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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Psychology 6186

Specification B

Unit 4 (PYB4) Child Development and Options: Psychology of Atypical Behaviour, Health Psychology *and* Contemporary Topics

Mark Scheme

2008 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) Identify and briefly discuss **one** limitation of Bowlby's work on attachment. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for a relevant limitation of a study or theory identified. Likely answers: male bias; confusing privation and deprivation; monotropy; critical period; based on animal research; unreliable retrospective data - 44 thieves; mothers' guilt. The limitation may be of a study or a theory.

AO2 Up to two marks for discussion. Candidates should expand upon the issue identified for AO1. One mark for a very brief point, two marks if point is clearly explained and developed.

(b) Describe **one** study in which an aspect of the development of self was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. (*5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which the development of self was investigated is acceptable. Examples of appropriate studies include: Coopersmith 1967; Lewis and Brooks-Gunn 1979; Harter 1988.

1 mark – why study was conducted (must go beyond the stem)
1 mark – information about the method
1 mark – information about the results
1 mark – for conclusion drawn
1 mark – additional or extra detail, dependent on the study chosen. With Coopersmith, the extra detail is likely to come from the method. Credit evaluative points only if they add to description.

(c) Many factors are involved in the development of friendship: some children have lots of friends and some children find it difficult to make friends; boys and girls have different sorts of friendships and our views of friendship change with age.

Discuss what psychologists have discovered about the development of friendship. Refer to evidence in your answer. (*12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Allow up to 4 marks for description of findings, either research or theory, in relation to the development of friendships. Candidates may gain credit for a limited number of points in detail or for several briefer references. Likely points include: understanding of the concept (Bigelow and LaGaipa 1975); age-related changes (Damon 1977, Selman 1980); sex differences (Waldrop & Halverson 1975, Lever 1976); explanations for popularity and rejection (Coie & Dodge 1983, Dodge 1983); the internal working model; poor social skills; consequences of popularity and rejection (Cowen 1973, Kupersmidt & Coie 1990). Credit descriptions of relevant evidence up to 4 marks.

AO2 Up to 8 marks for discussion. Likely issues: evaluation of aspects of the research, eg reliability of measures; ecological validity; sample; cultural background; time bound. Credit also discussion of the implications of findings and the usefulness of the research, eg work on rejection is useful to identify problems and enable therapy. Depending on issues raised for AO1 candidates might compare differing approaches or refer to concepts such as determinism; the nature and nurture debate; role of the parents/schools etc. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented.

Mark Bands

12 -10 marks **Excellent answers**
Aspects of the development of friendship are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence and/or theory. 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**
Aspects of the development of friendship are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Maximum 8 marks if no evidence presented.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the development of friendship. 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. There 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 probably fall into this band.

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

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

(a) (i) Name **one** of the stages of cognitive development proposed by Piaget. *(1 mark)*

[AO1 = 1, AO2 = 0]

AO1 One mark for any stage correctly named. Possible answers: sensorimotor stage; preoperational stage; concrete operational stage; formal operational stage.

(a) (ii) Briefly outline the characteristics of the stage that you have identified in your answer to (a) (i). *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Up to 3 marks for outlining the characteristics of the stage named in a(i). Credit according to accuracy and detail. Expect reference to some of the following depending on depth. Accept any relevant characteristic, eg

Sensorimotor - egocentrism, lack of or development of object concept/permanence, born with limited number of schemas, cognition restricted to here and now.
Pre-operational - egocentrism; animism; centration - inability to conserve.
Concrete operational - lessening egocentrism; reversible operations; seriation; transitivity; decentering; conservation; class inclusion.
Formal operational - abstract thought; hypothetical thinking; systematic problem solving.
Up to 2 marks for only one characteristic.
1 mark for two or more characteristics named only.
If (a)(i) and (a)(ii) do not correspond, credit (a)(i) not (a) (ii).

(b) Explain how **one** of Bruner's modes of representation is involved in abstract thinking. Give an example to illustrate your answer. *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 Up to 3 marks for explanation. Likely content: abstract concepts are ideas, abstract thought requires use of symbols; language is one example of a symbol that enables abstract thought; children acquire the symbolic mode at around 7 years; along with language competence.

Plus one mark for relevant example, eg a child in the symbolic mode can represent a concept like 'peace'. Credit also reference to performance of the transposition task in the grid study by Bruner and Kenney.

(c) Angela is a primary school teacher. She studied the work of Vygotsky when she was doing her training. She likes to apply her knowledge of Vygotsky's approach to cognitive development in her work in the classroom.

Describe Vygotsky's approach to children's learning. Give examples of how Angela might apply Vygotsky's ideas in the classroom. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of Vygotsky's approach. Likely content: emphasis on social factors particularly parental input; internalisation of adult world; importance/role of language; Vygotsky's consideration of ZPD; child as apprentice and importance of peer tutoring; role of the expert; stages of concept formation. Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks are to be awarded for application to Angela in the classroom. Award marks for relevant examples of classroom activity, eg organising peer tutoring with brighter child working alsongside less able child, teacher input, scaffolding. Candidates may offer evaluation and analysis of Vygotsky's approach, either per se, or in comparison to alternative approaches, specifically those of Piaget and/or Bruner. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
Vygotsky's approach is clearly described and well applied. Answer shows sound knowledge, understanding and application. 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**
Vygotsky's approach is described although the answer is not as detailed or wide-ranging as for the top band. Some application is apparent at the top of the band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For 9 marks there must be some application to the classroom.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of Vygotsky's approach. 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 probably fall into this band.

