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NAME: _____

VCE® PSYCHOLOGY

UNITS 3 & 4 Practice Written Examination

Reading time: 15 minutes
Writing time: 2 hours 30 minutes

QUESTION AND ANSWER BOOK

Structure of Book

<i>Section</i>	<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
A	40	40	40
B	8	8	80
			Total 120

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners, and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or correction fluid/tape.
- No calculator is allowed in this examination.

Materials supplied

- Question and Answer Book of 35 pages.
- Answer Sheet for Multiple-Choice Questions.
- Additional space is available at the end of the book if you need extra paper to complete an answer.

Instructions

- Write your **student name** in the space provided above on this page.
- Check that your **name** is printed on your Answer Sheet for Multiple-Choice Questions.
- All written responses must be in English.

At the end of the examination

- Place the Answer Sheet for Multiple-Choice Questions around this book.

Students are NOT permitted to bring into the examination room mobile phones and/or any other unauthorised electronic devices.

Solution Pathway

Below are sample answers. Please consider the merit of alternative responses.

Section A: Multiple-Choice Questions (40 marks)

QUESTION 1	C	QUESTION 21	D
QUESTION 2	C	QUESTION 22	C
QUESTION 3	A	QUESTION 23	C
QUESTION 4	B	QUESTION 24	C
QUESTION 5	C	QUESTION 25	D
QUESTION 6	C	QUESTION 26	B
QUESTION 7	C	QUESTION 27	C
QUESTION 8	B	QUESTION 28	D
QUESTION 9	A	QUESTION 29	C
QUESTION 10	C	QUESTION 30	D
QUESTION 11	D	QUESTION 31	A
QUESTION 12	C	QUESTION 32	B
QUESTION 13	D	QUESTION 33	C
QUESTION 14	B	QUESTION 34	B
QUESTION 15	A	QUESTION 35	B
QUESTION 16	B	QUESTION 36	A
QUESTION 17	A	QUESTION 37	C
QUESTION 18	B	QUESTION 38	C
QUESTION 19	B	QUESTION 39	D
QUESTION 20	B	QUESTION 40	C

Section B: Short Answer Questions (80 marks)**Question 1 (14 marks)**

- a. **During combat, Bell displayed behaviours of which she was not aware, such as instantly moving her hands off a weapon that was very hot. Identify and explain the type of response that occurred when Bell unconsciously moved her hands off the weapon. 4 marks**

- **1 mark** – identifying the response as spinal reflex.
- **1 mark** – discussion of detection of stimuli.
- **1 mark** – discussion of coordination of response, specifically the spinal cord.
- **1 mark** – discussion of response for Bell.

Sample high-level response:

Firstly, the sensory information of Bell's hands touching a hot weapon is sent via afferent tracks to the spinal cord, within the somatic nervous system. (1 mark)

Secondly, information in the spinal cord is intercepted and interneurons in the central nervous system coordinate an unconscious response independently of the brain. (1 mark)

Thirdly, the coordinated response involves sending motor messages via an efferent track due to the somatic nervous system, back down the arm to trigger the muscles in the hand to pull away from the weapon (1 mark). This spinal reflex is an unconscious response, and a message is sent to brain to alert that this response occurred. (1 mark)

- b. **Whilst overseas with the army, Bell realised that as time passed, she was able to respond to stressful situations and process what was happening around her more quickly. With reference to neural plasticity, explain what process has occurred to allow Bell to respond more quickly. 2 marks**

- **1 mark** – reference to neural plasticity and identification of LTP.
- **1 mark** – explanation of LTP increasing Bell's response due to the long-lasting changes in her synaptic connections.

Sample high-level response:

Neural plasticity is the ability of the brain's neural structures or function to be changed by Bell's experiences. The process assisting Bell to respond more quickly is long-term potentiation (LTP) (1 mark) as this long-lasting strengthening of synaptic connections results in enhanced and more effective synaptic transmission. Due to repeated firing of the neurons, LTP has allowed Bell to respond more quickly in stressful situations as her brain is enabling a more flexible, efficient, and effective functioning of a nervous system response. (1 mark)

- c. A new behaviour exhibited by Bell after returning to Australia was an increase in her enjoyment of alcohol. Discuss why dopamine would be associated with this habit.**

2 marks

- **1 mark** – discussion of role of dopamine as a neuromodulator.
- **1 mark** – explanation of Bell’s behaviour associated with more dopamine.

