



GCE MARKING SCHEME

SUMMER 2016

**GCE HEALTH AND SOCIAL CARE - UNIT 8
1628/01**

INTRODUCTION

This marking scheme was used by WJEC for the 2016 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

GCE HEALTH AND SOCIAL CARE - UNIT 8

SUMMER 2016 MARK SCHEME

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award up to 3 marks for each detailed description.</p> <p>Likely answers may include:</p> <p>Housing</p> <p>Supported housing:</p> <ul style="list-style-type: none"> • likely to be of a high standard as run by local authority and equipped to meet residents' individual needs • offers 24/7 help and support with day-to-day tasks/activities • help always on hand if needed • support and encouragement with becoming more independent • freedom from worry or anxiety • shared accommodation with others having a similar disability would provide social contact and support <p>Education</p> <ul style="list-style-type: none"> • learning new skills to help with day-to-day tasks/activities will promote independence • provides opportunity to have social contact with others outside the supported housing environment • may boost self-confidence and increase self-esteem <p>Family</p> <ul style="list-style-type: none"> • could encourage her desire to become more independent • could support her decision to move into supported accommodation • could visit regularly • could offer help/advice/practical help, as required <p>(Accept any other reasonable answer.)</p>	3,3	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b)	<p>Award up to 4 marks for a detailed description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Leanne's sense of self could develop further once she stops living with her parents • her self-concept will change with her new lifestyle • living independently could lead to an increase in confidence and self-esteem • she could have the approval of her parents • she could receive support and the approval of others in the supported housing <p>(Accept any other reasonable answer, including negatives.)</p>	4	2	2		
(c)	<p>0-2 marks: Answers that give a basic account of the social and/or emotional benefits of attending college. Little or no discussion. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show some discussion of the social and/or emotional benefits of attending college. Answers convey meaning but lack detail. Some use of specialist vocabulary.</p> <p>5-6 marks: Answers that give a detailed discussion of the social and emotional benefits of attending college. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Social benefits</p> <ul style="list-style-type: none"> • having social contact • having a wider social circle • making new friends • receiving social support • giving social support to others <p>Emotional benefits</p> <ul style="list-style-type: none"> • a sense of acceptance and belonging • feeling valued and respected • a sense of achievement from learning new roles <p>(Accept any other reasonable answer.)</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Answers that suggest at least one social learning strategy, with little or no attempt at assessment. Answers contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that suggest at least one social learning strategy, with some attempt at assessment. Answers convey meaning but lack detail. Some use of specialist vocabulary.</p> <p>8-9 marks: Answers that give a clear assessment of at least two social learning strategies, with relevant examples. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Social learning theorists believe that much behaviour is learnt from social interactions. This suggests that people can acquire new behaviour – e.g. positive social skills – in the same way.</p> <p>Suitable strategies based on this theory include:</p> <p>Modelling</p> <p>Observational learning Demonstrating appropriate/desirable behaviour so that individuals learn through observation, imitation and modelling. Encourages the development of positive behaviours and new skills.</p> <p>Reward and reinforcement Positive reinforcement. Use of praise or rewards for positive behaviours. Use of negative reinforcement for unwanted behaviours.</p> <p>Vicarious reinforcement Praises or rewards positive behaviours where it can be seen/heard by others in order that they may learn through the actions of others.</p> <p>Punishment/vicarious punishment If used, punishment must be non-aggressive, age-appropriate and not result in unmet needs. It should also be carried out within sight/hearing of others who observed the undesirable behaviour.