

Year 13 Topics

In year 13 we teach the following topics over the course of the year. Each topic develops and deepens the Core knowledge that will underpin all areas of the curriculum at KS4 and KS5.

Topic	Rationale	<i>Declarative Knowledge (To know that...)</i>	Key vocabulary	<i>Procedural Knowledge (To know how...)</i>
Biopsychology	Biopsychology is a branch of psychology that analyses how the brain, neurotransmitters, and other aspects of our biology influence our behaviours, thoughts, and feelings.	1. The divisions of the nervous system: central and peripheral (somatic and autonomic).	Nervous system, CNC, ANS, PNS, SNS.	Students will be expected to: <ul style="list-style-type: none"> demonstrate knowledge and understanding of psychological concepts, theories, research studies, research methods and ethical issues apply psychological knowledge and understanding of the content in a range of contexts analyse, interpret and evaluate psychological concepts, theories, research studies and research methods evaluate therapies and treatments including in terms of their appropriateness and effectiveness. Knowledge and understanding of research methods, practical research skills and mathematical skills through <ul style="list-style-type: none"> designing research conducting research analysing and interpreting data.
		2. The structure and function of sensory, relay and motor neurons. The process of synaptic transmission, including reference to neurotransmitters, excitation and inhibition.	Neurones, sensory, relay and motor neurons, synaptic transmission, neurotransmitters, excitation, inhibition, summation, action potential, myelin sheath, dendrites, axon, nodes of Ranvier, terminal buttons, postsynaptic receptor, acetylcholine, synaptic vesicles, neural network presynaptic terminal, reflex arc, effector, synaptic cleft	
		3. The function of the endocrine system: glands and hormones.	Endocrine system, glands, hormones, adrenaline, thyroid, thyroxine	
		4. The fight or flight response including the role of adrenaline.	Fight or flight, rest and digest, physiological arousal, homeostasis sympathetic, parasympathetic,	
		5. Localisation of function in the brain and hemispheric lateralisation: motor, somatosensory, visual, auditory and language centres; Broca's and Wernicke's areas, split brain research. Plasticity and functional recovery after trauma.	Localisation of function, motor area, somatosensory area, visual area, auditory area, Broca's area, Wernicke's area, plasticity, holistic theory, cortical specialisation, hemispheres, lateralisation, grey matter, occipital, temporal, parietal, frontal lobes, sulcus, gyrus, aphasia, neologisms, lobotomy, neurosurgery, cingulotomy, cortical remapping, law of equipotentiality, functional recovery, axonal sprouting, reformation, recruitment of homologous areas, spontaneous recovery, neurorehabilitation, cognitive reserve, DFR, disability free recovery, phantom limb syndrome, split-brain research, hemispheric lateralisation, commissurotomy, corpus callosum, duality, analyser, synthesiser	

		<p>6. Ways of studying the brain: scanning techniques, including functional magnetic resonance imaging (fMRI); electroencephalogram (EEGs) and event-related potentials (ERPs); post-mortem examinations.</p>	<p>Functional magnetic resonance imaging fMRI, electroencephalogram EEG, event-related potential, ERPs, post-mortem, haemodynamic response, activation maps, brainwaves, arrhythmic, spatial resolution, temporal resolution,</p>	
		<p>7. Biological rhythms: circadian, infradian and ultradian and the difference between these rhythms. The effect of endogenous pacemakers and exogenous zeitgebers on the sleep/ wake cycle.</p>	<p>Biological rhythm, circadian rhythm, infradian, ultradian, exogenous zeitgeber, endogenous pacemaker, desynchronization, circadian trough, lark, owl, free-running, entrain, pharmacokinetics, REM, melatonin, pheromones, menstrual synchrony, alpha waves, theta waves, sleep escalator, suprachiasmatic nucleus, sleep/wake cycle, jet lag, peripheral oscillators, optic chiasm, shift work.</p>	

