Paper 3 Checklist

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| Issues in Mental Health |  |
| The Historical Context of Mental Health | **Background:** historical views of mental illness, defining abnormality, categorising mental disorders |  |
| **Key research**: Rosenhan (1973) On being sane in insane places |  |
| **Application**: Characteristics of an affective disorder, a psychotic disorder and an anxiety disorder |  |
| Medical Model | **Background:** The biochemical explanation of mental illness, the genetic explanation of mental illness, brain abnormality as an explanation of mental illness |  |
| **Key research: Gottesman et al. (2010)** Disorders in offspring with two psychiatrically ill parents |  |
| **Application:** Biological treatment of one specific disorder |  |
| Alternatives to the medical model | **Background:**Behaviourist, cognitive and psychodynamic explanations of mental illness |  |
| **Key research:**Szasz (2011) The myth of Mental Illness: 50 years later |  |
| **Application:** Non-biological treatment of one specific disorder |  |
| Child Psychology |  |
| Intelligence | **Background**: What Psychologists mean by intelligence and what biological factors could affect intelligence |  |
| **Key Research:** Van Leeuwen et al (2008) A twin-family study of general IQ |  |
| **Application**: At least one method of assessing intelligence |  |
| Pre-adult Brain Development | **Background**: Brain development and the impact of this on risk taking behaviour |  |
| **Key Research:** Barkley-Levenson and Galvan (2014) Neural representation of expected value in adolescent brain |  |
| **Application**: At last one strategy to reduce the risk of taking behaviours using knowledge of brain development |  |
| Perceptual Development | **Background**: Perceptual development in children and how this can be studied in babies and animals |  |
| **Key Research**: Gibson and Walk (1960) The Visual Cliff |  |
| **Application**: At least one play strategy to develop perception in young children |  |
| Cognitive Development and Education | **Background:** Cognitive development in children and the impact of this on education |  |
| **Key Research:** Wood et al. (1976) The role of tutoring in problem-solving |  |
| **Application**: at least one cognitive strategy to improve revision of learning |  |
| Development of Attachment | **Background**: the development of attachment and babies and the impact of failure to develop attachments |  |
| **Key Research:** Ainsworth and Bell (1970) Attachment, Exploration and Separation: Illustrated by the Behaviour of One-year-olds in a Strange Situation |  |
| **Application**: At least one strategy to develop an attachment friendly environment |  |
| Impact of Advertising on Children | **Background**: The influence of television advertising on children and the stereotyping in such advertising |  |
| **Key Research**: Johnson and Young (2002) Gendered voices in children’s advertising |  |
| **Application**: At least one strategy to reduce impact of advertising which is aimed at children |  |
| Criminal Psychology |  |
| What makes a criminal? | **Background**: Physiological and non-physiological explanations of criminal behaviour |  |
| **Key Research:** Raine et al (1997) Brain abnormalities in murderers indicated by positron emission tomography |  |
| **Application**: one biological strategy for preventing criminal behaviour |  |
| The Collection and Processing of Forensic Evidence | **Background**: Motivating factors and bias in the collection and processing of forensic evidence |  |
| **Key Research:** Hall and Player (2008) Will the introduction of an emotional context affect fingerprint analysis and decision making? |  |
| **Application:** Strategies for reducing bias in the collection and processing of forensic evidence |  |
| Collection of Evidence | **Background**: Collection and use of evidence from witnesses and suspects |  |
| **Key research:** Memon and Higham (1998) A review of the cognitive interview |  |
| **Application**: one strategy for police interviews |  |
| Psychology and the courtroom | **Background**: How juries can be persuaded by the characteristics of witnesses and defendants |  |
| **Key Research**: Dixon et al. (2002) The Role of Accent and Context in Perceptions of Guilt |  |
| **Application**: one strategy to influence jury decision making |  |
| Crime Prevention | **Background**: How the features of neighbourhoods and how a zero-tolerance policy can influence crime |  |
| **Key Research:** Wilson and Kelling (1982) The Police and Neighbourhood Safety: Broken Windows |  |
| **Application**: At least one strategy for crime prevention |  |
| Effect of Imprisonment | **Background**: punishment and reform as responses to criminal behaviour |  |
| **Key Research:** Haney et al (1973) Study of prisoners and guards in a simulated prison |  |
| **Application**: at least one strategy for reducing reoffending |  |

Issues of Mental Health

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| **Area** | Background | **Evaluation** | **Key Study** | **Evaluation of the Key Study** | Application |
| **Historical context of mental health**  | **Historical views of mental illness** * humorism
* trepanning
* asylums