</p>	9	1		4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Assessment:</p> <ul style="list-style-type: none"> • easy to put into practice on an everyday basis; however, modelling must be consistently used, i.e. all involved must be doing the same things for this strategy to have maximum effect • effective – the more positive behaviours or new skills are observed, the more likely they are to be copied • can be counteracted by dealing with children/others who model anti-social/undesirable behaviour appropriately – again, within sight/hearing of the children who may be witnessing it <p>Social skills training (SST)</p> <p>A form of behaviour therapy used by support workers, teachers, therapists and other professionals. Requires objective assessment. Aims to help individuals who have difficulty relating to other people. The goal is social competence. One skill at a time is worked on and these are broken down and introduced gradually to avoid the individual being overwhelmed.</p> <p>Social skills include:</p> <ul style="list-style-type: none"> • eye contact, e.g. during conversation • shaking hands when meeting someone • using the right tone and volume of voice • expressing opinions • perceiving how others might be feeling • showing empathy, giving appropriate emotional responses, e.g. crying when something sad happens, laughing when someone says something funny • participation • co-operation, sharing, helping, being patient • positive communication/language skills, active listening • practising good manners, being polite and respectful and 'reading' others during social interactions <p>Opportunities exist to practise new skills/social skills in everyday routines, such as:</p> <ul style="list-style-type: none"> • making a cup of tea/cooking simple meals • organised activities • conversation • interacting with others in the community, e.g. <ul style="list-style-type: none"> - shopping - meeting friends - going to the park/cinema/library 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Assessment:</p> <ul style="list-style-type: none"> • flexible – individual/group therapy, can be useful for children and adults • offers a range of useful techniques for adults and children, e.g. modelling, role play, peer assessment, reinforcement • can be very successful if the individual has self-efficacy, i.e. belief in their own abilities • research has shown variable results, i.e. moderate short-term effects <p>Family therapy</p> <ul style="list-style-type: none"> • requires a highly skilled professional, i.e. family and systematic psychotherapist • used for a wide range of issues, e.g. to mediate between Leanne and her parents over the disagreement about whether Leanne should leave home and move into supported housing • to help improve communication between Leanne and her parents • to help prepare Leanne and her parents for Leanne's eventual move to supported housing • therapist may work with the individual or the whole family, the aim being to help family members help one another • family therapy explores close relationships, thoughts, emotions, views and opinions, patterns of behaviour that are commonplace in the family and which may be an underlying problem • aims to help family members understand and respect each other's views, needs, etc • identifies and builds on the family's strengths as they try to make useful changes in their relationships and their lives <p>Assessment:</p> <ul style="list-style-type: none"> • requires commitment in terms of time and effort – sessions may be weekly or twice weekly, sometimes for lengthy periods (can last three to twelve months or more) • good evidence for its effectiveness • helpful for a wide range of problems • has been found to be better than individual therapy in certain cases 					
	Total for Question 1	25	7	6	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>2. (a)</p> <p>(i)</p> <p>(ii)</p>	<p>Award up to a maximum of 6 marks for two detailed descriptions (up to 3 marks for each).</p> <p>Likely answers may include:</p> <p>Physical effects</p> <p>Location Depends on rural or urban living, e.g. urban – may be pollution, stress, space (or lack of) available for exercise, access to services, e.g. GP, hospital, dentist, etc. Access to local amenities, e.g. leisure centres, parks, swimming pool, etc. Quality of sleep.</p> <p>Employment Money available for food (quality of diet), leisure opportunities, e.g. gyms, sports clubs, clothing, toys and books.</p> <p>Pollution Air pollution less likely in a rural or suburban area – fewer associated health conditions, e.g. itchy eyes/nose, respiratory problems, throat and chest infections and asthma.</p> <p>Crime levels: Low crime levels – more likely to go out, e.g. exercise outdoors, play with other children, visit the park.</p> <p>Psychological effects</p> <p>Location Stable environment, ability to relax – likely to be better if living in a good environment, e.g. a quiet housing development, rural area, quieter home/people. Higher self-esteem if living in a good quality property in a desirable area.</p> <p>Employment: Fewer worries and anxieties. When in work: - impact on family as a whole - higher social status - higher self-esteem if employed and in a good job</p> <p>Pollution: No noise pollution – lower stress levels, better quality of sleep. Less likely to suffer from stress-related conditions, e.g. anxiety, depression.</p> <p>Crime levels Low crime levels – less anxiety, feel safer and more secure and happier at home and in the surrounding area/community, more likely to feel confident about going out.</p> <p>(Accept any other reasonable answer.)</p>	3,3	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b)	<p>Award up to 2 marks for a correct answer.</p> <p>Psychodynamic The interaction of drives and forces within the person, particularly the unconscious and the structures of the personality.</p>	2	2			
