

# A-LEVEL PSYCHOLOGY A

PSYA4: Psychopathology, Psychology in Action and Research Methods  
Mark scheme

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Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

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## Section A Psychopathology

### Question 01

**Discuss psychological explanations for schizophrenia. (8 marks + 16 marks)**

#### **AO1 = 8 marks**

AO1 credit is awarded for description of psychological explanations for schizophrenia. There is a plurality requirement in the question hence students should present two or more explanations. Students could organise their answers in relation to cognitive and social explanations, for example. The explanations need not be balanced, but to achieve a mark in the top band there should be detail provided for at least two. Students who cover one explanation are showing partial performance and can be awarded up to 5 marks.

Psychological explanations of schizophrenia including those based on family dynamics/communication (e.g. Bateson's double bind theory, Vaughn and Leff's expressed emotion) and cognitive approaches (e.g. Frith, Bentall) which emphasise impaired attention processing. Students could also cover explanations based on life experiences which focus primarily on the link between social adversity and schizophrenia.

Likely material includes:

- Fromm-Reichmann (1948) proposed the idea of the 'schizophrenogenic mother' who is cold and domineering, leading to a lack of trust in offspring; other psychodynamic explanations may also be creditworthy
- Double bind theory (Bateson 1956) explains schizophrenia through the repeated exposure to faulty communication in which the child is put in a 'no win' situation
- Expressed emotion (Vaughn and Leff 1976) refers to a pattern of criticism and hostility in relatives of people with schizophrenia which is strongly linked to relapse
- Frith (1992): schizophrenia occurs due to faulty information processing leading to cognitive overload. The schizophrenic is unable to distinguish effectively between their thoughts and outside stimuli hence experiences hallucinations and passivity symptoms
- Bentall (2005): schizophrenia occurs due to deficits and biases in information processing which over emphasise threatening interpretations

Helmsley's 1993 model emphasises that cognitive deficits result from disturbances in information processing. However, Helmsley's account focuses on disturbance in brain structures which underpin information processing and can be seen as a largely biological model. Accounts using Helmsley's work must be read very carefully to check for relevant material.

The diathesis stress model emphasises the interaction between biological predisposition and life events / stresses and cannot gain credit for AO1. Biological explanations cannot gain credit.

**AO2/3 = 16 marks**

AO2 credit is awarded for commentary on the explanations presented as AO1. Commentary is likely to include discussion of research evidence which supports and / or contradicts the explanation presented, for example:

- Early studies which demonstrated links between schizophrenia and dysfunctional families (e.g. Fromm–Reichmann and Bateson) were mainly retrospective and made little use of control groups. There are difficulties drawing conclusions about cause and effect from studies of this nature & disturbed family communication may be an effect rather than a cause of schizophrenia
- Many studies (e.g. Brown 1972, Tarrier 1988) have demonstrated higher levels of relapse in families with disturbed communication. Those who live in high EE environments are more likely to relapse than those in low EE settings (Vaughn and Leff 1976, Tarrier 1993) and exposure /amount of time spent in high EE environment is also important.
- EE is also linked with other disorders such as depression and eating disorders (Kavanagh 1992) implying that this type of communication isn't unique to schizophrenia
- Frith's model has received some support from studies demonstrating changes in blood flow to areas of the brain when schizophrenics perform certain kinds of cognitive tasks

Students may also explore how psychological explanations have been used to develop effective interventions for schizophrenia. Expressed emotion is the basis of family intervention methods which have had some success at reducing relapse rates. Ethical implications of psychological models in relation to attributing blame to families could also be a source of AO2. There is a wealth of evidence demonstrating the role of genetic/biological factors in schizophrenia. This material can achieve credit providing it is used to comment on the limitations of psychological explanations.

Methodological evaluation of research is creditworthy, providing the implications for the explanation are made explicit.

Because evaluation can be generic, partial performance criteria do not apply.

**AO1 mark bands****8-7 marks Sound**

Knowledge and understanding are accurate and well detailed.  
A good range of relevant material has been selected.  
There is substantial evidence of breadth and depth.  
Organisation and structure of the answer are coherent.

**6-5 marks Reasonable**

Knowledge and understanding are generally accurate and reasonably detailed.  
A range of relevant material has been selected.  
There is evidence of breadth and/or depth.  
Organisation and structure of the answer are reasonably coherent.  
*OR Coverage of one psychological explanation is accurate and well detailed with a good range of relevant material (maximum 5 marks)*

**4-3 marks Basic**

Knowledge and understanding are basic/relatively superficial.  
A restricted range of material has been presented.  
Organisation and structure of the answer are basic.  
*OR coverage of one psychological explanation is generally accurate and reasonably detailed.*

<p><b>2-1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be muddled and/or inaccurate.  The material presented may be very brief or largely irrelevant.  Lacks organisation and structure.  <i>Or coverage of one psychological explanation is basic.</i></p>
<p><b>0 marks</b>  no creditworthy material.</p>

### AO2/3 mark bands

<p><b>16-13 marks Effective</b>  Commentary demonstrates sound analysis, understanding and interpretation.  The answer is well focused and shows coherent elaboration and/or a clear line of argument.  Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>12-9 marks Reasonable</b>  Commentary demonstrates reasonable analysis and understanding.  The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.  Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.</p>
<p><b>8-5 marks Basic</b>  Commentary demonstrates basic, superficial understanding.  The answer is sometimes focused and shows some evidence of elaboration.  Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.</p>
<p><b>4-1 marks Rudimentary</b>  Commentary is rudimentary, demonstrating a very limited understanding.  The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

**Question 02****Outline and evaluate two psychological therapies for depression (8 marks + 16 marks)****AO1 = 8 marks**

AO1 credit is awarded for an outline of two psychological therapies for depression. These need not be balanced but to achieve a mark in the top band there should be detail provided for both.

Students who outline one psychological therapy are demonstrating partial performance and can be awarded up to five marks.

Biological therapies cannot be awarded credit.