Sample high-level response:

Dopamine is neuromodulator due to having both inhibitory and excitatory effects depending on the receptor it binds to. Because dopamine is responsible for the brain’s reward system, its release is associated with feelings of pleasure and a desire to repeat this experience in the future (1 mark). Bell described her drinking as addictive because she looked forward to it as her brain sought to experience the same pleasurable high (1 mark).

- d. During Bell’s time in East Timor, she noticed that she would frequently catch a cold after experiencing the ‘frontline’ or highly stressful events. Identify what stage of Selye’s Gas Model Bell experienced when on the frontline. Justify your response.**

3 marks

- **1 mark** – identification of the stage resistance.
- **1 mark** – reference to release of cortisol and combatting stressor.
- **1 mark** – reference to prolonged release of cortisol making her more vulnerable to a cold.

Sample high-level response:

The second stage of Selye’s GAS model of stress is known as resistance. (1 mark) During this stage the body is combatting the stressor and releasing cortisol into the bloodstream to energise the body (1 mark). The prolonged release of cortisol will, over time, weaken the immune system, leaving Bell vulnerable to catching a cold when she returns to camp (1 mark).

- e. In reference to the gut-brain axis, explain why Bell might be feeling nervous and suffering from a loss of appetite. In your answer comment on what might happen if this situation continued.**

3 marks

- **1 mark** – explanation of gut-brain axis.
- **1 mark** – discussion of relationship of gut to Bell’s symptoms.
- **1 mark** – identification of severe symptoms.

Sample high-level response:

Bell is feeling nervous and suffering loss of appetite as evidence of the gut-brain axis (GBA), which refers to the complex bidirectional communication system between the central and enteric nervous systems (ENS) (1 mark). The ENS - a branch of the autonomic nervous system - will respond to chronic stress and the long-term presence of cortisol which Bell is experiencing; creating an imbalance which can impact various physiological processes (1 mark). Prolonged stress could lead to more severe symptoms such as metabolic disorders or mental illnesses such as depression (1 mark).

Question 2 (7 marks)

- a. Discuss the five stages of observational learning for a participant completing this newly learnt behaviour, to make the paper origami heart from the video clip. 5 marks**

- **1 mark** – each stage identified and explained. (5 marks in total)

Sample high-level response:

Attention - Jamie must actively watch the behaviour of instructor in the video clip and the outcome of making the origami heart. Jamie as the learner is likely to watch the model in the video as they are perceived to be an expert. (1 mark) Retention - Jamie will form a mental representation of how the instructor made the origami heart and will store this in her long-term memory. (1 mark) Reproduction - Jamie must have the physical and psychological capabilities to complete the origami heart; this is more likely if she has folded paper before. (1 mark) Motivation - Jamie has a desire to complete the behaviour as she wants to make an origami heart for her mother. (1 mark) Reinforcement - Jamie receives positive reinforcement for making the origami heart when the gift is received by her mother; this will strengthen the likelihood that Jamie will complete the behaviour again in the future. (1 mark)

- b. Describe how System Learning used by Aboriginal and Torres Strait Islander people has one similar feature and one different feature to the observational learning used by Jamie to make origami. 2 marks**

Sample high-level response:

Similarity (**1 mark**) for one of the following or similar accepted arguments:

- *Both make use of a model.*
- *The learning is vicarious or experienced by overserving others or Elders.*
- *The learner will experience vicarious consequences if a reinforcement is provided.*

Difference (**1 mark**) for one of the following or similar accepted arguments:

- *Observational learning uses a five stage model, whereas Aboriginal and Torres Strait Islander people use a multimodal approach or the 8 Ways of Knowing.*
- *For observational learning, the 'model' can be 'fiction' or a virtual character, whilst for Aboriginal and Torres Strait Islander people, the 'model' is a real and engaging person.*
- *Aboriginal and Torres Strait Islander approaches highlight the importance of relationships and non-verbal communication, whereas observational learning could be a result of status, influence, or popularity.*
- *For Aboriginal and Torres Strait Islander people learning may be enhanced whilst being on Country or aspects of the Land, whereas observational learning is not enhanced or dependent on additional aspects of the learner's environment.*

Question 3 (6 marks)

- a. Referencing the Lazarus and Folkman Transactional Model of Stress and Coping, discuss the primary appraisals of Astrid and Liam during their first year at university. Justify your answers. 4 marks**

- **1 mark** – each identification of primary appraisal. (2 marks in total)
- **1 mark** – justification for each identification. (2 marks in total)

Astrid appraises the potential stressor as stressful. Astrid further appraises the stressor as a threat with reference to scenario & reasoning.