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

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

(a) Outline what is meant by a *moral dilemma* and explain how moral dilemmas are used to investigate moral development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for outlining moral dilemmas. Likely content: involves a story in which a character must choose between two courses of action, both of which are in some sense immoral.

Answers based on prosocial dilemmas may also gain full credit.
Award one mark for a brief, incomplete or poorly expressed answer. Two marks for an accurate answer using correct terminology.

AO2 Up to two marks for explanation of how the moral dilemma is used. Likely content: participant hears the story and is asked what the character should do then is asked to justify or explain answer; responses are taken to indicate stage of moral reasoning. One of these marks may be for an example.

Accept answers based on moral comparisons.

(b) Identify and briefly explain **two** limitations of the moral dilemma as a way of investigating moral development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each of two limitations identified. Likely answers: cognitively demanding; hypothetical therefore poor validity; unreliability of coding of responses/subjectivity.

AO2 For each limitation given in AO1 award a further mark for explanation of how or why it is a limitation. For example, candidate may explain how a response to a hypothetical scenario might not reflect a course of action that a participant would take if faced with the same situation in real life.

(c) Describe and discuss a psychoanalytic explanation of moral development. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and understanding of a psychoanalytic explanation of morality: role of the superego as moderator of the id; advent of morality around age of 4/5 years; as a consequence of identification with same-sex parent in the Phallic stage; Oedipus complex and Electra complex. Credit references to forms of inadequate superego (Blackburn 1983): deviant; weak; over-harsh. Credit references to Chodorow's explanation. Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion and evaluation of a psychoanalytic explanation. Candidates will be likely to refer to some of the following: the lack of evidence, eg that males are more moral than females as Freudian theory would predict; evidence to the contrary, ie evidence for guilt in pre-Phallic stage children; neglect of environmental influences such as conditioning and modelling; the existence of moral reasoning in children who do not have a same-sex parent with whom to identify; the discounting of other explanations, eg cognitive. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
A psychoanalytic explanation of moral development is clearly described and fully discussed. Answer shows sound knowledge and understanding of psychoanalytic concepts in relation to morality. Whilst unlikely to be balanced, there is some attempt at positive appraisal. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
A psychoanalytic explanation of moral development is described although description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the issue of morality although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of a psychoanalytic explanation of moral development. 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 probably fall into this band.

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

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

(a) (i) Jamil, who is three years old, is the youngest of four children. His parents have recently been concerned because he is behaving differently from the way that their other children behaved at the same age. Jamil's parents take him to see a child psychologist who says that Jamil might be gifted.

Explain **two** ways in which Jamil's behaviour might differ from that of his non-gifted brothers and sisters. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark each for identifying two behaviours typical of gifted children. Likely answers: very high intelligence/IQ; remarkable skill in a specific area, eg mathematics or music; academic aptitude; creativity; rapid problem solving; disruptive behaviour; problems with social skills.

AO2 A further mark to be awarded in each case for more detailed explanation of each behaviour/how it would differ from that shown by non-gifted siblings. For example, Jamil would be able to complete maths homework much more quickly than siblings.

(ii) Describe how Jamil's special needs as a gifted child might be addressed in education. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for a description of how Jamil's special needs might be addressed in school. Candidates may focus on one or two ways in depth or may refer briefly to several ways.

Likely answers:
Special provision within the curriculum, acceleration - to higher grade, enrichment - extension activities in class.
Extra-curricular activities, clubs, societies, extra tuition etc
Credit also the school's role in identification of the need, role of the teacher, use of IQ testing, IQ of over 140-150.

(b) Discuss **at least one** possible cause of a named learning difficulty other than autism (for example, dyslexia). Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for description of possible cause/s. Most answers are likely to focus on dyslexia although other forms of learning difficulty/cognitive impairment are acceptable, eg dyscalculia, dyspraxia. Answers based on dyslexia are likely to focus on one or more of the following explanations: genetics, neurological and information processing deficits. Credit should also be awarded for answers based on the specific nature of the cognitive deficit, eg phonological and visual/perceptual deficits in the case of dyslexia. Candidates may choose to focus on one explanation in depth or refer to more than one in less detail.

Credit description of relevant evidence up to 2 marks, eg Vogler 1985, Plomin 1994, Blakesee 1994 (genetics); Enns 1995, Tallal 1995, Stein and Talcott 1999, Galaburda 1994 (processing/cognitive /neurological deficit).

AO2 Up to 8 marks for discussion of cause/s presented. Analysis might legitimately include the difficulty in distinguishing the difficulty from other reading/learning problems since errors in diagnosis would impact on any attempts to determine cause. Credit also reference to wider issues such as nature versus nurture, determinism and reductionism. Credit should also be given for application where candidates consider the implications of accepting certain explanations. Credit use of relevant evidence

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
At least one cause is clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. 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**
At least one cause is described although the description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of at least one cause. 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 probably fall into this band.

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

SECTION B: Options

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

(a) State what is meant by the *sick role* and explain how it might affect diagnosis of atypical behaviour. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for knowledge of the sick role, ie the behaviours that are assumed/expected by a person who defines themselves as sick/a patient.