Likely material includes:

- Cognitive therapy aims to identify and challenge the negative automatic thoughts held by individuals about themselves and their world
- Cognitive Behavioural Therapy adds a behavioural element to cognitive therapy, identifying rewarding experiences/ activities and encouraging the sufferer to take part in these. CBT also be offered as a type of group therapy (Hyun 2005)
- Behavioural Activation Therapy based on Lewinsohn's ideas about reinforcement identifies avoidance strategies (eg rumination) and encourages activities which have been avoided – it is a behavioural approach
- Interpersonal therapy (Sullivan) involves improving communication skills and identifying/ using available support networks
- Psychodynamic based therapies (i.e. brief psychodynamic therapy) focus on unconscious conflicts, dependency and loss during childhood
- Group therapy allows sufferers to share experiences, learn vicariously and meet others who have coped with depression.

When students present more than two therapies, credit the best two descriptions.

**AO2/3 = 16 marks**

AO2/3 credit is awarded for an evaluation of the psychological therapies offered. Given the wording of the specification, students are likely to structure their response around issues of effectiveness and appropriateness. Because evaluation can be generic, partial performance criteria do not apply.

Relevant outcome studies include:

- CBT has been shown to be as effective at treating depression as anti-depressants (Rush et al 1977) and provides significant improvements. (Kuyken 2007) CBT is best used in conjunction with drugs (eg Keller et al 2000 & Butler)
- Parker (2006) found that IPT does not produce as rapid an effect as medication but provides substantial improvement later on. Elkin (1989) found that IPT was as effective as cognitive and drug therapy
- Holmes (1999) has shown a limited range of effectiveness for psychodynamic approaches
- McDermot 2001 found group therapy to be as effective in reducing symptoms as individual therapy and more cost effective
- Jacobson et al (1996) found BAT as effective as cognitive therapy.

Students are also likely to discuss issues around outcome research, such as skill of therapist, type of patient (i.e. co-morbidities) along with general difficulties in measuring effectiveness (eg length of follow up).

In relation to appropriateness, students could consider when psychological therapies are appropriate in relation to severity of depression given the amount of motivation required. Psychological interventions take time and may not appear to be cost effective when compared with the rapid improvement demonstrated by drug treatments. However, they are generally free of side effects and there are no issues with dependency or tolerance

### AO1 mark bands

<p><b>8-7 marks Sound</b>          Knowledge and understanding are accurate and well detailed.          A good range of relevant material has been selected.          There is substantial evidence of breadth and depth.          Organisation and structure of the answer are coherent.</p>
<p><b>6-5 marks Reasonable</b>          Knowledge and understanding are generally accurate and reasonably detailed.          A range of relevant material has been selected.          There is evidence of breadth and/or depth.          Organisation and structure of the answer are reasonably coherent.  <i>OR Outline of one psychological therapy is accurate and well detailed with a good range of relevant material (maximum 5 marks)</i></p>
<p><b>4-3 marks Basic</b>          Knowledge and understanding are basic/relatively superficial.          A restricted range of material has been presented.          Organisation and structure of the answer are basic.  <i>OR outline of one psychological therapy is generally accurate and reasonably detailed.</i></p>
<p><b>2-1 mark Rudimentary</b>          Knowledge and understanding are rudimentary and may be muddled and/or inaccurate.          The material presented may be very brief or largely irrelevant.          Lacks organisation and structure.  <i>Or outline of one psychological therapy is basic.</i></p>
<p><b>0 marks</b>          no creditworthy material.</p>

### AO2/3 mark bands

<p><b>16-13 marks Effective</b>          Evaluation demonstrates sound analysis, understanding and interpretation.          The answer is well focused and shows coherent elaboration and/or a clear line of argument.          Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>12-9 marks Reasonable</b>          Evaluation demonstrates reasonable analysis and understanding.          The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.          Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.</p>

<p><b>8-5 marks Basic</b>  Evaluation demonstrates basic, superficial understanding.  The answer is sometimes focused and shows some evidence of elaboration.  Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.</p>
<p><b>4-1 marks Rudimentary</b>  Evaluation is rudimentary, demonstrating a very limited understanding.  The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

### Question 03

#### Discuss biological explanations of phobic disorders (8 marks + 16 marks)

##### AO1 = 8 marks

AO1 credit is awarded for an outline of biological explanations of phobic disorders. There is a plurality requirement in the question hence students should present two or more biological explanations. These need not be balanced but to achieve a mark in the top band there should be detail of at least two. Students who cover one explanation are showing partial performance and can be awarded up to 5 marks.

Psychological explanations cannot receive credit.

Likely material includes:

- Genetic factors include: reactive autonomic nervous system/autonomic lability (Lacey 1967): genetic trait of inhibition /shyness (Kagan 1997) & genes regulating serotonin (Lesch et al 1996)
- Biochemical/endocrine explanations: overactivity in sympathetic nervous system (noradrenalin) or under activity of parasympathetic system (GABA): Stein 1996 argues that abnormal levels of serotonin and dopamine are also implicated
- Neuro anatomical factors - increased blood flow in the limbic system particularly the amygdala
- Evolutionary explanations can gain credit – ‘Preparedness’ can gain credit providing the description focuses on biological elements rather than learning.

Given the difficulty of describing genetic factors, straightforward description of genetic studies (eg family history/twin studies) can receive AO1 credit.



**AO2/3 = 16 marks**

AO2/3 credit is awarded for commentary on the biological explanations presented as AO1. Commentary is likely to include discussion of research evidence which supports and/or contradicts the explanation presented.

Likely material includes:

- Support for the genetic explanation: Phobias are more common in relatives of phobics than in the general population (Solyom et al 1974, Fyer 2006) Twin studies (eg Torgerson 1983, Skre 2000, and Kendler et al 2001) demonstrate higher concordance rates in MZ than DZ twins. The CR for specific phobias is highest of all (eg Ost 1992 - 64% of blood- injection phobics had at least one first degree relative with the same phobia.)
- Kagan (1997) found that children who were timid at 21 months of age were at a much greater risk of developing a phobia by age 8 than bolder children (32% versus 5 %). Longitudinal studies (eg Rosenbaum et al 1991) have supported this claim
- Scanning studies: Rauch (1995) found increased blood flow in the limbic systems of phobics using PET & Ahs et al (2009) found a relationship between ratings of distress and amygdala activity in spider/snake phobics using PET
- Merckelbach et al (1996) found higher levels of ACTH in a sample of phobics. Van der Wee (2008) found abnormal levels of dopamine and serotonin. Cryan et al (2005) found that increasing GABA reduced anxiety in primates and humans

Students could use the effectiveness of biological based therapies (eg drug treatments) to comment on biological explanations along with relevant debates such as the relative importance of nature/nurture. Implications of biological explanations (for example responsibility/blame) can also receive credit.

