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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Psychology 6186

Specification B

Unit 4 (PYB4) Child Development and Options

Mark Scheme

2007 examination – June series

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

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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PYB4

Quality of Written Communication

Candidates are required to:

- select and use a form and style of writing appropriate to purpose and to complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary where appropriate;
- ensure spelling, grammar and punctuation are accurate, so that meaning is clear.

The assessment criteria for quality of written communication apply only to questions with 12 marks in A2 unit test questions. The following criteria should be applied in conjunction with the question mark scheme.

The bands for quality of written communication must be regarded as part of the mark scheme even though they are listed separately. If a candidate's quality of written communication fails to meet the achieved content band, then s/he will lose one mark.

Band 1: Excellent quality of written communication

The candidate expresses most ideas clearly and fluently, with consistently effective use of psychological terminology. Arguments are well structured, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

Band 2: Good to average quality of written communication

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

Band 3: Average to poor quality of written communication

The candidate expresses basic ideas clearly but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

Band 4: Poor quality of written communication

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

Note: The main body of the answer should be assessed for Quality of Written Communication. Neither a sketched plan at the start of an answer, nor a list of points at the end of an answer where a candidate has clearly run out of time, should be assessed for quality of written communication.

SECTION A: Child Development

1 **Total for this question: 20 marks**

(a) Outline **one** sex difference in children's friendships. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Up to 2 marks for an outline of one sex difference in children's friendship. One mark for a relevant difference identified or very briefly noted. Two marks for an outline with some elaboration/detail, eg where candidates offer both male and female perspective. Likely answers: females prefer single friend whereas males prefer groups; female friendships more based on disclosure/intimacy whereas male friendships more based on shared activities.

(b) The following letter appeared in the letters page of a parenting magazine.

Is it too late for Jack?

I am about to adopt Jack, who is nearly 12 years old. He lived with his own mother until he was 9 months old, but has been in children's homes or with various foster parents since then. I sometimes wonder whether Jack will ever be able to form a really strong attachment to me. I am also worried about Jack's behaviour at school. His teacher says he is not very bright and his last school report said he was disruptive and difficult.

Outline Bowlby's theory of maternal deprivation. Refer to the case of Jack in your answer. *(6 marks)*

[AO1 = 3, AO2 = 3]

AO1 Up to 3 marks for an outline of Bowlby's theory. Award one mark each for any of the following points: without continuous care in first 5 years; of a single adult (most usually mother); there will be irreversible damage; long term consequences, eg delinquency/ affectionless behaviour/low IQ; lack of an internal working model for future relationships.

AO2 Up to 3 marks for application to the text. Accept any of the following points:
Jack passed the critical period for attachment (so it could be too late)
Jack did not have a monotropic relationship
Jack shows signs of delinquent behaviour - disruptive/difficult
Jack shows intellectual or cognitive retardation/has a low IQ - not very bright.

(c) Describe and discuss evidence for **and** against Bowlby's theory of maternal deprivation. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Award up to 5 marks for knowledge of evidence for and against the maternal deprivation hypothesis. Examples of relevant evidence for would be: Bowlby's 44 juvenile thieves 1946; Robertsons ; animal research (Harlow 1962); Goldfarb 1943. Examples of evidence against would be: Rutter 1970; Rutter 1998; Schaffer & Emerson 1964; Hodges & Tizard 1989; Freud & Dann 1951.
Candidates who offer evidence for only one side of the argument - maximum 3 marks. Maximum 2 marks for any one study. Credit description of relevant evidence up to 5 marks.

AO2 Up to 7 marks to be awarded for discussion, evaluative comment and analysis. Note that the discussion should focus on the evidence and not on the maternal deprivation hypothesis itself. Expect reference to methodological points, eg sample size, use of retrospective analysis, cross-cultural generalisation, assumptions about deprivation as opposed to likely privation, ethical considerations. Credit use of relevant evidence, eg supporting or refuting theory.

Maximum 7 marks if only evidence for or against is presented

Mark Bands

12 – 10 marks **Excellent answers**
A range of relevant evidence for and against the maternal deprivation hypothesis will be clearly outlined and fully discussed. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**
Evidence for and against will usually be outlined although this will not be as detailed/wide-ranging as for the top band. Answer shows knowledge and understanding. Some discussion should be evident. At the bottom of this band answers may be mainly descriptive. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For one-sided answer done exceptionally well award 7 marks.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of relevant evidence. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 1: 10
Total AO2 marks for Question 1: 10
Total marks for Question 1: 20 marks

2 **Total for this question: 20 marks**

(a) Sonny is four years old. He is really good at a memory game. In this game, objects are removed from a board and Sonny has to put them back where he first saw them. He is not very good at another game that involves grouping objects into categories.

(i) With reference to **two** of Bruner's modes of representation, explain Sonny's performance in the two games. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of iconic and symbolic modes. Iconic representation - where information is stored as a mental picture/visually/in same form as stimulus (1); symbolic representation - where information is stored in form of something else/words/language (1). Maximum 1 mark for just naming iconic and symbolic. Note – AO1 marks may be implicit in example.

AO2 Up to 2 marks for application to the text:
Sonny must be using the iconic mode (1) because he has a mental picture of the visual array (1) but cannot perform the grouping task which requires abstract, symbolic thinking (1).

Sonny often plays the games with his father. When Sonny has problems grouping the objects in the category game, his father at first shows him how to do it, and then encourages Sonny when he tries on his own.

(ii) With reference to Bruner's theory of cognitive development, explain the role of Sonny's father in Sonny's cognitive development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of any of the following: scaffolding, role of instruction, importance of social factors. Alternatively, the second mark may be for outlining one of these concepts, eg scaffolding is a behaviour which supplies a temporary support structure for the child's activities.

AO2 Up to 2 marks for application/explanation of the role of Sonny's father:
Sonny's father helps his son with a task that is presently beyond his son's capability (1) but that support can gradually be withdrawn as Sonny acquires the necessary skills/becomes independently able (1).