Liam appraises the potential stressor as stressful. Liam further appraises the stressor as a challenge with reference to scenario & reasoning.

- b. Describe Liam's secondary appraisal with reference to a coping strategy he is utilising. 2 marks**

- **1 mark** – identification that Liam must first understand if he has the ability to cope and recognition that he can cope with the demands of the stressor.
- **1 mark** – suitable explanation of why Liam can cope with reference to a possible avoidance strategy such as sport, roommate, social life.

Question 4 (13 marks)

- a. Justify why the method of loci is a type of mnemonic device. 2 marks**

- **1 mark** – explanation of method of loci.
- **1 mark** – reference to purpose of mnemonic device to help encode, store and or retrieve the information.

Sample high-level response:

The method of loci is a mnemonic device because it allows the participants in this study to visualise the imagery shown to them and recreate that mental imagery (1 mark). This will improve the retrieval (1 mark) of the information and therefore is a mnemonic device.

- b. Write a suitable research hypothesis for this study. 3 marks**

- **1 mark** - outlined independent variable of both conditions.
- **1 mark** - dependent variable.
- **1 mark** – clear direction.

Sample high-level response:

Students who use mnemonic devices will have higher ability to retrieve information (as measured by the number of symbols correctly drawn) than those students who do not use a mnemonic device.

- c. Discuss the Atkinson and Shiffrin multistore model of memory, in terms of how participants were able to study the symbols and store this information for future use, when asked to draw the images. 4 marks**

- **1 mark** – discussion of sensory memory and reference to iconic memory.
- **1 mark** – identification of how attention is shown to transfer to short-term memory & discussion of short memory involvement.
- **1 mark** – discussion encoding to long-term memory and the type of long-term memory.
- **1 mark** – outline of the process of retrieval from long-term memory

Sample high-level response:

According to Atkinson and Shiffrin, when the mental imagery was shown to participants, their sensory memory processed the visual information specifically using iconic memory, a component of sensory memory (1 mark). If this information was given attention, it would be transferred to short-term memory (1 mark), an active cognitive platform to process the visuals and focus on consciously finding methods to store the information effectively. After this information is rehearsed it is encoded (1 mark) into long-term memory for future retrieval most likely as a semantic memory. This information could be retrieved in the future once stored in long-term memory (1 mark).

- d. Describe how two participants' use of the method of loci would be impacted for this study if one participant had been diagnosed with Alzheimer's disease years ago and the other participant had Aphantasia. 3 marks**

- **1 mark** – reference to decreased ability for Alzheimer's Disease and Aphantasia participant for this experiment.
- **1 mark** – implications for someone suffering from Alzheimer's Disease performance in the experiment.

Sample high-level response:

After several years an Alzheimer's Disease patient is likely to suffer from a decreased ability to encode new semantic memory (visual information being presented) (1 mark). They would also have a decreased ability to retrieve the semantic memory due to the decay of neurons occurring in their central nervous system. Therefore, they are likely to less successfully be able to use the method of loci to recreate the visual imagery (1 mark). Someone diagnosed with Aphantasia will be severely impacted in comparison to other participants. This is due to the condition impacting the ability to visualize information despite semantic memory and visual perception functioning (1 mark).

Question 5 (16 marks)

- a. Discuss the type of sleep disorder experienced by adolescents and one other possible factor, which could cause this median bedtime. 3 marks**

- **1 mark** – demonstrating an understanding that teenagers are suffering from DSPS and referencing the data of the median bedtime.
- **1 mark** – explaining the main reason is due to a delayed release of melatonin.
- **1 mark** – providing an additional reason for the median bedtime.

Sample high-level response:

Teenagers are experiencing a median bedtime of 12:00am which is later than the average recommended bedtime as they are suffering from delayed sleep phase syndrome (DSPS) (1 mark). DSPS is a circadian rhythm disorder that interferes with the initiation of sleep because teenagers suffer a delayed onset of sleep of two hours. This is due to the delayed release of melatonin in the night (1 mark), causing teenagers to not become drowsier until later in the evening. Other factors can include increased social factors of study, work, socialising which, given these are students in their final year of high school, is very likely (1 mark).