Methodological evaluation of research is creditworthy, providing the implications for the explanation are made explicit. Likely methodological commentary includes shared environments in genetic studies, difficulties of generalisation from animal research and difficulties establishing causality in neuro anatomical studies.

Because evaluation can be generic, partial performance criteria do not apply.

**AO1 mark bands****8-7 marks Sound**

Knowledge and understanding are accurate and well detailed.  
A good range of relevant material has been selected.  
There is substantial evidence of breadth and depth.  
Organisation and structure of the answer are coherent.

**6-5 marks Reasonable**

Knowledge and understanding are generally accurate and reasonably detailed.  
A range of relevant material has been selected.  
There is evidence of breadth and/or depth.  
Organisation and structure of the answer are reasonably coherent.  
*OR Coverage of one biological explanation is accurate and well detailed with a good range of relevant material (maximum 5 marks).*

<p><b>4-3 marks Basic</b>  Knowledge and understanding are basic/relatively superficial.  A restricted range of material has been presented.  Organisation and structure of the answer are basic.  <i>OR coverage of one biological explanation is generally accurate and reasonably detailed.</i></p>
<p><b>2-1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be muddled and/or inaccurate.  The material presented may be very brief or largely irrelevant.  Lacks organisation and structure.  <i>Or coverage of one biological explanation is basic.</i></p>
<p><b>0 marks</b>  no creditworthy material.</p>

### AO2/3 mark bands

<p><b>16-13 marks Effective</b>  Commentary demonstrates sound analysis, understanding and interpretation.  The answer is well focused and shows coherent elaboration and/or a clear line of argument.  Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>12-9 marks Reasonable</b>  Commentary demonstrates reasonable analysis and understanding.  The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.  Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.</p>
<p><b>8-5 marks Basic</b>  Commentary demonstrates basic, superficial understanding.  The answer is sometimes focused and shows some evidence of elaboration.  Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive</p>
<p><b>4-1 marks Rudimentary</b>  Commentary is rudimentary, demonstrating a very limited understanding.  The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b> No creditworthy material is presented.</p>

**Question 04****Outline and evaluate one biological explanation of OCD (4 marks + 8 marks)****AO1 = 4 marks**

AO1 credit is awarded for an outline of one biological explanation of OCD. The most likely material includes:

- Genetics: eg inheritance of sapap3 gene (Feng et al 2007): gene which regulates the production of COMT: and a glutamate transporter gene (SLC1A1) have been implicated in OCD
- Biochemical: serotonin deficiency & high levels of dopamine
- Neuroanatomical: damage to basal ganglia (Rapoport 1990) & over activity of the orbital frontal cortex or 'worry circuit'
- Evolutionary explanations: focus on the adaptive nature of compulsions.

Given the difficulty in describing genetic explanations, AO1 credit can be awarded for descriptions of research studies (eg family history/twin studies) which demonstrate the role of genetics in OCD.

As only four marks are available, examiners should be mindful of the amount of depth/detail which can be reasonably expected. Where students cover more than one biological explanation, the best should be credited.

**AO2/3 = 8 marks**

AO2/3 credit is awarded for an evaluation of the biological explanation presented as AO1. This is most likely to include supporting research. Methodological evaluation of research is creditworthy, providing the implications for the explanation are made explicit. Likely methodological commentary includes shared environments in genetic studies, difficulties of generalisation from animal research and difficulties establishing causality in neuroanatomical studies.

Likely material includes:

- Support for the genetic explanation: Arbor (2006) found OCD is 9 x more frequent in first degree relatives than the general population: higher concordance rates in MZ (between 68 - 88 %) than DZ (28 - 47 %) twins. (Carey and Gottesman 1981, Rasmussen and Tsuang 1986, Billett et al 1998)
- Animal studies (eg Feng 2007) have shown that mice bred to lack the sapap3 gene spend excessive amounts of time grooming and show higher signs of anxiety
- SSRI's inhibit over activity in the OFC and provide an effective treatment for about 50% of OCD sufferers (eg Murphy et al 1996). However, some studies have indicated that increasing serotonin can worsen symptoms (Hollander et al 1992)
- There is some support for the role played by basal ganglia. Characteristics of OCD are also found in sufferers of Parkinson's disease and Tourettes syndrome, both of which involve changes to basal ganglia. PET scans demonstrated increased activity in the basal ganglia of compulsion sufferers than control participants (Rauch et al 1994). However, other neuro imaging studies have shown less support
- OCD patients have less grey matter in OFC and the right frontal regions of the brain (Menses 2007).

**AO1 mark bands**

<p><b>4 marks Sound</b>  Knowledge and understanding are accurate and well detailed.  Organization and structure of the answer are coherent.</p>
<p><b>3 marks Reasonable</b>  Knowledge and understanding are generally accurate and reasonably detailed.  Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b>  Knowledge and understanding are basic/relatively superficial.  Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate.  Lacks organization and structure.</p>
<p><b>0 marks</b>  no creditworthy material.</p>

**AO2/3 mark bands**

<p><b>8-7 marks Effective</b>  Evaluation demonstrates sound analysis, understanding and interpretation.  The answer is well focused and shows coherent elaboration and/or a clear line of argument.  Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>6-5 marks Reasonable</b>  Evaluation demonstrates reasonable analysis and understanding.  The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.  Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.</p>
<p><b>4-3 marks Basic</b>  Evaluation demonstrates basic, superficial understanding.  The answer is sometimes focused and shows some evidence of elaboration.  Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.</p>
<p><b>2-1 marks Rudimentary</b>  Evaluation is rudimentary, demonstrating a very limited understanding.  The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

**Question 05****Outline and evaluate one psychological therapy for OCD. (4 marks + 8 marks)****AO1 = 4 marks**

AO1 credit is awarded for an outline of one psychological therapy for OCD. Students are free to choose from a range of therapies and likely material includes:

- Exposure and Response Prevention: ERP is based on the principles of classical conditioning and involves the key elements of systematic desensitization (relaxation training, hierarchy construction and replacement of maladaptive, responses with relaxation). The key feature of ERP is the prevention from carrying out ritualistic behaviours, through verbal persuasion or distraction
- Modelling is based on the principles of social learning (i.e. observation and imitation)
- Cognitive behavioural – combines cognitive therapy (identifying and changing maladaptive beliefs) with behavioural approaches (e.g. homework)

Although rarely used for OCD, psychodynamic therapies can also receive credit providing the material is well shaped towards the treatment of OCD. Otherwise the description is rudimentary. Biological therapies cannot receive credit.

