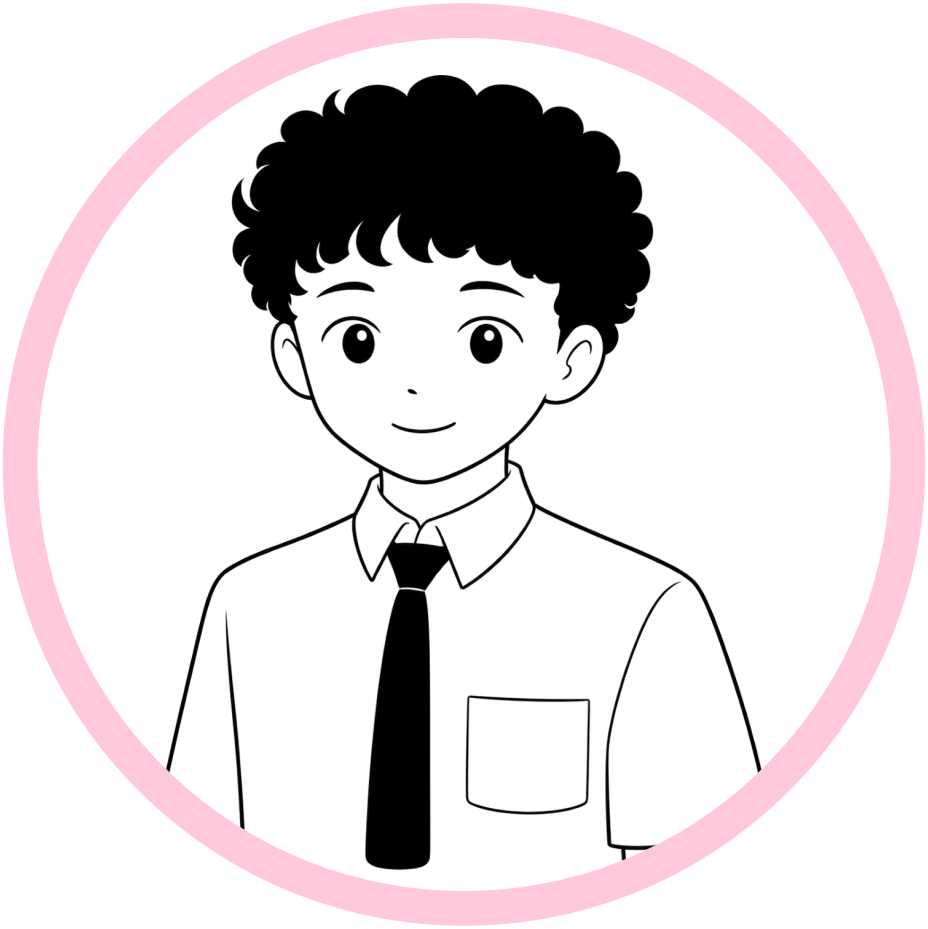
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.3.7 MANAGING AND COPING WITH STRESS

SCORE	PERCENTAGE
/91	%

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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.

2

(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]

Q2.

[AO1 = 4 AO2 = 4]

Level	Marks	Description
4	7 – 8	Knowledge of stress inoculation therapy as a way of managing stress is accurate with some detail. Application is

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		thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 – 6	Knowledge of stress inoculation therapy as a way of managing stress is evident but there are occasional inaccuracies/omissions. Application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 – 4	Limited knowledge of stress inoculation therapy as a way of managing stress is present. Any application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 2	Knowledge of stress inoculation therapy as a way of managing stress is very limited. Application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- involves cognitive restructuring – changing client's thoughts about source of stress/stressful situation and own ability to control stress
- based on the idea that thoughts affect emotions/behaviour so changing thoughts will change the emotional response/behaviour
- stage 1 – conceptualisation – cognitive appraisal of stressor; client identifies negative thoughts and situations that provoke to stress
- stage 2 – skill acquisition and rehearsal – client learns coping strategies, eg relaxation, positive self-talk
- stage 3 – application – newly acquired skills are put into practice in role play, virtual learning environment, through visualisation
- seeing setbacks as learning opportunities rather than failure.