Topic	Rationale	<i>Declarative Knowledge (To know that...)</i>	Key vocabulary	Procedural Knowledge (To know how...)
Schizophrenia	Schizophrenia is a serious and chronic mental illness that impairs a person's thoughts and behaviour, and if untreated, can include psychosis. Individuals afflicted with this thought disorder experience hallucinations, disorganized thinking, and are prone to false and paranoid beliefs.	<ol style="list-style-type: none"> 1. Classification of schizophrenia. Positive symptoms of schizophrenia, including hallucinations and delusions. Negative symptoms of schizophrenia, including speech poverty and avolition. Reliability and validity in diagnosis and classification of schizophrenia, including reference to co-morbidity, culture and gender bias and symptom overlap. 2. Biological explanations for schizophrenia: genetics and neural correlates, including the dopamine hypothesis. 3. Psychological explanations for schizophrenia: family dysfunction and cognitive explanations, including dysfunctional thought processing. 4. Drug therapy: typical and atypical antipsychotics. 5. Cognitive behaviour therapy and family therapy as used in the treatment of schizophrenia. Token economies as used in the management of schizophrenia. 6. The importance of an interactionist approach in explaining and treating schizophrenia; the diathesis-stress model. 	<p>Schizophrenia, positive symptoms, hallucinations, delusions, negative symptoms, speech poverty, avolition. Diagnosis, classification, co-morbidity, culture bias, gender bias, symptom overlap, paranoid, hebephrenic, ICD10, DSMV, apathy, speech disorganisation, inter-rater reliability, criterion validity, bipolar disorder,</p> <p>Genetic, dopamine, neural correlates, candidate gene, genome, hyperdopaminergia, hypodopaminergia, ventral striatum, superior temporal gyrus, anterior cingulate gyrus, mutation, agonist, glutamate,</p> <p>Family dysfunction, schizophrenogenic mother, double-bind, expressed emotion, emotional over-involvement, dysfunction al thought process, metarepresentation, central control, automatic thoughts, proximal, distal</p> <p>Antipsychotics, typical, atypical, dopamine hypothesis, antagonist, Chlorpromazine, clozapine, agranulocytosis, Risperidone, treatment-resistant, tardive dyskinesia, neuroleptic malignant syndrome, NICE,</p> <p>CBT, family therapy, token economies, therapeutic alliance, institutionalised, secondary reinforcers,</p> <p>Interactionist, diathesis-stress, schizogene, schizotypic personality, neurodevelopmental model, HPA</p>	<p>Students will be expected to:</p> <ul style="list-style-type: none"> • demonstrate knowledge and understanding of psychological concepts, theories, research studies, research methods and ethical issues • apply psychological knowledge and understanding of the content in a range of contexts • analyse, interpret and evaluate psychological concepts, theories, research studies and research methods • evaluate therapies and treatments including in terms of their appropriateness and effectiveness. • Knowledge and understanding of research methods, practical research skills and mathematical skills through • designing research • conducting research • analysing and interpreting data.

Topic	Rationale	<i>Declarative Knowledge (To know that...)</i>	Key vocabulary	Procedural Knowledge (To know how...)
Aggression	Aggression refers to a range of behaviours that can result in both physical and psychological harm to oneself, other people, or objects in the environment. The expression of aggression can occur in a number of ways including physically, verbally, mentally and emotionally.	1. Neural and hormonal mechanisms in aggression, including the roles of the limbic system, serotonin and testosterone. Genetic factors in aggression, including the MAOA gene.	Limbic system, hypothalamus, amygdala, hippocampus, benzodiazepine, reactive aggression, orbitofrontal cortex, metabolite, %-HIAA, testosterone, psychopathy, impulse-control, paroxetine, biosocial model of status, dual-hormone hypothesis, cortisol, MAOA gene, warrior gene, gene-environment interactions, 5-HTT, genetic deletion techniques, fluoxetine	<p>Students will be expected to:</p> <ul style="list-style-type: none"> • demonstrate knowledge and understanding of psychological concepts, theories, research studies, research methods and ethical issues • apply psychological knowledge and understanding of the content in a range of contexts • analyse, interpret and evaluate psychological concepts, theories, research studies and research methods • evaluate therapies and treatments including in terms of their appropriateness and effectiveness. • Knowledge and understanding of research methods, practical research skills and mathematical skills through • designing research • conducting research • analysing and interpreting data.
		2. The ethological explanation of aggression, including reference to innate releasing mechanisms and fixed action patterns. Evolutionary explanations of human aggression.	Ethological, innate releasing mechanisms, fixed action patterns, adaptive, dominance hierarchies, ritualistic aggression, ballistic, single-purpose, stereotyped, universal, releaser, culture of honour, modal action, anthropologist, paternity uncertainty, cuckoldry, direct guarding, negative inducements, intimate partner violence, bullying, fidelity,	
		3. Social psychological explanations of human aggression, including the frustration-aggression hypothesis, social learning theory as applied to human aggression, and de-individuation.	SLT, self-efficacy, vicarious reinforcement, mediational processes, reactive , proactive aggression, negative, affect theory, reciprocal determinism, de-individuation, individuated, anonymity, private self-awareness, public self-awareness, flaming, SIDE model,	
		4. Institutional aggression in the context of prisons: dispositional and situational explanations.	Institutional aggression, dispositional, situational, criminality, deprivation model, administrative control model,	
		5. Media influences on aggression, including the effects of computer games. The role of desensitisation, disinhibition and cognitive priming.	Media, computer games, longitudinal, antisocial personality disorder, Taylor Competitive Reaction Time Task, non-equivalence, file draw problem	