(c)	<p>0-3 marks: Answers that give a basic explanation of one psychodynamic theory. Answers lack detail, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some knowledge and understanding of one psychodynamic theory, with some reference to Nicky. Answers convey meaning but lack detail. Some use of specialist vocabulary.</p> <p>7-8 marks: Answers that give a detailed and accurate explanation of one psychodynamic theory clearly related to Nicky. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>FREUD</p> <p>Theory of Personality</p> <p>Three related parts, i.e.</p> <ul style="list-style-type: none"> • the id (it) • the ego (I) • the superego (above I) <p>Personality is shaped by the clashes and compromises between the three parts. If one part becomes more dominant than the other, then personality may be abnormal.</p> <p>At birth, personality is all id – operates according to the pleasure principle – selfish, demanding, seeks immediate gratification.</p> <p>The ego develops by about three years, as we interact more with the outside world – operates according to the reality principle – strives to meet the needs of the id whilst taking into consideration the reality of a situation.</p> <p>The superego develops around age 4-5 during the phallic stage. Controls id impulses in response to the moral and ethical restraints imposed by care givers.</p> <p>A dominant id – impulsive, demanding, self-gratification.</p>	8	3	1	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>2. (c) (Cont'd)</p>	<p>A dominant superego – rule-bound, very tightly controlled behaviour, judgemental.</p> <p>A dominant ego – well balanced mental health.</p> <p>Freud might suggest that, due to Nicky's earlier troubled life, one part of his personality (e.g. the ego or super-ego) may have developed to be more dominant than the other two, i.e. there is a lack of balance in his personality.</p> <p>Psychosexual development</p> <p>Oral: 0-1 year (orally passive/orally aggressive) Anal: 2-3 years (anal retentive/anal expulsive) Phallic: 3-6 years (Oedipus complex) Latency: 7-11 years (not yet biologically mature) Genital: 11+ years (unsatisfactory relationships)</p> <p>Unconscious feelings direct the way we behave. Painful or traumatic experiences during childhood may result in fixation at that stage, e.g. difficulties in the oral stage, perhaps involving weaning, may cause an oral fixation which can affect the behaviour, e.g. nail biting, smoking.</p> <p>Freud might suggest that, due to earlier childhood experiences, Nicky may have become fixated at either the oral or anal phase of his psychosexual development and his behaviours (anxiety, nightmares, difficulty settling, etc) suggest an unconscious cause.</p> <p>Defence mechanisms</p> <p>Trauma in childhood can lead to behaviour that places the ego under stress. Defence mechanisms are mental strategies used to protect the ego at such times, e.g. repression – painful/traumatic events are pushed into the unconscious and may be expressed in dreams or irrational behaviour. Freud might suggest that, during a time of stress or anxiety, Nicky's ego uses defence mechanism(s) to cope at times of stress.</p> <p>Regression – behaving inappropriately for one's age, e.g. individuals who have tantrums, or suck their thumb when distressed.</p> <p>Displacement – transferring painful feelings into someone/something else, e.g. a new substitute parent.</p> <p>These are short-term coping mechanisms. Long-term use can lead to mental health problems – one reason why it is important to get professional help for Nicky as soon as possible.</p> <p>Other defence mechanisms include denial, projection, reaction formation, rationalisation and sublimation.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>2. (c)</p> <p>(Cont'd)</p>	<p>ERIKSON</p> <p>Development is influenced by the social environment. The child passes through eight psychosocial stages from infancy to maturity. Each stage represents a different social conflict for the individual as they interact with different and increasing numbers of people, i.e:</p> <ul style="list-style-type: none"> • Trust v Mistrust (0-1 year) – the conflict is between trust and mistrust as a result of the main interactions with primary carers • Self-Control (Autonomy) v Shame and Doubt (2-3 years) • Initiative v Guilt (3-5 years) • Industry (Competence) v Inferiority (6-12 years) • Identity v Role Confusion (13-18 years) • Intimacy v Isolation (young adulthood) • Generativity v Stagnation (middle adulthood) • Ego Integrity v Despair (old age) <p>Success or failure at resolving these crises influences personality, e.g. if carers are unresponsive/unloving, then the child may find it difficult to trust people later in life.