(b) Describe and discuss Piaget's theory about how schemas develop in children. Use **at least two** examples to explain how schemas develop. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of schema and the role of schema in cognitive development. Candidates should outline relevant concepts: schema is a unit of knowledge/cognitive structure; through experience/interaction the child's knowledge adapts; schema can be extended via assimilation/ accommodation; assimilation - adding information to an existing schema/applying a schema to a new situation; accommodation - where an existing schema has to change because incoming information conflicts with what is already known (ie disequilibrium); forming a new schema; equilibration - where there is a mental balance/cognitive harmony between

what is already known and incoming information. Credit reference to Piaget's stages only if focused on the question, ie the role of schema. Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for application via examples. Candidates should use the examples to illustrate the various concepts. These may be real-life examples or research examples. Marks can also be gained here through broader discussion of these Piagetian concepts: the general notion of constructivism; hypothetical structures; biological basis; Piaget's evidence; the importance of discovery learning for adaptation/disequilibrium; alternative explanations for cognitive development - is the role of schema incompatible with theories proposed by Bruner and Vygotsky? Piaget's notion of schema conflicts with the Nativist view. Credit use of relevant evidence.

Maximum 7 marks if no examples given

Mark Bands

12 – 10 marks **Excellent answers**

The role of schema in cognitive development is clearly described and application/discussion is thorough. Answer shows sound knowledge and understanding of related concepts and processes. Relevant examples are well explained. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

The role of schema in cognitive development is described although this will not be as detailed/wide-ranging as for the top band. Answer shows some knowledge and understanding of related concepts/processes. At the top of the band there is application to relevant examples. Some application/ discussion should be evident. At the bottom of this band answers may be mainly descriptive. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of relevant concepts/processes. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 2: 10
Total AO2 marks for Question 2: 10
Total marks for Question 2: 20 marks

3 **Total for this question: 20 marks**

(a) Outline **two** differences between moral realism and moral relativism. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks each for each difference outlined/briefly elaborated - full marks will most usually be for presenting both sides of the difference, eg moral realism involves judging by consequence/amount of damage (1) whilst moral relativism involves judging by intention (1).
Other possible differences: heteronomous v autonomous; expiatory v reciprocal punishment; rules from on high v rules by common consent.
Accept answers embedded in examples, eg John and the cups.

(b) Briefly discuss **one** way in which Piaget investigated moral development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of one of Piaget's methods of investigating moral understanding.
Possible answers: using moral comparisons (accept dilemmas) where children of different ages hear stories about wrongdoings, and have to decide who is the naughtier of the two actors - according to decision child is classified as showing realism or relativism; watching children involved in games of marbles and asking them about the rules; giving children examples of lies and asking them which is the more serious lie.

AO2 Up to 2 marks for discussion/analytical comment. Most candidates are likely to focus on the complexity of the stories (John & Henry) and whether children were cognitively able to manage that amount of detail, remembering it sufficiently to make a valid response. Answers might also focus on demand characteristics, experimenter effects etc, ie children's answers may reflect what they thought was expected of them not what they actually thought.

(c) Discuss Eisenberg's model of prosocial reasoning. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for description of Eisenberg's model of prosocial reasoning. Credit reference to knowledge of the stages and description of reasoning at various stages; hedonistic - help if it benefits oneself; needs-oriented - help if person appears in need; approval - help to gain praise of others; empathic/self-reflective - feeling for others, sense of duty; strongly internalised - own values guide behaviour. Maximum 2 marks if stages are simply named. Also credit more general features, eg stage-based. Credit description of relevant evidence up to 1 mark.

AO2 Up to 8 marks for discussion and analysis. Likely discussion points: broad similarities between the pattern of development and reasoning seen in Eisenberg's stages and those of Piaget and Kohlberg; detail of these similarities, eg approval oriented = to Kohlberg's good-boy, good-girl stage; general shift maybe links to lessening egocentrism; focus on altruism/prosocial reasoning, unlike other researchers who focus on wrongdoing; cross-cultural evidence supporting Eisenberg; use of hypothetical dilemmas - perhaps reasoning here is more sophisticated than in real-life (Damon); subjective analysis in allocation of responses to stages. Credit use of relevant evidence.

Mark Bands

12 – 10 marks **Excellent answers**

Eisenberg's model is clearly described and fully discussed. Answer shows sound knowledge and understanding of the stages. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Eisenberg's model is described although this may not be as detailed/wide-ranging as for the top band. Answer shows some knowledge and understanding of the stages. Some discussion should be evident. At the bottom of this band answers may be mostly descriptive. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of Eisenberg's model. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. Must be some discussion for 5/6 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 3: 10
Total AO2 marks for Question 3: 10
Total marks for Question 3: 20 marks

4 **Total for this question: 20 marks**

(a) 'Gifted children are not always happy children. They often have social and emotional problems.'

Briefly explain **two** such problems experienced by gifted children. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark each for identifying two problems.
Likely answers: problems of social adjustment within peer group; feelings of isolation; feelings of rejection; aggression; depression; low self-esteem.

AO2 One mark each for explanation/elaboration of each problem. Candidates are likely to explain how/why being gifted might result in the problems identified. For example, gifted children who remain with their age peers are likely to have little in common with them (intellectually/ interests/conversationally, etc) and this would explain why they feel isolated.

(b) Giftedness can be seen as a special need in education. Describe **one** way in which some schools provide for gifted children. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for a description of one way in which schools might deal with giftedness as a special need. Likely answers: by making initial identification easier - the role of the parent; by making special provision within the curriculum - acceleration and enrichment; by offering extra-curricular provision, eg summer schools, science weekends, etc. Credit reference to specific examples, eg Warwick University's residential summer school.

(c) Discuss **at least one** approach to treating autism. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of one or more approaches to treating autism. Likely answers: Drug therapy - major tranquillizer haloperidol used to treat stereotypical movements in extreme cases; fenfluramine affects serotonin and dopamine affecting attention. Relevant evidence: Cook et al 1992 (fluoxetine); Rimland 1992 (B6 and magnesium); Todd 1991 (fluoxetine).
Behavioural therapy - operant conditioning; use of reinforcement to shape speech; Lovaas (1967 & 1987) technique; modelling; applied behavioural analysis ABA; token economy systems. Relevant evidence: Wolf 1964; Harris & Milch 1981; McEachin et al 1993.
Communication training - using supplementary communication systems, eg sign language, picture boards, computers, etc.
Family therapy - involving parents in the treatment programme to provide a sustained approach. Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion. Content will depend on the approach(es) chosen but might include any of the following: side effects; drugs treat symptoms not cause; drugs allow for more normal family life; drugs are for convenience of others; theoretical

underpinnings of operant techniques; ethics of control and manipulation; failure to generalise beyond treatment; need to reinforce continually; token learning not real change; role of family; comparison with other approaches. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented
Mark Bands

