

Grading guidelines PSY2208 Autumn 2022

General information about the exam:

- There are **no formal design requirements** for the layout of the exam such as front cover, specific font size or reference list.
- It is **not required to include references for all statements** in the text nor a particular reference style. Instead, we ask the candidates to state in an understandable way which parts of the curriculum and other material they have used when answering the exam (for example, to write at the end of each essay which book chapters and articles—and, if the case, other additional sources—they have used to answer the essay). We have emphasized that it is required to clearly indicate when one directly quotes parts of the curriculum or other sources (by using quotes and referring to the source with page numbers, e.g., Huppert, 2014, p. 5). We have advised the candidates not to quote long passages of text.
- The curriculum of the course should form the main basis for the answers. Other material can be included, but this should not be given decisive weight in the assessment
- We have informed the candidates that copying text (or using alterations of existing texts) from the curriculum or other sources without providing reference is considered plagiarism and may be considered as cheating / attempted cheating.
- The exam is a four hours open-book home examination.

General information about grading:

- The candidates are asked to answer two out of three questions. The average of these two is used to give the final grade. When in doubt, the best grade should guide the final decision.
- The grading scale is a descending scale with letter values, where A is the best grade, E the lowest pass grade and F is fail. The assessment is based on defined, qualitative criteria for each grade in the grading scale, see <https://www.uio.no/english/studies/examinations/grades/index.html>
- If one of the two essays is graded “fail”, the exam is to be graded “fail”.
- It is necessary to have knowledge about the curriculum in the course to grade the exam. For an overview over the curriculum, see https://bibsys-k.alma.exlibrisgroup.com/leganto/readinglist/lists/14310458710002204?institute=47BIBSYS_UBO&auth=SAML The most relevant articles for each exam question will be further specified.
- In the following guidelines we describe an ideal answer and a minimum answer. The minimum answer is what we expect in order to pass the exam.
- Importantly, the ideal answer describes relevant elements, but it does not mean that other elements cannot be relevant as well. The guidelines are supposed to give guidance, but they are not check-lists.
- The evaluation should be based on the four main principles for evaluations at the Department of Psychology, namely (1) the quantity of knowledge (theoretical / empirical); (2) the demonstration of insight (overview / understanding); (3) structure and use of concepts; and (4) independence and originality.

1. Discuss why it is challenging to examine causality in epidemiological studies. Which types of epidemiological studies could be used to examine the effects of the COVID-19 pandemic on mental health and wellbeing, and what would be their strengths and limitations?

Relevant sources:

- Lewis, G. (2011) Introduction to epidemiologic research methods. In: Tsuang, T., Tohen, M., & Jones, P. B. (Eds.), pp. 1-8. *Textbook of Psychiatric Epidemiology* (3rd ed.). Chichester: Wiley. (8 pages)
- Bonita, R., Beaglehole, R., & Kjellström, T. (2006). Basic epidemiology (2nd ed ed.). Geneva: World Health Organization. Chapter 3
- von Soest, T., Kozák, M., Rodríguez-Cano, R., Fluit, D. H., Cortés-García, L., Ulset, V. S., . . . Bakken, A. (2022). Adolescents' psychosocial well-being one year after the outbreak of the COVID-19 pandemic in Norway. *Nature Human Behaviour*, 6(2), 217-228. <https://doi.org/10.1038/s41562-021-01255-w>
- Other parts of the curriculum, particularly from Module 1, are also relevant.

Ideal answer:

- The candidate should provide a discussion of the concept of causality and why it is difficult to examine causality. The issue of confounding is of particular relevance to discuss, but also other challenges, such as bias, sampling variation, validity, reverse causality, or ethical issues should be discussed. More important than covering all challenges that are mentioned in the curriculum is that the candidate shows a good understanding of the complexity of identifying causal relationships and that not one single study can provide definite information about causality.
- The candidate should discuss different types of study designs that could be used to provide information about the effect of the COVID-19 pandemic on mental health and wellbeing. The paper by von Soest et al. (2022) provides one example of such a study and also discusses strengths and limitations of other approaches to study this issue. Study designs that may be particularly relevant to discuss include: Ecological (correlational) studies, repeated cross-sectional studies, and longitudinal/cohort studies. Of importance is that the candidate critically reflects on limitations and strengths of study designs to assess the effect of the pandemic. Which specific examples of study designs are chosen is not of importance for the grading of the essays, while the critical discussion of strengths and limitations is important.

Minimum answer:

- The candidate should provide a basic discussion of the concept of causality and should provide information about at least one study design to examine the effects of the pandemic on mental health and wellbeing. A rudimentary discussion about challenges to provide information about causality should be provided.

