



**General Certificate of Education (A-level)**  
**June 2012**

**Psychology B**

**PSYB3**

**(Specification 2185)**

**Unit 3: Child Development and Applied Options**

**Final**

***Mark Scheme***

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## **Section A Child Development**

### **Topic: Social Development**

#### **Question 01**

**[AO1 = 3]**

Credit any study of children's friendship in which qualitative data was collected. Marks to be awarded as follows:

Up to 2 marks for the aim/method/findings/conclusion (what the researchers set out to do/what the researchers did/found/their conclusion). Detailed account of method can gain 2 marks.

Plus one mark for explaining how/why the data collection technique was qualitative (eg was non-numerical data as they made transcripts of...).

The most likely studies here are: Bigelow and LaGaipa – 'my best friend' essay content;

Dodge - observations of how children join in with two others already playing together;

Benenson – open ended interviews about peers.

If data collected is clearly numerical - 0 marks

#### **Question 02**

**[AO3 = 3]**

Credit as follows:

Briefly identifying a strength or limitation (1)

Explaining/elaborating as to how/why it is a strength or limitation (1)

Explaining the strength/limitation in relation to research into children's friendships (1).

Likely strength: more meaningful/valid/rich in important detail/ for example, knowing why the child chooses certain people as friends or values certain qualities in a friend is just as important as seeing who they choose.

Likely limitation: difficult to analyse/ because each child can give a completely different answer/lower reliability/therefore difficult to compare age groups/ ultimately will require further analysis eg quantifying data in categories eg number of times certain themes are mentioned in essays/interviews.

#### **Question 03**

**[AO2 = 2]**

One mark for briefly noting a relevant reason, plus one mark for explanation/elaboration.

Likely answers: cannot ever show cause and effect because it is ethically impossible to manipulate the amount/quality of caregiver-infant interaction; extraneous factors such as home environment/substitute care/life events/culture/temperament may have a long term effect on attachment and cannot be controlled.

Note: valid reasons could overlap so care should be taken to award due credit and not automatically penalise candidates who might initially appear to be presenting two separate reasons.

**Question 04**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge and description of at least one way of measuring attachment. Most candidates are likely to use the Strange Situation (Ainsworth, 1978) but other ways such as the Adult Attachment Interview (Main, 1985) and the Attachment Q-sort (Waters, 1995) should also be credited. The answer should focus on measuring attachment eg strength, type. Answers based on Harlow, Schaffer and Emerson are unlikely to access marks above the Average Band.

Strange Situation: controlled observation; 8 x 3-minute episodes; sequence of events; observation of infants' responses; categorisation of attachment type; the 3 categories (secure, anxious-avoidant, anxious-resistant); behaviours shown by each type.

Adult Attachment Interview: 1 hour interview; 15 open Qs about attachment experiences; the four adult attachment types eg autonomous-secure.

Attachment Q-sort: set of 90 cards with behavioural descriptors; sorted by adult eg parent or teacher as 'very like' or 'very unlike' on a scale.

Credit description of evidence up to 4 marks.

**AO2** Up to 8 marks for evaluation/analysis/discussion. Points will depend on which measures have been described but could include some of the following issues: culturally validity eg van Ijzendoorn's findings (1988) of cultural differences using the Strange Situation; replication and findings from similar studies; alternative findings eg Takahashi (1990); restrictiveness of Ainsworth's original 3 categories and addition of a 4<sup>th</sup> category (disorganised); validity of proximity seeking as a measure of secure attachment; need to consider variables such as temperament and family background; use of control; stability of categories over time; emphasis on mother's sensitivity; correlation between different measures eg between Strange Situation classification and Q-sort analysis; use of open questions in the AAI; retrospective nature of the AAI; ethical issues eg stress for the child in Strange Situation or stress in the AAI. Credit use of relevant evidence if used to evaluate the ways of measuring attachment.

**Maximum 8 marks if no evidence presented**

## **Mark Bands**

### **10 -12 marks Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of at least one way of measuring attachment. Evaluation is full and includes thoughtful analysis. There is accurate reference to evidence. Most evaluative comments are well developed and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### **7 - 9 marks Good answers**

Answer shows knowledge and understanding of at least one way of measuring attachment. Evaluation is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the discussion as for the top band.

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.