- b. Describe the effects of sleep deprivation on adolescents' lives, providing an example of a negative affective, behavioural, and cognitive impact of sleep deprivation. 3 marks**

- **1 mark** – referencing an affective symptom of sleep deprivation.
- **1 mark** – referencing a behavioural symptom of sleep deprivation.
- **1 mark** – referencing a cognitive symptom of sleep deprivation.

Sample high-level response:

Sleep deprivation is experienced due to either reduced amount of sleep or reduced quality of sleep. Because of sleep deprivation, students' daily functioning would be reduced showing an affective symptom such as increased aggression (1 mark), a behavioural symptom of being less coordinated (1 mark), and a cognitive symptom of reduced ability to concentrate (1 mark).

- c. Explain how bright therapy could be used to assist teenagers in getting to sleep earlier. 3 marks**

- **1 mark** – explanation of what bright light therapy is and reference to circadian rhythm or other appropriate term.
- **1 mark** – discussion of the timing of when bright light therapy should be used.
- **1 mark** – discussion of how bright light therapy will then improve a teenager's sleep-wake cycle.

Sample high-level response:

Bright light therapy (BLT) is a treatment that involves the timed exposure of light to shift the suprachiasmatic nucleus regulation of the circadian rhythm back to a desired schedule - for teenagers, an earlier bedtime (1 mark). It is suggested that a teenager would use BLT early in the morning between 6-9am, to shift the circadian phase forward and therefore causing an earlier release of melatonin (1 mark). The earlier release of melatonin should assist teenagers in feeling drowsier earlier in the evening and going to bed early for a longer period. (1 mark)

- d. Sleep hygiene is another alternative to improving sleep. Outline two different ways teenagers could improve their sleep quality and/or quantity, using sleep hygiene techniques. 2 marks**

- **1 mark** – identifying a correct strategy linked to sleep hygiene.
- **1 mark** – identifying a second correct strategy linked to sleep hygiene.

Sample high-level response:

Sleep hygiene provides an explanation of simple and consistent strategies that can enhance the quality and quantity of sleep. These include avoiding coffee or alcohol close to bedtime (1 mark), and refraining from exercise within 2 hours of bedtime (1 mark)

Other possible answers:

- *Discussion of the need for the bedroom to be at an appropriate temperature.*
 - *The importance of avoiding blue light from bright screens such as phones for at least two hours before bedtime.*
- e. One of the adolescents visited a sleep clinic during the experiment and the hypnogram below was recorded. Explain two differences between this hypnogram and the hypnogram of an infant. 2 marks**
- **1 mark**– explanation of a suitable difference between an infant and a teenager in reference to the hypnogram.
 - **1 mark**– explanation of a suitable second difference between an infant and a teenager in reference to the hypnogram.

Sample high-level response:

The hypnogram in Part e shows that this teenager had a duration of sleep of nearly 8 hours, whereas an infant is expected to sleep for 15-16 hours (1 mark). Additionally, the hypnogram indicates this teenager is experiencing approximately 20% of their sleep in REM compared to 40-50% which would be expected of an infant during sleep (1 mark)

Alternative Reason:

The teenager can consistently sleep for nearly 8 hours with a regular sleeping habit, whereas an infant will not have established a regular sleeping habit and likely have multiple periods of sleep episodes across a 24-hour period. (1 mark).

f. Identify the type of data that would be obtained from the use of a sleep diary in this study.

1 mark

- **1 mark** – for correct answer.

Sample high-level response:

Subjective data.

g. Describe another measure of sleep that could be suitably used in this study to gather data on adolescents' sleep.

2 marks

- **1 mark** – description of a measure of consciousness such as EOG, EMG, or video monitoring.
- **1 mark** – description of how this measure of consciousness could be used to better understand teenage sleep.

Sample high-level response:

An additional measure of sleep that could be used in this study is an EOG, which detects, amplifies, and records the electrical activity of the eye muscles that control the eye movement (1 mark). In doing so, the EOG provides information about eye activity during sleep which could provide a more accurate depiction of the states of sleep across a night. (1 mark)

Question 6 (5 marks)

a. Identify where Reuben would sit on the mental health continuum. 1 mark

- **1 mark** – for correct answer.

