

## Disorder Characteristics - Mark Scheme

**Q1.**

[AO1 = 4]

Level	Marks	Description
2	3 – 4	There is a clear and detailed outline of a relevant behavioural and cognitive characteristic of obsessive-compulsive disorder (OCD). The answer is generally coherent with effective use of appropriate terminology.
1	1 – 2	There is a vague /muddled outline of a relevant behavioural and cognitive characteristic of obsessive-compulsive disorder (OCD). The answer lacks coherence and use of appropriate terminology.  Either behavioural or cognitive only at Level 2.
	0	No relevant content.

**Possible content:**

- Behavioural characteristic – this is the compulsion element of the disorder, where a behaviour is performed repeatedly in order to alleviate anxiety
- Cognitive characteristic – this is the obsessive element of the disorder, where the sufferer experiences unwanted/intrusive thoughts or images that cause distress

Credit other relevant characteristics eg avoidance (behavioural)

**Q2.**

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

**AO1 = 4**

The outline might include:

- physiological, behavioural, emotional and cognitive signs / symptoms
- incidence and prevalence
- course and prognosis.

Examiners should be mindful that this part of the question is only worth 5 marks and so candidates are not expected to cover all these points to access the top marks. However, top band answers should refer to some diagnostic criteria – in particular there must be some reference to the underlying anxiety that characterises these anxiety disorders. It is acceptable to refer to different types of phobia but these distinctions on their own are not credit-worthy – they must be accompanied by a description of the characteristics of each type.

<b>AO1 Mark bands</b>
<b>4 marks</b> Outline is accurate and coherent.
<b>3 – 2 marks</b> Outline is limited, generally accurate and reasonably coherent
<b>1 mark</b> Outline is weak and muddled or very limited
<b>0 marks</b> No creditworthy material

### Q3.

**AO1 = 4**

- physiological, behavioural, emotional and cognitive signs / symptoms
- incidence and prevalence
- course and prognosis
- criteria for diagnosis.

Examiners should be mindful that this part of the question is only worth 4 marks and so candidates are not expected to cover all these points to access the top marks. However, they do have to refer to diagnostic criteria, specifically some reference to the core symptom of low mood / sadness. It is acceptable to refer to types of depression such as endogenous or reactive but these distinctions on their own are not credit-worthy – they must be accompanied by a description of the characteristics of each type.

<b>AO1 Mark bands</b>
<b>4 marks</b> Outline is reasonably thorough, accurate and coherent.
<b>3 – 2 marks</b>

Outline is limited, generally accurate and reasonably coherent.
<b>1 mark</b> Outline is weak and muddled or very limited.
<b>0 marks</b> No creditworthy material.

**Q4.**

(a) [AO1 = 2 AO2 = 2]

**1 mark** for a definition of obsessions – obsessions are intrusive/recurring/unwanted thoughts

**1 mark** for a definition of compulsions – compulsions are repetitive behaviours/acts.

**1 mark** for application of knowledge of obsessions to the scenario – Bob is overwhelmed by fear that his family will be in danger due to him.

**1 mark** for application of knowledge of compulsions to the scenario – Bob checks that doors are locked or plug sockets switched off before he can leave the house.

(b) [AO2 = 4]

Level	Marks	Description
2	3 – 4	There is a clear knowledge of biological explanation(s) for OCD with some accurate detail. Application is effective. The answer is generally coherent with effective use of appropriate terminology.
1	1 – 2	There is limited or partial knowledge of biological explanation(s) for OCD with some detail. Application is limited or absent. The answer lacks coherence and use of appropriate terminology.
	0	No relevant content.

**Possible content:**

Neural explanations (neurochemical and neurophysiological) – Bob is having a scan.

- The basal ganglia and other circuits have been implicated suggesting that disturbed communication in these structures might account for the repetitive behaviours seen in Bob's OCD. Also, OCD linked to abnormality/excessive activity in the orbital frontal cortex/thalamus; abnormal functioning of the parahippocampal gyrus – related to the regulation of unpleasant emotions.
- Low levels of neurotransmitters, eg serotonin - serotonin might be removed too quickly before impulses have passed.

Genetic explanations – Bob's family history is being looked at

- Focus on the search for gene markers that Bob might have inherited – gene 9,

COMT, SERT.

- Family studies indicate a higher percentage of first degree relatives, ie Bob's parents, have this disorder – 10% compared to the prevalence rate of 2%.

Accept other relevant information.

