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Answer ALL questions in the spaces provided.

1.

Joshua is two years old and lives at home with his parents, Rachel and William, and his six-year-old sister, Rebecca. Joshua currently attends Riverside Day Nursery five days a week while his parents are at work. Rachel is concerned that Joshua has started having severe temper tantrums when he comes home from nursery and banging his head against the wall. William feels Rachel is too soft with Joshua and his behaviour has led to arguments between them. In desperation, she has approached her Health Visitor, Sue, for some advice.

(a) Sue uses a behavioural approach when tackling this type of issue.

Identify **two** features of a behavioural approach.

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(2)

(b) Sue visits Joshua and Rachel at their home to make an initial assessment of Joshua's behaviour.

Describe what may be involved in this assessment.

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(4)



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(d) Sue discusses a range of possible options which may help Joshua's behaviour and encourages Rachel to decide which she would prefer to try out. Rachel decides to use a 'time out' strategy.

(i) Identify the Care Value Sue is promoting by encouraging Rachel to decide on the most appropriate cause of action.

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(1)

(ii) Identify and describe **one** other Care Value Sue may promote whilst working with this family.

Identification

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Description

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(3)



(iii) Explain what is meant by 'time out'.

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2.

Proportion of obesity in children and adolescents aged 2–19 years by sex 1995–2000

	1995	1996	1997	1998	1999	2000
Boys	3.7	4.1	4.0	4.2	5.9	4.8
Girls	5.7	5.9	5.8	7.0	7.1	6.8

Source: www.statistics.gov.uk

(a) Identify **two** trends shown in the table.

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(2)



(b)

Chelsea is 15 years of age. Her mother, Yvonne, took her to see the GP because she was concerned that Chelsea appeared to have lost weight. Yvonne had also noticed cuts on the inside of Chelsea's arms. Yvonne was concerned that Chelsea was self-harming. Chelsea told the GP that she had been bullied at her previous school. Her classmates had called her names which implied that she was overweight. The GP suggested to Yvonne that Chelsea's self-esteem was very low.

(i) Define the term 'self-esteem'.

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(ii) Explain why Chelsea may be suffering from low self-esteem.

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(c) The GP decides to refer Chelsea to the Community Psychiatric Nurse, who uses a **cognitive approach** to help Chelsea.

(i) Cognitive Primacy is a key aspect of cognitive approaches.

Define the term 'Cognitive Primacy'.

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(2)

(ii) Chelsea felt that her classmates thought she was overweight and worthless. This is known as 'distorted thinking'.

Explain **two** features of distorted thinking and give a brief explanation of each.

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(d) Evaluate the effectiveness of using **Cognitive Therapy** with clients such as Chelsea.

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(10) Q2

(Total 30 marks)



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3.

Mrs Rashid is 67 years of age and suffers from severe arthritis. One month ago her husband suffered a heart attack and died.
Mrs Rashid is finding it difficult to cope and is depressed. Her GP decided to offer her a course of counselling. The counsellor, Steven, visits her at home. He likes to use person-centred therapy.

(a) Describe **two** key features of the relationship between the counsellor and the client in a person-centred approach.

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(4)



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(b) As a counsellor, Steven is aware that he is often told very personal information by his clients. Much of this information he does not pass on to the GP, respecting client confidentiality and promoting one of the principles of the care value base.

Describe **two** situations when it might be appropriate to break client confidentiality.

1

2

(4)

(c) Steven feels Mrs Rashid has an 'external locus of control'. If Mrs Rashid is to maximise the benefit of the counselling sessions she needs to move towards having more of an 'internal locus of control'.

Explain the difference between an 'external' locus of control and an 'internal' locus of control.

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(4)



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