12 – 10 marks **Excellent answers**

Approach/es to treating autism are clearly described and fully discussed. Answer shows sound knowledge and understanding of the treatment/s and associated issues. Relevant evidence is presented. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Approach/es are described although not as detailed as for the top band. Answer shows some knowledge and understanding of the treatment/s and associated issues. Some discussion should be evident. At the bottom of this band answers may be mostly descriptive. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For 9 marks there must be relevant evidence.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of approach/es. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. Must be some discussion for 5/6 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 4: 10
Total AO2 marks for Question 4: 10
Total marks for Question 4: 20 marks

5 **Total for this question: 20 marks**

(a) Name and outline **one** classification system for atypical behaviour. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Award 1 mark for naming (eg DSM IV/ICD) and up to 2 further marks for expansion, eg DSM IV is a widely used diagnostic and statistical manual which rates each individual on 5 separate dimensions known as axes. These separate axes include Axes I and Axes II which comprise the classification of abnormal behaviour. Maximum 1 expansion mark if candidate simply names valid categories of disorder.

(b) Outline and briefly discuss **one** alternative to the medical model of abnormality. *(5 marks)*

[AO1 = 3, AO2 = 2]

AO1 Any psychological approach is acceptable, eg psychoanalytic, behavioural, cognitive, humanistic (do not credit biological/medical). 1 mark for identification (either by name or by brief description) plus up to 2 marks for further outline of an appropriate approach. Credit features and/or assumption, eg the psychoanalytic approach (1 mark) assumes the cause of abnormal behaviour is due to unresolved unconscious conflicts (1 mark) between the demands made by instinctual desires and those made by society (1 mark).

AO2 Up to 2 marks for appropriate evaluative comment and or analysis. For example, reference to criticisms of the psychoanalytic approach, eg deterministic, unscientific, etc. Award 1 mark for reference to a relevant criticism, second mark for expansion of same point, or second evaluative comment. Credit reference to other approaches and/or eclecticism where appropriate.

(c) Discuss how stereotyping might affect the diagnosis of abnormal behaviour and the consultation process. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of stereotyping. Note: this is a general interpersonal issue and answers might include: cultural/racial/sex-role factors, labelling, etc. For example, answers may include reference to diagnosis/consultations involving minority group individuals who may react differently to assessment techniques developed on the basis of research with white populations. Clinicians can have biases when evaluating minority patients which can lead to minimising or over-diagnosing a patient's psychopathology (eg Malgady et al 1989). Alternatively, or additionally, answers may draw from the wealth of information on gender differences (Cooper et al 1988, Cochrane 1983, Gove, 1972, etc) and/or labelling theory (Scheff 1966, Rosenhan 1973). Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks to be awarded for evaluative comment, analysis or application to diagnosis/consultation process. Evaluation may include methodological points and ethical considerations. Stereotyping results in unreliability in diagnosis. Diagnosis is not objective. Candidates might refer to the problem of demonstrating cause and effect relationships, since most data rely on statistics re rates of diagnosis, eg in different cultures. Most experimental studies involve role play/hypothetical situations, which have low ecological validity. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Stereotyping will be outlined and fully discussed with accurate detail. The material will be overtly linked to the diagnosis/consultation process. There is accurate and relevant reference to evidence. At the top of the band a clear grasp of the issues should be evident. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of appropriate issues related to stereotyping although this will not be as detailed as for the top band. Stereotyping will be linked to diagnosis/consultation process. There is some evidence of a balanced discussion/analysis. At the bottom of this band answers may be mainly descriptive although some evaluation should be evident. For 9 marks some empirical evidence should be presented. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of stereotyping and diagnosis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. For 5/6 marks there should be some discussion and/or some application of stereotyping to diagnosis/consultation process. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 5: 10
Total AO2 marks for Question 5: 10
Total marks for Question 5: 20 marks

6 **Total for this question: 20 marks**

(a) Describe how cognitive treatments are used to help people with eating disorders.*(5 marks)*

[AO1 = 4, AO2 = 1]

AO1 Up to 4 marks for description of cognitive treatment for eating disorders. Likely points: exploration of patient's negative thoughts; identifying irrational beliefs; identification of precipitous situations; cognitive restructuring; changing beliefs; formulation of hypotheses; patient as scientist; designing studies to test illogical beliefs.

AO2 One mark for explicit application to eating disorders, eg mentioning use of a food diary; use of factual information about dieting/weight loss to challenge irrational beliefs.

(b) Emily has recently become so afraid of social situations that she hardly ever goes out of the house. Even harmless everyday situations, like meeting friends in a café, are terrifying for Emily.

(i) Identify **three** characteristics of phobias shown by Emily. *(3 marks)*

[AO1 = 0, AO2 = 3]

AO2 Credit up to 3 marks as follows:
Emily's fear is extreme/severe emotional response (terrified of going out) (1)
Emily's fear is irrational (she fears everyday situations) (1)
Emily shows avoidance (she goes out as little as possible) (1)
Emily's fear is disproportionate (fears everyday situations) (1)
Candidates should identify the characteristics of phobias and not gain credit for simply repeating the stem.

Emily's two friends are studying psychology at university. Each of them has a different explanation for Emily's phobia. Jo thinks the problem is due to some unconscious fear or wish. Allie thinks the problem is due to conditioning.

(ii) Describe and discuss the psychological explanations for Emily's phobia referred to by Jo **and** Allie. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Usually award up to 3 marks each for identifying and describing the two psychological explanations:
Jo - The psychodynamic explanation; fear is due to repression; manifest object of fear merely symbolises latent fear; due to childhood event.
Allie - The behaviourist explanation; fear is due to classical conditioning; temporal association between UCS (original cause of fear) and CS (going outside/people, etc); leads to a conditioned response; elicited inappropriately; credit relevant labelled diagram; operant conditioning - reinforcement of avoidance behaviour; 2 process conditioning. Credit description of relevant evidence up to 2 marks.

AO2 Usually award up to 3 marks each for discussion and analysis of the psychodynamic and behaviourist explanations. Likely points:
Psychodynamic - lack of evidence; based on case studies; Little Hans; subjective interpretation; intuitive appeal; negative approach/backward looking
Behaviourist - more appropriate for specific phobias; neglects cognitive factors; based on animal research; based on sound scientific research. Credit use of relevant evidence.