Topic	Rationale	Knowledge acquisition	Key vocabulary	Skills and enrichment
<p>Gender</p> <p>Gender—or the different characteristics that begin to define a person as masculine or feminine—consists of several categories apart from the traditional binary ends of the male/female spectrum. Gender is different to sex; while sex refers to certain genetic traits assigned at birth, gender is influenced by a range of societal, environmental, and genetic factors.</p>		<p>1. Sex and gender. Sex-role stereotypes. Androgyny and measuring androgyny including the Bem Sex Role Inventory.</p>	<p>Sex, gender, sex-role stereotype, intersex, gender reassignment surgery, gender identity disorder, transgender, dihydrotestosterone, androgyny, BSRI, undifferentiated, temporal validity, metrosexual, ladette, Personal Attribute Questionnaire,</p>	<p>Students will be expected to:</p> <ul style="list-style-type: none"> • demonstrate knowledge and understanding of psychological concepts, theories, research studies, research methods and ethical issues • apply psychological knowledge and understanding of the content in a range of contexts • analyse, interpret and evaluate psychological concepts, theories, research studies and research methods • evaluate therapies and treatments including in terms of their appropriateness and effectiveness. • Knowledge and understanding of research methods, practical research skills and mathematical skills through • designing research • conducting research • analysing and interpreting data.
		<p>2. The role of chromosomes and hormones (testosterone, oestrogen and oxytocin) in sex and gender. Atypical sex chromosome patterns: Klinefelter’s syndrome and Turner’s syndrome.</p>	<p>Chromosome, hormone, testosterone, oestrogen, oxytocin, cortisol, DNA, SRY gene, prenatal, PMS, social construction, androgynous, atypical chromosome patterns, Klinefelter’s syndrome, Turner’s syndrome, gynaecomastia, amenorrhoea,</p>	
		<p>3. Cognitive explanations of gender development, Kohlberg’s theory, gender identity, gender stability and gender constancy; gender schema theory.</p>	<p>Gender identity, gender stability, gender constancy, conservation, decenter, egocentric, gender schema theory, ungroup, outgroup,</p>	
		<p>4. Psychodynamic explanation of gender development, Freud’s psychoanalytic theory, Oedipus complex; Electra complex; identification and internalisation.</p>	<p>Oedipus, Electra complex, identification, internalisation, psychosexual stages, penis envy, displacement, pseudoscientific, non-nuclear family, Little Hans, patriarchal, androcentric, womb envy.</p>	
		<p>5. Social learning theory as applied to gender development. The influence of culture and media on gender roles.</p>	<p>Social learning theory, differential reinforcement, direct and indirect reinforcement, modelling, mediational processes, biosocial, theory, gender role, culture, media, counter-stereotypes</p>	
		<p>6. Atypical gender development: gender dysphoria; biological and social explanations for gender dysphoria.</p>	<p>Gender identity disorder, dimorphic, BSTc, bed nucleus of the stria terminalis symbiotic fusion, dual pathway theory, personal pathway, separation anxiety</p>	