</p> <p>Unresolved conflicts lead to unmet needs which can result in difficulty establishing normal relationships and lead to problem or inappropriate behaviour with other people.</p> <p>Erikson might suggest that Nicky was unable to fully resolve conflict at an earlier psychosocial stage of his development, probably during the Trust v Mistrust stage or the Self-control v Shame and Doubt stage, but it is also possible that it occurred more recently during the Initiative v Guilt stage.</p> <p>BOWLBY</p> <p>Bowlby believed that mental health and behaviour problems could be attributed to early childhood experiences.</p> <p>Infants have an instinctive need to form an attachment to one main attachment figure, usually the mother, or a mother substitute, i.e. monotropy. This relationship is qualitatively different to any other and essential for survival. It provides an internal working model which shapes social and emotional development and future relationships.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>2. (c) (Cont'd)</p>	<p>Critical period of 2½-3 years. If attachment does not form by then, or is broken, there can be serious, negative consequences (maternal deprivation hypothesis) which can lead to reduced intelligence, depression, aggression, low self-esteem, delinquency, even 'affectionless psychopathy', the inability to form permanent relationships and be poor parents themselves. Children with mothers who lack sensitivity or are unresponsive may also be affected in later life.</p> <p>Studies have shown that children who suffered from maternal deprivation can recover later in life. Some children who suffer deprivation show no ill-effects later in life. Babies can attach to several people, including fathers and siblings, not just mothers.</p> <p>Bowlby might suggest that Nicky's separation from his maternal mother during the critical period led to him not forming a strong attachment – maternal deprivation – and that is what is causing his troubled behaviour.</p> <p>RUTTER</p> <p>Rutter argued that the quality of the attachment is important rather than deprivation during a critical period. However, maternal privation rather than deprivation is more likely to result in delinquency and 'affectionless psychopathy'.</p> <p>The cause of the separation is more important than the separation itself – poor relationships prevent the formation of attachments and the child is more likely to show delinquent behaviour in later life.</p> <p>Family discord (arguing, lack of attention, stress) is a key factor and makes the child more vulnerable.</p> <p>Problems such as anti-social behaviour are more due to family discord.</p> <p>Personality traits may be in the genes and not determined by early experience.</p> <p>Rutter might suggest that Nicky's behaviour is the result of either a poor attachment to his maternal mother, or a traumatic separation from her.</p>					
<p>2. (d) (i)</p>	<p>Award 1 mark for a correct answer: Play therapy/psychotherapy</p>	<p>1</p>	<p>1</p>			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (ii)	<p>0-3 marks: Answers that show basic knowledge and understanding of an appropriate psychodynamic strategy. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give some assessment of an appropriate psychodynamic strategy, with some reference to Nicky. Answers are structured and convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that give a detailed assessment of an appropriate psychodynamic strategy, clearly related to Nicky. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Play therapy/psychotherapy</p> <p>A form of psychoanalysis appropriate for use with children.</p> <p>Underlying traumas can make a child anxious. Defence mechanisms, e.g. repression, may be used. If the issue remains unresolved, it can lead to a neurosis, or cause the personality to become fixated at one of the stages of psychosexual development.</p> <p>Psychoanalysts believe children express their concealed emotions through play in the same way adults do through dreams. Children use play to communicate at their own pace and level without feeling pressured. This is useful for children for whom verbal communication may be difficult or impossible.</p> <p>Play therapy aims to help children understand their feelings and upsetting events by using objects to symbolise the real world. The play therapist uses a large selection of play materials, dolls, puppets, dressing-up clothes, books, sand, water, clay, musical instruments, etc. These are used to 'play through' painful events, e.g. loss or separation from mother/father, fears and anxieties, and try to understand and cope with them.</p> <p>Negative feelings can be displaced onto dolls or imaginary people. Some emotions may be too painful to be dealt with in a few sessions and may require more extensive treatment.</p>	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (ii) (Cont'd)	<p>Play therapy will only work with those young enough to play with toys so it is typically used for children aged 3-11 years.</p> <p>Play therapy would aim to help Nicky express these emotions in order to gain insight into his behaviour and the underlying causes. The goal would be to relieve his fear, anxiety and nightmares, and help him settle in his new life.</p>					
