61]**

**THURSDAY 22 JANUARY, MORNING**

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# **MARK SCHEME**

- 1 (a) Write down three symptoms that would suggest an individual is suffering from stress. (AO1)

1 mark for each of the following to a maximum of three

- periods of irritability or anger
- apathy or depression
- constant anxiety
- irrational behaviour
- loss of appetite
- comfort eating
- lack of concentration
- loss of sex drive
- increased smoking, drinking, or taking recreational drugs
- excessive tiredness
- skin problems, such as eczema
- aches and pains resulting from tense muscles, including neck ache, backache and tension headaches
- physiological effects like heart palpitations or hypertension (high blood pressure)
- feeling nauseous
- stomach problems
- for women, missed periods
- insomnia/disturbed sleep patterns

(3 × [1])

[3]

- (b) From the biological perspective, stress and its treatment are physiological

- (i) Explain how each of the following different types of drugs work to alleviate stress. (AO1, AO2)

Beta blockers

1 for key phrase/s, 2 for fuller explanation

Beta blockers – beta blockers work by blocking the action of the neurotransmitter noradrenaline at receptors in arteries and the heart muscle, causing arteries to widen and slowing the action of the heart, resulting in falling blood pressure and reduced work by the heart, and thus reducing the physiological experience of stress

Anti-depressants

1 for key phrase/s, 2 for fuller explanation

Anti-depressants – anti-depressants such as Monoamine Oxidase Inhibitors (MAOIs), Tricyclics (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) increase levels of the neurotransmitter serotonin, enhancing the mood of clients

(2 × [2])

[4]

- (ii) Discuss how biofeedback works to alleviate stress (AO1, AO2, AO3)

1 for key phrase/s, 2 for explanation, 3 for fuller discussion

Biofeedback involves a client learning to use a machine that provides information about autonomic functions, such as heart rate, muscle and blood pressure. The client can be taught to use a psychological technique such as relaxation to reduce the readings on the machine. The improved readings can be regarded as positively reinforcing the relaxation behaviour. As the physiological symptoms of stress are controlled, the client feels less stressed

(1 × [3])

[3]

- (c) Discuss how Rogers' humanistic theory can contribute to understanding and treating stress. (AO1, AO2, AO3, AO4)

### Understanding

#### Mark Band 1 ([0]–[2])

Overall impression: basic understanding.

- Displays limited knowledge of how Rogers' theory contributes to understanding stress
- There is little or no evidence of analytical writing
- Quality of written communication is basic.

#### Mark Band 2 ([3]–[5])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of how Rogers' theory contributes to understanding stress
- There is some evidence of analytical writing
- Quality of written communication is good

#### Mark Band 3 ([6]–[8])

Overall impression: competent knowledge and understanding.

- Displays very good to excellent knowledge of how Rogers' theory contributes to understanding stress
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Individuals who are stressed are failing to self-actualise because they are not receiving/have not received unconditional positive regard. They have been influenced by conditions of worth – they got love and affection only if they behaved as others wanted them to – they experienced conditional positive regard.
- Over time, individuals develop conditional positive self-regard – like themselves only if they meet the standards others have applied to them, rather than if they are truly self-actualising, making it difficult to maintain self-esteem and so stress sets in
- the real self is the self an individual will become if he receives positive regard and develops self-regard and is self-actualising. Otherwise he develops an ideal self with high standards that are out of reach. There is a gap between the real self and the ideal self – incongruity. The more incongruity, the greater the stress the individual experiences.

- When there is incongruity between the ideal and the real self the individual is in a threatening situation and will feel anxiety. To reduce this the individual uses defences – denial and perceptual distortion. Using these defences creates more incongruence, more threat, and greater levels of anxiety. More serious stress or mental breakdown occurs when a person’s defences are overwhelmed, and their sense of self becomes “shattered” [8]

### **Treating**

#### **Mark Band 1 ([0]–[2])**

Overall impression: basic understanding.

- Displays limited knowledge of Rogers’ therapy/therapies for treating stress
- There is little or no evidence of analytical writing
- Quality of written communication is basic.

