**2012-13 Year 2 – The Ultimate Psychology Revision Guide**

Ok, so now you have arrived at the end of the psychology course, hopefully you found it interesting but you may be worried that when you come to sit the exam all you will remember is that there was something to do with a moon-walking bear. Do not fear this revision guide is just what you need!

Firstly, and perhaps most importantly, the exam questions have **not** been designed to catch you out or focus on obscure parts of the module that we covered only in passing. The focus will be on the fundamental concepts that we have covered in detail in the lectures. Therefore, you don’t need to memorize every definition and diagram that was discussed in the lectures but I do expect you to be able to recall the main concepts. Which ones are the main ones? I can already hear you ask. The answer is to look at the learning objectives and the notes in the handbook; they include what I consider to be the main models and concepts. However, to make life **even easier** for you, I have gone through all of this year’s lectures, pulled out the key concepts, and put them in the appendix at the end of this guide.

In section 2 of the LCRS exam on 2nd May 2013 (I’ll be thinking of you!) there will be **eight** Single Best Answer Questions (SBA), **one** Extended Matching Question (EMQ) and **one** Short Answer Question (SAQ) relating to the Psychology module. All questions are compulsory (although of course, even if they weren’t I’m sure you would choose the psychology ones anyway!)

Examples of Psychology questions are as follows:

**Single best answer questions**

Which one of the following is **least** likely to lead to “social loafing”?

1. The person believes that individual performance is not being monitored
2. The task (goal) or the group has less value or meaning to the person
3. The person has an internal locus of control
4. The person expects that other group members will display high effort

The answer, of course, is (c)

All of the following are characteristics of “Type A Behaviour” **except**:

a) Learned helplessness

b) Time urgency

c) Free-floating hostility

d) Focus on accomplishment

e) Competitive and goal-driven

The answer is, of course ……..

**Extended Matching Question (EMQ)**

|  |  |  |  |
| --- | --- | --- | --- |
| A | Conditioned Response | F | Conditioned Stimulus |
| B | Classical Conditioning | G | Negative Reinforcement |
| C | Unconditioned Stimulus | H | Stimulus discrimination |
| D | Unconditioned Response | I | Operant Conditioning |
| E | Punishment | J | Shaping |

*For each scenario below, choose the* ***SINGLE*** *most appropriate answer from the list of options above. Each option may be used once, more than once, or not at all.*

1. Results in a decrease in the behaviour targeted

2. The term applied to the sound of the bell which led to the dogs salivating in Pavlov’s famous experiment.

3. Involves reinforcing successive approximations of the desired behaviour e.g. to help a child learn to brush their teeth

4. The type of learning that explains why Pavlov’s dogs salivated to the sound of a bell even when food was not presented.

5. The term that would be used to describe the nausea experienced by chemotherapy patients on entering the chemotherapy unit.

**Short Answer Question (SAQ)**

List 3 factors which have been identified as influencing whether a piece of information given to a patient in a clinic consultation will be recalled afterwards. (*3 marks*)

*Marking scheme:*

*Any three of (1 mark each):*

*Overall amount of information*

*Order of presentation*

*Stressing importance*

*Specificity of information given*

*Mode of presentation verbal vs written*

As we have discussed the key concepts and models in the lectures we have looked at some experimental studies which provide the evidence base for these. A question that many people have quite reasonably asked is “do we need to remember the details of these experiments?” As I have said in the lectures, the answer is “yes, but..”. One or two of the questions **MAY** relate to individual experiments that we have covered **BUT,** they will only be the main ones that we have gone into in detail, and questions about these studies will always have the **names of the authors** and some description listed in the question rather than you being asked to give the names in your answer.

For instance:

Stanley Milgram’s (1965) study in which participants believed they were administering electric shocks to fellow participants demonstrated:

1. The benefits of relaxation in coping with pain
2. The bystander effect
3. The Theory of Planned Behaviour
4. The extent of obedience to authority
5. The Gambler’s fallacy

Again for ease of reference, I have listed in the appendix, what I consider to be the most important experimental studies which I would expect you to remember the main gist of. I don’t expect you to remember the details of the methodology or measures used just, **in general terms**, **what the study was about and what the main findings were**.