Maximum 7 marks if only one explanation presented

Mark Bands

12 – 10 marks **Excellent answers**
Two relevant explanations for phobias will be outlined and fully discussed. The answer shows sound knowledge and understanding. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of two relevant explanations although this will not be as detailed as for the top band. There is some evidence of a balanced discussion/analysis. At the bottom of this band answers may be mostly descriptive. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding. An exceptional answer covering only one explanation may gain a maximum of 7 marks.

6 – 4 marks **Average to poor answers**
Answers show some knowledge and understanding of relevant explanation/s. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 6: 10
Total AO2 marks for Question 6: 10
Total marks for Question 6: 20 marks

7 **Total for this question: 20 marks**

(a) Identify **one** sub-type of schizophrenia and give **two** symptoms typically associated with that sub-type. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 One mark for identifying a sub-type. Accept any of the following: paranoid; catatonic, hebephrenic/disorganised; simple; undifferentiated; residual; Type I (positive symptoms, eg hallucinations, delusions); Type II (negative symptoms, eg social withdrawal, negativity).
Two further marks for each symptom of the type identified, eg
Catatonic: mute stupor; uncontrolled excitement
Paranoid: delusions of persecution; auditory hallucinations; delusions of thought interference
Disorganised/ hebephrenic: confusion; incoherence; language disturbances; perceptual disturbances; flattened affect, etc.

(b) Briefly discuss psychotherapy as a treatment for schizophrenia. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for knowledge of psychotherapy as follows: non-biological therapy; for example psychoanalysis; or behavioural; or cognitive therapy; credit descriptions of individual psychotherapies and family therapy.

AO2 Up to 3 marks for discussion of psychotherapy as a treatment for schizophrenia. Likely points: used only rarely on its own; little chance of success because requires insight into own condition; which is rarely available to schizophrenia sufferers; nowadays used in combination with drug therapies; where a patient's condition is already under control; they are then able to have insight. Credit also references to evidence, eg Fromm-Reichmann 1950 reported some success; Saper, Blank & Chapman 1995 enables insight in combination with medication.

(c) Describe and discuss the effectiveness of biological treatments of mood disorders. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge of biological treatments for depression or manic depression. These might include one or more drug therapies and ECT.
Drug therapies: MAOI, tricylics, SSRI, lithium etc. Credit also references to mode of action, eg MAOIs work by slowing down the breakdown of norepinephrine; Tricylics work by blocking reuptake of norepinephrine (and serotonin); SSRIs work by preventing re-uptake of serotonin at the synapse leaving it active for longer. Credit use of synaptic diagrams. Credit references to named examples of drugs.
ECT: unilateral/bilateral; 65-140 volts; approx 6/7 sessions over a few weeks; muscle relaxants; anaesthetics; seizure/convulsion and unconsciousness. Credit description of relevant evidence up to 2 marks.

AO2 Up to 7 marks available for discussion and comment on the effectiveness of the treatments described. Discussion is likely to include knowledge of outcome studies and evaluation of the use of chemotherapy, ie limitations and advantages of the drug therapy approach. There should be reference to efficacy (Morris and Beck 74, Butcher and Carson 90) and side effects, eg MAOIs tyramine and high blood pressure, limited understanding of mode of action (why do some blockers take 10/14 days to alleviate depression?), social factors, etc. Discussion of ECT will probably focus on effectiveness (60% improve APA 1993), lack of understanding of mode of action, memory loss and other side effects. More general points, eg how to define recovery? placebo effect, etc. should also be credited. Better answers will probably refer to the needs for a more holistic approach. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Biological treatments are clearly described and their effectiveness is fully discussed. The answer shows sound knowledge and understanding. Relevant evidence is presented and integrated into the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of biological treatments although this will not be as detailed as for the top band. There is some evidence of a balanced discussion/analysis. At the bottom of this band answers may be mostly descriptive. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding. For 9 marks there must be some evidence.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of biological treatments. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 7: 10
Total AO2 marks for Question 7: 10
Total marks for Question 7: 20 marks

8 **Total for this question: 20 marks**

(a) (i) Outline **two** components of humanistic therapy. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for each component outlined. Award one mark for identifying a component and a further mark for some elaboration/further detail.
Likely answers: client-centred; use of unconditional positive regard; enabling a more realistic perception of self; giving the client a more attainable ideal self; reducing the incongruence between perceived and ideal self; enabling self-actualisation; use of empathy; seeing the client as a whole; genuineness; use of the Q-sort.

(ii) Briefly evaluate the effectiveness of humanistic therapy in the treatment of atypical behaviour. *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 Up to 4 marks for an evaluation of the effectiveness of humanistic therapy. Likely points: it is positive and forward-looking; client is in control; most useful for minor conditions such as mild anxiety disorders and low self-esteem; not useful for more serious disorders, eg schizophrenia; unrealistic to assume all clients can achieve self actualisation thus over-optimistic; references to evidence, eg Greenberg et al 1994 - controlled study showed humanistic therapy is only sometimes more effective than placebo or no therapy.

(b) Ed is forty-one years old and lives with his parents. He has been suffering from a mental disorder for many years. His parents worry about Ed because he is refusing to take his medication. He says that the new pills the doctor has given him are poisoning him. His parents get very frightened when he threatens them. They also become very distressed when he says that he will kill himself. They would like the doctor to take Ed back into hospital for more treatment. Ed gets angry when they suggest this and says he will not go.

Describe and discuss the rights and responsibilities of individuals and society to determine treatments for atypical behaviour. Refer to the case of Ed in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and understanding of relevant issues. Answers may refer to content of the guidelines issued by the British Psychological Society and/or the Association of Clinical Psychologists and the Mental Health Act. Reference will probably be made to: the rights of patients to 'informed consent' whereby ideally the patient should be informed about the suitability, success rates and side effects of a variety of therapies and take an active part in the decision making process; compulsory treatment/detention; protection of patient; protection of society (parents in this case); responsibility of society/medical practitioners. Credit description of relevant evidence up to 1 mark.

