

**GCE A2**

**Health and  
Social Care**

**January 2010**

**Mark Schemes**

Issued: April 2010



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

**MARK SCHEMES (2010)**

**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.



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*Rewarding Learning*

**ADVANCED  
General Certificate of Education  
January 2010**

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**Health and Social Care**

**Assessment Unit A2 9**

*assessing*

**Unit 9: Providing Services**

**[A6H31]**

**WEDNESDAY 20 JANUARY, AFTERNOON**

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**MARK  
SCHEME**

- 1 (a) Explain **three** ways people with learning disabilities may access healthcare services. (AO1, AO2)

[1] for key phrase/s [2] for fuller explanation of any three of the following:

- Self referral – client may refer themselves if they have a mild learning disability
- Professional referral, e.g. by GP
- Third party referral, e.g. by family member
- Emergency referral, e.g. police or social services referral
- Recall – called back for second appointment

Explanation must be applied to people with learning disabilities

(3 × [2])

[6]

- (b) Discuss how each of the following barriers to accessing healthcare services may be broken down for people with learning disabilities. (AO1, AO2, AO3)

The communication barrier of limited language skills

[1] for key phrase/s, [2] for adequate discussion, [3] for detailed discussion

Answers may include:

- May be broken down by client being accompanied by an advocate, e.g. from a voluntary organisation
- may be broken down by a speech therapist helping a client to improve spoken communication
- May be broken down by training healthcare workers to be sensitive to this problem and be patient when communicating with clients with learning disabilities
- May be broken down by healthcare workers learning basic sign language, e.g. Makaton or use of audio, braille or hearing aid system
- May be broken down using pictures so clients can communicate their needs

The geographical barrier of living in a rural location

[1] for key phrase/s, [2] for adequate discussion, [3] for detailed discussion

Answers may include:

- May be broken down by help lines where clients and/or their relatives may get advice about healthcare
- May be broken down by information on the internet, giving advice about health and access to healthcare
- May be broken down by provision of transport services, e.g. free taxi for GP visits
- May be broken down by provision of healthcare in client's own home or community, e.g. visit from district nurse, domiciliary visits by consultants or mobile health units

The psychological barrier of fear of unfamiliar situations

[1] for key phrase/s, [2] for adequate discussion, [3] for detailed discussion

Answers may include:

- May be broken down by client being accompanied by an advocate with whom he is familiar, e.g. care worker from a day centre
- May be broken down by training healthcare workers to be sensitive



to clients' fears and to treat patients with learning disabilities in a supportive way

- May be broken down by preparation – explanation by providing information in an appropriate format or role play or discussion with other clients with similar experiences
- May be broken down by campaigns that raise awareness of issues, reducing stigma, e.g. support services available for dyslexia
- May be broken down by working with clients to build self esteem so they have the confidence to access services

**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 × [3]) [9]

- (c) Discuss **one** way the Disability Discrimination Act 2005/NI Order 2006 impacts on health and social care service provision for clients with learning disabilities. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for adequate discussion, [3] for detailed discussion of any one of the following:

- Organisations which do not adhere to DDA can be fined
- Gives clients with learning disabilities important rights of access to health services and social services, such as doctors' surgeries, dental surgeries, hospitals and mobile screening units
- The anti-discrimination provisions of the DDA mean that GPs cannot refuse to register or continue treating a patient because of his/her disability
- Gives service users with learning disabilities the right to information about healthcare and social services in an accessible format where it was reasonable for the service provider to do so, e.g. staff may be trained to communicate with clients with learning disabilities in order to explain procedures to them in ways they can understand
- Act requires health and social care organisations to have policies, procedures and practices and which enable staff to understand their responsibilities

**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.**

(1 × [3]) [3]

- (d) Analyse how **three** demographic trends relating to clients with learning disabilities impact on service provision. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- Increased life expectancy of clients with learning disabilities means many will outlive their parents or will have parents who are too old to provide care – this leads to greater reliance on statutory, voluntary and private care services, e.g. supported residential care may be needed or clients will be more dependent on social workers or alternatively on other family members, e.g. brothers and sisters