	Total for Question 2	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3 (a)	<p>Award up to 3 marks for each of two detailed descriptions.</p> <p>Likely answers may include:</p> <p>Inheritance – genetics</p> <p>Behaviour problems/disorders in children and/or young people may be passed on through the genes/DNA, i.e. inherited from the parents (50% from mother, 50% from father).</p> <p>Socio-economic – diet</p> <p>Certain food ingredients, e.g. food additives, may lead to behavioural problems in children and/or young people.</p> <p>Environmental – crime levels</p> <p>Living in an area with high levels of crime/anti-social behaviour may influence behaviour in children and/or young people.</p> <p>Psychological – parental/peer approval and interaction</p> <p>Experiences in the home (positive or negative) and within peer groups may adversely influence behaviour in children and/or young people leading to behavioural problems, e.g. due to abuse, bullying, neglect.</p> <p>(Accept any other reasonable answer.)</p>	3,3	2	4		
(b) (i)	<p>Award 2 marks for correctly identifying a theorist and their theory.</p> <p>Either:</p> <p>Theorist: Pavlov Theory: classical conditioning</p> <p>or</p> <p>Theorist: Skinner Theory: operant conditioning</p>	1,1	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (ii)	<p>0-3 marks: Answers that give a basic account of how behaviour is acquired. Answers lack detail and evaluation. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show some knowledge and understanding of how behaviour is acquired. Answers are structured and convey meaning, with few errors. Some use of specialist vocabulary.</p> <p>6-7 marks: Answers show detailed knowledge and understanding and discuss how behaviour is acquired. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Skinner: operant conditioning</p> <p>Skinner believed that all behaviour is learned from environmental consequences, i.e. operant conditioning. Certain behaviours become more likely if they are rewarded and less likely if they are punished.</p> <p>Skinner's theory would explain behavioural problems as the result of learning through consequences. This would apply to both negative and positive behaviours in the case of behavioural problems: tantrums, for example, may have been rewarded in the past, perhaps by the child receiving attention or treats, so strengthening the likelihood of the behaviour being repeated in future.</p> <p>Pavlov: classical conditioning</p> <p>Pavlov's form of behaviourism builds on behaviour that already exists in humans/animals, e.g. he conditioned a hungry dog, which would salivate at the sight of food, to salivate at the sound of a bell.</p> <p>According to Pavlov's theory, behavioural problems are the result of learning by association, e.g. a child may have tantrums because they have learned that it is the way to gain attention from adults, or avoid doing something they dislike or find unpleasant. For example, a child may find sitting quietly and paying attention to the teacher, or finishing their dinner before going out to play/watch television, unpleasant so they behave in undesirable ways to get what they want.</p>	7	2	1	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>0-3 marks: Answers that give a basic account of at least one behaviourist strategy. No attempt to evaluate. Answers lack structure, with little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some knowledge and understanding of behaviourist strategies, with some attempt at evaluation. Answers are structured and convey meaning, with few errors. Some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show detailed knowledge and understanding of two behaviourist strategies, and give clear evaluation. Answers are accurate, well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Award a maximum of 6 marks for only one strategy evaluated in detail.</p> <p>Behaviour modification</p> <p>The behaviourist approach to changing unacceptable behaviour is called behaviour modification. It is based on operant conditioning, using the principles of reinforcement to increase acceptable (target) behaviours, and negative reinforcement or (appropriate) punishment to eliminate unacceptable behaviours.</p> <p>Behaviour that is rewarded in some way is strengthened and more likely to be repeated in the future.</p> <p>Elimination of unacceptable behaviour can be achieved by withholding reinforcement or ignoring it where it is possible and safe to do so.</p> <p>Service users should be made aware of the standards of behaviour required at the day centre and understand which aspects of their behaviour are unacceptable and why.