**Q5.**

(a) **[AO2 = 1]**

**1 mark** for:  
**A Cognitive**

**1**

(b) **[AO2 = 4]**

**1 mark** for each of the following:

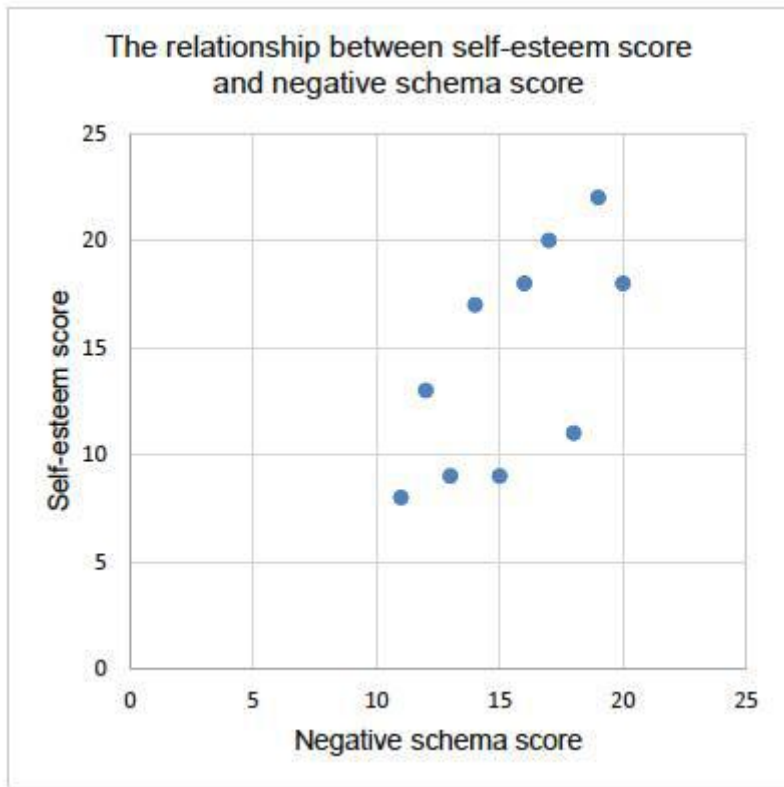
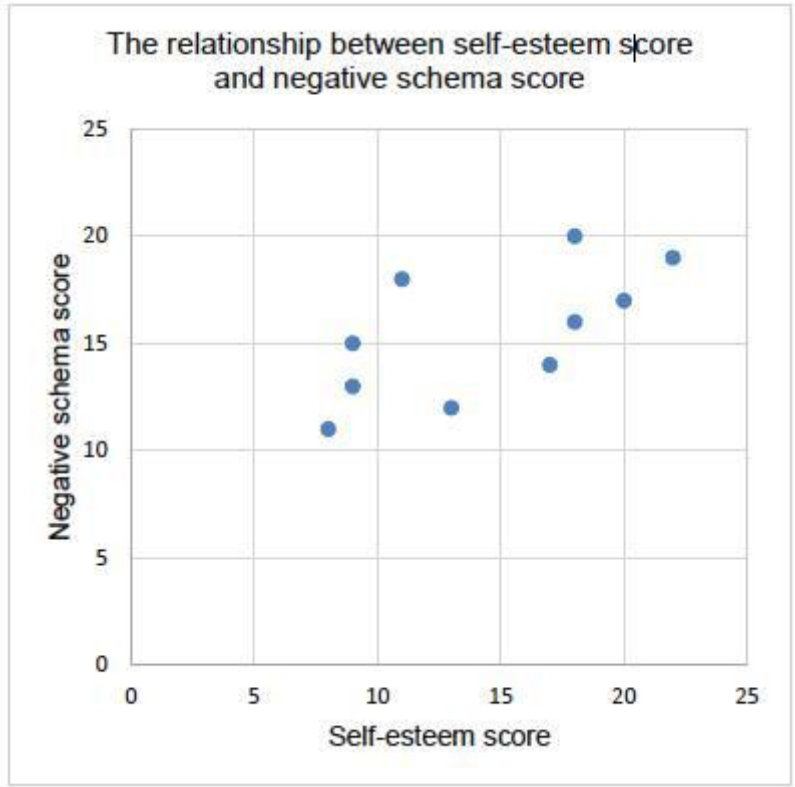
- a title that includes both co-variables and reference to correlation / relationship
- appropriately labelled X axis
- appropriately labelled Y axis
- accurately plotted points

Note: co-variables should be operationalised ('score') either in the title or on the axes.

Accept: line of best fit.

Do not accept: points connected by lines (e.g. frequency polygon); this is an inappropriate graphical display, so maximum 1 mark for Title (bullet 1 above).

If maximum 1 for Title, Title does not need to include 'score'. Must include both co-variables and reference to correlation / relationship.



4

(c) [AO2 = 2]

1 mark for stating that the level of measurement is ordinal data.

**PLUS**

**1 mark** for an explanation:

**Possible content:**

- the co-variables (self-esteem and negative schema) have been measured using an 'unsafe' nonstandardised scale / the researcher constructed the scales herself
- the co-variables cannot be measured objectively / mathematically / may not be 'real things'
- because units of measurement are not of equal size / of unknown size

Accept alternative wording.

2

(d) **[AO2 = 1]**

+0.70.

1

**[8]**

**Q6.**

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **[AO1 = 2]**

Up to 2 marks for description of both obsessions – recurrent / persistent thoughts / ideas / images / impulses and compulsions – repetitive behaviours / ritual acts / behaviour that reduces anxiety.  
Accept physiological symptoms of anxiety.

(b) **[AO3 = 2]**

1 mark for naming repeated measures design.

1 further mark for an elaboration of repeated measures design.

Possible answers:

Repeated measures design means that the same participants are used in both conditions of the study.

If the answer is related to the study described: This means that the children whose anxiety ratings are taken in the before therapy condition are the same children as those who provide the anxiety ratings for the after therapy condition.

(c) **[AO3 = 2]**

Up to 2 marks for an explanation of one advantage of using repeated measures design.

The advantage of repeated measures design (in this study) is that there will be

no participant variables (1) so any differences in performance (the median anxiety ratings before and after therapy) are more likely to be due to the manipulated variables / variables under test (therapy programme) than other variables so the validity of the results is increased.

Answers based on the idea that fewer participants are required than in other designs are relevant.

**Note:**

If the answer to (b) is incorrect **full credit** can be awarded for (c) if the advantage given matches the experimental design identified in the answer to (b).