Increased life expectancy of clients with learning disabilities such as Down's Syndrome is at least partly due to better medical care, e.g. treatment for heart problems associated with Down's Syndrome – this requires funding

- As people with learning disabilities are living longer, like all ageing populations they will experience more long-term morbidity – cancer, diabetes, heart disease, stroke, arthritis – there is a requirement for more specialist services – financial cost to the health service
- Number of clients born with severe learning disabilities is dropping – less need for residential care or boarding schools for children with disabilities – boarding departments of special schools closing down, full-time residential care settings, for example, long-term hospitals closing or decreasing in size
- Improved survival rates for babies born with severe disabilities or pre-term babies – still need special services for profoundly disabled learning clients
- Increase in numbers of people being diagnosed with learning disabilities such as dyslexia and autism – increased need for educational psychology services, classroom assistants to provide one-to-one support, trained staff in mainstream schools and colleges – pressure on existing services
- Increase in numbers of clients with learning disabilities entering mainstream schools – these schools need to provide resources to support the students, e.g. extra staffing
- Increase in numbers of clients with learning disability living in the community which means a greater need for support from social workers and other professionals
- Increase in numbers being diagnosed with learning disabilities such as dyslexia and autism has meant an increased demand on associated services, e.g. educational psychology services

**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.**

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

### **Level 1 ([1]–[3])**

Overall impression: basic understanding

- Provides a limited discussion of the impact of demographic trends in learning disability on the provision of services for clients
- Answers that describe demographic trends relating to clients with learning disabilities without discussing the impact on the provision of services for clients cannot achieve beyond this mark band
- 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

- Provides an adequate analysis of the impact of demographic trends relating to clients with learning disabilities on the provision of services for clients

- At least **two** demographic trends relating to clients with learning disabilities and how they impact on the provision of services for clients should be discussed to be awarded marks at the top of this mark band
- Quality of 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

- Produces a competent analysis of the impact of demographic trends relating to clients with learning disabilities on the provision of services for clients
- At least **three** demographic trends relating to clients with learning disabilities and how they impact on the provision of services for clients should be discussed to achieve in this mark band
- 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]

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- 2 (a) Explain **one different** way each of the following practitioners may have contributed to Paul's care to date. (AO1, AO2)

His health visitor

[1] for key phrase/s [2] for fuller explanation of any one of the following ways:

- May have liaised with other professionals, e.g. speech therapist, social worker about Paul's care
- May have monitored Paul's growth and development
- May have provided advice and information to Paul's parents about how to manage his disability
- May have carried out home visits
- May have reported any concerns to other health professionals, e.g. GP
- May have been instrumental in original diagnosis
- May have organised immunisation schedules

(1 × [2])

[2]

His classroom assistant

[1] for key phrase/s [2] for fuller explanation of any one of the following ways:

- May have carried out observations to assess Paul's behaviour
- May have given Paul lots of one-to-one attention at nursery school
- May have helped Paul in the development of his language
- May have supported and encouraged Paul in tasks, e.g. painting or play activities
- May have helped Paul with his daily routine, e.g. tasks like eating and going to the toilet

- May have encouraged Paul to interact and co-operate with other children at school
- May have implemented guidelines in Individualised Education Plan (IEP)
- May have promoted confidence and self esteem through praise and encouragement
- May have promoted independence by encouraging Paul to do as much as possible for himself
- May have worked alongside/in support of and under the direction of Paul's teacher to enable Paul to reach his full potential

(1 × [2])

[2]

An educational psychologist

[1] for key phrase/s [2] for fuller explanation of any one of the following ways:

- May have carried out observations to assess Paul's behaviour
- May have monitored Paul's progress in learning
- May have reported any concerns to other professionals, e.g. social worker or other members of the multi-disciplinary team
- May have advised and guided Paul's teachers and parents about his education
- May have established an individual educational plan for Paul, identifying resources and strategies to help him
- May have written reports or statements on Paul
- May have made referrals to other professionals, e.g. pediatrician
- May have carried out psychological testing, e.g. IQ testing