AO2 Up to two marks for explanation of how assumption of the sick role might affect diagnosis. Possible answers: patient may exaggerate symptoms; leads to passivity; expectation of cure; lack of responsibility for own condition.

Vague answer - one mark. For two marks candidates may offer two separate points or one point with expansion.

(b) Describe **one** study in which the diagnosis of atypical behaviour was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 A whole range of studies would be appropriate here but expect to see studies by Rosenhan 1973 (labelling), Temerlin 1970 (psychiatric training) and Lewis 1990 (race).

1 mark for aim (must go beyond stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (credit evaluative comment where adds to description)

(c) Jo's parents are very worried about her. Over the past year she has started to behave quite oddly, shouting out loud in the street and worrying that people are spying on her. She has accused her parents of trying to hurt her and locks her bedroom door to keep them out. She did have a job at a local supermarket but was recently asked to leave because she was upsetting the customers. Jo's parents think that her behaviour is abnormal, but Jo keeps saying she is fine and quite happy.

Discuss ways of defining abnormality. Refer to the description above in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of definitions of abnormality for example: violation of social/cultural norms; statistical infrequency; maladaptiveness; distress. Marks will usually be for each criterion briefly explained. Where candidate offers a list of criteria only award a maximum of 2 AO1 marks. Credit description of relevant evidence up to 1 mark.

AO2 Award up to 8 marks for discussion and application.
Candidates can gain up to 5 marks for straightforward discussion of the limitations of the criteria given under AO1. Examples: statistical infrequency cannot be used to determine whether or not depression is abnormal as depression affects large numbers of people; maladaptiveness as a criterion assumes that certain behaviours/ways of living are to be valued and others are not; distress as a criterion presupposes that people should not experience distress and unhappiness even though it is an appropriate response for many people in many circumstances. Credit use of relevant evidence.

Three marks should be reserved for application to the text, for example: distress - Jo is not unhappy; maladaptiveness - Jo has lost her job; violation of social norms -shouting out loud; statistical infrequency - most people don't behave like Jo.

Mark Bands

12 -10 marks **Excellent answers**
Criteria for defining abnormality are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate application. 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**
Criteria for defining abnormality are described although the description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. 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 the criteria for defining abnormality. 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 or application 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 probably fall into this band.

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

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

(a) (i) Marianne keeps getting her keys out of her bag to check that she has not lost them. She says that she has to do it because she cannot stop worrying until she sees that they are there.

Explain what is meant by *obsessive-compulsive behaviour*. Refer to Marianne in your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of what is meant by obsessive-compulsive behaviour.
Obsession - recurrent/ intrusive (unpleasant) thought (1)
Compulsion - behaviour that is performed to alleviate the anxiety of the obsession (1)
One mark if candidate simply refers to OC behaviour as a form of anxiety disorder.

AO2 Up to two marks for linking the explanation to Marianne's behaviour as follows:
Getting the keys out = compulsive behaviour
Worrying about having lost them = obsession

(a) (ii) Describe **one** psychological explanation for Marianne's obsessive-compulsive behaviour. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to four marks for knowledge of a psychological explanation for OCD. Likely answers:
Freudian explanation - the anal-retentive personality as a result of fixation at the anal stage; behaviourist explanation - compulsion gives relief from anxiety which is negative reinforcement so behaviour is repeated to avoid unpleasant consequence (anxiety).
Accept also biopsychological explanations, eg genetics. Very brief or muddled answer – 1 - 2 mark/s. Clearly expressed expanded answer – 3 - 4 marks
Must be clear application to checking/ritual behaviour for 4 marks.

(b) Discuss **two** treatments for eating disorders. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for descriptions of any two relevant treatments, usually 2 marks for each treatment. Likely answers:
Weight restoration - hospital treatment, target weight (at least 90% of average), calories between 3000 and 5000 per day, high calorie drinks/snacks plus normal meals, monitoring/weighing, 2-3 month treatment
Cognitive therapy - changing perception, cognitive behaviour therapy, identifying negative beliefs, hypothesis testing, patient as scientist, challenging irrational beliefs, reinforcing positive beliefs
Behaviour therapy - operant conditioning: isolation then social contact as positive reinforcement for eating. Negative reinforcement: patient must gain weight in order to avoid isolation.
Credit other relevant treatments, eg medication
Credit descriptions of relevant evidence up to 2 marks, eg Cooper and Fairburn 1985, Hsu 1990, Fairburn 1985.

AO2 Award up to 8 marks for discussion of the treatments, usually 4 marks for each. Points will depend on what the candidate has offered in AO1 but might include the following: effectiveness and whether this is short-term or long-term; ease of application, including reference to time, need for hospitalisation; equipment; role of the family; the need for the patient to be active and motivated; reductionism, eg with biological intervention; patient as passive recipient/object and therefore not in control; effecting outward rather than inward change; ethical issues, eg enforcing social isolation as start point for operant conditioning programme; comparison of the two different treatments. Credit use of relevant evidence.

Maximum 7 marks if only one treatment presented

Mark Bands

12 -10 marks **Excellent answers**
Two treatments for eating disorders are clearly described and fully discussed. Answer shows sound knowledge and understanding. 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**
Two treatments for eating disorders are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer offering just one treatment may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of one or two treatments for eating disorders. 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 probably fall into this band.