**Defining abnormality** * 4 definitions (DFIMH, DFSN, SI, F2FA)
* a limitation of each
* cultural relativism

**Categorising mental disorders** * DSM-V
* ICD-10
 | * Validity
* Reliability
* Subjective opinions of the psychiatrist
* differential diagnosis
 | **Rosenhan (1973)****On being sane in insane places.** | * The research methodology
* The diagnosis and key results for the original and follow up study
* The experience of psychiatric hospitalisation
* The stickiness of psycho-diagnostic labels
* Powerlessness and depersonalisation
 | Characteristics of 1. **affective disorder (bipolar depression)**
* Mania - increased rate of speech, psychomotor agitation
* Depression: to persist for >2 weeks, feelings of worthlessness or guilt, thoughts of suicide
1. **a psychotic disorder (schizophrenia)**
* **Positive symptoms**: 2+ to persist for 1 month, delusions, hallucinations
* **Negative symptoms**: Alogia – speech stops being fluent, avolition – no willpower or care
* and an anxiety disorder (OCD)
* Obsessions - Recurrent and intrusive bad thoughts, product of their own mind
* Compulsion - overt behaviours like washing hands, mental acts like counting, acts are repetitive, time consuming and rigid
 |
| **The medical model**  | **Biochemical explanation of mental illness** * Due to too many / few neurotransmitters binding to receptors.
* Neurotransmitters are either excitatory or inhibitory.
* Excitatory (e.g. serotonin) make the next cell more likely to fire.
* Inhibitory (e.g. GABA) make them less likely to fire.
* The cause of **specific phobias** is too little GABA

**The genetic explanation of mental illness** * All humans have inherited, through natural selection, certain fears e.g. heights.
* Seligman says that those who did not fear / avoid them, died, so their genes were not passed on

**Brain abnormality explanation of mental illness** * Localisation of function - different brain parts are over / under-active
* Specific Phobias - PFC inhibits the fear response. If it is not functioning effectively, it no longer stops fearful urges being sent from the amygdala.
* **Empirical evidence: Ahs et al (2009)** PET scans showed increased activity in the amygdala and reduced in the PFC for snake phobics
 | **Biochemical** * Aetiological fallacy
* Medicating problematic behaviour
* Palliative v curative

**Genetic** * Correlation not causation
* Nature v nurture

**Brain abnormality** * Psychology as a science
* Correlation not causation
 | **Gottesman et al. (2010)****Disorders in offspring with two psychiatrically ill parents.** | * Valid over time from ICD-8 to ICD-10
* Representative sample but may only apply to Denmark
* Ethical – anonymity assured, but may be unethical to use results to stop people having kids
* Useful to advise people on risks associated with having children - genetic counselling
* Difficult to rule out influence of shared environment
 | **Biological treatment of phobias: medication** * The cause of specific phobias is too little GABA
* GABA is an inhibitory neurotransmitter
* Benzodiazepines are prescribed for specific phobias, such as Valium (diazepam) and Xanax (alprazolam).
* BZs are a depressant – they help to reduce anxiety by increasing the levels of GABA

**Evaluation*** **Empirical Evidence: Pande et al (1999)** - BZs are effective in treating specific phobias
* **Appropriateness**: BZs are available on the NHS for short periods of time
* Palliative not curative
* Can be used alone or in **combination** with other therapies
* Side effects of chemotherapies should ONLY be referred in relation to ‘**treatment compliance’**. Side effects of low doses include: impaired memory, depression, drowsiness
 |
| **Alternatives to the medical model**  | **The behaviourist explanation of mental illness** * Learnt through classical conditioning, operant conditioning or SLT (D.A.R.R.M.)
* Specific phobias are **initiated** by classical conditioning or SLT and then **maintained** through operant conditioning.
* **Empirical evidence: Watson & Rayner (1920)** Little Albert to fear white furry objects through **ass**ociation with a loud noise.

**The cognitive explanation of mental illness** * **F**aulty / irrational thinking (cognitions) cause abnormal behaviour.
* **Attentional bias** - selectively focus on the fear – hypervigilance
* **Negative appraisal bias** - specific phobics exaggerate the risk of danger and **under-estimate (appraise)** their own ability to cope.
* Pflugshaupt (2005) eye tracking people with specific phobias

**The psychodynamic explanation of mental illness** * Tripartite personality – specific phobias = too much superego
* 5 Psychosexual stages – fixation at the phallic stage (Little Hans)
* Overuse of the ego defence mechanisms (e.g. catastrophizing)
 | **Behaviourist** * Not all behaviour is learnt (e.g. hallucinations in Sz)

**Cognitive explanation** * Research relies on self-reports

**Psychodynamic** Explanatory power* Psychology as a science
 | **Szasz (2011)****The myth of mental illness: 50 years later.** | * Psychology as a science
* Free will v determinism
* Ethics
* Reliability of diagnosis
* Nature v nurture
 | **Non-biological treatment of phobias = flooding*** Flooding intends to extinguish the unreasonable fear response.
* No relaxation techniques or step by step build up.
* Individual is exposed repeatedly and in an intensive way with their phobia.
* Fear response cannot be maintained for more than 20 minutes

**Evaluation of Flooding*** It is cost-effective
* It is curative
* It is less effective for some types of phobia like social phobias
* The treatment is traumatic for patients
* It is not available on the NHS