### **4 - 6 marks Weak to average answers**

Answer shows some knowledge and understanding of at least one way of measuring attachment. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### **1 - 3 marks Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### **0 marks No relevant content**

## **Topic: Cognitive Development**

### **Question 05**

**[AO2 = 2]**

Up to two marks for a valid explanation. 1 mark for outline of relevant concept. Second mark for application to classroom situation. Does not have to be science, but must be classroom. Possible answer: peer tutoring – use of mixed ability pairs so more able can aid less able; collaborative learning – working in small groups of mixed ability; teacher helping child set up apparatus/pour liquid/measure liquid etc, then withdraws support as child becomes more able to do it alone; how ZPD/scaffolding could be applied; setting up a community of inquiry.

### **Question 06**

**[AO1 = 3]**

Credit any study of children's cognitive development in which quantitative data was collected. Marks to be awarded as follows:

Up to 2 marks for the aim/method/findings/conclusion (what the researchers set out to do/what the researchers did/found/concluded). Detailed account of method can gain 2 marks.

Plus one mark for explaining how/why the data collection technique was quantitative (eg numerical as they recorded the number of children who...).

The most likely studies here are ones where researchers compare the number of children of different ages who can solve a problem correctly eg Piaget's studies of conservation, egocentrism, class inclusion etc.

If data collected is clearly non-numerical - 0 marks.

### **Question 07**

**[AO3 = 3]**

Credit as follows:

Briefly identifying a strength or limitation (1)

Explaining/elaborating as to how/why it is a strength or limitation (1)

Explaining the strength/limitation in relation to research into children's cognitive development (1).

Likely strength: easier to analyse/ because the same measure is taken for each child/can therefore compare age groups. Credit answers based on likelihood of increased control/reliability.

Likely limitation: numerical data lacks meaning/validity/neglects important detail/ for example, knowing whether or not a child can solve a problem does not necessarily inform us about other aspects of the child's thinking processes.

**Question 08**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge and description of Piaget's theory of cognitive development and nativist explanations. Likely content: Piaget's view that primitive reflexes are basis for interaction with environment and cognitive development; the stages (especially likely to focus on the sensorimotor stage); characteristics of the stages; Piagetian concepts, eg object permanence; adaptation, assimilation and accommodation – schema development; role of experience 'action on the world'; nativism – innate ability; Baillargeon's evidence for early object concept; cross-modal integration; innate perceptual ability eg Bower, Gibson and Walk; innate language ability eg Chomsky.

Credit description of relevant evidence – 1 mark.

**AO2** Up to 8 marks for evaluation and comparison. Likely points: criticisms of stages and evidence; alternative findings; Piaget underestimated abilities; application of Piaget to education. Effective comparisons are most likely to focus on: the role of experience versus innate abilities and use examples to illustrate this point, for example, comparing the findings from Piaget's studies of object concept with Baillargeon's impossible events research; the role of language ie innate (Chomsky) versus by-product of cognitive development (Piaget); Piaget's mechanisms for development of schema (adaptation, assimilation and accommodation) versus innate perceptual ability.

Credit use of relevant evidence if used to evaluate theories.

**Maximum 8 marks if no comparison presented.**

## Mark Bands

### 10 -12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of Piaget's theory and Nativist explanations. Evaluation is sound throughout. Comparison is effective and shows thoughtful analysis. Most analytical comments are well developed and presented in the context of the answer as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of Piaget's theory and Nativist explanations. Evaluation of Piaget's theory is evident. Some comparison is included for 9 marks and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of Piaget's theory and Nativist explanations. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**



## **Topic: Moral Development**

### **Question 09**

**[AO2 = 2]**

One mark for each valid criticism. Likely answers: no scientific evidence for the unconscious concepts involved eg Oedipus complex; young children show evidence of moral awareness eg guilt before the age of 4/5 years; moral understanding is not all or nothing, continues to develop after 4/5 years; no evidence boys are more moral than girls as Freud would have predicted. Points must be linked to moral development/morality to gain credit. Credit criticisms of non-Freudian psychodynamic assumptions.

### **Question 10**

**[AO1 = 3]**

Credit any study of moral development in which qualitative data was collected. Marks to be awarded as follows:

Up to 2 marks for the aim/method/findings/conclusion (what the researchers set out to do/what the researchers did/found/concluded). Detailed account of method can gain 2 marks. Plus one mark for explaining how/why the data collection technique was qualitative (eg answers to the questions... transcript of interviews.....)

The most likely studies here are ones where researchers interview children about moral dilemmas eg moral comparison research where children responds to 'Why?'

If data collected is clearly numerical - 0 marks.