As only four marks are available, examiners should be mindful of the amount of depth/detail which can be reasonably expected. Students who present more than one therapy should receive credit for the best answer.

**AO2/3 = 8 marks**

AO2/3 credit is awarded for an evaluation of the psychological therapy for OCD which has been presented as AO1. Students are likely to consider issues of effectiveness and appropriateness given the focus of the specification. Better answers should include reference to outcomes studies and relevant methodological critique on measuring effectiveness - when to measure, how to measure etc.

- Several studies have demonstrated the effectiveness of ERP interventions, eg Salkovskis and Kirk, 1997, Abramowitz et al 2005, Albucher et al 1998
- Whittal 2008 compared cognitive therapy with ERP and found higher improvement (68%) in CT than ERP (54%). However, both were equally effective after two years
- The ERP dropout rate is fairly high because it can be a stressful experience. CT dropout rates are lower.

Issues of appropriateness of psychological treatments could include:

- Ethical issues – ERP can be a stressful experience for sufferers who are made to face uncomfortable situations (linked to dropout)
- Factors affecting the choice of treatment, eg financial constraints & availability of trained therapists
- Time taken for treatment – ERP and CT are relatively fast, taking between 3 and 8 weeks.

**AO1 mark bands**

<p><b>4 marks Sound</b>  Knowledge and understanding are accurate and well detailed.  Organization and structure of the answer are coherent.</p>
<p><b>3 marks Reasonable</b>  Knowledge and understanding are generally accurate and reasonably detailed.  Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b>  Knowledge and understanding are basic/relatively superficial.  Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate.  Lacks organization and structure.</p>
<p><b>0 marks</b>  no creditworthy material.</p>

**AO2/3 mark bands**

<p><b>8-7 marks Effective</b>  Evaluation demonstrates sound analysis, understanding and interpretation.  The answer is well focused and shows coherent elaboration and/or a clear line of argument.  Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>6-5 marks Reasonable</b>  Evaluation demonstrates reasonable analysis and understanding.  The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.  Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.</p>
<p><b>4-3 marks Basic</b>  Evaluation demonstrates basic, superficial understanding.  The answer is sometimes focused and shows some evidence of elaboration.  Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.</p>
<p><b>2-1 marks Rudimentary</b>  Evaluation is rudimentary, demonstrating a very limited understanding.  The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

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## Section B Psychology in Action

### Question 06

**Using your knowledge of explanations of media influences on anti-social behaviour, explain the different behaviours shown by Matt and John. (10 marks)**

**AO2 = 10 marks**

AO2 credit is awarded for application of knowledge about media influences on anti-social behaviour to explain the different behaviours in the scenario:

- Matt is not upset by the violent film and finds the scenes amusing. Matt gets into fights at school
- John finds the violent scenes frightening and experiences physiological arousal (racing heart etc.) when watching. He avoids fights.

Relevant explanations include:

- Social learning theory: Matt's experience of watching violent films with his older brothers has provided ample opportunity for him to observe and imitate the behaviour. This could explain why he gets into fights. John has had little experience with violent films hence SLT would argue that he does not act aggressively as he has had little opportunity to observe or imitate aggressive behaviour
- Cognitive priming: Matt's behaviour reflects cognitive priming: viewing an aggressive model creates memories of the behaviour which are stored as scripts/schemas. Matt is more likely to interpret situations as requiring an aggressive response if cues remind him of scenes in films hence he gets into fights
- Desensitization: Matt is not shocked by the violent scenes and finds them amusing but John experiences a racing heart and feels sick showing that he is not desensitized to violence
- The general learning model (Buckley and Anderson 2006): learning from media is influenced by personal and situational variables, such as family influence.

Given the focus of the question, methodological critique of research studies is unlikely to be relevant.

Students who refer to the behaviour of one of the boys (eg Matt) can be awarded a maximum of five marks depending on the quality of the explanation.

Students who select relevant explanations but do not apply these to the scenario can be awarded up to four marks. Descriptions of Bandura's bobo doll study are not explanations and receive no marks.

**AO2/3 10 Mark bands: best fit****10-9 marks Effective**

Explanation /application demonstrate sound analysis and understanding.  
 Application of knowledge is well focused and effective.  
 Ideas are well structured and expressed clearly and fluently.

**8-6 marks Reasonable**

Explanation /application demonstrate reasonable analysis and understanding.  
 Application of knowledge is generally focused.  
 Most ideas are appropriately structured and expressed clearly.

**5-3 marks Basic**

Explanation /application demonstrate basic analysis and superficial understanding.  
 Application is sometimes focused.  
 Expression of ideas lacks clarity.

**2-1 marks Rudimentary**

Explanation /application are rudimentary demonstrating very limited understanding.  
 The answer is weak, muddled and may be mainly largely irrelevant.  
 Deficiency in expression of ideas results in confusion and ambiguity.

**0 marks**

No creditworthy material is presented.



**Question 07****Outline the Elaboration Likelihood Model of persuasion. (4 marks)****AO1 = 4 marks**

ELM (Petty and Cacioppo 1983) suggests that persuasive messages can be processed in one of two ways:

- Central route is used when the issue is important or the recipient is interested and involves effort of processing. Messages targeted at this route will contain factual information
- Peripheral route is used when the issue is of little importance. This involves heuristic processing. Messages targeted at this route are likely to contain images, etc.

Students may also refer to need for cognition in their description of the central route. Basic answers will identify (name) both routes and provide some description, but this may be lacking in detail. Reasonable answers will provide some coverage of both routes, although one may be more detailed than the other. Balanced coverage is required for top band marks.

Students who cover one route are restricted to a maximum mark of two.

Diagrams can receive credit.

