Q1.

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

2 marks for a clear, coherent outline of one therapy with some detail.

1 mark for a limited or muddled outline.

Possible content:

- drug therapy benzodiazepines (Valium, Librium) increase GABA activity causing an inhibitory effect in the CNS; beta blockers reduce activity of noradrenaline / adrenaline and influence the cardiovascular system lowering heart rate / blood pressure
- stress inoculation therapy cognitive approach where client is taught techniques to control own stress levels in problem situations, e.g. cognitive appraisal, positive self-talk, counting, imagery, mastery
- biofeedback behavioural intervention where operant conditioning and reinforcement are used to enable client to have conscious control over involuntary physiological functions, e.g. muscle relaxation, heart rate.

Credit other relevant therapies.

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

2 marks for a clear, coherent limitation related to the therapy in part (a).

1 mark for a limited or muddled limitation.

Possible limitations:

- problems with side effects of medication and / or dependence
- lack of appropriateness for different types of stress, e.g. SIT not so useful for stress that is unpredictable
- whether any beneficial effects are sustained over time / outside treatment
- whether the client takes an active part in the therapy or is a passive recipient
- therapies, e.g. drugs, might alleviate symptoms but external causes could still be a problem
- ethical issues relevant to the specified therapy, e.g. protection from harm
- use of evidence to show that the therapy lacks effectiveness.

Credit other relevant limitations.

2

[4]

2

Q2.

[AO3 = 6]

Level	Marks	Description
3	5 – 6	Discussion of one strength and one limitation is clear and effective. The answer is coherent and well organised with

		effective use of specialist terminology.
2	3 – 4	Discussion of one strength and one limitation is evident although one or both lack detail. The answer is mostly organised with some appropriate use of specialist terminology. OR 3 marks for either a strength or a limitation discussed at the top of Level 3.
1	1 – 2	A strength and a limitation are presented but discussion is limited/muddled. The answer lacks organisation and specialist terminology is either absent or inappropriately used. OR a strength or a limitation discussed at Level 2.
	0	No relevant content.

Possible strengths and discussion:

- use of evidence to support effectiveness, eg Saunders 1996 meta-analysis of 37 studies showing effectiveness in various situations; Holroyd 1977 – comparison of SIT and biofeedback group
- flexibility SIT can be adapted to deal with any stressful situation, can be delivered one-toone, in groups, with families, can be of variable duration (single session or long-term)
- SIT can also be used prospectively for future stress, eg Jay and Elliot 1990 parents of children undergoing operations
- long-term benefits strategies can be generally life-enhancing and promote self-confidence
- reasoned discussion of practical issues such as cost, time etc.

Possible limitations and discussion:

- client must be committed and motivated as they need to engage with the programme which requires time and effort. Not all clients are willing/can cope with the commitment/effort
- unclear which aspects of therapy are most effective, relaxation, feeling in control, strategies, or whole combination?
- reasoned discussions of cost/time etc.

Credit other relevant strengths and limitations.

Q3.

[AO1 = 2]

Content:

Instrumental social support is where the support is practical, enabling the person to cope better on a practical level with the stressor.

2 marks for a clear and coherent outline1 mark for a vague/muddled outline or outline merely identified.

Q4.

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 two main groups of drugs used to manage stress are Benzodiazepines and Beta-blockers. BZs act on the brain by increasing the action of GABA. This neurotransmitter reduces the activity of other neurotransmitters in the brain.

Beta-blockers act directly on the cardiovascular system. They reduce any increase in heart rate and blood pressure that may arise as a result of stress.

Examiners should be aware of a breadth / depth trade off: one type in detail or both in less detail.

AO1 Mark bands 4 marks Accurate and reasonably detailed Accurate and reasonably detailed answer that demonstrates sound knowledge and understanding of drug therapy as a method of stress management. There is appropriate selection of material to address the question. 3 marks Less detailed but generally accurate Less detailed but generally accurate answer that demonstrates relevant knowledge and understanding. There is a pridenee of collection of material to address the demonstrates relevant knowledge

Less detailed but generally accurate answer that demonstrates relevant knowledge and understanding. There is some evidence of selection of material to address the question.

2 marks Basic

Basic answer that demonstrates some relevant knowledge and understanding but lacks detail and may be muddled. There is little evidence of selection of material to address the question.

1 mark Very brief / flawed or inappropriate

Very brief or flawed answer demonstrating very little knowledge. Selection and presentation of information is largely or wholly inappropriate.

0 marks

No creditworthy material.

Q5.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of the different types of social support used by males and females is clear and mostly accurate. The findings in the table are used appropriately. The answer is

		generally coherent with effective use of terminology.
1	1 – 2	Some knowledge of types of social support used by males and females is evident. Use of findings from the table is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Findings for the table

- Males use instrumental social support more than emotional social support (54% use instrumental and 23% emotional)
- Females use emotional support more than instrumental social support (20% use instrumental and 48% emotional)
- A significant number of males and females use both instrumental and emotional social support
- More females than males use both forms of social support (males, 23% females, 32%)
- How these findings relate to other research findings

Q6.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of managing and coping with stress is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1 – 2	Some knowledge of managing and coping with stress is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- Drugs should be used to in the short term, as drugs work far faster than psychological coping techniques
- In the longer term psychological therapies such as stress inoculation therapy should be used to help Sadiq understand the sources of stress in his life and how to cope with them more effectively
- As part of SIT or independently, Sadiq should be encouraged to seek out more emotional and instrumental support from his family and friends, for instance, in looking after his mother.

Credit other relevant material.

Level Marks Description Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and 4 13 - 16effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking. Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is 3 9 - 12apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places. Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy 2 5 - 8and organisation in places. Specialist terminology is used inappropriately on occasions. One method only at Level 4 Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies 1 1 – 4 and is poorly organised. Specialist terminology either absent or inappropriately used. One method only at Level 3 0 No relevant content.

Q7. Marks for this question: AO1 = 6, AO3 = 10

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

AO1: Although the quote reminds candidates that there are both biological and psychological methods, it is acceptable for candidates to offer two from the same approach; such as drugs and biofeedback from the biological approach. However, if a candidate offers two types of drug treatment, they must clearly differentiate the two. This is also the case when offering two types of CBT, a clear difference must be shown for them to be accepted as two distinct methods.

Biological: drugs such as benzodiazepines (increasing activity of GABA); beta-blockers (affecting the cardiovascular system). Biofeedback, training to recognise physiological changes.

Psychological: stress inoculation therapy; hardiness training.

For both Biological and Psychological methods, credit other methods not just those given on the specification.

For top bands, there needs to be a reasonable balance between the two methods.

Methods of coping, eg emotion-focused and problem-focused are not creditworthy.

AO3

Credit analysis of strengths and limitations of the chosen methods eg effectiveness, availability, long-term v short-term effect, evidence to support method etc. Commentary can be common to both methods, for example if two different types of drugs have been given; it is legitimate to have one lot of commentary for them both. However, for the top bands if this path is chosen, the commentary needs to be substantial to reach the top bands.