Sample high-level response:

Mental health disorder

b. Discuss how Reuben is not showing a suitable level of resilience and use the biopsychosocial framework to outline what Reuben could do to improve this problem. 4 marks

- **1 mark** – explanation that Reuben is showing a low level of resilience and is not able to cope with stressors challenging him.
- **1 mark** – identification of suitable biological factor that could improve this problem (i.e., exercise, adequate diet/sleep).
- **1 mark** – identification of suitable psychological factor that could improve this problem (i.e., CBT).
- **1 mark** – identification of suitable social factor that could improve this problem (i.e., social support).

Question 7 (10 marks)

a. Dr Flynn is a psychiatrist who wants to conduct a study into how the body responds to Describe the role of benzodiazepines when treating anxiety disorders. 2 marks

- **1 mark** – outline of the role of benzodiazepines as a GABA agonist.
- **1 mark** – description of how benzodiazepines can be used to treat anxiety.

Sample high-level response:

Benzodiazepines are a group of drugs that work on the central nervous system, acting selectively on GABA receptors in the brain to increase GABA's inhibitory effects and make post-synaptic neurons resistant to excitation. (1 mark) As GABA agonists, benzodiazepines can be used to treat anxiety by reducing the likelihood of stress response occurring and reduce various symptoms, however, they do not impact the cause of the anxiety. (1 mark)

b. Explain the purpose of using a sugar pill for Group 1. 2 marks

- **1 mark** – reference of placebo.
- **1 mark** – explanation of the use of a placebo in this study for Group 1.

Sample high-level response:

The sugar pill is a placebo (1 mark). This is designed to remove the placebo effect and participants in the study responding differently due to the perception they might be in the control or experimental group, or any other expectations. (1 mark)

c. In the role of Dr Flynn, describe the appropriate informed consent that would be presented to participants. 2 marks

- **1 mark** – outline of the importance of informed consent.
- **1 mark** – application of informed consent to the study.

Sample high-level response:

Informed consent is a necessary ethical guideline that informs a participant of the purpose, risks, methods, demands, and benefits of a study (1 mark). Details relating to the experiment were conveyed in a composed and informative manner, outlining to participants the associated risks, such as fatigue, and that they will be compensated \$20 a day for their involvement in the experiment. (1 mark)

d. Identify the social risk factor that may stop people with a mental health disorder from volunteering to be a participant in Dr Flynn’s research. 1 mark

- **1 mark** – correct answer.

Sample high-level response:

Stigma

e. At times, to test the effectiveness of the new drug, participants’ fight-flight-freeze response was activated. Explain how the role of neural plasticity could have a harmful effect, particularly for participants in Group 2. 3 marks

- **1 mark** – suitable outline of why the fight-flight-freeze response is activated for Group 2.
- **1 mark** – reference to long-term potentiation or other suitable plasticity concept.
- **1 mark** – explanation of how this neural plasticity concept is not helpful to Group 2.

Sample high-level response:

The stress response of the fight-flight-freeze was activated because the participants were completing activities which involve stress, and they may feel threatened in Group 2 as they confront their phobia. (1 mark) Neural plasticity plays a role through the process of long-term potentiation (1 mark) as over time the brain can respond more quickly due to the repeated firing of a neural connection; leading to a quicker response to phobic stimulus and possibly more intensely through classical conditioning (1 mark).

Question 8 (10 marks)

Acting as Jason's psychologist, discuss the fear he is experiencing and the role of classical and operant conditioning in influencing this fear. Additionally, provide an explanation of possible medication, and psychological based interventions that will assist Jason in combating his fear.

Responses should be marked holistically out of 10.

Note: Teachers may use the Marking Guide on Pages 16-17, or they may choose to create their own.

Key points to be addressed:

- Discussion of fear being a type of anxiety or a phobic response.
- Making evident the symptoms which Jason may experience due to the phobia, and how this links to specific phobia being classified as a mental health disorder.
- How classical conditioning is a precipitating risk factor and has assisted in the conditioning of the phobia.
- How operant conditioning is a perpetuating risk factor that has maintained Jason's fear over time.
- Provision of explanation of suitable medication, such as benzodiazepine and how this would assist Jason with his fear.
- Explanation of the use of CBT or systematic desensitisation as a psychological intervention to allow Jason to reduce and confront his fear.

