

OCD - Mark Scheme

Q1.

[AO1 = 4]

Level	Mark	Description
2	3-4	There is a clear knowledge of the use of drug(s) in the treatment of OCD with some accurate detail. The answer is generally coherent with effective use of appropriate terminology.
1	1-2	There is limited or partial knowledge of the use of drug(s) in the treatment of OCD with some detail. The answer lacks coherence and use of appropriate terminology.
	0	No relevant content.

Possible content:

- attempt to increase or decrease levels of neurotransmitters or the activity of neurotransmitters in the brain
- general purpose is to decrease anxiety, lower arousal, lower blood pressure or heart rate
- antidepressants – SSRIs – prevent the reuptake of serotonin and prolong its activity in the synapse in order to reduce anxiety / normalise the ‘worry circuit’
- tricyclics – block the transporter mechanism that re-absorbs both serotonin and noradrenaline, again prolonging their activity
- anti-anxiety drugs – such as benzodiazepines – enhance the activity of GABA and therefore slow down the CNS causing relaxation
- SNRIs – more recent drugs which also increase levels of serotonin and nor-adrenaline and are tolerated by those for whom SSRIs are not effective.

Credit other relevant material.

[4]

Q2.

(a) [AO1 = 2]

2 marks for a clear and coherent answer emphasising internal vs external distinction: obsessions are internal components because they are thoughts, and compulsions are external components because they are behaviours.

1 mark for a muddled or vague answer in which the distinction is suggested but is unclear or incomplete.

OR

1 mark for straightforward definition of **each** component (obsessions are intrusive thoughts, compulsions are repetitive behaviours / acts).

(b) [AO2 = 4]

Level	Marks	Description
2	3 – 4	Research findings are clearly explained in terms of both genetic and alternative explanation(s) and are mostly accurate. The answer is generally coherent with effective use of terminology.
1	1 – 2	Research findings are explained with some link to genetic and / or alternative explanation(s). The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Content:

- results indicate development of OCD is at least partly genetic
- the findings suggest that heritability is high (between 45% and 65%)
- this means that there must also be other explanations (inherited influence is not 100%)
- so other factors (eg environment or other bio factors) may also partly account for OCD.

Q3.

[AO1 = 2 AO2 = 2]

Level	Marks	Description
2	3 – 4	Outline of characteristics of OCD is clear. Application to the stem is clear. The answer is generally coherent with effective use of terminology.
1	1 – 2	There is limited / partial explanation of the characteristics of OCD and application to the stem. Explanation of OCD characteristics is clear but the application is missing or inaccurate OR application is clear but the explanation is missing or inaccurate. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- A cognitive characteristic would be an irrational belief or persistent recurring thoughts – catastrophic thinking such as: ‘my family is in danger and might get trapped in a house fire’.
- An emotional characteristic would be feeling anxiety or the reduction of anxiety

such as: 'worry about them' or 'feeling calm after making sure a fire cannot start'.

- A behavioural characteristic would be performing a repetitive action such as: switching plug sockets six times.

Credit for two characteristics of OCD, if student offers three, credit the best two.

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.

AO3 = 4

- The two averages are very similar, suggesting that both therapies are as good as each other.
- The range of each group is very different. This suggests that for some people Therapy A was very beneficial, but for others it had little benefit. For Therapy B, there was a much smaller range, suggesting that it has a similar effect on improvement for all the patients.

4 marks Effective interpretation of data Effective interpretation that demonstrates sound knowledge of what the data shows, with reference to both the average and the range.
3 marks Reasonable interpretation of data Reasonable interpretation of what the data shows; or effective interpretation of either the average or the range.
2 marks Basic interpretation of data Basic interpretation of what the data shows.
1 mark Rudimentary interpretation of data Rudimentary, muddled interpretation of the data, demonstrating very limited knowledge. Or reference to, for example, larger range/higher average/similar range.
0 marks No creditworthy material.

Q5.**Marks for this question: AO1 = 6, AO3 = 10**

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Evidence is clear. 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. Evidence is presented. 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 and organisation in places. Specialist terminology is used inappropriately on occasions.
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.
	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

Marks for description of biological explanations of OCD. Credit can be awarded for any or all of the following explanations:

Genetic explanation - some people are predisposed to develop the disorder as a result of inherited familial influence.

Biochemical explanation – low levels of serotonin associated with anxiety; high levels of dopamine linked to compulsive behaviour / stereotypical movements.

Physiological explanation - basal ganglia in the brain responsible for psychomotor functions, hypersensitivity of the basal ganglia may result in repetitive movements; linked to abnormality / excessive activity in the orbital frontal cortex.

Limited credit for simply naming / listing explanations.

Likely studies: McKeown and Murray (1987), Bellodi et al. (2001), Pauls et al. (1995), Rapoport and Wise (1988), Aylward et al. (1996).

AO3

Marks for discussion of biological explanations of OCD. Likely points include: the effectiveness of biological / drug therapies and how this supports the (biochemical) explanation eg anti-depressants that increase serotonin levels reduce OCD symptoms in many patients; problem that not all sufferers respond to drug treatment; issue of causation; treatment fallacy; contradictory evidence in brain scan studies; alternative explanations for findings from family / twin studies such as shared environments; brain structural accounts tend to explain repetitive behaviour but not obsessional thoughts. Credit discussion of broader issues such as reductionism, determinism and reasoned comparison with alternative explanations e.g. cognitive. Only credit evaluation of the methodology used in studies when made relevant to discussion of the explanation.

Credit use of evidence.