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

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

(a) (i) Describe **one** biological explanation for schizophrenia. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for description of one biological explanation for schizophrenia. Award marks according to detail and depth of description. Likely answers:
Dopamine hypothesis - increased levels in SZ, action of neurotransmitters, dopamine and emotion, dopamine and positive symptoms.
Genetics - inheritance, concordance, concordance rates in MZ and DZ
Brain anomalies - enlarged ventricles, frontal lobe activity, reduced size of limbic system and hippocampus
Viral hypothesis - SZ - virus, link between mother having influenza in 3rd trimester

(a) (ii) Briefly evaluate the biological explanation for schizophrenia that you have given in your answer to (a) (i). *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 Up to 4 marks for evaluation of the explanation presented in (a)(i). Award marks for depth or breadth. Likely issues: difficulty establishing cause and effect; use of evidence to support or contradict; evaluation of the evidence, eg issues relating to twin studies; reductionism and over-simplification; determinism and negative implications; how the explanation might determine treatment or not; use of alternative explanations to evaluate.

(b) Describe and discuss the cognitive approach to explaining **and/or** treating depression. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for describing a cognitive approach to explaining and/or treating depression. Given the breadth of the question, descriptions are not expected to be very thorough and detailed.
Possible explanation content: irrational beliefs (Ellis); ABC approach; negative cognitive set (Beck) including selective perception of negative events; magnification of significance of events; absolutist thinking; overgeneralising; negative self-talk (Meichenbaum); attributional style (Seligman).
Possible treatment content: features of any of the following cognitive treatments - rational emotive therapy (Ellis); cognitive behaviour therapy (Beck); self-instructional training (Meichenbaum). Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion of explanation and/or treatment. Possible points: looks at underlying cause; considers thinking not just behaviour (might compare with other approaches here); patient needs to be active and motivated; patient is in control of the treatment; evidence supporting either explanation or effectiveness of treatment; requires intelligent and articulate patient; combines aspects of behaviour therapy with more modern cognitive approach. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
A cognitive explanation and/or treatment of depression is described and fully discussed. Answer shows sound knowledge and understanding. 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**
A cognitive explanation and/or treatment of depression is described although description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. 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 a cognitive explanation and/or treatment of depression. 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 probably fall into this band.

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

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

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

[AO1 = 4, AO2 = 0]

AO1 Up to two marks for each component of the humanistic approach to therapy outlined. One mark if component is merely stated or outlined very briefly/vaguely. Two marks for an outline with some detail using appropriate terminology.
Likely answers: client-centred where the therapist is non-directive and the therapy proceeds at the client's own pace and according to the client's wishes; empathic in that the therapist endeavours to feel and experience the emotions expressed by the client; holistic in that the therapy focuses on the whole person and not just on the disorder; empowering so the client might explore opportunities and make own choices; reducing incongruence between perceived and ideal self or achieving self-actualisation; unconditional positive regard; use of the Q sort.

(a) (ii) Identify and explain **two** limitations of the humanistic approach to therapy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark each for identifying each limitation of the humanistic approach to therapy. Likely answers: unrealistic optimism; appropriate only for mild disorders; extent to which empathy and unconditional positive regard are really possible; useful only for certain type of client; some patients might prefer a medical diagnosis and treatment; culture specific.

AO2 Award one mark each for expansion/explanation of each limitation.

(b) Discuss **at least two** ethical issues faced by professionals treating atypical behaviour. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for description of at least two ethical issues. For example, the Association of Clinical Psychologists has issued guidelines to be followed in treatment. These may be outlined in the answer; rights of patients re informed consent; sectioning under the Mental Health Act 1983 and compulsory admission; compliance to 'expert'; lack of motivation and insight. Issues related to biological treatments and the nature of distress of some psychological treatments, eg flooding etc. The ethics of applying token economy systems. Maximum marks may be gained through detailed reference to two issues or less detailed reference to more than two. Credit description of relevant evidence up to 1 mark.

AO2 Up to eight marks available for discussion of the issues presented. Analytical comment might include advantages and limitations of compulsory treatment, the extent to which patients should be responsible for own decision making and the circumstances under which this might not be possible. The role of other professionals might also be part of the analysis, eg Approved Social Worker, as might the needs of other parties, eg relatives and the responsibilities of professionals to patients and the wider society. Discussion may be general or applied to particular treatments. Credit use of relevant evidence.

Maximum 7 marks if only one ethical issue presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of at least two ethical issues faced by professionals. Discussion is well balanced and shows appropriate analysis. Evaluative comment is presented in the context of 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 reasonably detailed and accurate knowledge and understanding of at least two ethical issues faced by professionals. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding. An exceptional answer in which the candidate refers only to one issue may gain up to 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. 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. For 5/6 marks must be some discussion.

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 may come into this band.

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

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

Sandy has a busy job and a young family. She would like more time to herself so that she could go to the gym or go out with friends. She is experiencing anxiety-related symptoms and is not sleeping very well. The doctor offers to prescribe anti-anxiety medicine or sleeping pills but Sandy says that she would prefer not to take any medicine because she is not ill

(a) Outline what is meant by the *biomedical model of health*. Refer to the text above in your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of the biomedical model of health. Likely content: sees any negative functioning as illness or disease that requires treatment; usual treatment is medication. Credit other relevant points.