**AO1 mark bands**

<b>4 marks Sound</b> Knowledge and understanding are accurate and well detailed. Organization and structure of the answer are coherent.
<b>3 marks Reasonable</b> Knowledge and understanding are generally accurate and reasonably detailed. Organization and structure of the answer are reasonably coherent.
<b>2 marks Basic</b> Knowledge and understanding are basic/relatively superficial. Organization and structure of the answer are basic.
<b>1 mark Rudimentary</b> Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organization and structure.
<b>0 marks</b> no creditworthy material.

**Question 08****Discuss research into celebrity stalking. (4 marks + 6 marks)****AO1 = 4 marks**

Stalking is a pattern of behaviour involving repeated attempts to contact/harass causing fear and alarm.

AO1 credit is awarded for an outline of research into celebrity stalking. Likely material includes:

- Maltby's Celebrity Attitude Scale: stalking occurs at the third level of celebrity worship, the borderline pathological level
- Fixated Threat Assessment Centre study of 275 stalkers of the British Royal family found that 83.6% had some form of psychotic illness. 18% showed delusions of identity (thinking they were related) and around 12% sought intimacy/were infatuated
- Mullen's (2002) typography of stalker types/motivations based on the overall population of stalkers. The category of rejected stalkers does not generally apply to celebrity stalking.

Students may also refer to research on stalking in general (eg McCutcheon 2006 found that those with insecure attachment styles were more likely to condone stalking as acceptable). This material is creditworthy provided the implications for celebrity stalking are made clear. Otherwise a rudimentary mark is awarded.

**AO2/3 6 marks**

AO2/3 credit is awarded for critical discussion of research into celebrity stalking. Methodological evaluation is likely to form a major part of this:

- The FTAC study provides a very specific picture of a large group of stalkers and the clear links to mental illnesses. This allows limited generalisations to be made
- Most research on stalking relates to a known figure (ex-partner etc). Celebrity stalking is rare, bringing up issues of generalisation from Mullen's work
- It is difficult to generalise from case studies which are 'one off'. These often rely on retrospective accounts of childhood, attachment type etc
- New forms of cyber stalking/trolling etc have received little systematic research as yet.

**AO1 mark bands**

<b>4 marks Sound</b> Knowledge and understanding are accurate and well detailed. Organization and structure of the answer are coherent.
<b>3 marks Reasonable</b> Knowledge and understanding are generally accurate and reasonably detailed. Organization and structure of the answer are reasonably coherent.
<b>2 marks Basic</b> Knowledge and understanding are basic/relatively superficial. Organization and structure of the answer are basic.
<b>1 mark Rudimentary</b> Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate Lacks organization and structure.
<b>0 marks</b> no creditworthy material.

**AO2/3 mark bands (6 marks)****6 marks Effective.**

Commentary demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and / or a clear line or argument.

Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

**5-4 marks Reasonable**

Commentary demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning.

**3-2 marks Basic**

Commentary demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

**1 mark Rudimentary**

Commentary is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

**0 marks**

No creditworthy material is presented.

**Question 09****Outline the biological approach to explaining relapse in addiction. (4 marks)****AO1 = 4 marks**

AO1 credit is awarded for an outline of the biological processes associated with relapse in addiction. The biological approach focuses on unpleasant withdrawal symptoms when the substance is removed as the primary cause of relapse.

- Substances such as nicotine/alcohol activate the dopamine reward pathway and the brain adapts to be in balance when the substance is present (neuroadaptation)
- When the substance is discontinued, the adaptation is no longer needed and is experienced as withdrawal symptoms which are unpleasant and immediately relieved by using the substance.

Students may contextualise their explanation by referring to nicotine or other substance dependencies. The nicotine regulation model could also be used here. Genetic factors could be used (eg DRD2 gene) but material would need to be shaped towards relapse.

Basic answers are likely to refer to withdrawal symptoms. Better answers are likely to explore tolerance & neuroadaptation.

**AO1 mark bands**

<p><b>4 marks Sound</b>  Knowledge and understanding are accurate and well detailed.  Organization and structure of the answer are coherent.</p>
<p><b>3 marks Reasonable</b>  Knowledge and understanding are generally accurate and reasonably detailed.  Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b>  Knowledge and understanding are basic/relatively superficial.  Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate.  Lacks organization and structure.</p>
<p><b>0 marks</b>  no creditworthy material.</p>

**Question 10****Discuss two risk factors which make people more vulnerable to addiction.****(4 marks + 6 marks)****AO1 = 4 marks**

AO1 credit is awarded for an outline of two factors which effect vulnerability to addiction. The specification identifies stress, peers, age and personality as risk factors.

However, students could choose to discuss other risk factors such as genetics, parental substance use or low self-esteem. Answers should be read carefully and unfamiliar material checked with reliable sources.

As only four marks are available, examiners should be mindful of the amount of depth/detail which can be reasonably expected. Where students cover more than two factors, the best two should be credited.

Coverage of one risk factor only, three marks maximum.

Likely material includes;

- Age: there is a positive correlation between age at first use and risk of developing later addiction with both alcohol and nicotine
- Stress: has an impact on both initiation and relapse
- Peers: are influential in initiation of substance use and behavioural addiction such as gaming and gambling
- Personality: Eysenck's dimension of extroversion – introversion suggests that extroverts who are chronically under aroused may be more likely to use substances which act as stimulants at low doses. Risk seeking personality types may also be more at risk as are high 'self-monitors' who are sensitive to social situations and to others opinions.

**AO2/3 = 6 marks**

AO2 credit is awarded for critical discussion of the risk factors described. A likely route to AO2 is research evidence on risk factors and commentary on the quality of that evidence. Credit can also be awarded for wider discussion, for example of the interaction between factors (eg age and peer influence) or comparison of their relative importance.

Likely material includes:

- Tyas (1998) Bricker et al (2006) peer influence & smoking, Derevensky (1999) influence of peer networks on adolescent gambling
- Childs et al (2010) study of stress and smokers, Capell and Greeley's tension reduction hypothesis of alcohol use (1987)
- Lader and Matheson (1991): parental influence on smoking
- Low self-esteem in problem gamblers (Gupta and Derevensky 1998) and in addiction to mobile phones (Leung 2007).

Commentary on one risk factor only, four marks maximum.