For instance; Henry Beecher’s classic study compared reported pain of soldiers and civilians with similar severity and found the former reported less pain and requested fewer analgesics. This provides evidence that psychological factors, such as meaning, influence the perception of pain.

That’s it; the rest is down to you I’m afraid! If you have any specific queries please email me (but obviously this is **not** an alternative to you looking up things that you missed or didn’t follow in the lectures, you should start by looking in the recommended texts or by searching the web).

Good luck (not that you’ll need it of course!)

Best wishes

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**Appendix – Key concepts and studies**

**Autumn Term 2012**

**Pain**

**Key concepts**

* Gate theory of pain (explanation)
* Measurement of pain – (3 components and how to measure each)
* The placebo effect definition, poss modes of action and influencing factors
* Differences between acute and chronic pain (to be able to list a few differences)

**Key studies**

Beecher (1956) Wound severity and pain

Anderson & Pennebaker (1980) Effect of expectancy of perception

Arntz et al (1991) Attention vs anxiety

**Spring Term 2013**

**1a – Learning Theory**

**Key concepts**

* Habituation and sensitization (just definition)
* Classical conditioning (definition & terminology)
* Operant conditioning (definition & terminology)
* Observational (social) learning
* Types of reinforcement & schedules of reinforcement.

**Key studies:**

Pavlov’s Dogs

Watson & Raynor (1920) Little Albert Experiment

Bandura (1961) Bobo Doll Experiment

**1b - Health beliefs and behaviour**

**Key concepts**

* Definition of health behaviour
* Effect of education on health behaviour
* Effect of positive reinforcement and limitations
* Expectancy–Value model (basic idea)
* Definition of self-efficacy and sources of self-efficacy (need to know both)
* Health Belief Model (Need to know the components)
* Theory of Planned Behaviour (Need to know the components)

**Key studies**

Nutbeam et al (1993) Effect of smoking education in schools

Kegels et al (1978) Effect of positive reinforcement on health behaviour

Janis & Fesbach (1953) Effect of fear arousal (negative reinforcement)

**2a - Perception of physical symptoms**

**Key concepts:**

* Sensation and perception (just basic definitions)
* Bottom-up and top-down processing (what they mean)
* Different types of attention (couple of examples)
* Perceptual schemas (explain what they are)
* Humphreys & Riddoch’s hierarchical model of object recognition (just the idea of what the different levels of processing are)
* Apperceptive and Associative Agnosia (which stage of object recognition process is impaired)
* Critical periods in perceptual development (just what this means)
* Cultural factors in perception (meaning and example)
* Factors affecting perception of physical symptoms (examples)

**Key studies**

Pennebaker (1981) Perception of heart rate

Arntz et al (1991) Attention vs anxiety (again)

Ruble (1977) Effect of label on symptom perception

**2b – Language and thinking**

**Key concepts**

Language development (don’t need to memorize the stages but be able to explain the influences and why there is a critical period for language acquisition)

Main types of aphasia (describe the characteristics and the language circuit)

Deductive and inductive reasoning (what the difference is)

Hot vs cold systems of thinking (aka system 1 & 2) (what the characteristics are)

Heuristics inc. Availability and representativeness (definition and give example)

Executive functioning (describe what it is and some of the common characteristics of dysexecutive syndrome)

**3a – Developmental psychology**

**Key concepts**

* Nature vs Nuture (general idea)
* Temperament (general definition)
* Reciprocal socialization (what is means)
* Development of attachment (outline of the stages)
* Measurement of Attachment (types of attachment)
* Assessment of attachment (Ainsworth’s strange situation test)
* Piaget’s model of cognitive development (basic outline of the stages)
* Accommodation vs Assimilation (need to understand definitions)

**3b – Coping with treatment**

**Key concepts**

* Transactional definition of stress (definition and application)
* Procedural and sensory information and the Dual process hypothesis (definitions)
* Effect of perceived control on distress
* Problem focussed and emotion focused coping (definition and examples)
* Individual differences in coping style (why they are important)
* Effect of social support
* Strategies for helping children cope with treatment
* Influence of parental behaviour

**Key studies**

Auerbach (1983) Amount of information and distress

Langer and Rodin (1976) Nursing home study (aka the flower power study)