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Child Psychology

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| **Topic**  | **Background**  | **Key Research**  | **Evaluation** | **Application** |
| Intelligence (Biological) | What psychologists mean by intelligence and biological factors that could affect it | Van Leeuwen *et al.* (2008) | * Freewill vs determinism
* Methodological issues
* Nature vs nurture
* Reductionism vs holism
* Usefulness
 | At least one method of assessing intelligence |
| Pre-adult brain development (Biological)  | Brain development and the impact of this on risk taking behaviour  | Barkley-Levenson & Galván (2008) | * Ethical issues
* Free will vs determinism
* Methodological issues
* Psychology as a science
* Reductionism vs holism
* Usefulness of research
 | At least one strategy to reduce risk taking behaviours using knowledge of brain development |
| Perceptual development (Cognitive) | Perceptual development in children and how this can be studied in babies & animals  | Gibson & Walk (1960)  | * Ethical issues
* Methodological issues
* Nature vs nurture
* Psychology as a science
* Reductionism vs holism
* Usefulness of research
 | At least one strategy to develop perception in young children |
| Cognitive development & education (Cognitive)  | Cognitive development in children and the impact of this on education | Wood et al. (1976)  | * Ethical issues
* Free will vs determinism
* Methodological issues
* Psychology as a science
* Usefulness of research
 | At least one cognitive strategy to improve revision or learning |
| Development of Attachment (Social) | The development of attachment and impact of the failure to develop attachments  | Ainsworth & Bell (1982) | * Ethical issues
* Free will vs determinism
* Methodological issues
* Nature vs nurture
* Psychology as a science
* Usefulness of research
 | At least one strategy to develop an attachment friendly environment. |
| Impact of advertising on children (Social)  | The influence of TV advertising on children & stereotyping in such advertising  | Johnson & Young (2002) | * Ethics
* Individual v situational
* Methodological issues
* Nature vs nurture
* Reductionism vs holism
* Usefulness
 | At least one strategy to reduce impact of advertising which is aimed at children |

Criminal Psychology

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| **Topic**  | **Background**  | **Key research**  | **Evaluation** | **Application**  |
| **What makes a criminal? (Biological)** | Physiological and non-physiological explanations of criminal behaviour. * Physiological = Bruner – MAOA gene
* Non-physiological – Farringdon and West
* Interactionist = Caspi – diathesis stress model
 | **Raine et al. (1997) Brain abnormalities in murderers indicated by positron emission tomography.**  | * Psychology as a science
* Reductionism
* Determinism
* Ethics
* Quantitative data
 | **1 biological strategy for preventing criminal behaviour.** * Vitamins for pregnant women
* Omega 3 oils for children
* Facial surgery for prisoners
 |
| **The collection and processing of forensic evidence (Biological)** | Motivating factors and bias in the collection and processing of forensic evidence* Motivating factors (job satisfaction, crime solving
* Cognitive biases (expectation, confirmation, anchoring effects, contextual bias, role effects, reconstructive effects).
 | **Hall and Player (2008) Will the introduction of an emotional context affect fingerprint analysis and decision-making?**  | * Psychology as a science
* Hypothesis testing
* Self-report
* Demand characteristics
* Ecological validity
 | **1 strategy for reducing bias in the collection and processing of forensic evidence*** Avoidance of context.
 |
| **Collection of evidence (Cognitive)** | Collection and use of evidence from witnesses and suspects * Standard and cognitive interviews
 | **Memon, & Higham, (1999) A review of the cognitive interview.**  | * Methodological issues
* Usefulness of research
 | **1 strategy for police interviews*** PEACE interview strategy
* Cognitive Interview Strategies.
 |
| **Psychology and the courtroom (Cognitive)** | How juries can be persuaded by the characteristics of witnesses and defendants* Dion – Halo effect.
 | **Dixon et al. (2002) The Role of Accent and Context in Perceptions of Guilt.**  | * Experimental control
* Ecological validity
* Sample generalizability
* Psychology as a science.
 | **1 strategy to influence jury decision making*** Penrod and Cutler showed that witness confidence.
 |
| **Crime prevention (Social)** | How the features of neighbourhoods and a zero tolerance policy can influence crime. * Defensible space
* Zero Tolerance
 | **Wilson and Kelling (1982)** **The police and neighbourhood safety: Broken windows.**  | • Lack of empirical evidence – too theoretical?• Lack of distinction between ‘crime’ and ‘disorder’. | **1 strategy for crime prevention*** Clarke’s situational strategies (Target hardening. Access Stimulating conscience. Denying benefits. Facilitating compliance
 |
| **Effect of imprisonment (Social)** | Punishment and reform as responses to criminal behaviour* Prison as punishment (Sykes S.L.A.G.H)
* Prison as reform (Gillis and Nafekh – employment training)
 | **Haney et al. (1973) Study of prisoners and guards in a simulated prison.**  | * Ethics
* Ecological validity
* Situational vs Dispositional debate
* Sampling bias.
 | **1 strategy for reducing reoffending*** Restorative justice (respect, responsibility, repair, re-integration)
 |