Possible application:

Credit explanation of links between therapy and stem content

- Wally needs to identify negative thoughts, eg 'not good enough', 'will laugh at him', 'supervisor will tell him off'
- Wally needs to understand negative thoughts cause his stress
- Wally needs to develop strategies to use when he's stressed:
  - monitor/catch negative thought/self-talk as it occurs: ('They are laughing...'; 'He's going to tell me off...')
  - use positive self-statements: 'I am as good as anyone at this job'; 'This job is easy for me'; 'Workmates are good natured and fun'; 'Supervisor knows I work hard'
  - use relaxation techniques eg breathing techniques before he goes into work; restful imagery to aid sleep
- Wally needs to practise new techniques either with his therapist or alone at home so he can use them confidently at work.

Q3.

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[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.

Q4.

[AO1 = 6 AO3 = 10]

Level	Marks	Description
4	13 – 16	Knowledge of two methods is accurate and generally well detailed. Discussion is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.

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3	9 – 12	Knowledge of two methods is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5 – 8	Knowledge of two methods is present but is vague / inaccurate or one method is present. Focus is mainly on description. Any discussion is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1 – 4	Knowledge of method(s) is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- drug therapy – biological intervention using benzodiazepines and beta-blockers; modes of action of these drugs on the brain and / or peripheral nervous system
- stress inoculation therapy – cognitive intervention in stages: conceptualisation; skills acquisition / rehearsal, eg self-instruction; application practice
- biofeedback – behavioural operant conditioning of involuntary responses through the interplay of physiology (feedback from bodily arousal) and psychology (relaxation techniques).

Possible discussion points:

- use of evidence to support effectiveness / suitability
- drugs work quickly / effectively on physiological, eg heart rate and blood pressure, but problems of side effects and dependency
- SIT addresses the perception and causes of stress and so may lead to long lasting coping but requires commitment, perseverance and insight
- biofeedback requires sophisticated technology but can lead to positive behavioural change and long lasting techniques for coping with stress
- comparison of different methods.

Credit other relevant discussion points.

Only credit evaluation of the methodology used in studies when made relevant to discussion of the methods.

Q5.

[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 outline

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1 mark for a vague/muddled outline or outline merely identified.

Q6.

[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

Q7.

[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

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- 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.

Q8.

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.

AO2 = 4

SIT: Three stages allowing Kerry to identify the sources of stress, think about them in a different way, give her strategies for dealing with future stress. First stage – conceptualisation: Kerry will think about the source of stress. Second stage – skills acquisition: the therapist will teach Kerry relaxation techniques and self-coping statements. Third stage – real-world application: Kerry will practise these skills in training sessions. Alternatively, the therapist might challenge Kerry and ask where is the evidence to show she is not as good as other players, especially as she has just been promoted? Kerry might be asked to keep a diary recording her performance and see exactly what each outcome was, so she has hard evidence about her wins and losses. This can be used to check the validity of her beliefs.

SIT can be explained in different ways: either stage-based or in a more applied way without explicit reference to the stages.

For full marks there must be explicit engagement with the stem.

AO2 Analysis of unfamiliar situation and application of knowledge of stress management
4 marks Effective analysis of unfamiliar situation Effective explanation that demonstrates sound knowledge of SIT management. There is explicit engagement, which relates to the stem.
3 marks Reasonable analysis of unfamiliar situation Reasonable explanation that demonstrates knowledge of SIT management with some reference to the stem.
2 marks Basic analysis of unfamiliar situation

No engagement with the stem, no matter how detailed the explanation of SIT **or** basic explanation with some engagement.
1 mark Rudimentary analysis of unfamiliar situation Rudimentary, muddled, explanation of SIT management demonstrating very limited knowledge.
0 marks No creditworthy material.

Q9.

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- 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:

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- 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 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.

Q10.

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

Stress Inoculation therapy (SIT) involves three stages.

- The first is conceptualization, where the client and therapist identify the source of the stress. This could include keeping a diary of when and where the stressful experiences occurred. During this stage the therapist might even challenge the client's views.

- The second stage allows the client to learn specific skills and to practice them with the therapist.

- Finally the client will try out these skills in the real world. At the same time the client together with the therapist will consider how well these new skills worked.