Thrash et al (1982) Traffic light study

Martelli et al (1987) Problem focussed vs emotion focused coping

**4a - Individual differences**

**Key concepts**

Personality theories – Freud, Eysenck and Big Five (Basic outline only)

Locus of control and self-efficacy (again) (just definitions)

Definition and limitations of IQ

Crystallized vs fluid intelligence (definitions and changes with age)

Genetic & environmental contributions to IQ (inc. correlations between IQ of sibs)

Baron Cohen’s Empathizing/Systematizing Theory (basic outline)

**4b - Coping with illness and disability**

**Key concepts**

Transactional definition of Stress (definition and application)

Kublar-Ross’s stage theory of adjustment (basic outline)

Lack of evidence for stages

Five myths of coping with loss (Wortman & Silver 1989)

Moos’ Crisis Theory of coping with serious illness and applications (basic outline not all detail)

Illness Representations – Leventhal (5 dimensions)

WHO Classification of Functioning (ICF), and how psychological factors can be integrated (only the general idea don’t need to memorize)

**5a - Social Psychology**

**Key concepts**

Attitudes and prejudice (definition & self fulfilling prophesy)

Conformity and influencing factors

Obedience and influencing factors

Social loafing and influencing factors

Group decision making esp: “Group think”, definition and influencing factors

The bystander effect (5 steps in the process) and how to overcome it

Leadership styles (Kurt Lewin) (outline)

**Key studies**

Asch (1956) Conformity

Milgram (1974) Obedience

Darley & Latane (1968) Bystander effect

**5b – Clinical decision making**

* Influence of extraneous factors on decision making
* Confirmatory bias (explanation)
* The sunk cost fallacy (explanation)
* The anchoring effect (explanation)
* Gamblers fallacy (explanation)
* Conditional probabilities and the use of Bayes’ Theorem (what it is and when to use but you **don’t** need to learn equation)
* Strategies for improving clinical decision making

**Key studies**

Nisbett & Wilson (1977) Effect of extraneous factors on decision making

Slovic (1973) Confirmatory bias

**7a – Memory**

**Key concepts**

* Neural correlate of memory
* Stages of memory process (name and define each stage)
* Working memory (Baddeley Model)
* Types of long term memory (names and definitions)
* Associative networks (General gist)
* Schemas and memory encoding (explanation)
* Misinformation effect and eye witness testimony (Just the general gist)
* Strategies for enhancing memory (give some examples)
* Changes in cognitive functioning with normal aging (differences between normal ageing and dementia)

**Key studies**

Bartlett (1932) War of the Ghosts

Loftus and Palmer (1974) Eyewitness testimony

**7b – Understanding and recall of health care advice and adherence to treatment**

**Key concepts**

* Definition, prevalence and consequences of non adherence to treatment regimes
* Main causes of non adherence
* Communication style – Szasz and Hollender Styles
* Matching communication style to situation
* Factors affecting recall of health care information
* Presentation factors affecting recall of information
* Effects of written information and importance of readability
* Ways of improving adherence to treatment

**Key studies**

Ley & Spelman (1967) Amount of information and recall

Ley (1975) Effect of readability on adherence

**8a - Psychobiology of disease**

**Key concepts**

* Transactional definition of stress (yet again!)
* Flight v Flight response and Selye’s General Adaptation Syndrome (3 stages)
* Psycho-physiological and behavioural pathways linking stress and disease (basic outline)
* Effect of stress on immune functioning (again basic outline only)
* Type A behaviour (including components) and relationship with cardiovascular health
* Placebo effect (again)
* Social support and health (relationship)
* Stress management programmes (examples of components)

**Key studies**

Friedman et al (1986) The Recurrent Coronary Prevention Project (RCCP)

Holt-Lunstad et al (2010) Social Relationships and Mortality Risk

**8b Psychological Therapies**

**Key concepts**

* Exposure therapy (and basis in learning theory)
* Cognitive model of emotional disorder (basic outline)
* Cognitive therapy (basic idea)
* Comparison of medication and psychological therapy for depression and anxiety (don’t need to memorize but awareness of differences in recovery and relapse rates)
* Psychological therapies recommended in NICE guidelines (couple of examples)
* Well-being (definition)