### **Question 11**

**[AO3 = 3]**

Credit as follows:

Briefly identifying a strength or limitation (1)

Explaining/elaborating as to how/why it is a strength or limitation (1)

Relating the strength/limitation to research into children's moral development (1).

Likely strength: more meaningful/valid/rich in important detail/ for example, knowing why the child makes the moral choices/reasons in the way they do about the moral dilemma.

Likely limitation: difficult to analyse/ because each child can give a completely different answer/lower reliability/therefore difficult to compare age groups/ ultimately will require further analysis eg conversion to stages of moral development.

**Question 12**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge and description of a theory of moral development that assumes that moral development takes place in stages and over time. Likely content: Kohlberg's theory of moral development (levels and named stages); Eisenberg's theory of prosocial development; Piaget's theory - premoral, moral realism and moral relativism; Damon's theory of distributive justice – personal gain, equality, merit, benevolence; note Gilligan's theory is less likely to be relevant unless candidate clearly makes a case for a sequence of change over time. Credit description of relevant evidence – 1 mark.

**AO2** Up to 8 marks for discussion/analysis/criticism/use of evidence. Issues will vary according to the theory under discussion but might include: reliability including evidence from replications; validity – whether or not the theory applies across different moral domains (Turiel, 1978); comparison with non-stage theories; lack of consistency between moral understanding and moral behaviour – predictive validity; gender bias – Kohlberg v Gilligan; cross-cultural findings; problems with evidence on which theory is based. Credit use of relevant evidence if used to discuss theory.

**Maximum 8 marks if no evidence presented**

## Mark Bands

### 10 -12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of a stage theory of moral development. Discussion is full and includes thoughtful analysis. Most analytical comments are well developed and presented in the context of the discussion as a whole. There is accurate reference to evidence. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of a stage theory of moral development. Discussion is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the discussion as for the top band.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of a stage theory of moral development. There must be some discussion for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## **Section B Applied Options**

### **Topic: Cognition and Law**

#### **Question 13**

**[AO1 = 2]**

Up to two marks for a description of what participants had to do (their task) in a relevant study. Most usually these marks would be gained by outline of the conditions.

Likely studies: Shepherd, Davis and Ellis (1981) features in free descriptions; Sergent (1984), Young and Hay (1986) role of configuration; Young et al (1985) diary study of sequence; Woodhead et al (1979) feature-based training; Tanaka and Farah (1993) disembedded features.

#### **Question 14**

**[AO2 = 2]**

Up to two marks for explanation of how the study outlined in answer to 13 relates to feature and/or holistic explanations. Content will vary according to the study presented in answer to 13.

One mark for a brief or largely implicit link between the study and one explanation.

Two marks for a clear and explicit answer linking the study to one explanation.

#### **Question 15**

**[AO1 = 2, AO2 = 2]**

**AO1** One mark each for outline of each relevant ethical issue. Credit any ethical issue that might arise in relation to the false memory debate, including ethics of research in this area: negative effects for the individual - protection from harm; stress; confidentiality; role of the therapist; negative effects on the family.

**AO2** One mark each for discussion/analysis of each issue. Candidates will probably consider whether or not raising the possibility that negative events occurred in early life can ever be beneficial; consideration of possible benefits; weighing possible benefits against problems; how the issue might be addressed.

Markers should be aware that there may be overlap between AO1 and AO2 marks. Credit reference to specific cases up to 2 marks.

**Question 16**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

- AO1** Up to 4 marks for knowledge of at least one way of improving eye-witness recall. Most answers will focus on the cognitive interview technique but any method/technique with a psychological basis should be credited (eg avoiding leading questions, using sequential line-ups). Likely content: the original cognitive interview – 4 features: restore context; recall everything even trivial detail; recall in reverse order; recall from another perspective. Credit also features of the enhanced cognitive interview eg relax, speak slowly, avoid judgemental comment. Credit also use of composite systems to aid recall. Credit description of relevant evidence – 1 mark. Likely evidence: Geiselman (1985).
- AO2** Up to 8 marks for evaluation/discussion/analysis. Possible points: explanation of how/why the various features of the cognitive interview enhance recall: role of context reinstatement – work on reconstructive memory supports the use of context – makes the event more meaningful – encourages feature overlap; limitations of the cognitive interview eg usefulness with children has been questioned; less useful when there is increased time between event and recall; has no effect on recall of faces, only of events; relative effectiveness of individual features of the cognitive interview eg 'context' and 'recall everything' most important; increased recall of incorrect information; better for recall of peripheral detail than central detail. Credit use of relevant evidence where used to discuss ways of improving eye-witness recall.