#### **Mark Band 2 ([3]–[5])**

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of Rogers’ therapy/therapies for treating stress
- There is some evidence of analytical writing
- Quality of written communication is good

#### **Mark Band 3 ([6]–[8])**

Overall impression: competent knowledge and understanding.

- Displays very good to excellent knowledge of Rogers’ therapy/therapies for treating stress
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Client centred therapy/person centred therapy (PCT) – role of therapist is to provide unconditional positive regard for clients as the stress 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 – clients 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 clients develop a realistic ideal self
- Through encounter groups clients can provide positive regard for each other

**This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid.** [8]

(d) Explain two limitations of humanistic therapy. (AO4)

1 for key phrase/s, 2 for fuller explanation of any two

- Some clients may feel the need for an authority figure to tell them what to do rather than a facilitator who works in a non-directive way
- It may be difficult for the therapist and client to develop a warm, genuine and empathetic therapeutic relationship
- Some clients have difficulty discussing problems in encounter groups and also forming a trusting relationship with the therapist
- As the facilitator does not offer an overall judgement on the clients' problem some clients may be left feeling the therapy was a waste of time
- Client centred therapy is one-to-one and usually needs several sessions, so is expensive
- Focus on present means issues from the client's past may not be properly resolved.

(2 × [2])

[4]

(e) An individual's occupation is just one socio-economic factor that might influence stress. Analyse how any other **four** socio-economic factors might contribute to stress. (AO1, AO2, AO3, AO4)

#### Mark Band 1 ([0]–[4])

Overall impression: basic understanding.

- Displays limited knowledge of how stress may be influenced by socio-economic factors.
- There is little or no evidence of analytical writing – factors may be listed rather than discussed
- Quality of written communication is basic.

#### Mark Band 2 ([5]–[8])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of how stress may be influenced by socio-economic factors.
- There is some evidence of analytical writing – some factors may be discussed in more detail than others or fewer than four factors may be included
- Quality of written communication is good

#### Mark Band 3 ([9]–[12])

Overall impression: competent knowledge and understanding.

- Displays very good to excellent knowledge of how stress may be influenced by socio-economic factors.
- There is clear evidence of analytical writing – four factors must be discussed to achieve in this band and at the top of the band all four must be well discussed
- Effective written communication.

Answers may include any four of the following:

- Class – stress is more prevalent in socially disadvantaged groups – stressful life events and living conditions are more common in the lower social classes. The lower income of lower socio-economic groups means they are more likely to have financial problems, which can contribute to stress.
  - Ethnicity – some ethnic groups e.g. African Caribbean people are particularly prone to stress, which is thought to be linked to other social and environmental factors, such as unemployment, living conditions and poverty. Racial discrimination also contributes to stress.
  - Gender – being pregnant, giving birth and the menopause can be stressful for women. Stress can also be linked to gender roles. Women are more likely than men to be at home all day with young children, which can also cause stress or they may struggle to cope with working and children. Men may become stressed if unable to provide for their families, as they may feel they are not fulfilling their traditional male gender role of breadwinner. Gender discrimination may also cause stress.
  - Poverty – poor living conditions and financial problems can increase the likelihood of suffering from stress: this links to the comments about class, ethnicity, occupation and social exclusion.
  - Social Exclusion – stress goes hand-in-hand with social exclusion, e.g. homeless people living in hostels, temporary accommodation or on the streets experience high levels of stress.
  - Education – well educated people and their families have an increased capacity for getting help to deal with stress, due perhaps to the resources they have for research, accessing services and dealing with professionals. Being in full time education can be stressful e.g. working for examinations and to deadlines. Underperforming or failing to gain qualifications can be stressful.
  - Family – family breakdown is stressful e.g. individuals undergoing divorce often report problems with stress. Individuals often live far away from extended family members lack support to cope with stress. Other issues within families can cause stress e.g. bereavement, arguments, unrealistic expectations of individuals.
  - Housing and environment – poor housing conditions e.g. overcrowding contributes to stress as does living in an unpleasant environment e.g. inner city housing estate with high levels of crime
- [12]

**This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid.**

42

- 2 (a) Define the following concepts in Bandura's Social Learning Theory and apply them to Terry's aggression. (AO1, AO2, AO3)

