Oxford Cambridge and RSA

Unit title:	Psychology for health and social care
Unit number:	17
Level:	4
Credit value:	15
Guided learning hours:	60
Unit reference number:	K/601/1619

UNIT AIM AND PURPOSE

This unit will enable learners to explore how psychological theories help inform health and social care workers. Learners will be encouraged to use theories to help explain human behaviours with specific reference to mental health disorders; they will become familiar with how psychology can be used to change behaviours and help enhance relationships in health and social care settings. This unit may be of particular use for learners working, or planning to work, in therapy, counselling, mental health nursing, and clinical or educational psychology.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting all the requirements in the assessment criteria.

Learning Outcome (LO) The Learner will:	Pass The assessment criteria are the pass requirements for this unit. The Learner can:
LO1 Understand theories of lifespan development	1.1 compare different psychological theories of lifespan development 1.2 explain how psychological theories and concepts are related to specific life stages
LO2 Understand social and biological determinants of human behaviour displayed in health and social care contexts	2.1 explain social and biological factors that influence human behaviour 2.2 analyse the importance of social roles in the context of health and social care settings
LO3 Understand how psychological theories are applied to health and social care practice	3.1 analyse the application of psychological theories to individuals experiencing elevated levels of stress 3.2 analyse how psychological theories relate to behaviour disturbance 3.3 analyse how psychological theory informs understanding of mental health disorders 3.4 evaluate the application of psychological principles to affecting behaviour change in health and social care settings 3.5 analyse how psychological theories can enhance understanding of relationships in health and social care

GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

Merit Criteria (M1, M2, M3) (M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.)	Distinction Criteria (D1, D2, D3) (D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.) (In order to achieve a distinction grade, all merit criteria must also have been achieved.)
MANDATORY TO ACHIEVE A MERIT GRADE	MANDATORY TO ACHIEVE A DISTINCTION GRADE
M1 Analyse concepts, theories or principles to formulate own responses to situations	D1 Evaluate approaches to develop strategies in response to actual or anticipated situations.
M2 Analyse own knowledge, understanding and skills to define areas for development.	D2 Evaluate and apply strategies to develop own knowledge, understanding and skills.
M3 Exercise autonomy and judgement when implementing established courses of action.	D3 Determine, direct and communicate new courses of action.

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content, these are suggestions; they do not have to be the examples that the learner uses.

LO1 Understand theories of lifespan development	
Theories	(e.g. psychodynamic (e.g. Freud), cognitive (e.g. Piaget), psychosocial (e.g. Erickson), attachment (e.g. Bowlby), moral (e.g. Kohlberg), behaviourism (e.g. Skinner), humanism (e.g. Maslow))
Concepts	(e.g. affect/motivation, behaviour, cognition, physiology/biology, personality, the self, situation, theory)
Life stages	(e.g. infancy, childhood, adolescence, adulthood, later adulthood, final stages of life, death).
LO2 Understand social and biological determinants of human behaviour displayed in health and social care contexts	
Social	(e.g. role models, social learning theory, stereotyping; interpersonal attraction, prejudice/discrimination, compliance/obedience)
Biological	(e.g. autonomic nervous system, central nervous system, localisation and lateralisation of brain functions, endocrine system, sensory systems)
Social roles	(e.g. conformity, identity, development of self-concepts).
LO3 Understand how psychological theories are applied to health and social care practice	
Theories	(e.g. engineering model, general adaptation syndrome, transactional model, flight/fight response)
Causes of stress	(e.g. work, illness, pain, bereavement)
Applications	(e.g. measuring stress, managing stress, effects of stress)
Behavioural disturbance	(e.g. autistic spectrum disorders, addictions, separation anxiety disorder, selective mutism, attention deficit and disruptive behaviour disorders)
Categorising disorders	DSM, ICD

Informs understanding	(e.g. predicts, interprets, explains)
Psychological principles	(e.g. stimulation, socialisation, identity, control)
Behaviour change	(e.g. intervention, removal of barriers, application of understanding, self-efficacy)
Enhance understanding	(e.g. interventions, improving communication, advocacy, therapies, reflective practice)
Relationships	(e.g. service providers/users, friends/families, professionals working together).

GUIDANCE

Delivery guidance

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include learners initially researching the range of psychological theories that exist and using case study examples to see how they can be applied to individuals and health and social care contexts. Working, or contact, with professionals will aid understanding.

Learners will benefit from being encouraged to exercise autonomy and judgement to develop plans on how service users can benefit from interventions by health professionals who utilise psychological theories, allowing learners to adapt their thinking and reach considered conclusions.

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and from being given the opportunity to explore them using diverse approaches and schools of thought. For example, investigating how the range of theories can be adapted and used to help relieve stress and aid behavioural change in people needing support.

Assessment evidence guidance

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes, and be submitted in the form of assignments, essays, presentations or, where appropriate, reflective accounts.

Where group work/activities contribute to assessment evidence, the individual contribution from each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

Gross, R. *Psychology: the Science and mind and Behaviour*, 6th revised edition, London: Hodder Education, 2010.

Morrisson, V and Bennett, P. *An Introduction to Health Psychology*, 2nd edition. Harlow Pearson Education. 2009.

Haynes, N. *Principles of Social Psychology* Lawrence Erlbaum Associates, 1993.

Gross, R and Kinnison, N. *Psychology for nurses and applied health professions*, Hodder Arnold, 2007.

Sarafino, E.P, *Health Psychology biopsychosocial interactions*, 4th edition, Wiley, 2002.

Crisp, R. J., and Turner, R. N., *Essential Social Psychology*, Sage, 2007.

Journals

Psychology Review
Journal of the European Health Psychology Society
Journal of Health Psychology

Websites

www.apa.org
www.bps.org.uk

Signposting to other units within the qualification

Unit 7:   The role of public health in health and social care
Unit 8:   Adulthood, ageing and end-of-life
Unit 9:   Long-term conditions
Unit 13:   Safeguarding in health and social care
Unit 17:   The sociological context of health and social care
Unit 19:   Developing counselling skills for health and social care
Unit 22:   Understanding specific needs in health and social care