AO2 Up to 4 marks for discussion and analysis plus up to 2 marks for explicit reference to the case of Ed.
Alternatively, up to 4 marks for explicit reference to the case of Ed plus up to 2 marks for discussion and analysis.
Problems associated with obtaining 'informed consent' from patients with a mental illness may be discussed. Other possible content could include: the role of the Approved Social Worker; compliance with treatment; ethics/implications of particular treatments; abuse of power; confidentiality; cultural issues in therapy and intervention; involvement of the family or any other relevant content. Relevant references to the text might include risk to self and others(wishes he could die/parents fear him), role of the institution (care), implications for parents/staff of acting/not acting; rights of Ed to choose/refuse treatment and/or hospitalisation. Credit use of relevant evidence.

Mark Bands

12 – 10 marks **Excellent answers**
Rights and responsibilities of individuals and society are clearly described and fully discussed. The answer shows sound knowledge and understanding of issues related to compulsory treatment. 11/12 mark answers show clear application to the text. Discussions are considered and well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of some rights and responsibilities of individuals and society in relation to compulsory treatment, although this will not be as well considered or as balanced as for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**
Answers show some knowledge and understanding of rights and responsibilities of individuals and/or society. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 8: 10
Total AO2 marks for Question 8: 10
Total marks for Question 8: 20 marks

9 **Total for this question: 20 marks**

(a) Saira sometimes hears voices in her head. She gets very distressed when it happens because she says the voices tell her to do things she does not want to do.

With reference to Saira, outline **one** difference between a historical view of illness and a present-day view. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for outline of one difference. One mark for a very brief answer simply noting a difference. Two marks for a difference with both perspectives made clear. Given the text, candidates are likely to refer to how illness used to be ascribed to supernatural forces (1) whereas the present day view would be that there is some organic or psychological cause (1).
Accept other valid answers, eg 4 humors; lunar influences.

AO2 Up to 2 marks for linking to the text, eg
Historic view - the voice is that of the Devil/Saira is possessed
Present day view - Saira is failing to distinguish between internal thoughts and external stimuli/Saira has too much dopamine activity.

(b) Describe what is meant by the *illness-wellness continuum*. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for a description of the illness-wellness continuum. Credit any of the following points: health and illness are not separate concepts; there is overlap; there are levels of illness/wellness; at the wellness end health is dominant; at the illness end sickness is dominant; it is possible to be both healthy in some respects and ill in others at the same time; allow up to 2 marks for labelled diagram. Accept descriptions embedded in examples.

Death--------->----------->---------- Neutral ---------<-----------<--------Optimum Wellness
Disability Symptoms Signs Awareness Education Growth

(c) Discuss the emergence of health psychology. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for describing the emergence and/or reasons for the emergence of health psychology. Likely content: field of psychosomatic medicine emerged in 1939; publication of Journal of Psychosomatic Medicine; need to understand conditions with no obvious organic cause/ link between emotions and body processes; early roots in psychoanalytic thinking, eg conversion disorders (Freud); emergence of behavioural medicine in 1970s; Journal of Behavioural Medicine; based on classical and operant conditioning; therapies involved modification of problem behaviours, eg phobias; use of biofeedback to control stress; Division of Health Psychology (of APA) established1978; Shift in emphasis towards prevention, etc. Matarazzo 1982 - 4 goals of health psychology - promote health; prevent & treat illness; find causes of illness; improve health care systems/policies. Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion. Candidates should be credited for benefits and limitations of health psychology and comparisons with other areas; how its emergence has affected our understanding of health and health care practices/policies; how health psychology has contributed to understanding of cause and/or treatments of ill-health conditions, eg eating disorders; CHD; diabetes; the role of health psychology in primary prevention; the role of the health psychologist within the health care system; health psychology as it affects health policy; the role of health psychology within the biopsychosocial model of health; references to specific examples of health psychology practice; comparisons with the biomedical approach and biomedical interventions. Credit use of relevant evidence.

Mark Bands

12 – 10 marks **Excellent answers**

The emergence/reasons for emergence of health psychology is clearly described and fully discussed. The answer shows sound knowledge and understanding of a range of issues related to health psychology. Discussions are considered and well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the emergence/reasons for the emergence of health psychology, although discussion will not be as wide-ranging, well considered or as balanced as for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of health psychology. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 9: 10
Total AO2 marks for Question 9: 10
Total marks for Question 9: 20 marks

10 **Total for this question: 20 marks**

(a) Some patients do not comply with their doctor's advice. Identify **three** reasons that psychologists have given to explain this. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Credit one mark for each valid reason. Likely answers: lack of perceived threat of illness; side-effects; feeling better; lack of trust in diagnosis; instructions too complicated; lack of faith in doctor. Credit other valid explanations.

(b) Briefly discuss **one** way to increase the level of compliance with doctors' advice. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for description of a method of increasing compliance. Likely answers:

- improving patient understanding, eg by omitting jargon, reducing number of instructions, give key information first
- improving support for patients, eg providing support groups, involving family
- using behavioural techniques, eg alarm pill dispensers, reward systems.

AO2 Up to 3 marks for brief discussion/application of method described. Credit references to underpinning theory as part of the explanation as to why the method should work. For example, if candidates refer to 'giving key information first' they might discuss related primacy effect evidence. Credit use of examples and references to research. Credit also Ley 1997 - guidelines for improving adherence.

(c) Describe and discuss the use of biomedical interventions for coronary heart disease (CHD). *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge of biomedical interventions: clot-dissolving medication following myocardial infarction; balloon angioplasty – insertion and inflation of tiny balloon in blocked artery; coronary bypass surgery – replacing diseased section of artery with healthy artery, usually from patient's leg. Credit should also be given for description of treatments for hypertension, eg reduction of sodium intake, diuretics, medication, eg beta-blockers and drugs to promote blood vessel dilation. Credit description of relevant evidence up to 2 marks.

AO2 Up to 7 marks for analysis evaluation of biomedical interventions. The discussion might include: necessity for immediate treatment in case of heart attack victims; efficacy of bypass surgery as opposed to other medical interventions and psychological treatments; long-term survival rates and reduction of likelihood of further heart attacks; symptom reduction and increased quality of life versus 'cure'; reference to side effects of medication; need for long term lifestyle change; need for holistic approach; effectiveness of alternative approaches, eg biofeedback techniques to reduce blood pressure; interventions to improve compliance with medical cardiac programs; stress management to modify Type A and reduce blood pressure (Ornish 90). Credit use of relevant evidence.