(1 × [2])

[2]

- (b) Discuss **two** benefits of multi-disciplinary team working for children like Paul. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for adequate discussion, [3] for detailed discussion of any two of the following:

- Clients can receive holistic care
- Clients' needs can be more fully met/better care
- Care is not duplicated by practitioners
- Problems can be identified and dealt with more quickly
- Prevents clients 'falling through the net'
- Information can be passed on more easily
- Avoids repetitive questioning of clients
- Expertise of range of professionals likely to improve quality of care
- Helps to achieve seamless care

**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.**

(2 × [3])

[6]

- (c) Explain **two** ways a voluntary organisation like Mencap may be funded. (AO1, AO2)

[1] for key phrase/s [2] for fuller explanation of any two of the following:

- Lottery
- Street collections
- Bequests
- Fundraising events
- Government grants or contracts
- Sponsorships
- Donations

(2 × [2])

[4]

- (d) Analyse the impact of SENDO on schools like Castlefort. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- School must have a policy for special needs within the school and a SENCO
- Need for investment in resources
- Training staff, e.g. to use resources or to meet the needs of children with learning disabilities
- Physical changes to buildings to accommodate children with learning disabilities
- More teaching staff and support staff may need to be employed
- Need to have appropriate policies and procedures
- Need to make curriculum changes to meet the needs of children with learning disabilities
- Gives parents increased power to challenge schools using the law – can be stressful for staff
- School must provide an annual review for children with ‘statements’ of need

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

### Level 1 ([1]–[3])

Overall impression: basic understanding

- Provides a limited analysis of the impact of SENDO on schools
- 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

- Provides an adequate analysis of the impact of SENDO on schools
- Quality of 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]–[8])**

Overall impression: competent knowledge and understanding

- Produces a competent analysis of the impact of SENDO on schools
- 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 ([9]–[12])**

Overall impression: highly competent knowledge and understanding

- Produces a highly competent analysis of the impact of SENDO on schools
- 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 the meaning is absolutely clear. [12]

28

- 3 (a) Complete the following table to identify one example of each type of need for Anna and to explain how it could be met at The Rosses.  
(AO1, AO2)

**Physical need**

Example

[1] for appropriate example such as safety, shelter, accommodation, nutrition, medication, health and personal care, mobility and exercise  
(1 × [1]) [1]

Explanation

[1] for key phrase/s [2] for a fuller explanation of how the identified need could be met

Explanation of how need could be met must be appropriate to the need identified. For example, the need for nutrition could be met at The Rosses by teaching clients basic cooking skills  
(1 × [2]) [2]

**Intellectual need**

Example

[1] for appropriate example such as need for stimulation, need for knowledge and understanding, need to learn new skills  
(1 × [1]) [1]

Explanation

[1] for key phrase/s [2] for a fuller explanation of how the identified need could be met

Explanation of how need could be met must be appropriate to the need identified. For example, the need for stimulation could be met by arranging for clients to attend classes at a local college, or by arranging for clients to

attend day centres where there are organised activities, or by helping clients to engage in work placement programmes  
(1 × [2]) [2]

### Emotional need

Example

[1] for appropriate example such as esteem needs, need to feel valued and cared for, need for respect, need to feel safe, a sense of belonging, a sense of autonomy  
(1 × [1]) [1]

Explanation

[1] for key phrase/s [2] for a fuller explanation of how the identified need could be met  
Explanation of how need could be met must be appropriate to the need identified. For example, esteem needs could be met by helping clients to keep records of achievements/progress  
(1 × [2]) [2]

### Social need

Example

[1] for appropriate example such as interaction with others, communication and friendship  
(1 × [1]) [1]

Explanation

[1] for key phrase/s [2] for a fuller explanation of how the identified need could be met  
Explanation of how need could be met must be appropriate to the need identified. For example, the need for interaction can be met by arranging for clients to attend day centres or to gain sheltered employment where they can interact with others regularly  
(1 × [2]) [2]

**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) Discuss how the following policies at The Rosses might contribute to providing quality care for clients like Anna. (AO1, AO2, AO3)