### Modelling

Definition of modelling

[1] for key phrases/s, [2] for clear definition

- Selecting a significant person to use as a role model – the behaviour of the role model is then imitated

Application to Terry's aggression

[1] for key phrases/s, [2] for clear explanation

- Terry's father is the same sex and likely to be selected as a role model
- Terry's father is someone who seems important and powerful and so is likely to be selected as a role model

(2 × [2])

[4]

### Identification

Definition of identification

[1] for key phrases/s, [2] for clear definition

- Describes the process of internalising the behaviour copied from role models so that it actually becomes part of the individual's personality

Application to Terry's aggression

[1] for key phrase/s, [2] for clear explanation

- the aggressive behaviour copied from his father becomes part of Terry's personality and is no longer simply copied

(2 × [2])

[4]

- (b) From the social perspective, Terry could benefit from modelling therapy or social skills training. Discuss how each of these could help Terry to control his aggression. (AO1, AO2, AO3)

### Modelling therapy

1 for key phrase/s, 2 for explanation, 3 for fuller discussion

Modelling therapy aims to change problem behaviour by getting someone like Terry to observe another individual dealing with the same issues in a more productive fashion – the first person will learn by modelling the second. Terry would be shown examples of people behaving in a desired way and perhaps see them being rewarded e.g. he could see a film of someone being praised for being co-operative. The models can be live and actually present or observed indirectly as on TV.

### Social skills training

1 for key phrase/s, 2 for explanation, 3 for fuller discussion

Social skills training is a general term for instruction that promotes more productive/positive interaction with others. A social skills training programme for Terry might include



- “Manners” and positive interaction with others
- Appropriate behaviour e.g. at work
- Better ways to handle frustration/anger e.g. counting to 10 before reacting, distracting himself, learning an internal dialogue to cool himself down and reflect upon the best course of action
- Acceptable ways to resolve conflict with others e.g. using words instead of physical contact or seeking the assistance of others to resolve a conflict

(2 × [3])

[6]

- (c) Discuss how Skinner’s theory of operant conditioning might explain Terry’s aggression. (AO1, AO2, AO3)

**Mark Band 1 ([0]–[2])**

Overall impression: basic understanding.

- Displays limited understanding of how Skinner’s theory of operant conditioning can explain Terry’s aggressive behaviour
- There is little or no evidence of analytical writing
- Written communication is basic

**Mark Band 2 ([3]–[4])**

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how Skinner’s theory of operant conditioning can explain Terry’s aggressive behaviour
- There is some evidence of analytical writing
- Quality of written communication is good

**Mark Band 3 ([5]–[6])**

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how Skinner’s theory of operant conditioning can explain Terry’s aggressive behaviour
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Terry’s aggressive behaviour was learned because it was reinforced
- Positive reinforcement e.g. getting his own way
- Negative reinforcement e.g. avoided having to do things he didn’t want to do
- Aggressive behaviour was learned because it has not been effectively punished e.g. has gone unchallenged by members of his family

[6]



- (d) Analyse how Terry's aggressive behaviour may be understood from the biological perspective. (AO1, AO2, AO3, AO4)

**Mark Band 1 ([0]–[3])**

Overall impression: basic understanding.

- Displays limited knowledge of how the biological perspective can contribute to understanding Terry's aggressive behaviour.
- There is little or no evidence of analytical writing
- Quality of written communication is basic.

**Mark Band 2 ([4]–[6])**

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of how the biological perspective can contribute to understanding Terry's aggressive behaviour.
- There is some evidence of analytical writing
- Quality of written communication is good

**Mark Band 3 ([7]–[9])**

Overall impression: competent knowledge and understanding.