**AO1 mark bands**

<p><b>4 marks Sound</b>  Knowledge and understanding are accurate and well detailed.  Organization and structure of the answer are coherent.</p>
<p><b>3 marks Reasonable</b>  Knowledge and understanding are generally accurate and reasonably detailed.  Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b>  Knowledge and understanding are basic/relatively superficial.  Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b>  Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate.  Lacks organization and structure.</p>
<p><b>0 marks</b>  No creditworthy material.</p>

**AO2/3 mark bands**

<p><b>6 marks Effective</b>  Commentary demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and / or a clear line or argument.  Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p><b>5-4 marks Reasonable</b>  Commentary demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning</p>
<p><b>3-2 marks Basic</b>  Commentary demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive</p>
<p><b>1 mark Rudimentary</b>  Commentary is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

**Question 11**

**Use your knowledge of the prevention of addictive behaviour to explain why these three strategies should reduce smoking. You should refer to the theory of planned behaviour in your answer. (10 marks)**

**AO2 = 10 marks**

Students are required to apply their knowledge of the prevention of addiction, to explain why the strategies in the scenario should reduce smoking. They are explicitly instructed to use the Theory of Planned Behaviour. TPB refers to behavioural attitudes, subjective norms and perceived behavioural control, which lead to intentions.

The strategies in the scenario are:

- Banning smoking in public/ workplaces
- Graphic images on cigarette packets
- Education programmes in schools.

Each of these strategies can be linked to TPB as well as other research on prevention:

- Bans aim to reduce access to smoking models in public areas. According to TPB this should alter social norms about the prevalence of smoking. In relation to social learning theory, the removal of smoking role models should reduce uptake as there will be less opportunity for learning via imitation. Relevant studies include Fichtenberg and Glantz (2012) & Jones (2011) on the impact of smoke free workplaces
- Graphic images are designed to alter attitudes to smoking (TBP) and influence intentions not to smoke. Students could refer to research on the impact of graphic images
- Education programmes are designed to increase feelings of self-efficacy (TPB) as well as altering attitudes towards smoking.

To achieve top band marks, students should discuss all three strategies. Reasonable marks can be awarded to those who cover one or two strategies in depth.

Students who ignore the injunction to refer to TPB should be awarded a rudimentary mark. Students who describe TPB but do not apply this to the scenario can be awarded up to four marks.

**AO2/3 10 mark bands: best fit****10-9 marks Effective**

Explanation/application demonstrates sound analysis and understanding.  
Application of knowledge is well focused and effective.  
Ideas are well structured and expressed clearly and fluently.

**8-6 marks Reasonable**

Explanation /application demonstrate reasonable analysis and understanding.  
Application of knowledge is generally focused.  
Most ideas are appropriately structured and expressed clearly.

**5-3 marks Basic**

Explanation /application demonstrate basic analysis and superficial understanding.  
Application is sometimes focused. Expression of ideas lacks clarity.

<p><b>2-1 marks Rudimentary</b>  Explanation/application is rudimentary demonstrating very limited understanding.  The answer is weak, muddled and may be mainly largely irrelevant.  Deficiency in expression of ideas results in confusion and ambiguity.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>

## Question 12

**What criticisms would a scientist make of this study of paranormal cognition? (4 marks)**

**AO2 = 4 marks**

AO2 credit is awarded for application of knowledge about methodological issues related to the study of paranormal cognition (ESP) to the scenario.

Methodological flaws include:

- Sensory leakage: the twins are in the same room separated by a screen, so information could be transmitted by normal means (eg changes in breathing rate)
- Ineffective randomisation: the selection of the target image is done by the sender rather than randomly. Selection could relate to the senders interests, hence the receiver who knows them well could guess which image they would choose
- If the images are passed from the sender to the receiver manually (i.e. on paper), the target images could have a bent corner or mark on the picture.

Students are asked to identify criticisms, hence should cover two or more. Students who focus on one criticism can be awarded a maximum of two marks.

Speculative methodological criticisms are not creditworthy, eg sample size.

Ethical criticisms cannot receive credit.

### AO2 4 Mark bands: best fit

<p><b>4 marks Effective</b>  Application demonstrates sound analysis and understanding.  Application of knowledge is well focused and effective.</p>
<p><b>3 marks Reasonable</b>  Application demonstrates reasonable analysis and understanding.  Application of knowledge is generally focused.</p>
<p><b>2 marks Basic</b>  Application demonstrates basic analysis and superficial understanding.  Application is sometimes focused.</p>
<p><b>1 marks Rudimentary</b>  Application is rudimentary demonstrating very limited understanding.  The answer is weak, muddled and may be mainly largely irrelevant.</p>
<p><b>0 marks</b>  No creditworthy material is presented.</p>



**Question 13**

**Explain how this study would need to be changed to make it more scientific. You should refer to the criticisms that you identified in your answer to question 12. (6 marks)**

**AO2 = 6 marks**

AO2 credit is awarded for application of knowledge about methodological issues and scientific method to redesign the study described. Students are instructed to approach this by tackling the flaws they have identified and explaining how these could be put right; other relevant improvements can also receive credit.

- Sensory leakage could be controlled by having the sender and receiver kept in separate rooms which are unconnected and electro magnetically shielded. Alternatively sensory deprivation could be used
- The target image should be randomly selected from the set of images and the sender told which image which to transmit. Images should be non-meaningful
- Use of manual selection of images could be replaced with computer selection of images (sensory shielding)
- Participants should be randomly allocated to roles of sender and receiver.

**AO2 mark bands**

<p><b>6 marks Effective</b> Application demonstrates sound analysis and understanding. Application of knowledge is well focused and effective.</p>
<p><b>5-4 marks Reasonable</b> Application demonstrates reasonable analysis and understanding. Application of knowledge is generally focused.</p>
<p><b>3-2 marks Basic</b> Applications demonstrate basic analysis and superficial understanding. Application is sometimes focused.</p>
<p><b>1 marks Rudimentary</b> Application is rudimentary demonstrating very limited understanding. The answer is weak, muddled and may be mainly largely irrelevant.</p>
<p><b>0 marks</b> No creditworthy material is presented.</p>

**Question 14****Outline one explanation for superstitious behaviour. (4 marks)****AO1 = 4 marks**

AO1 credit is awarded for one explanation of superstitious behaviour. Relevant explanations include:

- Behavioural: accidental pairing of a behaviour with a positive outcome leads to the two being incorrectly linked (eg Skinner 1948)
- The need for control/illusion of control in stressful situations (Malinowski 1948, Watson et al 2007)
- Magical thinking: attempts to influence an outcome in a test/ competition
- Type 1 and Type 2 errors: it is better to assume two unrelated events are linked (Type 1 error) than to miss a genuine link (Type 2).