2. On the relationship between prosocial behaviour and happiness/wellbeing. Present empirical findings and discuss possible reasons for why prosocial behaviour may be related to wellbeing

Relevant sources:

- Helliwell, J. F. & Aknin, L. B. (2018). Expanding the social science of happiness. *Nature human behaviour*, 2(4), 248-252.
- Dunn, E. W., Aknin, L. B., & Norton, M. I. (2014). Prosocial spending and happiness: Using money to benefit others pays off. *Current Directions in Psychological Science*, 22, 57-62.
- Diener, E., Lucas, R. E., & Oishi, S. (2018). Advances and open questions in the science of subjective well-being. *Collabra. Psychology*, 4, 1-49.
- Huppert, F. A. (2014). The state of wellbeing science: Concepts, measures, interventions, and policies. *Wellbeing: A complete reference guide*, 1-49.
- Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase wellbeing? *Current Directions in Psychological Science*, 22, 57-62.
- Aked, J., Marks, N., Cordon, C., & Thompson, S. (2008). Five ways to wellbeing. <https://neweconomics.org/uploads/files/five-ways-to-wellbeing-1.pdf>
- Other parts of the curriculum, as well as the information given in lecture 4 and 5, are also relevant.

Ideal answer:

- The candidate should provide a definition of prosocial behaviour and to some degree conceptualise happiness/wellbeing.
- Relevant empirical findings may include findings related to prosocial spending (Dunn et al., 2014), or prosocial actions more generally (including acts of kindness).
- When potential explanations are discussed, these points are especially relevant: innate reward (dopamine); self-perception; social benefits.
- Examples of relevant discussion points: evaluation of the empirical results (including potential limitations); the potential universality of prosocial behaviour (findings early in development and across the world; evolutionary perspectives); how prosocial behaviour may increase wellbeing by strengthening social connection; using the positive-activity model to discuss when and how examples of prosocial behaviour may increase wellbeing.

Minimum answer:

- A definition/description of prosocial behaviour is expected, as well as a basic discussion of how this relates to aspects of happiness/wellbeing. At least one empirical finding should be included in the answer.

3. Give an overview of different types of preventive strategies for mental health. Provide examples of how universal preventive strategies can be used to reduce alcohol-related harm.

Relevant sources:

- Arango, C., Díaz-Caneja, C. M., McGorry, P. D., Rapoport, J., Sommer, I. E., Vorstman, J. A., ... & Carpenter, W. (2018). Preventive strategies for mental health. *Lancet Psychiatry*, 5, 591-604.
- Rose, G. (1993). Mental disorder and the strategies of prevention. *Psychological Medicine*, 23, 553-555.
- Stockings, E. A., Degenhardt, L., Dobbins, T., Lee, Y. Y., Erskine, H. E., Whiteford, H. A., & Patton, G. (2016). Preventing depression and anxiety in young people: a review of the joint efficacy of universal, selective and indicated prevention. *Psychological medicine*, 46, 11-26.
- Mackenbach, J. P., Lingsma, H. F., van Ravesteyn, N. T., & Kamphuis, C. B. (2013). The population and high-risk approaches to prevention: quantitative estimates of their contribution to population health in the Netherlands, 1970–2010. *European Journal of Public Health*, 23(6), 909-915.
- van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. *Nature Human Behaviour*, 5(5), 631-652. Download van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. *Nature Human Behaviour*, 5(5), 631-652. <https://doi.org/10.1038/s41562-021-01093-w>
- Bridley, A., & Daffin, L. W. (2018). *Essentials of Abnormal Psychology* (1st ed.). Chapter 11 Substance-related disorders (pp. 178-192)
- Alcohol Public Policy Group. (2010). *Alcohol: No Ordinary Commodity. A summary of the second edition.* *Addiction*, 105, 769-779. doi:10.1111/j.1360-0443.2010.02945.x

Ideal answer:

- The candidate should provide an overview of different types of preventive strategies for mental health and describe the essential features of the approaches and how they differ. Strategies that could be mentioned are universal preventive interventions, selective preventive interventions, and indicative preventive interventions. Secondary and tertiary preventive interventions may as well be mentioned, but should not be the main focus of the essay.
- The candidate should provide a detailed description of possible universal preventive interventions in the field of reducing alcohol-related harm. The paper by the Alcohol Public Policy Group (2010) is of particular relevance, and several of the suggested approaches to reduce alcohol-related harm should be described in the essay.
- The essay should provide a discussion of why the strategies to prevent alcohol-related harm that are described in the essay are universal preventive interventions, and not other types of interventions. Other types of interventions in the domain of alcohol use may also be described (but should not be the main focus), particularly if they are used

to show the difference between universal preventive interventions and other interventions.

Minimum answer:

- The candidate should provide a definition of universal preventive interventions and of some other forms for preventive strategies. At least one universal preventive strategy to reduce alcohol-related harm should be described in some detail.