- Displays very good to excellent knowledge of how the biological perspective can contribute to understanding Terry's aggressive behaviour.
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Low serotonin levels in the brain have been linked to a reduced ability to control aggressive impulses.
- Terry's aggression may be linked to dysfunctions in parts of the brain (e.g. hypothalamus), which regulate emotions.
- Aggressive people may have higher testosterone (male hormone) levels
- Terry's aggression may be linked to a particular condition e.g. ADHD which research suggests may have an inherited component
- Research has shown that males may be generally more aggressive than females due to the chromosomal make up of men, an X and Y chromosome rather than the double X chromosome. One study showed that a proportion of very violent male criminals had an extra Y chromosome. This suggests that simply being male may predispose an individual to being aggressive.
- Terry's aggression may be a genetically inherited trait

**This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid.**

[9]

29

- 3 (a) Analyse how the psychoanalytic perspective in psychology can contribute to understanding and treating a young adult with a phobia, such as arachnophobia (a fear of spiders). (AO1, AO2, AO3, AO4)

### Understanding

#### Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how the psychoanalytic perspective might contribute to understanding a young adult with a phobia
- There is little or no evidence of analytical writing
- Written communication is basic

#### Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the psychoanalytic perspective might contribute to understanding a young adult with a phobia
- There is some evidence of analytical writing
- Quality of written communication is good

#### Mark Band 3 ([7]–[9])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the psychoanalytic perspective might contribute to understanding a young adult with a phobia
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Phobias are associated with unconscious fears as opposed to conscious thought processes – may be explained by traumatic childhood experiences
- Phobias operate through defence mechanisms, particularly repression and displacement – the original source of fear is repressed into the unconscious and fear is displaced onto another object or situation
- Example = Freud's case study – Little Hans – fear of horses related to unconscious fear of his father – the basis of Freud's Oedipus Complex
- Fear appears to be irrational because there is no conscious explanation
- The phobia may have been learned from the same sex parent through the process of identification in the phallic stage (Oedipus Complex for boys, Electra Complex for girls)

[9]

**This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid.**

## Treating

### Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how the psychoanalytic perspective might contribute to treating clients with phobias
- There is little or no evidence of analytical writing
- Written communication is basic

### Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

Displays adequate understanding of how the psychoanalytic perspective might contribute to treating clients with phobias

- There is some evidence of analytical writing
- Quality of written communication is good

### Mark Band 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the psychoanalytic perspective might contribute to treating clients with phobias
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Psychoanalytic/psychodynamic therapy aims to help sufferer cope better with inner emotional conflicts causing the phobia
- Therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight to causes of the phobia
- Techniques employed include free association, word association, dream analysis, projective tests
- Client works through the conflicts that are causing their phobia – process of catharsis (Release of negative energy) [8]

**This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid.**

- (b) Analyse how the psychoanalytic perspective could be applied to treating a child suffering from depression. (AO1, AO2, AO3, AO4)

### Mark Band 1 ([0]–[2])

Overall impression: basic understanding.

- Displays limited understanding of how the psychoanalytic perspective could be applied to treating a child suffering from depression.
- There is little or no evidence of analytical writing
- Written communication is basic

**Mark Band 2 ([3]–[4])**

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the psychoanalytic perspective could be applied to treating a child suffering from depression.
- There is some evidence of analytical writing
- Quality of written communication is good

**Mark Band 4 ([5]–[6])**

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the psychoanalytic perspective could be applied to treating a child suffering from depression.
- There is clear evidence of analytical writing
- Effective written communication. [6]

Answers may include the following points:

- Play used as a means of communication the child to allow his feelings and conflicts to emerge
- Play can be used with the child in a similar way to free association, dream analysis etc is used by psychotherapists with adults – to reveal unconscious thoughts and feelings
- Toys provided e.g. dolls, houses, bricks, art materials to allow the child to play out and thus uncover his unconscious feelings
- The child’s play can be interpreted by a therapist to help gain insight into his depression
- The therapist can help the child to work through his feelings which in turn will help alleviate depression
- Catharsis

(c) Explain three limitations of the psychoanalytic approach to treating clients. (AO4)

1 for key phrase/s, 2 for fuller explanation of any three

- Expensive as it is a one-to-one approach and can take a lot of sessions before progress is evident
- The childhood conflicts that are uncovered may be very distressing for clients
- Memories may be inaccurate – these are referred to as false memories
- An analyst’s interpretations may be inaccurate e.g. of dreams or of what a client says during free association
- It may be difficult to establish a therapeutic relationship – clients may be very resistant to exposing their thoughts and feelings

(3 × [2])

[6]

29

**Total**

**100**

AVAILABLE MARKS