

Examiners' Report/ Principal Examiner Feedback

June 2011

GCE Health & Social Care (6949) Paper 01
Unit 12 - Understanding Human Behaviour

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General Comments

The paper was similar in format to previous series. It allowed candidates to demonstrate their knowledge of the specification well. The questions discriminated well, with a wide range of marks being seen in each question, although the standard of responses was not quite as high as it has been in the past. There were, however, many good answers and those centres are to be congratulated in preparing their candidates well for this paper. They seem to be using past papers to help prepare candidates. In particular, some candidates could answer explain, discuss and evaluation questions. Nevertheless, a significant number of candidates do not appear to pay enough attention to the command words of the questions or to read the case studies carefully enough. Candidates are reminded that for explain questions they should be giving reasons for their answers and for discuss questions they should be giving both advantages and disadvantages. In addition, evaluation questions require a conclusion.

Question 1

This question was based on a 69 year old man who lives in relative poverty and is depressed. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of dysfunctional beliefs and also of the family therapy and the humanistic (person-centred) approach of managing behaviour.

Part (a) tested candidates' comprehension, their ability to extract information from text. It was accurately answered by most candidates, the majority of whom gained the two marks.

In part (b) the difference in the ability of candidates began to show in the quality of answers given for this question. The more able learners were able to give a definition of the term 'dysfunctional belief' and to apply their knowledge and understanding to explain why the evidence presented indicated that Freddie had dysfunctional beliefs. Some candidates were unable to give a definition, and some repeated an example in each part of the question. Some did not appear to know that such beliefs are based on little or no evidence.

Some candidates gained full marks in the first part of (c) where they had to describe two key features of person-centred therapy. The most common responses given were a description of genuineness and a description of empathy. However a significant number of candidates did not appear to understand the question and gave very vague answers which gained no credit. In the second part of the question, many answers were disappointing and showed a lack of knowledge and understanding of the person-centred, humanistic approach. A significant number seemed to confuse this approach with other approaches. Some answers gave the advantages of one approach and then the disadvantages of a completely different approach. Other candidates lost marks because they only considered advantages and no disadvantages or because they did not focus on someone like Freddie who was depressed.

In part (d) candidates were asked to evaluate the use of family-centred therapy with someone like Freddie. It was answered reasonably well, with

some candidates correctly gave advantages and disadvantages and then finishing off their answer with a conclusion. However, some candidates just gave a list of advantages and disadvantages, some of which were rather generic and could have applied to any approach. A minority of candidates were only awarded three marks, the maximum in mark band one, as they only considered advantages and gave no disadvantages.

Question 2

This question was based on a child who was misbehaving at nursery. It tested candidates knowledge and understanding of various aspects of a behavioural approach to modifying behaviour.

Part (a) was answered well with many candidates using the information provided in the case study well. Many gained three or four marks for explaining why Tara might have started to fight with some of the younger children at nursery.

In the first part of (b), many candidates gained two marks for identifying two features of a behavioural approach. However, it was disappointing that some candidates were unable to do this, despite this type of question having been asked in previous papers. Similarly in the second part of the question which asked about the importance of an initial assessment when using a behavioural approach, some candidates gained three or four marks, whilst others appeared to miss the fact that the word 'initial' was emboldened. Again, this type of question has been asked in the past. The third part of the question appeared to be challenging for some candidates. It asked them to examine what a behaviour modification programme might involve. Whilst many candidates did give good answers considering features such as positive reinforcement and time out, a significant number gave vague answers or a few advantages of such a programme without any examination of the features.

Part (d) asked the candidates to evaluate the use of behavioural therapy with young children, such as Tara. Many answered the question well, gaining 4-7 marks in mark band two or higher. Some did not do so well because they only gave advantages or simply described some of the features of the approach. A minority of candidates gave a conclusion, despite previous reports indicating that they should be present in a question with the command word 'evaluate'.

Question 3

This question was based on a middle-aged woman who has been advised to give up smoking. It tested candidates' knowledge and understanding of aspects of a cognitive (cognitive-behavioural approach and a psychodynamic approach.

Part (a) of the question asked the candidates to use their knowledge about social learning theory to explain why a person may have started smoking. It was answered well with most candidates scoring at least half marks. The most common answers referred to peer pressure, role models and wanting to fit in with their friends.

Part (b) saw most candidates scoring at least half marks in this question, showing a good knowledge of smoking being addictive because of nicotine. Only the better candidates referred to other factors, such as those relating to emotional or social aspects.

In the first part of (c), most candidates gained around half marks. The most common answers related to the idea of how a person thinks determines how they behave. The better answers gave more detail, such as homework being given and the idea of changing dysfunctional thinking. In the second part of this question, candidates had the opportunity to demonstrate their knowledge and understanding of internal and external loci of control. Most candidates gained three or four marks and gave some advantages of having an internal locus of control and some negative aspects of an external locus of control. Only the best candidates gave some possible disadvantages of an internal locus of control. Candidates should note that the command word 'examine' requires an in depth answer.

Part (d) required candidates to evaluate the use of a psychodynamic approach in helping someone like Emy to give up smoking successfully. It elicited the full range of answers, with some candidates giving in depth advantages, disadvantages and then providing an appropriate conclusion. Other candidates demonstrated a very poor understanding of the approach and other gave some very vague advantages, often providing no disadvantages. This is disappointing as this type of question has been asked previously, although relating to a different case study.

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