Protection of vulnerable adults policy

[1] for key phrase/s, [2] for discussion of how it can contribute, [3] for fuller discussion

- Requires staff to be checked by police and social services in order to avoid people with learning disabilities being exploited
- Outlines what is meant by abuse – gives staff a better understanding of what constitutes abuse in order to minimize the chances of it occurring
- Sets out clear lines of responsibility and reporting so that staff know exactly what to do if they suspect an adult with a learning disability is being abused – protects clients from danger

Complaints policy

[1] for key phrase/s, [2] for discussion of how it can contribute, [3] for fuller discussion



### A complaints policy

- Helps to ensure best practice as problems can be identified and addressed
- Gives clients a route for redress
- Helps to root out bad practice
- Makes clients feel safe and that their opinion is valued
- Defines the standard of care that clients can expect to receive

### Staff training policy

[1] for key phrase/s, [2] for discussion of how it can contribute, [3] for fuller discussion

Staff training can contribute to ensuring quality provision as it means staff are more likely to:

- Know about clients' rights and try to ensure they are met
- Promote anti-discriminatory practice
- Be aware of signs and symptoms of abuse and be able to act
- Prevent accidents
- Deal more effectively with family and visitors
- Provide better care, e.g. through team working
- Have improved knowledge and understanding of clients' needs and how they can be met
- Contributes to staff morale which impacts positively on clients
- Helps to ensure staff are appropriately trained to do their jobs so clients should experience best care
- Allows for upskilling of staff
- Should mean staff are familiar with policies, procedures and legislation that impact on care

(3 × [3])

[9]

- (c) Jayne, Anna's social worker, has been responsible for organising the case conference. Discuss **three** other ways Jayne might contribute to Anna's care. (AO1, AO2, AO3, AO4)

- Responsible for organising a care plan/care package for Anna which would set out her support needs and how they may be met (accept separate aspects of the care planning process)
- Liaises with other members of the multi-disciplinary team (e.g. occupational therapist, speech therapist, community nurse, GP) to ensure Anna's health and social care needs are being fully met
- Liaises with voluntary organisations with regard to the support they can offer Anna, e.g. with Down's Syndrome Association
- May advise Anna and her sister about financial benefits that may be available from DSS
- Liaises with Anna's sister about informal care
- May help Anna to gain supported employment
- May support Anna with her move into supported accommodation, e.g. help with shopping, managing money
- May help Anna to enrol on courses
- May organise social events so Anna gets the opportunity to meet others and develop friendships
- Conducts home visits to check on progress

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



**Level 1 ([1]–[3])**

Overall impression: basic understanding

- Provides a limited discussion of how a social worker might contribute to Anna’s care in other ways
- 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

- Provides an adequate discussion of how a social worker might contribute to Anna’s care in other ways
- At least **two** examples of how a social worker might contribute to Anna’s care in other ways should be discussed to score in this mark band
- Quality of 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

- Produces a competent discussion of how a social worker might contribute to Anna’s care in other ways
- At least **three** examples of how a social worker might contribute to Anna’s care in other ways must be competently 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. [9]

- (d) Critics argue that the government’s policy of “care in the community” for clients with learning disabilities is failing, whilst others see it as a success. Examine both sides of this argument. (AO1, AO2, AO3, AO4)

Answers may include some of the following:

**Against “care in the community”**

- Patchwork provision
- Lack of funding to implement it properly, e.g. housing may not be adequate to meet needs
- Lack of support for clients in the community
- Poor risk assessment leading to increase in accidents
- Failure to support clients in the community
- Not suitable for clients with very severe problems, e.g. may experience difficulties with money management

- Not enough staff to implement properly
- Clients may experience isolation/face discrimination in the community
- Carers may not be properly trained
- Informal carers may feel overburdened – impacts on ability to care
- Increased vulnerability to abuse
- Some services in community unreliable
- Clients may find it difficult to cope in the community