Sample high-level response:

Mental health refers to a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.

Jason's fear of flying demonstrates that he is suffering from a specific phobia. Jason has an intense, irrational fear and avoidance of the activity of flying. His thoughts, feelings and/or behaviours are usually associated with significant personal distress which impair his ability to function effectively in everyday life, e.g., he may not be able to fly overseas.

It is important to note that Jason is not diagnosed with stress (a state of psychological and physiological arousal produced by internal or external stressors that are perceived by the individual as challenging or exceeding their ability to cope) or anxiety (a state of physiological arousal associated with feelings of apprehension, worry or uneasiness that something is wrong or something unpleasant is about to happen). Unlike a typical stress response, Jason's response to the phobic stimulus of flying is distress only, rather than both distress and eustress. Jason's fear response is also not considered adaptive and possibly, helpful, as mild amounts of anxiety can be beneficial.

It is evident that learning models can contribute to the development and maintenance of a phobia such as Jason experiences. Classical conditioning is a precipitating risk factor and is a type of learning that occurs through repeated associations of two or more different stimuli. For Jason, before conditioning, flying was the neutral stimulus (NS) as it produced no response. The severe turbulence was an unconditioned stimulus (UCS) which produced the automatic unconditioned response (UCR) of being

fearful. During conditioning, the NS of flying is paired 0.5 seconds before the UCS of the turbulence to produce the UCR of being fearful. This only had to occur once when Jason was a young child as it was an intense and significant experience.

After conditioning, flying is now the conditioned stimulus (CS) and produces the conditioned response (CR) of Jason feeling fearful. The presence of the turbulence is not required; the repeated association between flying and Jason's fear response strengthened his phobic reaction and further developed his initial stress into a specific phobia. Additionally, operant conditioning is a perpetuating risk factor that has maintained his phobia. Operant conditioning is a type of learning whereby the consequences of behaviour determine the likelihood that it will be performed again in the future. For Jason's fear of flying, his experience of turbulence on a plane is the antecedent. It is the stimulus which leads Jason to perform the behaviour, which is being fearful. The likelihood of this behaviour being performed will be increased with the consequence of Jason refusing to go on a plane (and think about flying). This is seen in the use of the stimulus of flying giving Jason something undesirable, to strengthen the association between flying and being fearful, producing negative reinforcement, and decreasing the likelihood of Jason going on a plane again in the future.

The biopsychosocial framework describes how biological, psychological, and social factors combine and influence our mental health. For Jason there are several biological, psychological, and social treatments to help Jason alleviate his phobic symptoms. A biological treatment for Jason's specific phobia of flying could be benzodiazepines, which are a group of drugs that work on the central nervous system (CNS) acting selectively on GABA receptors (GABA - the primary inhibitory neurotransmitter of the CNS) in the brain to increase GABA's inhibitory effects and make post-synaptic neurons resistant to excitation. Benzodiazepines are GABA agonists, as they work by stimulating a neurotransmitter's activity. These drugs will help alleviate Jason's symptoms in relation to his phobia of flying, however, they will not assist him in treating the cause of the anxiety. Further, in the long-term, benzodiazepines can be addictive, and are therefore counteractive and unbeneficial.

Psychologically, Cognitive Behavioural Therapy which is the process of changing thoughts and behaviour that may perpetuate the phobia, may help Jason to improve his coping skills by assisting him in developing an understanding of his phobia, and its treatments. Cognitive Behavioural Therapy involves Jason being encouraged to identify his fear-related thoughts towards flying and reflect on possible cognitive biases he may have. Finally, Systematic Desensitisation can be used for Jason to help alleviate the symptoms of his phobia. Systematic Desensitisation is a form of behavioural therapy that aims to replace an anxiety response with a relaxation response when an individual with a specific phobia encounters a fear stimulus and would involve Jason undergoing a three-stage process. In Step One, Jason would be taught relaxation techniques that he can use to decrease the physiological symptoms of anxiety when confronted by flying (e.g., breathing retraining). In Step Two, Jason would be assisted to create a fear hierarchy, ranking his fear of flying in specific situations. Finally, during Step Three, Jason would progressively and gradually be exposed to flying, to alleviate his symptoms, but also help him overcome his phobia in its entirety.