As only four marks are available examiners should be mindful of the amount of depth/detail which can be reasonably expected. When a student presents more than one explanation, the best should be credited.

**AO1 mark bands**

<p><b>4 marks Sound</b>          Knowledge and understanding are accurate and well detailed.          Organization and structure of the answer are coherent.</p>
<p><b>3 marks Reasonable</b>          Knowledge and understanding are generally accurate and reasonably detailed.          Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b>          Knowledge and understanding are basic/relatively superficial.          Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b>          Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate.          Lacks organization and structure.</p>
<p><b>0 marks</b>          No creditworthy material.</p>

**Question 15****Discuss research into out of body experiences. (4 marks + 6 marks)****AO1 = 4 marks****AO2/3 = 6 marks**

AO1 credit is awarded for research into OBEs. As research refers to theories/explanations or studies students can approach this question in two different ways. They can present explanations as AO1 and support from research studies as AO2. Alternatively, they can present research studies as AO1 with methodological evaluation as AO2.

Responses will need to be read carefully to establish how students have tackled the question.

Explanations of OBEs include:

- Neuroscience: Problems in the neural pathway from the pre frontal cortex to the temporo-parietal junction: Stimulation of the temporal lobe of the brain (Blanke)
- Cognitive: OBEs result from disruption of visual self-perception or a shift to a bird's eye view (Blackmore 1987)
- The sleep hypothesis (Palmer, 1978, McCreery 2006): OBEs occur during a hypnogogic state
- Belief in OBEs is associated with personality characteristics such as fantasy proneness.

Research studies:

- Blanke et al (2005) produced OBEs artificially through stimulating the angular gyrus. This supports the claim of a biological underpinning to the OBE
- Easton et al (2009): identified difficulties in locating the self in space in an OBE sample
- Ehrsson: OBEs can be induced through disrupting sense of visual perception.

Both of the above studies demonstrate scientific testing of OBEs in controlled conditions. These are far from the usual conditions in which OBEs are reported but have some advantages over case study evidence which provides little information about causes of OBE's. Both involve relatively small samples.

**AO1 mark bands**

<b>4 marks Sound</b> Knowledge and understanding are accurate and well detailed. Organization and structure of the answer are coherent.
<b>3 marks Reasonable</b> Knowledge and understanding are generally accurate and reasonably detailed. Organization and structure of the answer are reasonably coherent.
<b>2 marks Basic</b> Knowledge and understanding are basic/relatively superficial. Organization and structure of the answer are basic.
<b>1 mark Rudimentary</b> Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organization and structure.
<b>0 marks</b> No creditworthy material.

**AO2/3 mark bands****6 marks Effective.**

Commentary demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and/or a clear line of argument.

Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

**5-4 marks Reasonable**

Commentary demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning.

**3-2 marks Basic**

Commentary demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

**1 mark Rudimentary**

Commentary is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

**0 marks**

No creditworthy material is presented.

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**Section C Research methods****Question 16****What were the aims in this study? (2 marks)****AO3 = 2 marks**

Credit is awarded for an understanding of why this study has been carried out. This could be phrased in different ways (eg statement, question). Award two marks for an accurate answer which refers to comparing the effectiveness of long and short forms of CBT **OR** to comparing different forms of CBT with a control group.

Award one mark for an incomplete or muddled answer (*'to assess the effectiveness of CBT'*).

Award 0 marks for any form of hypothesis.

**Question 17****Identify one variable which does not appear to have been controlled in this trial. Explain how this may have influenced the outcome. (3 marks)****AO3 = 3 marks**

Award one mark for identifying one variable which was not controlled and two further marks for explaining how this could influence the outcome of the therapy.

Possible answers could include:

- The length of time before second assessment of symptoms was 12 weeks in conditions 1 & 3 compared to 5 weeks in condition 2
- Use of different therapists in conditions 1 & 2
- The interaction between sex of therapist and patient
- Whether or not patients carried out homework tasks
- Individual differences such as age and gender
- Whether patients were receiving other forms of therapy or medication.

Credit any appropriate suggestion.

Eg: *'An extraneous variable was the length of time before second assessment of symptoms (1 mark). This was 12 weeks in conditions 1 & 3 compared to 5 weeks in condition 2. This could have influenced the outcome of the study as the benefits of brief CBT have less time to show than the other two conditions (1 mark). This could lead to its effectiveness being underestimated (1 mark).'*

**Question 18**

**What is meant by validity? How could the psychologist have assessed the validity of the questionnaire used to measure the severity of symptoms? (4 marks)**

**AO3 = 4 marks**

Award one mark for a definition of validity.

Three further marks for describing how validity of the questionnaire could be assessed. Possible methods include:

- Taking another measure of symptoms from the same participants (eg Doctor or family member) and comparing the two sets of scores. If the scores agree, the questionnaire has high validity(concurrent validity)
- Ask an expert(s) in the field to assess the questions to see if they are an accurate measure of panic attacks (content validity)
- Assess how closely the questions relate to underlying theoretical constructs (i.e. how well they relate to panic symptoms) – construct validity.

Less rigorous methods include looking at the questions to see if they appear valid 'on the face of it' (face validity).

Students can achieve two marks by providing information about one or more appropriate methods in outline. Three marks can be awarded when answers provide clear description of the entire process of checking validity.

Eg: '*Validity refers to whether or not the questionnaire measures what it is supposed to measure (1 mark). Concurrent validity would involve getting a family member to assess the symptoms (1 mark) and seeing how closely they match the score on the questionnaire (1 mark). If the two matched, the questionnaire would have high validity (1 mark).*

No marks for simply naming types of validity.

**Question 19**

**The psychologist asked the 60 patients for fully informed consent to take part in this trial. What should the psychologist have told the patients so that they were able to give their consent? (5 marks)**

**AO3 = 5 marks**

In order to gain fully informed consent for this trial, patients should be informed of key information provided in the stem about the clinical trial.