**In support of “care in the community”**

- Normalisation/avoids effects of institutionalization – positive for clients
- Social integration
- Reduction in stigma associated with disabilities
- More cost effective for government
- Promotes positive self-esteem
- Promotes independence
- Sustains family and social contacts
- Promotes empowerment
- Clients able to stay at home in family environment or live in small supported units
- Enables full assessment of clients’ needs

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

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

**Level 1 ([0]–[4])**

Overall impression: basic understanding

- Limited discussion of the argument that the government’s policy of “care in the community” for clients with learning disabilities has failed
- Answers which examine only one side of the argument cannot achieve beyond this mark band
- 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

- Adequate discussion of the argument that the government’s policy of “care in the community” for clients with learning disabilities has failed
- To get into this mark band students should have some discussion both in support of and against this argument
- Quality of 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

- Competent discussion of the argument that the government’s policy of “care in the community” for clients with learning disabilities has failed
- To get into this mark band students should competently discuss both sides of the argument
- 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

- Highly competent discussion of the argument that the government’s policy of “care in the community” for clients with learning disabilities has failed
- To get into this mark band the impact of the policy will be very competently evaluated
- 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 the meaning is absolutely clear.

[15]

**Total**

**AVAILABLE  
MARKS**

45

**100**





*Rewarding Learning*

**ADVANCED**

**General Certificate of Education**

**January 2010**

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**Health and Social Care**

**Assessment Unit A2 12**

*assessing*

**Unit 12: Understanding Human Behaviour**

**[A6H61]**

**THURSDAY 28 JANUARY, AFTERNOON**

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**MARK  
SCHEME**

- 1 (a) Use the case study to identify **one** behaviour that would suggest Sarah is suffering from a phobia rather than a less serious fear or dislike of cockroaches. (AO2)
- Refused to go on a trekking holiday with her husband
  - Turned down work abroad
- [1] for either  
(1 × [1]) [1]
- (b) Write down any three symptoms Sarah would have been likely to experience if faced with a cockroach. (AO1, AO2)
- Shaking
  - Feeling confused/disorientated/anxious
  - Rapid heart beat
  - Dry mouth
  - Intense sweating
  - Difficulty breathing
  - Feeling sick/nauseous
  - Dizziness/feeling faint
  - Chest pain
- [1] each of any three  
(3 × [1]) [3]
- (c) From the behaviourist perspective, Sarah's phobia can be explained by Pavlov's classical conditioning theory. Discuss how this theory would explain Sarah's phobia. (AO1, AO2, AO3, AO4)

Answers may include:

- The focus is on the learned behaviour rather than what Sarah is thinking or feeling.
- Classical conditioning of physiological reflexes – Sarah's phobia is a learned association between the stimulus or feared object (the cockroach) and the response (fear) – Watson and Raynor's Little Albert experiment may be used to illustrate this. Sarah's traumatic childhood experience taught her to associate cockroaches with extreme fear
- Sarah's fear of cockroaches was not extinguished, or unlearned, because she avoided them

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

### Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of the contribution of the behaviourist perspective
- 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 the contribution of the behaviourist perspective to explaining phobias
- 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]–[8])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of the contribution of the behaviourist perspective to explaining phobias
- 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

[8]

(d) On the programme ‘Into the Panic Room’, Sarah was treated using systematic desensitisation. Analyse how this therapy would have been used to help Sarah overcome her phobia. (AO1, AO2, AO3, AO4)

- Systematic desensitisation involves drawing up a hierarchy of fears – in Sarah’s case this could go from pictures of cockroaches right up to a live cockroach in her hand, with intermediate fears in between
- Sarah would be asked to imagine each of these fears in turn starting with least threatening situation and gradually working up the hierarchy
- At each stage she would learn a new alternative response by using relaxation techniques
- In this way she would learn to replace the conditioned fear response with relaxation and so the fear should be extinguished

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

**Level 1 ([1]–[3])**

Overall impression: basic understanding

- Displays limited knowledge of how systematic desensitisation would have been used to help Sarah overcome her phobia
- 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 systematic desensitisation would have been used to help Sarah overcome her phobia
- 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]–[8])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of systematic desensitisation would have been used to help Sarah overcome her phobia
- There is competent analysis
- 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 [8]

