



Knowledge Organiser: Year 13

Health and Social; Unit 11

<p><u>How psychological perspectives explain behaviour.</u> 1A</p> <p>Behaviourist perspective – classical conditioning and operant conditioning. Social learning – observational learning, role theory, self-fulfilling prophecy. Psychodynamic perspective – role of the unconscious, early experiences. Humanistic perspective – Self-actualisation, hierarchy of needs. Concept of the self. Cognitive perspective – Jean Piaget, conservation, egocentrism. Biological perspective – Maturational theory, genetic influences, fight or flight. Theories of human development – nature vs nurture, continuity vs discontinuity, nomothetic vs idiographic.</p>	<p><u>Application of perspectives to health and social care</u> 2A</p> <p>Behaviourist perspective – challenging and changing behaviour, behaviour modification, systematic desensitisation. Social learning – anti-discrimination, use of positive role models in health campaigns. Psychodynamic perspective – psychoanalysis, understanding challenging behaviour, understanding and managing anxiety. Humanistic perspective – the importance of empathy, active listening. Cognitive perspective – supporting individuals with learning difficulties, supporting individuals with emotional problems, depression, irrational thinking, PTSD. Biological perspective – understanding developmental norms, understanding predispositions to illnesses, health-related behaviours.</p>
<p><u>Psychological perspectives and specific behaviours</u> 3A</p> <p>Interaction of perspectives – how more than one perspective might be needed to explain complex behaviours e.g. depression. Specific behaviours – understanding different behaviours and the signs and symptoms associated with them</p>	<p><u>Factors that affect human development and specific behaviours</u> 1B</p> <p>Physical – physical processes that influence our behaviours. E.g. circadian rhythms and structures of the brain. Social, cultural and emotional – how humans are influenced by values, norms and behaviours of the society and culture we live in. Economic – the amount of money we have to spend on basic needs will influence our behaviour and health e.g. someone’s diet or access to health services. Physical environment – the type of environment we live in will impact our behaviour e.g. properties that are overcrowded are linked to stress. Psychological – the way we are treated as we grow up will influence our behaviour e.g. if we have a lack of emotional support as we grow up, we might develop anxiety disorders later in life.</p>
<p><u>Psychological perspectives and the management of behaviours</u> 2B</p> <p>CBT – developed by Beck. Works by identifying negative thought and turning them in to positive ones. Can also be used to treat phobias, anxiety, depression and PTSD. Social learning theory – use of positive role models to reduce health risks, used in the treatment of eating disorders. Psychodynamic perspective – psychoanalysis, exploration of factors influencing behaviours. Humanistic perspective – person centred counselling, including the concept of unconditional positive regard. Biological perspective – the use of drugs to treat mental illnesses and biofeedback.</p>	

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Psychological perspectives and treatment of behaviours

3B

Interventions – each perspective will have a different therapeutic practice, depending on how they believe that behaviour developed.

Group therapy – a therapy conducted alongside other individuals with the same issues.

Family therapy - members of the family also attend therapy to improve relationships and improve the home environment.

Addiction therapy – focuses on clients becoming clear about the destructive nature of addictive behaviours.

Behaviour modification programmes – based on the techniques of operant conditioning.

Ethical issues:

- Need to ensure therapy is ethical.
- Protection from harm
- Informed consent
- Ethics committees will be used to ensure research and therapies are ethical.

How the therapies work:

- All therapies work by enabling clients to recognise behaviours that are hindering their wellbeing.
- For example, CBT encourages individuals to think differently about their irrational thoughts.

Reasons for attending therapy:

There are many reasons including...

- Bereavement
- Loss of employment
- Relationship difficulties
- Mental disorders

How psychological perspectives are applied in health and social care

1C

Concept of role – the ‘sick role’. This is when individuals step outside of their roles and into the role of the patient.

Influence – when we are in groups, we are influenced and our behaviour changes.

Conformity to minority influence – we believe a minority group has superior influence and we become converted to a new way of doing things.

Conformity to majority influence – a temporary change to behaviour or views to go along with a group, but privately our views don’t change.

Conformity to social roles – behaving in a way in which we believe we are meant to depending on the role we have taken on e.g. care worker.

Obedience – a situation in which an individual follows orders given by someone else. E.g. Milgram’s experiment.

Attitude change – attitudes are an important component of behaviour and can be used to predict behaviour.

Factors influencing hostility and aggression – hostility is unfavourable attitudes towards others, aggression is unfavourable behaviour towards others.

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How do we use Knowledge Organisers in Psychology

How can you use knowledge organisers at home to help us?

- **Retrieval Practice:** Read over a section of the knowledge organiser, cover it up and then write down everything you can remember. Repeat until you remember everything.
- **Flash Cards:** Using the Knowledge Organisers to help on one side of a piece of paper write a question, on the other side write an answer. Ask someone to test you by asking a question and seeing if you know the answer.
- **Mind Maps:** Turn the information from the knowledge organiser into a mind map. Then reread the mind map and on a piece of paper half the size try and recreate the key phrases of the mind map from memory.
- **Sketch it:** Draw an image to represent each fact; this can be done in isolation or as part of the mind map/flash card.
- **Teach it:** Teach someone the information on your knowledge organiser, let them ask you questions and see if you know the answers.

How will we use knowledge organisers in Psychology?

- **Test:** We will do regular low stakes tests to check your ability to retrieve information from memory.
- **Mark our answers:** Once you have done a low stake test you can mark your work using the knowledge organiser.
- **Improve our work:** Once you have finished a piece of work you may be asked to check your knowledge organiser to see if there is any information on it that you could add into an answer.

<u>ASSESSMENT</u>	<u>SECTION ON KNOWLEDGE ORGANISER</u>	<u>DATE</u>	<u>SCORE</u>
Learning Check point 1			/15
Learning Check point 2			/15
9 marker exam question			/9
Learning Check point 3			/15
9 marker exam question			/9
END OF UNIT			/30