In the lead up to Jason flying overseas, he should be able to reduce his fear and associated symptoms if he can understand his specific phobia and use suitable techniques such as systematic desensitisation.

Marking Guide

Marks	Descriptors
10 marks	<ul style="list-style-type: none"> • All psychological terms and concepts are addressed. Including suitable definitions, application to Jason and suitable acronyms made evident if terms are repeated. • A thorough explanation of specific phobia and Jason’s diagnosis. • Discussion of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. This includes all steps or components of either treatment used in application to Jason’s fear. • Detailed insight into how classical and operant conditioning is influencing Jason’s fear response. This involves the 3-phrase models used by both learning techniques, including all appropriate terminology. • Conclusions drawn as to how Jason’s fear response will improve if interventions are used and how this will impact his travel plans.
9 marks	<ul style="list-style-type: none"> • All aspects of the question are addressed. With almost all psychological terms and concepts included. Also, suitable definitions and application to Jason and suitable acronyms made evident if terms are repeated. • An explanation of specific phobia and Jason’s diagnosis. • Discussion of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. This includes all steps or components of either treatment used in application to Jason’s fear. • Detailed insight into how classical and operant conditioning is influencing Jason’s fear response. This involves the 3-phrase models used by both learning techniques, including all appropriate terminology. • Reference to how Jason’s fear response will improve if interventions are used and how this will impact his travel plans.
7-8 marks	<ul style="list-style-type: none"> • All aspects of the question are addressed. Most psychological terms and concepts are addressed. Including suitable definitions attempted in application to Jason’s fear. • An explanation of specific phobia and Jason’s diagnosis. • Discussion of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. This includes most of the steps or components of either treatment used in application to Jason’s fear. • Explanation into how classical and operant conditioning is influencing Jason’s fear response. This involves the 3-phrase models used by both learning techniques, including all appropriate terminology. • Reference to how Jason’s fear response will improve if interventions are used and how this will impact his travel plans.
6 marks	<ul style="list-style-type: none"> • All aspects of the question are addressed. Most psychological terms and concepts are addressed. Definitions of terminology and applications to Jason and sometimes completed. • A brief discussion of specific phobia and Jason’s diagnosis. • Discussion of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. Not all steps or components of either treatment are referenced. • Explanation of how classical and operant conditioning is influencing Jason’s fear response. Not all steps of the 3-phrase models used by both learning techniques are completed correctly.

5 marks	<ul style="list-style-type: none"> • Not all aspects of the question are addressed. • Adequate psychological terms and concepts are addressed. Definitions of terminology and applications to Jason and are at times completed. • A reference of specific phobia and Jason’s diagnosis. • Outline of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. Not all steps or components of either treatment are referenced. • Outline of how classical and operant conditioning is influencing Jason’s fear response. Not all steps of the 3-phrase models used by both learning techniques are completed correctly.
3-4 marks	<ul style="list-style-type: none"> • Only some aspects of the question are addressed. • Adequate psychological terms and concepts are addressed. Incomplete or not included definitions of terminology and lack of application of Jason’s experience to psychological terminology. • A reference of specific phobia and Jason’s diagnosis. • Outline of psychological interventions that Jason could utilise, such as CBT or systematic desensitisation. Steps or components of either treatment are not referenced. • Outline of how classical and operant conditioning is influencing Jason’s fear response. Steps of the 3-phrase models used by both learning techniques are not completed. • Lack of application of Jason’s specific phobia to psychological terminology
1-2 marks	<ul style="list-style-type: none"> • Most aspects of the question are not addressed. • Inadequate psychological terms and concepts are addressed. Incomplete or not included definitions of terminology and lack of application of Jason’s experience to psychological terminology. • No reference of Jason’s diagnosis of specific phobia with suitable justification. • No outline of psychological interventions that Jason could utilise. • Inaccurate outline of how classical and operant conditioning is influencing Jason’s fear response. Steps of the 3-phrase models used by both learning techniques are not completed. • Lack of application of Jason’s specific phobia to psychological terminology with a misguided and incomplete attempt at the question.
0 marks	<ul style="list-style-type: none"> • No aspect of the question has been addressed. • No evidence of psychological terms and concepts are addressed. • No reference to Jason’s specific phobia • No evidence of application of Jason’s specific phobia to psychological terminology with no meaningful or appropriate attempt at any part of the question.