- (e) Explain **two** advantages and **two** disadvantages of using behaviour therapies to treating phobias. (AO4)

**Advantages:**

- There is evidence that behaviourist techniques do work, especially for specific phobias e.g. of a particular animal
- Flooding where the feared stimulus is actually presented has proven very successful for all types of phobia including less specific ones like agoraphobia
- The use of imagination/visualisation allows quite abstract fears to be addressed e.g. fear of criticism
- These techniques can get results quicker than other therapies like psychoanalysis which focuses on getting clients to understand the source of their fears – clients can progress at their own pace

[1] for key phrase/s [2] for full explanation of any **two**

**Disadvantages:**

- Systematic desensitisation is not so effective with less specific fears e.g. agoraphobia
- Behaviour therapy simply focuses on changing behaviour but does nothing to help clients understand why they experienced the phobia in the first place
- Patients need to have vivid imaginations for systematic desensitisation or implosion therapy to succeed
- Sometimes these techniques are regarded as unethical as clients can become very distressed
- Therapies are one-to-one which is expensive
- Can be very slow progress for some clients, therefore time consuming

[1] for key phrase/s [2] for full explanation of any **two**

(4 × [2])

[8]



- (f) Discuss how modelling therapy could be used to treat Sarah.  
(AO1, AO2, AO3)

Modelling therapy involves getting someone with a phobia to observe someone else dealing with the feared object in a more productive way – the first person will learn by modelling the second. Clients like Sarah watch another person, an actor, go through a slow and painful approach to a cockroach. The actor acts terrified at first, but shakes himself out of it, tells himself to relax and breathe normally, and takes one step at a time towards the cockroach. Ultimately, the actor gets to the point where he approaches and touches the cockroach, all the while giving himself calming instructions. After Sarah sees this she would be invited to try it. The models can be live and actually present or observed indirectly as on TV.  
[0] is awarded for a response not worthy of credit

### Level 1 ([1]–[2])

Overall impression: basic understanding

- Displays limited knowledge of how modelling therapy could be used to treat Sarah
- 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 ([3]–[4])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how modelling therapy could be used to treat Sarah
- 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 ([5]–[6])

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how modelling therapy could be used to treat Sarah
- 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

[6]

- (g) Cognitive psychologists such as Beck and Ellis would have taken a very different approach to Sarah's therapy. Examine how they could have treated Sarah's phobia. (AO1, AO2, AO3)

Answers may include:

- These theorists would focus on changing the irrational or inappropriate thoughts that are causing Sarah's phobia of cockroaches
- Beck's cognitive therapy is referred to as **Cognitive Restructuring** and aims to change cognitive distortions and negative thoughts by challenging them in therapy over a series of sessions usually by considering the evidence for negative statements. The therapist will ask Sarah questions, such as:
  - what is the evidence supporting the conclusion currently held by her e.g. that cockroaches are likely to cause her harm
  - what is another way of looking at the same situation but reaching another conclusion e.g. the feared stimulus i.e. a cockroach may be there but probably isn't going to harm Sarah
  - what will happen if, indeed, the current conclusion/opinion is correct e.g. if a cockroach is there what could happen?
  - the aim is to move Sarah away from negative cognitive processes and towards positive cognition
- **Ellis's Rational Emotive Therapy (RET)** also aims to challenge irrational beliefs linked to phobias, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging clients to prove unrealistic statements like 'I can't cope' and role playing different situations during therapy e.g. Sarah going trekking with her husband. **Ellis's Rational Emotive Behaviour Therapy (REBT)** also addresses behaviour change with behavioural tasks set by the therapist between sessions e.g. Sarah might be asked to take work abroad for just two days

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

### Level 1 ([1]–[3])

Overall impression: very basic understanding

- Displays limited knowledge of how cognitive psychologists such as Beck and Ellis would have treated Sarah's phobia
- 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 cognitive psychologists such as Beck and Ellis would have treated Sarah's phobia
- 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]–[8])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how cognitive psychologists such as Beck and Ellis would have treated Sarah’s phobia
- There is competent analysis
- 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