AO2 Up to 2 marks for linking to the text depending on detail. Credit answers based on either perspective (doctor's or Sandy's) or a combination of both. Possible content:
Doctor sees Sandy is not functioning well; she has negative symptoms; doctor wants to prescribe medication to correct symptoms; Sandy does not define herself as ill; Sandy doesn't want treatment.

(b) The doctor then suggests that Sandy try a therapist specialising in complementary approaches to health.

(i) Briefly discuss **one** complementary approach that might be used to help people such as Sandy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for an outline of a complementary approach. Expect most answers to refer to visualisation, aromatherapy or meditation but any relevant approach is acceptable.
One mark for naming a relevant approach with second mark for some descriptive detail.

AO2 Up to two marks for brief discussion. May gain two marks for one point explained in some detail or one mark each for two very brief points. Likely content: effectiveness; no side effects; comparison with medication; evidence in favour; holistic; general well-being. Credit also criticism, eg limited effectiveness in serious cases, over-optimistic.

(ii) Describe and discuss the biopsychosocial model of health. Refer to Sandy's situation in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of the biopsychosocial model of health: stress-diathesis approach emphasising interactive effect of environment and individual-vulnerability; a model based on general systems theory; takes into account 3 major aspects of well-being; mental (psychological, eg cognition and emotion), social (environmental, familial, interpersonal factors) and biological (organs, tissues, cells, chemicals); a more holistic approach; at its broadest encompasses ecology and physical systems. Any aspects of Engel 1977, Downie 1996 should be credited. Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion which should include a balance of strengths and weaknesses. Strengths: challenge to the reductionism of the medical/biomedical model; acknowledges importance of treating the whole person; more humane approach; allows for a positive and negative view of health; encourages alternative therapies. Weaknesses: neglects widest influences, eg spiritual; more a statement of beliefs than rigorous theory; difficult to test empirically; takes focus from the medical. Up to 2 marks for linking to the text, eg Sandy may have physical symptoms; but there is a need to consider her life as a whole; including the stresses of job, family etc.

Mark Bands

12 -10 marks **Excellent answers**
The biopsychosocial model of health is clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced and there is appropriate application for 11/12 marks. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
The biopsychosocial model of health is described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion/application is apparent. 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 the biopsychosocial model of health. 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 probably fall into this band.

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

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

(a) Explain **one** way in which practitioner style might affect patient-practitioner communication. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for knowledge of a relevant practitioner style, eg patient-centred;, doctor-centred.

AO2 Up to two marks available for explaining the possible effect of practitioner style on the patient-practitioner relationship, eg doctor-centred style - patients get less time and have more closed questions; patient-centred style – patient gets more time and more open questions. How style affects perception of doctor's understanding/empathy.
One mark for a brief but relevant point, two marks for an explicit explanation that shows understanding.

(b) Describe **one** study in which patient non-compliance was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which patient compliance/non-compliance with medical advice was investigated is acceptable. Examples of appropriate studies include: Ankrah, 1989; Class and Epstein, 1985; DiMatteo and DiNicola, 1982; Doherty et al, 1983; Finnerty et al, 1973; Gatchel et al, 1989; Haynes, 1976; Hoelsher et al, 1986; Ley, 1976; Norris et al, 1990; Stanton, 1987; Taylor et al, 1984; Wing et al, 1986.

1 mark for aim (must go beyond stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (credit evaluative comment where adds to description)

(c) Discuss the role of psychological factors in **either** diabetes **or** asthma. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for identifying and outlining relevant psychological factors in relation to one of the named illnesses. Candidates may focus on psychological factors implicated in the **development** of the chosen condition or on those that might be relevant to **adjusting** to the condition. Relevant factors would include: lifestyle; risk-taking; personality; locus of control; hardiness; social support; rationality; flexibility; farsightedness; defence mechanisms; emotion/problem-focused coping strategies; approach/avoidance strategies; sick-role behaviour; and factors associated with adhering to medical advice. Credit description of relevant evidence.

AO2 Up to 8 marks for discussion of relevant psychological factors. Discussion may include reference to: biomedical versus biopsychosocial approaches to understanding asthma/diabetes; the mind/body debate; relevance of research studies and/or theories; intervention strategies, etc. Argument is likely to focus on the significance of psychological factors in relation to biological/genetic predisposition. For example, candidates might identify biological factors and then present an argument for the influence of psychological factors. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
Psychological factors involved in one named illness are clearly described and fully discussed. Answer shows sound knowledge and understanding. 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**
Psychological factors involved in one named illness are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. 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 the psychological factors involved in one named illness. 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 probably fall into this band.

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

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

(a) Explain **two** positive effects of exercise on health. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each of two positive effects of exercise on health. Possible answers: lowers blood pressure; weight loss; improves circulation; reduces risk of CHD; protects against bone density loss/ osteoporosis; increases general well-being/mood.

AO2 Up to 2 marks for explaining how exercise can lead to the effects presented in AO1. One mark for each of two effects explained.
Examples: exercise increases heart rate and blood flow, thereby improving circulation; weight -bearing exercise builds bone density and relieves pressure on joints; releases natural endorphins which may alleviate depression.