Mark Bands

12 – 10 marks **Excellent answers**

Biomedical interventions for CHD are clearly described and fully discussed. The answer shows sound knowledge and understanding of a range of interventions. Discussions are considered and well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of biomedical interventions although this will not be as wide-ranging as for the top band. Discussion includes reference to both strengths and limitations although this is less well-balanced than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of biomedical interventions for CHD. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band. Must be some discussion for 6 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 10: 10
Total AO2 marks for Question 10: 10
Total marks for Question 10: 20 marks

11 **Total for this question: 20 marks**

(a) Below are descriptions of different types of exercise:

(i) mainly builds strength by using muscle force against a fixed object;

(ii) builds strength and endurance by using muscle force to move a heavy object in more than one direction;

(iii) energetic activity over a sustained period that requires high levels of oxygen consumption;

(iv) builds strength and endurance by using muscle force to move a heavy object in one direction.

For **each** of the descriptions above, write down whether it describes isotonic, aerobic, isometric, anaerobic or isokinetic exercise.

Label your answers clearly. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1
(i) isometric
(ii) isokinetic
(iii) aerobic
(iv) isotonic

(b) Explain what is meant by a *harm reduction approach* to changing health-related behaviour. Give an example to illustrate your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for describing what is meant by harm reduction: accepts risk-taking as normal (1) therefore seeks to moderate behaviour/minimise risk (1) rather than eliminate it altogether (1) based on acceptance of individuals/humanistic ideals (1).

AO2 Up to 2 marks for the example. This should illustrate two different aspects of the description given for AO1, eg alcohol counsellors might advocate reduced intake of alcohol to reduce risk (1), rather than advocate no alcohol to eliminate the behaviour altogether (1).

(c) Discuss behavioural risk factors associated with **one** ill-health condition. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of behavioural risk factors associated with any one ill health condition. Candidates are likely to focus on either cancer or AIDS as these are given in the specification, although other valid conditions are acceptable.
AIDS - intravenous drug use; sharing needles (Des Jarlais 1990); promiscuity; anal intercourse (Darrow 1987); cultural practices, eg cultures where it is acceptable for males to have multiple partners.
Cancer - diet implicated in about 33% of cancers; low fibre, red meat, fast foods and high sugar intake all linked to bowel cancer (Slattery 1998); high cholesterol/lung cancer (Shekelle et al 1991); smoking/throat & lung cancer; alcohol/cancer of the digestive tract. Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion and analysis. Likely points: conditions may have multiple causes; difficulty assessing extent of effect from the risk factor as opposed to other factors; other explanations, eg many cancers are hereditary; cancer may be due to stress which is not a risk the individual chooses; behavioural risk factors as a trigger; studies show only correlation not cause and effect; implications of knowledge of risk factors; whether risk factors can be changed; examples of attempts to change risk-taking behaviour; individuals' rights (to take risks) versus responsibilities of health professionals (to reduce risk-taking); costs to society. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Behavioural risk factors associated with one ill-health condition are clearly described and fully discussed. The answer shows sound knowledge and understanding of a range of issues. Relevant evidence is accurate. Discussions are considered and well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of behavioural risk factors associated with one ill-health condition. Discussion is less wide-ranging and less well-balanced than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of at least one behavioural risk factor associated with one ill-health condition. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band. Must be some discussion for 5/6 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 11: 10
Total AO2 marks for Question 11: 10
Total marks for Question 11: 20 marks

12 **Total for this question: 20 marks**

Karl finds life very difficult. He is struggling to pay off his bank loan and has a very demanding job. When he tries to relax in the evening, he notices his pulse racing and finds it impossible to settle down. He often lies awake for hours at night worrying about money and work. Karl asks his doctor whether she thinks that he is suffering from stress.

(a) Briefly discuss **one** method that the doctor could use to measure Karl's stress. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for identifying a method and a further mark for a brief outline of the method. Likely methods: physiological methods, eg GSR, hormone analysis using blood samples, heart-rate, blood pressure; behavioural measures, eg diary records of insomnia, avoidance of stressful situations, etc; self-report measures, eg SRRS, Life Events Scale, Daily Hassles & Uplifts Scale, etc.

AO2 Up to 2 marks for comment and discussion depending on detail. Candidates will most usually refer to limitation/s of methods described.

(b) The doctor suggests to Karl that he should try a problem-focused strategy to help him to cope with his stress.

Outline what is meant by a *problem-focused strategy* and suggest **two** ways in which Karl might use a problem-focused strategy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for outline of what is meant by the term.
A problem focused strategy is one which addresses the cause of the stress (1) by reducing the demands of the stressful situation/expanding the resources to cope with it (1).

AO2 One mark for each suggestion up to 2 marks.
Possible suggestions:
Go to see bank manager (about reducing loan payments/extending loan period)
Give up some responsibilities at work
Enlist assistance at work.

(c) Describe and discuss the role of the autonomic nervous system (ANS) and endocrine system in stress. Refer to the case of Karl in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of the role of the ANS and endocrine system in stress. Relevant content: functions of sympathetic and parasympathetic divisions of the ANS; pathways between the sympathetic nervous system and immune system; release of adrenal hormones (adrenalin, noradrenalin and cortisol) and excitation of the sympathetic nervous system; Selye's General Adaptation Syndrome (GAS) - alarm, resistance, exhaustion; Cannon's fight or flight response syndrome; the sympathetic-adrenal medulla complex. Credit description of relevant evidence up to 2 marks.

AO2 Up to 4 marks for general analysis and discussion of the role of the ANS and endocrine system and up to 2 marks for application to the stem. Discussion points might include: use of empirical findings; methodological issues; mediating factors such as personality type; sex/age/class differences. Application marks: candidates should make links between activity of the ANS/endocrine system and Karl's physical symptoms/behaviours, eg racing pulse and inability to sleep. Credit use of relevant evidence.

Mark Bands

12 – 10 marks **Excellent answers**

The role of the ANS and endocrine system is clearly described and fully discussed. The answer shows sound knowledge and understanding of a range of mechanisms involved in the stress response. Discussion/analysis is appropriate. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding. For 11/12 marks there must be appropriate application to text.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the role of the ANS and endocrine system in stress. Discussion/analysis is less detailed than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of the role of the ANS and endocrine system in stress. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 12: 10
Total AO2 marks for Question 12: 10
Total marks for Question 12: 20 marks

13 **Total for this question: 20 marks**

(a) Briefly explain the importance of attachment in human relationships. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to 2 marks for knowledge of attachment in relationships. Likely answer: early relationship acts as a model for later relationships/creates an internal working model; adult attachments meet psychological needs, eg for affiliation. The second mark may also be gained for knowledge of the concept of attachment - a bond between two people.