[8]

AVAILABLE  
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2 (a) Write down any four symptoms that might warn individuals of the potential onset of a full-blown episode of depression. (AO1)

- Being sad most of the time and being tearful regularly
- Losing interest in doing anything
- Finding it hard to make decisions
- Having no energy, constantly complaining of tiredness
- Being restless and agitated
- Losing appetite
- Experiencing sleeping problems – unable to sleep or oversleeping
- Feeling useless or worthless
- Avoiding other people – feeling lonely
- Thinking about suicide
- Finding it hard to concentrate
- Feeling stressed and anxious
- Experiencing mood swings
- Altered eating habits
- Abusing drugs or alcohol

[1] for each of any four

(4 × [1])

[4]

(b) A doctor might suggest taking medication. Discuss how any **one** type of drug works to treat depression. (AO1, AO2)

- 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
- 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
- SSRIs (Selective Serotonin Reuptake Inhibitors) – 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 any **one**

(1 × [3])

[3]

(c) Explain the following concepts from Freud's psychoanalytic perspective and apply them to depression. (AO1, AO2, AO3)

### **The unconscious**

#### Explanation

In Freud's iceberg theory of the mind the unconscious is the part below the surface that the individual is unaware of – thoughts, feelings and childhood memories are buried there

#### Application to depression

Feelings and memories resulting from unhappy childhood experiences can be stored in the unconscious and can be the cause of depression even if the individual is unaware of them

**Fixation****Explanation**

This refers to the process of the energy of the libido being left behind at a particular stage of childhood development to deal with unresolved conflicts  
It is this fixation which determines adult personality characteristics

**Application to depression**

Fixation in the oral stage of development, which lasts from birth to around 18 months, as a result of too little stimulation of the mouth, the erogenous zone, leads to a pessimistic, and depressive adult personality

[1] for key phrase/s [2] for fuller explanation of each

(4 × [2])

[8]

- (d) Explain two limitations of psychoanalysis in treating depression. (AO4)

Answers may include the following points:

- Psychoanalysis is time consuming one-to-one over a long period of time
- It is expensive because it can take many sessions before clients begin to feel better
- The therapy depends on clients' memories of their childhoods – these may be inaccurate or distorted
- Analysis may interpret information given inaccurately e.g. about dreams or memories
- There may be difficulties in establishing a therapeutic relationship between the client and the psychoanalyst
- Uncovered memories may be upsetting and stressful for clients
- Focuses on the past/childhood – not suitable for adults whose depression is a result of recent events

(2 × [2])

[4]

- (e) Discuss how the following concept from Roger's humanistic perspective can be applied to depression. (AO1, AO2, AO3)

**Conditions of worth**

This is how parents, teachers, peers and others require an individual to behave in order to give the individual positive regard i.e. individuals get love and affection only if they behave as others want them to – the positive regard is not unconditional. This means that they are only getting positive regard when they are fulfilling the desires of others. This may lead to depression as the behaviour produced to get positive regard may be incongruent with the individual's self concept.

[1] for key phrase/s [2] for explanation [3] for fuller discussion of each

(1 × [3])

[3]

- (f) Discuss how any **five** socio-economic factors might contribute to an individual's depression. (AO1, AO2, AO3, AO4)

Answers may include a discussion on any five of the following:

- **Class** – depression is more prevalent in socially disadvantaged groups where there is a higher lifetime prevalence of major mental health problems and relatively poor access to mental health care. Stressful life events are more common in the lower social classes and this contributes to the raised prevalence of depression.