(b) Briefly discuss the role of diet in **one** ill-health condition. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of dietary factors implicated in an ill-health condition, eg cancer. Candidates will usually refer to either cancer or cardiovascular disorder but accept any relevant answer. Credit according to detail. Examples: cancer of the colon linked to red meat, fast food, low-fibre food, high sugar intake; high blood pressure related to sodium intake.

AO2 Up to 2 marks for discussion. Relevant issues: diet may affect the condition but other behavioural factors, eg smoking/lack of exercise/stress are also significant. Also credit reference to biological predisposition and genetic factors, eg evidence for heritability of CHD. Credit use of evidence.

(c) Describe and discuss **at least one** theory of lifestyle change that might be applied to alter health-related behaviour and attitudes. Refer to examples in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6)

AO1 Up to 6 marks for at least one theory of lifestyle change. Likely content: self-efficacy theory (Bandura) involves confidence in one's ability to perform behaviours to achieve certain goals: health belief model (Becker) involves perceptions of risk and susceptibility; perceived benefit of action; theory of planned behaviour (Ajzen) or theory of reasoned action (Ajzen & Fishbein) involves perception of possible consequences of behaviour plus subjective norms/attitudes of others. Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 4 marks for discussion. Possible points: validity of concepts; role of cognition and probabilistic reasoning; strengths and weaknesses in relation to other explanations; predictive validity.
Up to 2 marks for examples to illustrate how the model would work, ie by linking theoretical aspects to health-related behaviour examples.
Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
At least one theory of lifestyle change is clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate examples for 11/12 marks. 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**
At least one theory of lifestyle change is described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion/ use of example is apparent. 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 at least one theory of lifestyle change. 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 probably fall into this band.

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

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

(a) Briefly outline rational emotive behaviour therapy (REBT). *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Up to two marks for a brief outline of REBT.
Likely content:
Therapist identifies client's irrational beliefs.
Therapist then confronts patient using rational dispute/argument
Reward patient for more positive thoughts.
Award marks for other relevant content but must have some mention of rational confrontation for full marks.

(b) (i) Explain what is meant by *rationalisation*. Give an example of how rationalisation might be involved in dealing with stress at work. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for knowledge of meaning of rationalisation: person justifies or excuses an action/event to convince self that it is really not so bad (or similar)

AO2 One mark for additional explanation, eg an unconscious process; defence mechanism; designed to protect the conscious self/ego from negative event or unpleasant fact about self.

Plus one mark for example which must relate to stress at work, eg even though he/she is struggling, a person may convince self that they are managing very well because they have more work than anyone else.

(ii) Explain what is meant by *denial*. Give an example of how denial might be involved in dealing with stress at work. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for knowledge of meaning of denial - person refuses to accept (unpleasant) event is happening

AO2 One mark for additional explanation, eg an unconscious process; defence mechanism; designed to protect the conscious self/ego from negative event or unpleasant fact about self.

Plus one mark for example which must relate to stress at work, eg denial - person may simply sort correspondence to the back of a drawer and refuse to believe it exists.

(c) Discuss **at least two** ways of measuring stress. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of at least two ways of measuring stress, usually award up to three marks for each way. Possible answers include:

- physiological measures, eg hormone analysis via blood or urine samples, polygraph (GSR) measure of arousal
- self-report, eg SRRS (Holmes and Rahe 1967), Life Events Scale or Daily Hassles and Uplifts Scale (Kanner 1981), Life Events and Difficulties Schedule (Harris 1967)
- behavioural measures usually recorded as a diary, eg insomnia, forgetfulness, making mistakes, avoidance of stressful situations, eg absenteeism

AO2 Up to 6 marks for discussion and analysis of stress measures described. Candidates are expected to identify strengths and limitations of the methods. For example, physiological measures are objective, reliable, easy to analyse, can be taken under controlled conditions but are not always valid in that they measure physiological arousal but do not distinguish between negative arousal (stress) and positive arousal (excitement); reductionist. Self-report measures might be quick to administer but may be unreliable, subjective. Also credit comment specific to named measures, eg vagueness of certain SRRS items/ failure of SRRS to consider meaning of events for individuals/ failure of SRRS to distinguish between desirable and undesirable events, low correlation .30 between SRRS scores and illness (Dohrenwend 1981). AO2 marks may also be gained through comparison with other methods of stress measurement or for application through use of examples. Credit implications of use of specific measures. Credit use of relevant evidence.

Maximum 7 marks if only one way presented

Mark Bands

12 -10 marks **Excellent answers**
At least two ways of measuring stress are clearly described and fully discussed. Answer shows sound knowledge and understanding. 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**
At least two ways of measuring stress are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. May award 7 marks for one way exceptionally well done.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of way/ways of measuring stress. 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 probably fall into this band.

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

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

(a) Outline **two** stages in the development of relationships. *(4 marks)*

[A01 = 4, AO2 = 0]

AO1 Award 1 mark for knowledge of each stage. It is expected that answer will refer to stages such as awareness (of other person), surface contact and self-disclosure although relevant alternatives should be credited. Reference to proximity (in as much as it equals a combination of awareness and surface contact) is acceptable but no credit for other 'general' factors associated with interpersonal attraction such as physical attractiveness. For full marks both stages must be described. Accept intimacy.

