4.4 Characteristics of OCD: Behavioural, Emotional and Cognitive: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

At least four answers should be written in full sentences. Time guidance: 30 minutes for the whole pack.

1 Explain how the cognitive characteristic of hypervigilance to threat can increase emotional distress in someone with OCD. Give two linked points and one real-world implication.

(Total for Question 1 is 6 marks)

2 Outline two cognitive characteristics of OCD, describing how they affect thought processes.

(Total for Question 2 is 3 marks)

3 Vignette: Priya feels overwhelming disgust when she thinks she has touched money. She reports intense shame and avoids handling cash, feeling guilty even though she knows there is no health risk. Identify the emotional characteristics shown and explain how they differ from normal worry.

(Total for Question 3 is 4 marks)

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4 Explain one strength and one limitation of using vignette case studies to assess whether a behaviour reflects an OCD characteristic, with brief why-it-matters statements.

(Total for Question 4 is 4 marks)

5 Outline and briefly evaluate how avoidance as a behavioural characteristic of OCD can maintain the disorder. Refer to the consequence for anxiety to support your evaluation.

(Total for Question 5 is 6 marks)

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Mark scheme · 4.4 Characteristics of OCD: Behavioural, Emotional and Cognitive: 30-minute Pack

Question 1

explains hypervigilance: heightened attention to perceived threats or potential contamination	**M1**
explains first link: constant scanning for threat increases perceived frequency of danger cues, raising anxiety levels	**A1**
explains second link: hypervigilance leads to more intrusive thoughts and triggers compulsive checking/avoidance	**M1**
explains consequence: increased compulsions and avoidance then increase distress and reduce functioning	**A1**
gives a brief real-world implication, e.g. hypervigilance may make tasks like shopping or socialising intolerably stressful	**M1**
explains why this matters, e.g. demonstrating clinical importance of addressing attention bias in therapy	**A1**

Answer: Hypervigilance means constantly scanning for threats, which makes danger cues seem more frequent and raises anxiety; it also provokes more intrusive thoughts and compulsive checking or avoidance, increasing distress and impairing daily functioning, so addressing attention bias is clinically important.

Question 2

identifies obsessive, intrusive thoughts that are recurrent and unwanted	**M1**
explains that these intrusions are experienced as uncontrollable and cause distress	**A1**
identifies hypervigilance to threat or excessive insight into the irrational nature of the obsessions	**B1**

Answer: Recurrent intrusive obsessive thoughts that are unwanted and distressing; hypervigilance to perceived threat and often awareness that the thoughts are excessive or irrational.

Question 3

identifies feelings of disgust and intense anxiety/distress related to touching money	**B1**
identifies excessive guilt or shame despite knowing there is no health risk	**B1**
explains that these emotions are excessive compared with normal worry because they are disproportionate to the objective danger	**A1**
explains that avoidance and persistent guilt impair functioning, unlike everyday fleeting worry which does not cause marked avoidance	**A1**

Answer: Disgust and excessive guilt: Priya feels intense disgust and shame about touching money and avoids handling cash. These emotions are disproportionate to the actual risk and lead to avoidance and impairment, unlike normal worry which is usually brief and proportionate.

Question 4

states a strength, e.g. vignettes allow precise application of diagnostic features to behaviour	**M1**
explains why this matters, e.g. helps students practise applying definitions and distinguishing OCD from normal behaviour	**A1**
states a limitation, e.g. vignettes lack richness of clinical assessment and contextual detail	**M1**
explains why this matters, e.g. may lead to over- or under-diagnosis since real-life impairment, duration and comorbidity are not shown	**A1**

Answer: Strength: vignettes let you apply diagnostic features directly, useful for practising classification. Limitation: they lack clinical depth and context, risking misclassification because duration, severity and comorbidity are not apparent.

Question 5

outlines avoidance: avoiding situations or objects that trigger obsessions, e.g. avoiding public toilets or pets	**M1**
explains maintenance mechanism: avoidance prevents exposure and disconfirms feared outcomes, so anxiety is not relearned or reduced long term	**A1**
states an evaluative strength, e.g. avoidance explains why symptoms persist and links to behavioural theory of negative reinforcement	**M1**
explains why this matters, e.g. avoidance reduces immediate anxiety which reinforces the avoidance, maintaining OCD	**A1**
states an evaluative limitation, e.g. avoidance may reduce measurable distress but also leads to functional impairment and social withdrawal	**M1**
explains why this matters, e.g. treatment needs to address avoidance by exposure, so avoidance complicates clinical management	**A1**

Answer: Avoidance involves staying away from triggers, which prevents disconfirmation of the feared outcome and so maintains anxiety through negative reinforcement. This explains persistence of symptoms and is consistent with behavioural theory, but avoidance also causes functional impairment and makes treatment harder because exposure is needed to break the avoidance cycle.

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