Credit also a more theoretical answer eg assumptions and rationale.

AO1 Mark bands
4 marks Accurate and reasonably detailed Accurate and reasonably detailed answer that demonstrates sound knowledge and understanding of SIT 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 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.

Q11.

[AO1 = 2, AO2 = 2]

AO1

One mark for each named type of social support outlined.
Appraisal: supporter helps person understand / evaluate their stressors / situation / difficulty.
Emotional: supporter empathises, understands, offers opportunity for emotional release.
Esteem: supporter helps to build person's confidence and bolsters self-esteem
Informational: supporter informs person, gives advice, guidance, feedback on progress.
Instrumental: supporter offers practical assistance in coping.

AO2

One mark each for an explanation of how the two named types of support might help someone who is having relationship problems e.g. esteem support – friend might suggest how a new haircut looks good to help person feel more attractive. The explanation must go further than a repeat of the outline given for AO1 ie must include a concrete example of how the support is given / experienced. Credit also analysis of why named type of social support would be helpful.

Q12.

[AO1 = 2, AO2 = 2]

AO2 marks are for brief evaluation / use of evidence and AO1 marks for knowledge of evidence.

AO2

Up to 2 marks for brief evaluation of social support as a way of coping with stress. Candidates may use the evidence by discussing how findings either support the effectiveness of social support or illustrate the problems with social support. Credit may also be given for more general evaluation points.

AO1

Up to two marks for knowledge of a relevant study / relevant studies. Likely studies include: Berkman and Syme (1979) longitudinal study over 9 years using questionnaires – social support related to death rates; La Rocco et al (1980) 2000 men – correlation between social support and psychological strain; Fleming et al (1982) residents living close to nuclear power accident – emotional support and

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cognitive harm; Sosa et al (1980) controlled experiment instrumental support during childbirth – effects of experience of labour – shorter and more positive.

Q13.

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 = 4]**

Credit any study in which any type of social support was investigated. Likely studies: Sosa et al (1980) positive effects of instrumental support on the experience of childbirth; Berkman & Syme (1979) negative correlation between levels of social support and death rates especially in older people; La Rocco (1980) negative correlation between social support and job stress.

1 mark – why the study was conducted (must go beyond the stem)
1 mark – information about the method
1 mark – indication of the results
1 mark – indication of conclusion to be drawn

Note: for full marks the candidate must refer to type of social support or what was involved in the social support.

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

One mark for explaining a valid limitation which will depend on the study used in answer to part (a). Likely points: validity of the measures used eg how social support was measured; sampling issues; inability to infer cause and effect. Relevant reference to ethics should be credited.

Q14.

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

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy

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		and organisation in places. Specialist terminology is used inappropriately on occasions. One method only at Level 4
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. One method only at Level 3
	0	No relevant content.

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.

Q15.

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

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- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

(a) **AO1 = 1**

As CBT is named on the specification, this is the most likely method that will be given. However, any other psychological method is acceptable, such as relaxation, meditation and biofeedback.

1 mark for identification / naming one method of stress management.

(b) **AO2 = 5**

The strengths may refer to the control that is given to the client; the ability to use the techniques in a variety of situations etc. If methods such as relaxation, meditation and biofeedback are given, the strengths must relate to the psychological aspects of the method. One way of gaining credit is by comparison with physiological methods. For example, psychological methods do not have any side effects and are not addictive. If in (a) candidates write Beck's Cognitive Triad or ABC model, but in (b) explain strengths of CBT – zero for part (a) and credit for part (b).

5 marks Effective explanation Effective explanation that demonstrates sound knowledge of the strength(s) of a psychological method of stress management. There is no partial performance.
4 – 3 marks Reasonable explanation Reasonable explanation that demonstrates knowledge of strength(s) of a psychological method of stress management.
2 marks Basic explanation Basic explanation of a strength of a psychological method of stress management.
1 mark Rudimentary Rudimentary, muddled, explanation of a strength of a psychological method of stress management, demonstrating very limited knowledge.
0 marks No creditworthy material.

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Q1.

Part (a) tended to be well answered, with many strong accounts of stress inoculation therapy and drug therapy. Biofeedback was not always so well done, usually because students failed to be clear about the reinforcement element.