(b) Briefly discuss the role of nurture in relation to sexual orientation. *(4 marks)*

[A01 = 2, A02 = 2]

AO1 Up to two marks for knowledge of what is meant by the role of nurture. Credit references to the following: upbringing; experience; sources of influence, eg parents, role models; expectations of peers etc. One mark for a very brief answer or muddled outline. Two marks for a clear description with some elaboration.

AO2 Up to 2 marks for discussion. Likely content: supporting evidence; the alternative explanation with or without evidence, ie genetics/biology; environmental determinism; implications of nurture side of the debate. One mark for a very brief or poorly explained point. Two marks for some clear discussion.

(c) Discuss **at least two** factors involved in the breakdown of intimate relationships. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 4, A02 = 8]

AO1 Up to 4 marks for knowledge and understanding of at least two factors involved in relationship breakdown, usually two marks for each factor. Relevant factors include: jealousy; sexual rejection; dissimilar attitudes; poor communication; substance abuse etc. Credit also factors embedded with social exchange and equity theory. Relevant evidence includes: Hill, Rubin & Peplau 1975; Weber 1992; Buss 1992
Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion of general issues & problems with research in this area such as sample sizes, generalisation of findings etc. It is likely that most discussion marks will come from use of relevant evidence and evaluation of the evidence used. Credit also comparison of different factors; interaction between factors; alternatives in the form of social exchange theory and equity theory. Credit use of relevant evidence.

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

Mark Bands

12 -10 marks **Excellent answers**
At least two factors in relationship breakdown are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. 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**
At least two factors in relationship breakdown are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks. An exceptional answer covering just one factor may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of a factor/factors in relationship breakdown. 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. For 5/6 marks there must be some discussion.

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 probably fall into this band.

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

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

(a) For each of the statements (i) to (iii) below, write down whether it is an example of:

clairvoyance telepathy psychokinesis precognition.

(i) the ability to send information about shapes on a card to another person using the mind alone;

(ii) the ability to know about the layout of a building that has never been visited, without using any of the five senses

(iii) the ability to know about an event in next week's news before the event has even happened. *(3 marks)*

[AO1 = 3, AO2 = 0]

(i) telepathy
(ii) clairvoyance
(iii) precognition

(b) (i) Describe what is meant by a *micro method* of investigating psychokinesis (PK). *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Up to 3 marks for describing micro methods or a micro method of investigating PK. One mark for a very brief or confused answer. Two marks for some expanded relevant description. Three marks for a full clear description. Likely content: involves movement of an object using power of mind alone; micro means the movement cannot be detected by the naked eye; but can only be determined through statistical analysis; or using a microscope. Credit a valid example up to one mark, eg dice rolling.

(ii) Explain **one** strength of micro methods used to investigate psychokinesis (PK). *(2 marks)*

[AO1 = 0, AO2 = 2]

AO2 One mark for briefly stating a relevant strength, two marks for a full explanation of the strength. Likely content: occurrences can be tested under controlled conditions; can be repeated to test for reliability; statistics can be used to compare how likely it is that events could have occurred by chance.

(c) Discuss **at least one** factor affecting a person's performance of extra sensory perception (ESP) tasks. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of factor/s affecting ESP performance, eg participant variables; researcher variables; task variables or experimental variables. Candidates will be likely to focus on training - trial by trial feedback and reinforcement and personality (neuroticism gives a negative correlation, extraversion gives a positive correlation) but other relevant factors should be credited, eg level of belief in ESP; psi missing (responses more than chance in the wrong direction due to negative mood); the focussing effect (consistent preference for one symbol); displacement - matching the target before or after the current target. Candidates may gain marks for describing the training process. Full marks can be gained through descriptions of research evidence e.g Tart 1976 - role of immediate feedback in learning; Pratt 73 - Stepanek the focussing effect; Crandall 1985 - displacement.
Note: candidates may offer several factors or fewer in depth.

AO2 Up to 8 marks for discussion of factor/s affecting ESP performance. Candidates are likely to discuss the following: conflicting evidence in many areas; the competing influence of many of the factors; the role of demand characteristics; the level of control used in ESP studies; the differences in the influence of many factors whether using traditional card-based or computerised methods; the difficulty of determining cause and effect. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
At least one factor affecting ESP performance is clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. 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**
At least one factor affecting ESP performance is described although description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of at least one factor affecting ESP performance. 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 probably fall into this band.

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

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

(a) Briefly discuss **one** example of a health promotion/education programme that has been used in the prevention of substance abuse. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of one health promotion/education programme used in prevention of substance abuse. One mark for a very brief reference to a specific programme; two marks for a programme described with some detail. Likely answers: Healthy School Programme, eg NNHA 2001 survey of 1600 Notts children re smoking and alcohol established a baseline measure; Bachman 1988 peer-based anti-drugs say 'no' promotion; Sussman 1995 -US drugs study of effectiveness of teacher led sessions v student participation; Klesger 86 work-based anti-smoking competition v control. Allow one of these marks for general principles.

AO2 Up to 2 marks for discussion. One mark for a brief analytical point, eg limited sample, single location, lack of long-term follow-up. Two marks for an expanded point or for two brief points.