**Maximum 8 marks if no evidence presented**

## Mark Bands

### 10 - 12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of at least one way of improving eye-witness recall. Evaluation is full and includes thoughtful analysis. There is accurate reference to evidence. Most analytical comments are well developed and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of at least one way of improving eye-witness recall. Evaluation is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the discussion as for the top band.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of at least one way of improving eye-witness recall. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## **Topic: Schizophrenia and Mood Disorders**

### **Question 17**

**[AO2 = 2]**

Likely differences: unipolar – maintenance of extreme mood at one end of the mood spectrum whereas bipolar – cyclical alternation of mood from one end of the mood spectrum to the other ie episodes of depression and mania; unipolar easier to treat/manage/variety of treatments available whereas bipolar is harder to treat/manage/limited treatment options; bipolar – patient's behaviour is more bizarre, out of touch with reality whereas unipolar patient appears more 'normal'; bipolar more likely to be genetic.  
For two marks the points must clearly be linked to the correct disorder.

### **Question 18**

**[AO1 = 3]**

Credit any details of relevant study including the aim, method, result or conclusion. Note for full marks there must be some information about what was done and what was found. Vague descriptions without detail eg which disorder/which medication/length of treatment/measurement of depression/symptoms maximum 1 mark.

Likely studies include: Elkin (1985) comparison of therapies for depression using four conditions; Robinson (1990) meta-analysis of different therapies for depression; Hollon (2006) comparison of cognitive and drug treatment for depression.

### **Question 19**

**[AO1 = 1, AO2 = 2]**

**AO1** Award one mark for a valid reason. Likely answers: avoids institutionalisation; exposure to a normalising environment; integration into society.

**AO2** Up to two marks for discussion of the reason which might include comparison with the alternative.

Example answer: Less chance of the person becoming institutionalised (AO1) which enables them to maintain some degree of autonomy/personal efficacy (AO2), whereby they can make some life decisions for themselves, for example, where to go, what to eat etc (AO2).

**Question 20**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge of biological explanations for schizophrenia. Likely content:

Schizophrenia - dopamine hypothesis – excess dopamine activity at the synapse; increased number of D2 receptors; genetic evidence eg Gottesman (2001) higher concordance for MZ pairs than DZ pairs; adoption studies (Tienara 1991); neuroanatomical correlates eg enlarged ventricles.

Credit description of relevant evidence up to 2 marks.

**AO2** Up to 8 marks for evaluation of the biological explanation for schizophrenia. Likely content: other possible explanations eg role of social factors, possibly as a trigger; problems with the evidence, for example, issues with twin study evidence; reductionism – biological explanations - oversimplification to explain a complex multi-faceted disorder at the level of cells and chemicals; determinism – the extent to which the disorder might be avoidable, treatable etc.

Credit use of relevant evidence where used to evaluate the explanations.

**Maximum 8 marks if no evidence presented**



## Mark Bands

### 10 - 12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of the biological explanation for schizophrenia. Evaluation is full and includes thoughtful analysis. There is accurate reference to evidence. Most evaluative comments are well developed and presented in the context of the evaluation as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of biological explanations for schizophrenia. Evaluation is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the discussion as for the top band.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of biological explanations for schizophrenia. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## **Topic: Stress and Stress Management**

### **Question 21**

**[AO2 = 1]**

Self-report

### **Question 22**

**[AO2 = 1]**

Behavioural

### **Question 23**

**[AO2 = 1]**

Physiological

### **Question 24**

**[AO1 = 4]**

Credit any study in which any type of social support was investigated. Likely studies: Sosa et al (1980) positive effects of instrumental support on the experience of childbirth; Berkman & Syme (1979) negative correlation between levels of social support and death rates especially in older people; La Rocco (1980) negative correlation between social support and job stress.

1 mark – why the study was conducted (must go beyond the stem)

1 mark – information about the method

1 mark – indication of the results

1 mark – indication of conclusion to be drawn

Note: for full marks the candidate must refer to type of social support or what was involved in the social support.

### **Question 25**

**[AO2 = 1]**

One mark for explaining a valid limitation which will depend on the study used in answer to **24**. Likely points: validity of the measures used eg how social support was measured; sampling issues; inability to infer cause and effect. Relevant reference to ethics should be credited.

**Question 26**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge of behavioural approaches to managing stress, usually 2 for each. Likely content: operant conditioning in biofeedback; concept of reinforcement and theoretical underpinnings; direct reinforcement to control own physiological functioning eg heart rate; systematic desensitisation – progressive exposure to a hierarchy of stress-inducing events.  
Credit description of relevant evidence up to 2 marks.