Content varied according to the therapy used in part (a), but most scored at least one mark.

Q2.

Better students gave sound descriptions of the stages and techniques involved in stress inoculation therapy and were able to apply their knowledge to Wally's situation. Weaker answers consisted of vague descriptions of therapy where the therapist and client would 'talk about it', then Wally would 'realise there was nothing to worry about', so he could 'chat happily to his colleagues'. Effective application is that which is concrete and specific to the scenario. As an example, instead of saying 'Wally could then use the strategies from his therapy', it is more effective to say 'Wally could use his breathing exercise, and repeat a positive self-statement such as...in the car each morning before he goes into work'.

Q3.

This question was usually answered competently, although sufficient elaboration for full marks was quite rare. The most common strength was the long-term benefit, for example, how the techniques acquired in therapy could be used in other similar situations in the future. Limitations tended to focus on the requirement for commitment and engagement on the part of the client and how this might not always be possible.

Q8.

This was an applied question that most students answered well. Better answers demonstrated knowledge of three clear stages (conceptualisation, skills acquisition and real world application) and applied it well to the scenario. SIT is named as one method of stress management and teachers are advised to cover it, rather than a more generic CBT that can disadvantage their students.

Q9.

There were some excellent and very detailed answers here, with students demonstrating a good understanding of just how these drugs work. Some knowledge was quite impressive in the level of detail given. Others could do little more than name benzodiazepines and beta-blockers and seemed unaware that their mode of action was different. A significant number of students felt the need to evaluate the use of drugs, even though such commentary was not asked for in this question and received no credit. Also, a number of students confused the use of drugs as a method of stress management and as a form of therapy. An outline of antidepressants or antipsychotics received no credit.

Q10.

This question simply required an outline of what is involved in Stress Inoculation Therapy (SIT). Once again, no credit was given for commentary. The focus here was on SIT as a method of managing stress and not as a method of treating abnormality. While SIT is a

type of CBT and shares many similar features, students needed to shape their answer to fit this specific question. Most were able to identify the three stages involved: conceptualisation, skills acquisition and real world application. However, they were not always clear precisely what was involved in each stage. For example, conceptualisation is more than merely forming a relationship with the therapist.

Some students gave a fairly generic response, one that could have applied to any form of CBT and not explicitly to SIT; others confused this method with hardiness training. Such answers seldom gained more than basic marks.

Q11.

Students answering this question could usually name and outline two types of social support, and the accompanying application was generally well done. Unfortunately, a few students explained how social support would help in an example which was completely unrelated to the stress of relationship problems, for example, explaining how social support could help someone who is stressed at work.

Q12.

This question was less well answered, although some detailed and evaluative answers were noted. Not all students could bring in evidence to support evaluative points as required; where evidence was used, this tended to be Sosa et al.

Q13.

Answers to this question were much less consistent, with a fair number of students choosing studies of stress that did not involve investigation of social support, for example, the Frankenhauser saw mill study.

Q14.

Many students were clearly very well prepared for this essay and wrote some excellent answers. They had a good knowledge of drugs and how the different types affected the body; there were also excellent descriptions of the procedures of SIT. The commentary was not always quite so informed, with many general comments simply stating, for example, that drugs were effective, without any supporting evidence. Or that drugs had side effects, without commenting on what these were and the potential problem.

Students were less successful when offering Hardiness Training as a method, focussing on the personality type rather than the method itself and again the commentary tended to be superficial.

One of the notable problems for many students is the slightly puzzling loss of focus that was seen in their essays. These students started by considering the use of drugs, but then switched from stress management to therapies for psychopathology. It appeared as if they assumed that all drug treatments were relevant here, which clearly they are not.

A minority of students offered emotion / problem focussed approaches, which are not methods of stress management.

Q15.

Most candidates could name a psychological method of stress management, apart from the minority who offered a physiological method.

However, in (b) they were required to explain the strengths of their chosen method. This is not the same as describing the procedures of the method itself. This is a good example of the need for candidates to read the question carefully. Too many simply described the method, without considering its strengths. One way of considering strengths are by comparison with other methods: such as CBT does not have any side effects, nor is it addictive, unlike some physiological methods.