- They will be allocated to one of the conditions and they may not receive therapy
- If they do receive therapy it will be Cognitive Behavioural
- The time period for the study (ie up to 12 weeks)

In addition, students could refer to other relevant ethical information such as:

- Data should be anonymised so they are not identifiable in the results
- Patients should be made aware that they are free to withdraw themselves or their data from the clinical trial if need be
- They may be asked to complete homework assignments outside the therapy sessions.

For five marks, students must cover the top three bullet points. Answers focus only on generic ethical issues (freedom to withdraw, confidentiality) can gain a maximum of two marks.

**AO3 mark bands**

<p><b>5 marks Sound</b> Full details are provided including the top three bullet points. Organization and structure of the answer are coherent.</p>
<p><b>4-3 marks Reasonable</b> There is coverage of at least one of the top bullet points. Organization and structure of the answer are reasonably coherent.</p>
<p><b>2 marks Basic</b> Basic information is provided about the key elements of the study. Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b> Very little relevant information is provided about the research study. Lacks organization and structure.</p>
<p><b>0 marks</b> No creditworthy material.</p>

**Question 20**

**What do the data show about the effectiveness of the therapies for panic attacks? Refer to mean scores, standard deviations and the results of the statistical test in your answer.**

**(6 marks)**

**AO3 = 6 marks**

The main findings/conclusions are as follows:

- The mean scores show that both types of CBT lead to some improvement in symptoms and appear superior to being allocated to a waiting list
- The SD score is larger for the brief CBT than the other groups, showing that the scores are more spread out in this condition than the other two groups. Hence, there was more variation in response to the short version of CBT
- The statistical tests show no significant difference between short and long versions of CBT
- The waiting list condition also demonstrated a minor improvement in symptoms. Students could refer to spontaneous remission here.

**AO3 mark bands**

<p><b>6 marks Sound</b> Answer draws accurate findings/conclusions from mean scores, SD's and statistical test. Organization and structure of the answer are coherent.</p>
<p><b>5-4 marks Reasonable</b> Answer draws accurate findings/conclusions from two out of three data sources. Third finding may be omitted or inaccurate. Organization and structure of the answer are reasonably coherent.</p>
<p><b>3-2 marks Basic</b> Answer includes one or two accurate findings/conclusions but these lack detail. At the bottom of the band, the answer may be muddled. Organization and structure of the answer are basic.</p>
<p><b>1 mark Rudimentary</b> Very little information is provided about the findings/conclusions. Lacks organization and structure.</p>
<p><b>0 marks</b> No creditworthy material.</p>



**Question 21**

**Imagine that you are writing up the report for this experiment. What is the purpose of the abstract in a psychological report? (2 marks)**

**AO3 = 2 marks**

Award one mark for a brief answer (*'the purpose of an abstract is to provide a short summary of the study'*) and two marks for a detailed answer referring to providing sufficient information to establish if the full report is worth reading.

**Question 22**

**Discuss applications and/or implications that might arise from this piece of research. (5 marks)**

**AO3 = 5 marks**

There are a number of implications and applications in the results of this study. Students can gain credit by discussing one or two of these in depth or several in less detail.

- If brief CBT works as well as traditional CBT, this has practical applications. It would save time for those taking part and for therapists delivering CBT
- The wider spread of results in the brief CBT condition implies that this form of therapy may be more effective for some people than others. Clinicians need to assess patients carefully to decide who might be suitable and complete homework
- Psychological problems can improve with the passage of time without treatment (spontaneous remission) meaning that there may be some merit in asking people to wait for treatment if their symptoms are not severe
- An important implication is cost effectiveness. If brief CBT works as well as the longer traditional format, this would have a number of advantages including reducing costs for the NHS.

Credit any other relevant implications or applications.

**AO3 mark bands**

<b>5 marks Sound</b> Discussion of implications/applications is accurate and well detailed. Organization and structure of the answer are coherent.
<b>4-3 marks Reasonable</b> Discussion of implications/applications is generally accurate and reasonably detailed. Organization and structure of the answer are reasonably coherent.
<b>2 marks Basic</b> Discussion of implications/applications is basic/relatively superficial or brief. Organization and structure of the answer are basic.
<b>1 mark Rudimentary</b> Discussion of implications/applications is muddled and/or inaccurate. Lacks organization and structure.
<b>0 marks</b> No creditworthy material.

**Question 23**

**Explain how you would record the data from these interviews and your reason for choosing this method. (3 marks)**

**A03 = 3 marks**

Three marks are available for a description of how to collect and record the data from the interviews. Possible methods include:

- Audio recording
- Video recording (filming)
- Making written notes during the interview.

Award one mark for identifying a method, one mark for explaining why the method would be used and a third mark for elaboration of either.

Eg: *'I would choose to audio record the data using my phone (1 mark). This would be less intrusive than filming the patient (1 mark) so they would be more likely to agree to take part or be honest (1 mark).*

**Question 24**

**Explain how you would analyse the qualitative data from the interviews. (5 marks)**

**AO3 = 5 marks**

Five marks are awarded for the explanation of how the qualitative data would be analysed. A maximum of one mark should be awarded for identifying one or more appropriate methods and a further four marks for explanation of how the analysis would be carried out.

There are many different methods for analysing qualitative data and examiners should read the material presented carefully.

Two common methods include:

- Content analysis; this method would involve identifying important categories from a sub sample of interview responses (for example references to homework or warmth in the therapist). The researchers would then work through the written data, counting the number of occurrences of each of the categories to produce quantitative data
- Thematic analysis: This method would involve reading and rereading (familiarisation) the written transcripts carefully. Coding would involve looking for words which cropped up repeatedly in transcripts. These could then be combined to reduce the number of codes into three or four themes. The data would stay in qualitative format and would not be reduced to numbers.

## Assessment Objectives

Question	AO1	AO2/AO3	Total
<b>Section A</b>			
1	8	16	24
2	8	16	24
3	8	16	24
4	4	8	12
5	4	8	12
<b>Section B</b>			
6		10	10
7	4		4
8	4	6	10
9	4		4
10	4	6	10
11		10	10
12		4	4
13		6	6
14	4		4
15	4	6	10
<b>Section C</b>			
16		2	2
17		3	3
18		4	4
19		5	5
20		6	6
21		2	2
22		5	5
23		3	3
24		5	5

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