</p> <p>When behaviour responses are acceptable, carers should regard the service user with a smile, praise, thanks, etc. This will have the effect of reinforcing or strengthening the new acceptable behaviour and increasing the likelihood that the behaviour will be repeated.</p> <p>When a service user behaves in an unacceptable way, carers should ensure that their response is assertive, but not aggressive. They should withhold reinforcement or ignore the service user if it is safe to do so, i.e. if the service user is in a safe, secure position and ignoring them will not put them, or others, at risk. This will reduce the likelihood of unacceptable behaviours being repeated.</p>	10	2		4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (Cont'd)	<p>Service users who are happy with an outcome following their co-operative behaviour are more likely to behave similarly in future. Unacceptable behaviours, e.g. aggression, may eventually disappear altogether.</p> <p>Evaluation:</p> <p>Behaviour modification is effective in managing problem behaviours, e.g. attention-seeking, aggression.</p> <p>Acceptable behaviours need to be clearly communicated to the child/service user.</p> <p>It can be used in a range of settings, e.g. schools, day care, hospitals.</p> <p>It is suitable for use with individuals of all ages but may need to be adapted to be age-appropriate.</p> <p>Staff need to be consistent in their approach.</p> <p>Token economy</p> <p>This strategy is based on the principles of operant conditioning and aims to teach acceptable behaviours.</p> <p>Designed to increase acceptable behaviours and decrease unacceptable behaviours.</p> <p>Systematically rewarding acceptable behaviour in children and young people with behavioural problems, e.g. co-operation, compliance, exercising restraint, not screaming, is rewarded with a token, e.g. a counter or a gold star.</p> <p>Tokens are given as secondary re-enforcers for clearly defined target behaviours. These tokens can be counters, stars, coins, etc but should have no value. They can be collected and eventually exchanged for a primary reinforcer once the predetermined number is reached, e.g. ten tokens can be exchanged for a privilege or a treat such as a day trip, extra television or computer time.</p> <p>Evaluation:</p> <p>Token economy has been successfully used to improve behaviour. It is relatively simple, inexpensive and requires little expertise or training.</p> <p>It can be used in a range of settings, e.g. schools, home.</p> <p>It is suitable for use with both children and adults.</p> <p>Carers need to be consistent in their approach.</p> <p>Behaviour can revert to type once the token economy ceases.</p>					
	Total for Question 3	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>Award 1 mark for a correct answer.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Maslow's hierarchy of needs • Carl Rogers' person-centred therapy 	1	1			
(ii)	<p>Award up to 2 marks for a detailed answer.</p> <p>Likely answers may include:</p> <p>Unconditional positive regard</p> <p>Being accepted and loved for the person that you are. The positive regard is not withdrawn when the individual does something wrong or displeasing to others.</p> <p>Congruence</p> <p>This is dependent on unconditional positive regard. Congruence is where an individual's 'self-image' is similar to their 'ideal-self', i.e. individual thoughts, feelings and behaviour are consistent with the way they see themselves and want to be seen by others. It is necessary for self-actualisation to occur.</p> <p>Self-actualisation</p> <p>A basic tendency (drive) to fulfil one's potential and be the best one can be, given the environment in which one lives.</p> <p>Maslow's hierarchy of needs</p> <p>Reference to any of the levels of needs, i.e:</p> <ul style="list-style-type: none"> • physical/physiological (food, water, air, sleep, etc) • safety needs (shelter, warmth, security of self and belongings) • love and belonging needs (family, friends, love relationships, acceptance, etc) • self-esteem (recognition, acknowledgement, achievement, etc) • self-actualisation (fulfilling one's full potential, being the best one can be) 	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b)	<p>Award up to 5 marks for a detailed explanation.</p> <p>0-3 marks: Answers that give a basic account of one humanistic theory. Answers lack structure. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that give a clear explanation of one humanistic theory. Answers that give a detailed explanation of one humanistic theory relevant to William. Answers are structured and convey meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Maslow's hierarchy of needs</p> <p>William has undergone several traumatic events in the past year with his marriage breaking down and his business failing. He has also had to move home, is unemployed and likely to be living on benefits. These changes would have all contributed to his distress and loss of confidence, self-esteem and self-belief. His depression is causing him to have little hope for the future.