**AO2** Up to 8 marks for discussion of behavioural approaches to managing stress. Evaluation might include the following: ethical issues and constraints; effectiveness – short-term and long-term; contamination from associated processes eg relaxation techniques used in biofeedback; strength of theoretical underpinnings; comparison with other ways of managing stress; appropriateness in different circumstances eg systematic desensitisation only useful for certain types of stress; generalisation from training situation.  
Credit use of relevant evidence where used to evaluate approach to managing stress.

**Maximum 8 marks if no evidence presented**

**Maximum 7 marks if only one approach**

## Mark Bands

### 10 -12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of behavioural approaches to managing stress. Evaluation is full and includes thoughtful analysis. There is accurate reference to evidence. Most evaluative comments are well developed and presented in the context of the evaluation as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of behavioural approach(es) to managing stress. Evaluation is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the discussion as for the top band. An exceptional answer on just one approach can gain maximum of 7 marks in this band.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of at least one behavioural approach to managing stress. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## **Topic: Substance Abuse**

### **Question 27**

**[AO1 = 2, AO2 = 2]**

- AO1** Up to two marks for an outline of the Prochaska model. 1 mark for a brief/vague outline. 2 marks for an outline with some detail. Relevant points include: six stage process, cyclical nature of the model and knowledge of specific stages. The most likely stages to be explained are: contemplation – person is aware of the problem and thinking about changing behaviour; preparation/decision – person is deciding that they will take steps to change; action/active – person is changing behaviour. Simply naming 2 or more stages – 1 mark. Comprehensive description is not required for full marks.
- AO2** One mark for each relevant application to Nadine and smoking. Likely points: Nadine appears to understand she has a problem ie may be in the contemplation stage; but she may be entering the decision/preparation stage – she has a plan to buy fewer cigarettes, or action stage – she buys only one packet. Credit any other relevant links to the model.

### **Question 28**

**[AO1 = 2, AO2 = 2]**

- AO1** Up to two marks for knowledge of differences between prevention and treatment. One mark for each difference noted. Likely differences: before/after; proactive/reactive; intervention usually psychological/biological; treatment more difficult than prevention.
- AO2** Up to two marks for analysis of the links with dependence eg prevention – no chance for dependence to arise because there is no physiological change. Treatment – dependence makes it more difficult to give up once started because the body needs the substance or the person thinks they need the substance. Both marks can be awarded even if only one difference is given.

**Question 29**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

**AO1** Up to 4 marks for knowledge of two explanations, usually 2 marks for each (can have two explanations from within one category eg two biological). The content will depend on the substance chosen but the most likely explanations will be:  
Hereditary – genetic predisposition; biological factors; twin studies; Cloninger (1987) alcohol; Kaij (1960) alcohol; McGue (1992) alcohol; Schuckit (1985) alcohol.  
Personality – antisocial personality disorder; extroversion; low conscientiousness; Morgenstern (1997) alcohol - APD.  
Social factors – peer influences; conformity to group norms; social norms and expectations; family effects; modelling; Garnier & Stein (2002) smoking - influence of peers; Bricker (2006) smoking - peers and parents; Stein (1987) alcohol - parent models.  
Credit descriptions of evidence up to 2 marks.

**AO2** Up to 8 marks for discussion/analysis/evaluation/comparison of the two explanations. Likely points: use of evidence ie how it supports or contradicts the theory; discussion/evaluation of the evidence eg issues with twin studies; problems of inferring cause and effect – evidence is correlational; influence of other factors; biological reductionism; oversimplification to explain a complex multi-faceted disorder at the levels of cells and chemicals; determinism – the extent to which the disorder might be avoidable, treatable etc; issue of blame.  
Credit use of relevant evidence where used to discuss explanation.

**Maximum 6 marks for entirely generic substance abuse answer (ie no substance specified)**

**Maximum 7 marks if only one explanation offered**

**Maximum 8 marks if no evidence presented**

## Mark Bands

### 10 -12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of two explanations for abuse of the chosen substance. Discussion is full and includes thoughtful analysis. There is accurate reference to evidence. Most analytical comments are well developed and presented in the context of the evaluation as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of two explanations for abuse of the chosen substance. Discussion is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. References to research are relevant but are perhaps not linked so clearly to the evaluation as for the top band. An otherwise exceptional answer that only mentions one explanation can gain 7 marks.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of explanation(s) for substance abuse. There must be some discussion for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## **Topic: Forensic Psychology**

### **Question 30**

**[AO1 = 1]**

Official statistics (or similar eg police statistics)

Note: can identify by name, example or description.