AO2 One mark for explanation of how attachment influences relationships, eg having a secure attachment makes for more positive later relationships (or the opposite); adult attachments involve sharing, interdependence, etc.

Credit reference to Hazan and Shaver's research into types of attachments in adult relationships.

(b) Briefly discuss **one** factor affecting the breakdown of relationships. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark for identification of a relevant factor, plus a further mark for expansion/description. Likely answers: poor communication; jealousy; sexual problems.

AO2 Up to 3 marks for discussion/evaluation/application. Credit relevant evidence for/against and analysis of how the named factor might be responsible for breakdown. Credit reference to alternative explanations/factors used in discussion.

(c) Describe and discuss **two** factors affecting interpersonal attraction. Illustrate **each** factor with reference to empirical evidence. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 3 marks for each factor, plus associated evidence. Likely factors: proximity; similarity; physical attractiveness and reciprocal liking. Credit also self-disclosure and references to factors within the theories of social exchange and equity, for example, what a party might contribute to the relationship. Credit description of relevant evidence up to 4 marks.

AO2 Up to 3 marks for discussion of each factor. Relevant material might include: analysis/explanation of how the factor affects interpersonal attraction; analysis/evaluation of the evidence; likely effect of alternative factors; links between factors and general theories of relationship development. Credit use of relevant evidence.

Maximum 7 marks if only one factor presented
Maximum 8 marks if no evidence/evidence for only one factor presented

Mark Bands

12 – 10 marks **Excellent answers**

Two relevant factors are clearly described and fully discussed. The answer shows sound knowledge and understanding. Discussion/analysis is appropriate. Evidence for both factors is presented and clearly related to the discussion. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answers at the top of the band show knowledge and understanding of two factors and related evidence. Discussion/analysis is less detailed than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding. An exceptional answer dealing with just one factor or without required evidence will be at the bottom of this band.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of factors in interpersonal attraction. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

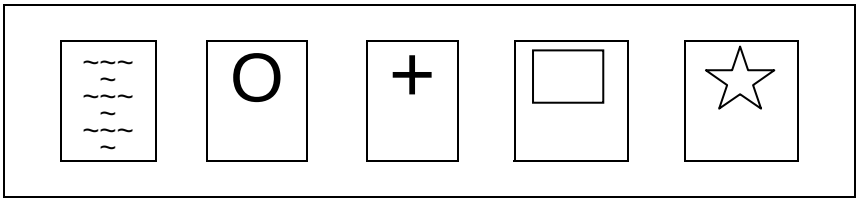
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 13: 10
Total AO2 marks for Question 13: 10
Total marks for Question 13: 20 marks

14 **Total for this question: 20 marks**

Researchers investigating telepathy often use cards with symbols on them, like those shown in **Figure 1** below.

Figure 1



(a) Explain how a set of cards like those in **Figure 1** might be used to demonstrate telepathy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of telepathic procedures as follows: sender takes the cards, focuses on one of them and mentally 'sends' the information on the card to the receiver in another room (1) receiver has to choose which one of the cards from the set is being mentally transmitted (1).

AO2 Up to 2 marks for explanation of how this might demonstrate telepathy. Candidates should refer to the likelihood of the receiver choosing the correct card by chance being compared with the actual 'hit' score (1). If the actual 'hit' score is greater than chance level then telepathy might be the explanation (1).

(b) Briefly discuss **one** reason why some psychologists are not convinced by the evidence for psychokinesis (PK). *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for identification of a valid reason plus one mark for elaboration. Likely reasons: coincidence as an alternative, eg clock stopping cases; most cases are spontaneous events reported in case studies; lack of demonstration under controlled conditions; conditions reported by Girden 1962 - recording errors, inadequate statistical procedures, lack of a control condition in experimental work; being a sceptic (difference between sheep and goats) ; the file drawer problem.

AO2 Up to 2 marks for discussion. Credit analysis, evaluation and application via the use of case examples/evidence to illustrate the given reason. The relative effects of alternative reasons can be credited as long as they are linked to the focus of discussion.

(c) Marco claims to be clairvoyant.

Describe and discuss **one** way in which a psychologist could investigate Marco's claim. In your answer, you should refer to details of the method, procedure and any controls that would need to be used. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and understanding of how clairvoyance could be demonstrated. Allow one mark for outline of what is meant by clairvoyance - awareness of hidden information not available through the conventional senses. Candidates are most likely to describe either a remote viewing scenario or a card-dealing scenario. Credit any relevant detail of method, procedure and controls. Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion, analysis, strengths and weaknesses of proposed design. Candidates should explain the rationale for their choices and discuss strengths and limitations of their choices and possible alternatives. Credit reference to previous research to support own design. Credit use of relevant evidence. Credit use of alternative design possibilities as part of discussion.

Mark Bands

12 – 10 marks **Excellent answers**

Details of the proposed study are clearly described and fully discussed. The answer shows sound knowledge and understanding of procedures involved in the investigation of clairvoyance. Discussion/analysis is appropriate. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of a relevant procedure to investigate clairvoyance. Discussion/analysis is less detailed than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of the investigation of clairvoyance. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 14: 10
Total AO2 marks for Question 14: 10
Total marks for Question 14: 20 marks

15 **Total for this question: 20 marks**

(a) Explain what is meant by *social inoculation* in relation to substance abuse. Use an example to illustrate your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of social inoculation. Expect reference to: means of protecting people from social pressure to take abusive substances (1) by giving them awareness of the pressures & the skills to resist such pressure (1).

AO2 Up to 2 marks for explanation/application via example. This may be a real or hypothetical example but must be focused on inoculation against substance abuse. One mark for each relevant point, for example: discussions, eg class discussion about consequences; role play for example group of students, one plays the part of drug pusher, other says 'No'; public declaration against abuse to strengthen resolve.

(b) Explain what is meant by a *self-management strategy* in relation to substance abuse. Use an example to illustrate your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of self-management strategies. Credit relevant points as follows: monitoring/regulating own abusing behaviour (1) exploring reasons for the abuse (1) increasing awareness of consequences (1).