</p> <p>According to Maslow, William's needs are not fully met. It would be argued that his physiological needs (the lowest level of needs on the hierarchy) have probably been met, although he may have difficulty sleeping due to his depression.</p> <p>William's safety and security needs are probably met, as he does have a place to live, even though it may not be what he was previously used to.</p> <p>William's love and belonging needs are probably not met due to the breakdown of his marriage.</p> <p>William's self-esteem needs may not be met due to his business having failed. He is also unemployed and probably on benefits.</p> <p>Until William's personal circumstances start to improve, he will not be able to move up the hierarchy of needs towards self-actualisation.</p> <p>Roger's person-centred therapy</p> <p>According to Rogers, William may lack unconditional positive regard due to the breakdown of his marriage. This would have led to him being in a state of incongruence where his self-image and his ideal self were dissimilar, perhaps as a result of the unrealistic expectations of others, e.g. his wife, children, relatives, friends.</p> <p>Losing his wife and family as well as the family home resulted in him having to move into a flat. This may have led to a decrease in his self-esteem and caused a loss of self-confidence as well as a sense of hopelessness, especially with regard to the future.</p> <p>The failure of William's business is likely to have made everything worse and the end result is depression.</p>	5	1		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that give a basic account of one strategy with little or no link to William. Answers lack structure, with little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that attempt to assess one strategy that could be used to help William. Answers contain few errors. Some use of specialist vocabulary.</p> <p>6-7 marks: Answers that give a detailed assessment of one strategy that could be used to help William. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Encounter groups</p> <p>An unstructured form of psychotherapy where groups of people meet together to encounter not just other people but also, and more importantly, themselves. People treat one another as human beings in an open, direct, non-defensive and non-judgemental manner.</p> <p>Typically involves weekly meetings, perhaps more often in some circumstances, with between eight and ten people, often with one or more facilitators.</p> <p>Helps individuals draw on the experiences and support of other members in the encounter group in order to find their own solutions to life's problems, e.g. depression. The goal is to accept what has happened, e.g. divorce, failed business, change in circumstances, and adjust and move forward in a positive way.</p> <p>Members may sit in a circle, on mats or cushions. A range of techniques may be used, e.g. discussion, psychodrama, non-verbal touching behaviour.</p> <p>Humans are believed to have an innate ability to 'self-heal' and group therapy aims to reveal this by increasing self-awareness and helping individuals address the issues underlying life problems.</p> <p>Typically used as a short-term treatment for less serious psychological problems, e.g. depression.</p> <p>Can be a very intense and unpredictable form of therapy. Increasingly used in Europe and the UK since the 1970s.</p>	7	1		3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (c)</p> <p>(Cont'd)</p>	<p>Assessment:</p> <p>Focuses on human strengths rather than weaknesses, i.e. all humans are essentially good, so this therapy does not account for the evils that people do.</p> <p>Useful for meeting with others in a similar situation. Mutual support and encouragement. Provides opportunities to learn from others – sharing thoughts, feelings, experiences, etc.</p> <p>Provides an opportunity for clients to gain insight into themselves/their situation/their emotions and how they relate to others.</p> <p>May not be offered locally, so the benefits may not be available to everyone.</p> <p>Sometimes available on the NHS, but may only be available privately, so can be very expensive,</p> <p>Group therapy is very much an individual consideration and may not suit everyone.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (c) (Cont'd)</p>	<p>Rogers' person-centred therapy (PCT)</p> <p>A form of counselling/talking treatment. Recipients are sometimes called clients rather than patients, depending on the setting for therapy.</p> <p>The goal of PCT is to help individuals develop a sense of self and recognise how their attitudes, feelings and behaviour may be affecting their ability to self-actualise, i.e. reach their full potential.</p> <p>Rogers believed that self-actualisation could be locked by an unhealthy self-concept, i.e. negative or unrealistic attitudes about oneself.