

Principal Examiner's Report January 2010

GCE

GCE Health & Social Care (6949) Unit 12 - Understanding Human Behaviour



Edexcel is one of the leading examining and awarding bodies in the UK and throughout the world. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers.

Through a network of UK and overseas offices, Edexcel's centres receive the support they need to help them deliver their education and training programmes to learners.

For further information, please call our GCE line on 0844 576 0025, our GCSE team on 0844 576 0027, or visit our website at www.edexcel.com.

If you have any subject specific questions about the content of this Examiners' Report that require the help of a subject specialist, you may find our Ask The Expert email service helpful.

Ask The Expert can be accessed online at the following link:

http://www.edexcel.com/Aboutus/contact-us/

January 2010
Publications Code UA023037
All the material in this publication is copyright
© Edexcel Ltd 2010

General comments

As in previous series, the scenarios enabled the candidates to demonstrate their knowledge well across the full breadth of the specification. The examiners felt that the paper discriminated well, with a wide range of marks being seen in each question. It was pleasing to see so many good answers, with a distinct improvement compared to the previous series. Centres are to be congratulated on preparing many candidates well for this paper. They seem to be using past papers to help prepare candidates. However, a significant number of candidates are still giving too much description and not enough explanation or evaluation in the longer questions. Candidates are reminded that for evaluation, they should be giving both advantages and disadvantages.

Question 1

The question was based on a teenager who smokes. It allowed the candidates to demonstrate their knowledge and understanding of the behavioural approach and also their skills in the analysis of data.

Most candidates gained both marks in (a), although not all used the information given in the case study, e.g. both parents smoke, the fact that she lives at home and that of peer pressure.

Part (b)(i) was about positive reinforcement. It was answered well with many candidates scoring 3 or 4 marks. The most common omission was that of not indicating that Jade would continue to want to give up smoking because of the reinforcement, i.e. that behaviour is likely to be reinforced.

Part (b)(ii) was about negative reinforcement and it was very badly answered. Many candidates wrongly believe that this is to do with punishment, rather than reward after something unpleasant stops happening, e.g. clothes no longer smelling of smoke.

Good discrimination was seen in (c). Many candidates provided relevant answers and gained marks for clear ways in which physical development could be affected such as problems with breathing and lung cancer. Those who gained high marks gave good full descriptions.

Most candidates did the calculation in (d)(i) correctly and came up with 18%.

Most candidates gave good comparisons in (d)(ii), relating well to the data. Most scored 2 marks, not giving enough clear information from the data for the third mark.

Part (e) was not answered particularly well, despite previous papers having similar questions relating to the evaluation of the behavioural theory. Significant numbers of candidates are only gaining marks within mark band 1, despite giving good advantages. This is because they only consider these and do not give any disadvantages of the theory. In addition, some candidates did not relate their answer to people who are trying to give up smoking.

Question 2

The question focused on the cognitive (behavioural) approach. It also gave the candidates an opportunity to demonstrate their understanding of the nature – nurture debate.

Many candidates gained the two marks in (a)(i), showing good understanding of dysfunctional beliefs. Some did not give enough detail and others believe mistakenly that it is just negative thinking.

Most candidates were able to gain some marks in (a)(ii), showing an understanding of external and internal locus on control. Not many gave good examples relating well enough to the case study, though.

Part (b)(i) was about initial assessments. As with previous papers, many ignored the word 'initial' and failed to achieve marks relating to a baseline against which changes may be measured.

Most candidates could explain some reasons in (b)(ii) why cognitive therapy may not work for someone like Oscar. Most related their answers to the basic principles of changing distorted thinking and the fact that Oscar was depressed and might not have the motivation to do so.

Most candidates showed in (c)(i) a reasonable knowledge of the relationship between behaviour and genes, gaining marks for discussing heredity and giving an example of conditions arising in this way. Not many indicated that the environment (in its widest sense) can contribute strongly to the way that people behave.

Part (c)(ii) was probably the best answered longer question in the paper. Many candidates were able to give some good advantages and disadvantages relating to the use of family therapy. Unfortunately, a significant number of answers were generic and did not focus well enough on people who had depressions. Candidates are encouraged to read the questions carefully to that their answers are as relevant as possible.

Question 3

The case study for this question is based on a hospice for people with terminal cancer. It tested candidates' knowledge and understanding of empowerment and how being treated with dignity and respect might enhance the quality of life for service users. It also tests candidates' knowledge, understanding and application of a psychodynamic approach and a humanistic approach.

Most candidates scored well in (a)(i), demonstrating a good knowledge of empowerment, often giving good examples of choice.

Many candidates answered (a)(ii) well, but some found it demanding. Some did not separate out the difference between dignity and respect which was necessary for the highest mark band. Others gave a generic answer, often not relating their answer to service users in a hospice.

Most candidates were able to gain one or two marks in (b)(i) by giving relevant information about a psychodynamic approach, e.g. being influenced by unconscious thoughts or reference to id, ego and superego or reference to psycho-sexual stages. Not many gained full marks for mentioning bringing repressed thoughts into consciousness so that they can be discussed.

Part (b)(ii) had mixed responses. Some candidates gained two or three marks for marking good reference to principles such as unconditional regard, genuineness and empathy. However, a significant number of candidates did not appear to understand the question and gave irrelevant answers.

Most candidates showed a reasonable understanding of both a psychodynamic and humanistic approaches in (b)(iii). However, it was rare to see good comparisons of the advantages. This was needed for mark band 3. Significant number of candidates did not even give any advantages of either, just descriptions of the approaches. This severely limited the number of marks that could be awarded.

Grade Boundaries

6949: Understanding Human Behaviour

Grade	Max. Mark	А	В	С	D	Е
Raw boundary mark	90	61	53	46	39	32
Uniform boundary mark	100	80	70	60	50	40

Notes

Maximum Mark (Raw): the mark corresponding to the sum total of the marks shown on the mark

Boundary mark: the minimum mark required by a candidate to qualify for a given grade.

Further copies of this publication are available from Edexcel Publications, Adamsway, Mansfield, Notts, NG18 4FN

Telephone 01623 467467 Fax 01623 450481

Email <u>publications@linneydirect.com</u>

Order Code January 2010 UA023037

For more information on Edexcel qualifications, please visit www.edexcel.com/quals

Edexcel Limited. Registered in England and Wales no.4496750 Registered Office: One90 High Holborn, London, WC1V 7BH