(b) Briefly outline what is meant by *physical dependence* and *psychological dependence*. Identify **two** symptoms of dependence. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 One mark each for definition of the terms:
Physical dependence - body chemistry has changed such that body needs substance to function
Psychological dependence - belief that you cannot manage without the substance/ life is centred round the substance.

Plus one mark each for each of two relevant symptoms, eg withdrawal symptoms, eg tremors etc; tolerance - more needed for same effect; taking more of the substance than intended; making unsuccessful attempts to stop.

(c) Mark is dependent on alcohol. His parents always had alcohol in the house when he was young and he started drinking regularly with friends from school. He now drinks alcohol with colleagues every evening after work.

Discuss social influences as explanations for substance abuse. Refer to Mark in your answer.

(12 marks)

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for knowledge of social influence and/or social norms (acceptable/expected behaviour within a group) relevant to substance abuse. Candidates should explain the terms and describe appropriate influences/norms, eg media, peer, parental influences and the influence of role models. Award marks also for recognition of the social setting (presence of friends) as a key factor. Broader psychological theory might also be made relevant, eg references to operant conditioning and social learning. Credit description of relevant evidence up to 1 mark.

AO2 Up to 6 marks for general discussion and 2 marks for application to Mark. For example, candidates might refer to how different influences are more applicable for certain types of abuse (alcohol - parents are prime role models - note Mark; smoking & drugs - peers are prime role models). Credit reference to 'social selection', ie how at risk adolescents will seek out people similar to themselves (note Mark) and associate with others at risk, thus exposure to the social influence is an active choice. Other key points might include: the difference between perceived norms (what we think our peers are doing) and actual norms which might be quite different; cross-cultural differences in abusing as evidence for social influences. Credit references to other possible influences, eg heredity where they form part of the discussion. Evidence may be specific to substance abuse literature (Kandel 74 peer influences on marijuana use; Brook et al 1983 parental/peer modelling - marijuana) or may be general social psychological evidence, eg conformity studies (Asch 51) or social learning studies (Bandura 63). Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
Relevant social influences are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate application for 11/12 marks . 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**
Relevant social influences are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion (and possibly application) is apparent. 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 social influences. 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 or application 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 probably fall into this band.

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

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

(a) Explain **one** problem of using official statistics to measure offending. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for stating a problem, eg unreliable; inaccurate; under represents true figure; excludes various types of crimes (or similar); regional differences.

AO2 Up to 2 marks for explanation depending on detail. Brief point - award one mark. Full explanation - award two marks. Possible answer: only includes crimes reported to the police and recorded by the police. Many crimes go unreported and/or unrecorded for various reasons, eg seem unimportant; lack of faith in police etc.

(b) Describe **one** study in which offender profiling was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which offender profiling was investigated is acceptable. Examples of appropriate studies include: Canter 1994; Ressler et al 1986; Canter & Heritage 1990; Canter & Fritzon 1998; Pinizotto & Finkel 1990.

1 mark for aim (must go beyond stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (credit evaluative comment where adds to description)

Where a case study is used (eg John Duffy or Adrian Babb), the aim may be expressed as a general rationale, the method may be less structured and the results/conclusion expressed rather as a general outcome.

(c) Discuss the effectiveness of **at least two** therapies and/or strategies used with offenders. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of at least two therapies/strategies. Most answers will focus on behaviour modification, social skills training and anger management but other relevant therapies (ones that have been/are used with offenders) should receive credit. Usually award two marks for descriptions of each of the two therapies. Credit description of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion, usually 4 marks for each therapy/strategy. Possible content: evidence for effectiveness; reference to recidivism rates; suitability for different offender groups eg must be articulate to benefit fully from SST and anger management; short-term v long-term benefits; ethical consideration (eg with behaviour modification); practical considerations eg cost/time; reductionism of some approaches to therapy; theoretical underpinning eg Behaviourism and the cognitive approach. Credit use of relevant evidence.

Maximum 7 marks if only one therapy/strategy presented
Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
At least two therapies/strategies for offending are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. 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**
At least two therapies/strategies for offending are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of at least two therapies/strategies for offending. 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 probably fall into this band.

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

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Question	AO1	%	AO2	%	Total Mark
1 (a	1		2		
(b)	5		0		
(c)	4	50	8	50	20
2 (a) (i)	1		0		
(a) (ii)	3		0		
(b)	0		4		
(c)	6	50	6	50	20
3 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
4 (a) (i)	2		2		
(a) (ii)	4		0		
(b)	4	50	8	50	20

Question	AO1	%	AO2	%	Total Mark
5 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
6 (a) (i)	2		2		
(a) (ii)	4		0		
(b)	4	50	8	50	20
7 (a) (i)	4		0		
(a) (ii)	0		4		
(b)	6	50	6	50	20
8 (a) (i)	4		0		
(a) (ii)	2		2		
(b)	4	50	8	50	20

Question	AO1	%	AO2	%	Total Mark
9 (a)	2		2		
(b) (i)	2		2		
(b) (ii)	6	50	6	50	20
10 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
11 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
12 (a)	2		0		
(b) (i)	1		2		
(b) (ii)	1		2		
(c)	6	50	6	50	20

Question	AO1	%	AO2	%	Total Mark
13 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20
14 (a)	3		0		
(b) (i)	3		0		
(b) (ii)	0		2		
(c)	4	50	8	50	20
15 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
16 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20