</p> <p>The therapist provides a non-judgemental environment in which the client is shown:</p> <ul style="list-style-type: none"> (i) congruence (genuineness) (ii) empathy (ability to understand what the client is feeling) (iii) unconditional positive regard (valuing the person for who they are) <p>Key features of PCT:</p> <p>Positive self-regard: self-esteem or self-worth – having a positive self-image.</p> <p>Conditions of worth: parents, teachers, peers, the media and others only give us what we need when we show we are 'worthy', rather than just because we need it, e.g. sweets when we put our toys away, a new bike if we pass our exams and, most importantly, love and affection if, and only if, we 'behave'.</p> <p>Therapy aims to narrow the gap between the client's real self (what they are) and their ideal self (what they think they should be), i.e. incongruence.</p> <p>The goal is to enable the client to come to terms/accept what has happened to them, e.g. divorce, failed business, change in circumstances, and move forward towards personal growth/self-actualisation.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (Cont'd)	<p>Assessment:</p> <p>A very popular and effective treatment.</p> <p>Widely used.</p> <p>Useful in a range of situations, e.g. relationship difficulties, treatment of depression, dealing with/moving on from difficult or traumatic life events.</p> <p>PCT lacks scientific basis.</p> <p>Its non-directive approach has been criticised and responsibility lies with the client, not the therapist – not always suitable.</p> <p>Takes the view that all individuals are essentially 'good', so does not account for the evils that some people do.</p>					
(d)	<p>0-3 marks: Answers that give a basic account of one or more factors. Little or no discussion of its influence on emotional health and well-being. Answers lack structure. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some discussion of at least two factors that can influence William's emotional health and well-being. Answers contain few errors. Some use of specialist vocabulary.</p> <p>8-10 marks. Answers that discuss in detail a range of factors that can influence William's emotional health and well-being. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Inheritance William may have inherited either a neurotic personality and/or a predisposition to depression – passed on through genes inherited from his parents (50% from mother, 50% from father). If he is aware of a family tendency for depression, this might be a source of concern/worry for him. The fact that he does not want to take medication for the depression may also mean that he remains depressed unless he can find a suitable alternative treatment.</p> <p>Family Losing his wife and possibly easy access to his children would cause William distress, loneliness and unhappiness. He may feel that he has failed his family and the lack of his immediate family around him would only increase those feelings of loss and may be a contributory factor in him developing depression.</p>	10	3	3	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>Income William's income is likely to be much reduced after the failure of his business. This will affect his ability to support his wife/children. It would also affect his ability to provide for himself.</p> <p>Unemployment William is now unemployed and, having gone from a self-employed person with an income and social status, may now feel useless, suffer from low self-esteem and a lack of self-confidence. Living on benefits might also impact on his self-esteem and he is likely to have financial worries, e.g. how to pay rent, phone bill, etc, and get around.</p> <p>Housing William is now living in a flat following his marriage breakdown. This may be very different to the sort of housing he enjoyed before the breakdown. The flat may not be well maintained, decorated or furnished and this is likely to lower his mood and make him wonder whether he can ever get back to what he once had.</p> <p>Location Following the break-up of his marriage, William has moved to a flat which, because of his financial circumstances, could well be in a cheaper, perhaps less affluent area. There may be noise pollution (e.g. if in the city) and this could impact on William's ability to sleep, and a lack of facilities such as parks, libraries, health centres, all of which might impact on his health and well-being. He may become isolated.</p> <p>Crime levels If William lives in an area with high crime levels, he may fear for his safety and that of his property/ belongings. This might impact on his ability to sleep and his willingness to go out, particularly during the evenings. His anxieties might mean he has difficulty sleeping and, in the long-term, his emotional health and well-being could suffer.</p> <p>Self-esteem Losing his wife and family, his home, his business and his previous way of life would have a huge effect on William. He may lose interest in day-to-day life, lack motivation, e.g. to go out and meet people, and he may lack confidence which could lead to low self-esteem and even depression.</p> <p>(Accept any other reasonable answer.)</p>					
	Total for Question 4	25	7	4	7	7