AO2 Up to 2 marks for explanation/application via example. This may be a real or hypothetical example but must be focused on self-management of substance abuse. One mark for each relevant point, for example: monitoring of abuse may take the form of a personal diary or a tick chart; a health care professional will discuss with the abuser reasons why they abuse to identify triggers/cues; this discussion will help abuser to understand the impact of substance abuse on his/her life.

(c) Describe and discuss **at least one** explanation for substance abuse. Refer to evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and description of at least one explanation for substance abuse. Candidates may focus on one substance, eg alcohol, or may refer to abusing behaviour in general.
Biological explanations - genetics and hereditary factors; twin studies and adoption studies; selective breeding experiments with animals; gene mapping studies; role of neurotransmitters (D2 receptor gene and alcohol dependency); biochemical factors in tolerance and withdrawal; role of the brain's reward centre - ventral tegmental area in the midbrain to the nucleus accubens and frontal cortex.
Behavioural explanations - operant conditioning - reinforcement via tension reduction; classical conditioning - stimuli associated with drug taking elicit same pleasure.
Sociocultural explanations - links with socioeconomic factors and unemployment; drug tolerant environments; social acceptability.
Psychodynamic explanation - over dependency traceable to early experience.
Credit also personality factors - dependent, antisocial, impulsive, novelty-seeking, depressive.
Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion of at least one explanation. Relevant points include: evaluative points; implications; evidence to support assertions; reference to alternatives as part of the discussion. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

At least one explanation for substance abuse is clearly described and fully discussed. The answer shows sound knowledge and understanding. Discussion and evaluation is appropriate. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of at least one explanation for substance abuse. Discussion/analysis is less detailed than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of at least one explanation for substance abuse. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 15: 10
Total AO2 marks for Question 15: 10
Total marks for Question 15: 20 marks

16 **Total for this question: 20 marks**

(a) Outline the social learning explanation for offending behaviour. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Up to 2 marks for an outline. Credit any of the following points: offenders observe and imitate offending behaviour; modelling of offending behaviour; learning to offend by vicarious reinforcement.

(b) Jonny has just been sent to prison. He finds even simple social interactions with other people quite difficult. The prison psychologist notes how Jonny quickly loses his temper.

(i) Identify and briefly outline **two** strategies or therapies that the psychologist might recommend for Jonny. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 One mark for each strategy identified plus one mark for each briefly outlined. Credit the following: social skills training (involves developing micro/macro non verbal skills/involves role play and feedback); anger management (involves cognitive preparation, skills acquisition and application practice). Although behaviour modification (use of reinforcement usually involving token economy) is less obviously relevant it should also gain credit.

(ii) Briefly explain why **each** of the strategies or therapies you have identified in your answer to (b)(i) is relevant in Jonny's case. *(2 marks)*

[AO1 = 0, AO2 = 2]

AO2 One mark each for explaining why each of the two strategies would be relevant: Jonny has difficulty controlling his anger therefore would benefit from anger management; Jonny has problems reading the non-verbal cues of others and expressing himself therefore would benefit from SST. Behaviour modification cannot obviously be linked to the text but credit any answer that does so effectively.

(c) Discuss **at least two** psychological effects of imprisonment. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for psychological effects with a maximum of 2 marks for each effect. Likely effects: psychological disorders, eg anxiety/depression; self-harming behaviours; suicide and parasuicide; passivity; prisonisation; institutionalisation; modeling 'school for crime'. Note that some of these overlap, eg depression and suicide attempts. Marks should be awarded to give maximum possible benefit to the candidate. Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion. Credit any of the following: use of evidence to support assertions, eg Heather 1976, Zimbardo 1973 ; statistical evidence; analysis of the relationship between effects and length of sentence (the U shaped curve effect - Zamble & Porporino 1988); difficulty inferring cause and effect; likelihood of pre-existing mental conditions in an offending population; mediating/exacerbating variables, eg overcrowding (Paulus 1988), relative benefits, eg possible positive effects, eg rehabilitation/education. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented
Maximum 7 marks if only one effect presented
Mark Bands

12 – 10 marks **Excellent answers**

At least two psychological effects of imprisonment are clearly described and fully discussed. Relevant evidence is used effectively. The answer shows sound knowledge and understanding. Discussion/ analysis is appropriate. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of at least two psychological effects of imprisonment. Answers at the top of the band have some relevant evidence. Discussion/analysis is less detailed than for the top band. The answer is mostly focused on the question although there may be some minor irrelevance and/or misunderstanding. An excellent answer referring to only one effect may be awarded 7 marks.

6 – 4 marks **Average to poor answers**

Answers show some knowledge and understanding of at least two psychological effects of imprisonment. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into this band.

Total AO1 marks for Question 16: 10
Total AO2 marks for Question 16: 10
Total marks for Question 16: 20 marks

ASSESSMENT OBJECTIVE GRIDS - UNIT 4: CHILD DEVELOPMENT AND OPTIONS

SECTION A: CHILD DEVELOPMENT

Question	AO1	AO2	Total
1 (a)	2	0	
(b)	3	3	
(c)	5	7	20
2 (a) (i)	2	2	
(a) (ii)	2	2	
(b)	6	6	20
3 (a)	4	0	
(b)	2	2	
(c)	4	8	20
4 (a)	2	2	
(b)	4	0	
(c)	4	8	20

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

Question	AO1	AO2	Total
5 (a)	3	0	
(b)	3	2	
(c)	4	8	20
6 (a)	4	1	
(b) (i)	0	3	
(b) (ii)	6	6	20
7 (a)	3	0	
(b)	2	3	
(c)	5	7	20
8 (a) (i)	4	0	
(a) (ii)	0	4	
(b)	6	6	20

SECTION B: OPTIONS
HEALTH PSYCHOLOGY

Question	AO1	AO2	Total
9 (a)	2	2	
(b)	4	0	
(c)	4	8	20
10 (a)	3	0	
(b)	2	3	
(c)	5	7	20
11 (a)	4	0	
(b)	2	2	
(c)	4	8	20
12 (a)	2	2	
(b)	2	2	
(c)	6	6	20

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

Question	AO1	AO2	Total
13 (a)	2	1	
(b)	2	3	
(c)	6	6	20
14 (a)	2	2	
(b)	2	2	
(c)	6	6	20
15 (a)	2	2	
(b)	2	2	
(c)	6	6	20
16 (a)	2	0	
(b) (i)	4	0	
(b) (ii)	0	2	
(c)	4	8	20