### **Question 31**

**[AO1 = 1]**

(Offender) self-report (accept specific examples of offender surveys eg OCJS)

Note: can identify by name, example or description.

### **Question 32**

**[AO1 = 1]**

Victim surveys (accept BCS)

Note: can identify by name, example or description.

### **Question 33**

**[AO1 = 1, AO2 = 4]**

**AO1** One mark for a brief outline of one alternative to custodial sentencing. Possible alternatives: restorative justice, community service orders; fines; electronic tagging; probation. Accept any valid alternative to prison. Award one mark for a brief descriptive point. Credit evidence as AO1.

**AO2** Up to four marks for brief discussion of the advantages/strengths of the alternative in relation to custodial sentencing. Links may be implicit but must be some explicit reference to custodial sentencing for 3/4 marks. Points will vary according to the alternative chosen however better candidates will probably base their answer on issues related to the aims of punishment and how prison and the alternative compare in respect of these aims eg reform/rehabilitation (prison offers little whereas alternative can lead to reform because ...); (recidivism rates indicate that prison does not appear to deter whereas alternative may deter because...). Candidates may gain full marks for detailed exploration of just one issue or for more than one issue in less depth. Credit use of evidence in discussion.



**Question 34**

**[AO1 = 4, AO2 = 8]**

**Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very Good (10-12 marks), Good (7-9 marks), Weak to Average (4-6 marks) or Poor (1-3 marks). Examiners should be guided by the band judgement when annotating scripts.**

- AO1** Up to 4 marks for outline of two explanations, usually 2 marks for each explanation (can have two explanations from within one category eg two biological).  
Likely content:  
Biological explanations – genetics; twin/adoption evidence; neurological mechanisms eg amygdala, frontal lobe volume/activity, brain maturation retardation hypothesis (APD); chromosomal XYY; credit also early theories such as atavistic form and somatotype.  
Eysenck: combination of high neuroticism and high extraversion; psychoticism.  
Psychodynamic: role of the superego; types of criminal superego (Blackburn 1993); maternal deprivation (Bowlby 1951); role of defence mechanisms.  
Social learning theory: modelling; vicarious reinforcement; observation; imitation; differential association theory (Sutherland 1939)  
Credit descriptions of evidence up to 2 marks.
- AO2** Up to 8 marks for comparison of the two explanations. Points will depend on the explanations chosen but might include: determinism – biological versus environmental determinism; reductionism; relative ability to explain certain types of crime better than others; role of parents and wider society; implications eg blame and opportunities for reform; quality of evidence for each explanation; theoretical foundations.  
Credit use of evidence where relevant to explanation.

**Maximum 8 marks if no evidence presented**

## Mark Bands

### 10 -12 marks **Very good answers**

Answer is clearly focused on the question and shows sound knowledge and understanding of two explanations for offending. Comparison is full and includes thoughtful analysis. Most analytical comments are well developed and presented in the context of the comparison as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, 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.

### 7 - 9 marks **Good answers**

Answer shows knowledge and understanding of two explanations for offending. Comparison is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

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.

### 4 - 6 marks **Weak to average answers**

Answer shows some knowledge and understanding of two explanations for offending. There must be some comparison/evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well 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.

### 1 - 3 marks **Poor answers**

Answer shows very limited knowledge and understanding but must contain some relevant information in relation to the question. There may be substantial confusion, inaccuracy and/or irrelevance.

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.

### 0 marks **No relevant content**

## Assessment Objectives Grid

Question	AO1	AO2	AO3
<b>Social Development</b>			
1	3		
2			3
3		2	
4	4	8	
<b>Cognitive Development</b>			
5		2	
6	3		
7			3
8	4	8	
<b>Moral Development</b>			
9		2	
10	3		
11		3	
12	4	8	
<b>Cognition and Law</b>			
13	2		
14		2	
15	2	2	
16	4	8	
<b>Schizophrenia and Mood Disorders</b>			
17		2	
18	3		
19	1	2	
20	4	8	
<b>Stress and Stress Management</b>			
21		1	
22		1	
23		1	
24	4		
25		1	
26	4	8	
<b>Substance Abuse</b>			
27	2	2	
28	2	2	
29	4	8	
<b>Forensic Psychology</b>			
30	1		
31	1		
32	1		
33	1	4	
34	4	8	