- **Ethnicity** – some ethnic groups, particularly African Caribbean and Irish people, are over-represented in terms of admission to psychiatric hospitals with severe depression. It is thought this is linked to other social and environmental factors, such as unemployment, living alone or being isolated from family and poverty.
- **Occupation** – the highest rates of depression are amongst the unemployed. However, many individuals who suffer from depression cite work related stress as a contributory factor. People who have interesting and challenging jobs they enjoy are much less likely to suffer from depression than those in jobs characterised by routine and repetitiveness or uncomfortable working conditions – there is a clear link here to the fact that middle class people are generally less likely to experience depression.
- **Gender** – women are almost twice as likely to become depressed as men. The higher risk may be due partly to hormonal changes brought on by puberty, menstruation, menopause, and pregnancy. Although their risk for depression is lower, men are more likely to go undiagnosed and less likely to seek help. Suicide is an especially serious risk for men with depression, who are four times more likely than women to kill themselves.
- **Poverty** – poor living conditions and financial problems can increase the likelihood of suffering from depression: again, this links to the comments about class, ethnicity, occupation and social exclusion.
- **Social Exclusion** – rates of depression are extremely high in those who experience social exclusion, such as homeless people living in hostels, temporary accommodation or on the streets – this is linked to the stress caused by poverty and also to the lack of social and family support. Similarly, older people who become housebound due to physical problems are likely to feel socially isolated and have a higher risk of experiencing depression.
- **Education** – higher levels of education tend to be linked to social class, so those with higher levels of education are less likely than those who have lower levels of education to be depressed. People with higher education and their families also have an increased capacity for getting help with depression, due perhaps to the resources they have for research, accessing services and dealing with professionals.
- **Family** – family breakdown or difficult relationships can contribute to depression
- **Media** – media images may contribute to an individual having unrealistic expectations of life or themselves e.g. images of wealth, family life, physical appearance are often beyond the reach of most people. Those who are depressed or prone to depression may compare themselves unfavorably with such images.
- **Housing and environment** – living in poor housing conditions, e.g. overcrowded or damp houses can be very stressful and contribute to depression in the longer term. Living in an area where there are high levels of crime or limited opportunities may also contribute to depression.

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

### Level 1 ([1]–[4])

Overall impression: basic understanding

- Displays limited knowledge of how socio-economic factors may contribute to depression – 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

AVAILABLE  
MARKS

### Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how at least two socio-economic factors contribute to depression
- 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 to excellent knowledge of how three or more socio-economic factors contribute to depression
- There is competent analysis – there may be some variation in the quality of analysis across factors where five 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 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- Displays very good to excellent knowledge of how five socio-economic factors contribute to depression
- There is a 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]

37

### 3 (a) Discuss the biological basis of aggression. (AO1, AO2, AO3)

Answers may include the following:

- Low serotonin levels in the brain have been linked to a reduced ability to control aggressive impulses
- 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
- Female aggression has also been linked to hormonal changes eg. PMS



- 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
  - Aggression may be a genetically inherited trait, e.g. twin studies
  - Lorenz's hydraulic theory sees aggression as an inherited, spontaneous tendency – a release of accumulated energy which must find an outlet
  - Also accept exercise if linked to changes in brain chemistry – endorphins
- [0] is awarded for a response not worthy of credit

### Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of the biological basis of aggression
- 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 the biological basis of aggression
- 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 good to excellent knowledge of the contribution of the biological basis of aggression
- There is competent analysis
- 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

(b) Analyse the role of the biological perspective in treating stress. (AO1, AO2, AO3, AO4)

- **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** – 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
- **Anxiolytic drugs** – depress activity in the Central Nervous System which in turn reduces activity in the Sympathetic Nervous System, which is responsible for physiological changes, such as the increase in heart rate associated with experiencing stress
- **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
- **Relaxation** – one physiological symptom of stress is muscle tension – progressive muscle relaxation involves tightening and relaxing muscles until the whole body is relaxed and muscle tension and blood pressure are reduced
- **Meditation** – involves getting into a comfortable position and repeating a mantra of a single syllable – this can reduce oxygen consumption and induce electrical activity in the brain indicative of a calm mental state; it also reduces blood pressure
- Also accept exercise if linked to changes in brain chemistry – endorphins [0] is awarded for a response not worthy of credit

### Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of the role of the biological perspective in treating stress
- 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 the role of the biological perspective in treating stress
- 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 the role of the biological perspective in treating stress
- There is competent analysis of analysis
- 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 the role of the biological perspective in both explaining and treating stress
- 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]

**Total**

**AVAILABLE  
MARKS**

21

**100**



