

Mark Scheme

June 2017

GCE PSYCHOLOGY (9PS0)  
PAPER 2: APPLICATIONS OF PSYCHOLOGY

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# General marking guidance

- All candidates must receive the same treatment. Examiners must mark the last candidate in exactly the same way as they mark the first.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than be penalised for omissions.
- Examiners should mark according to the mark scheme – not according to their perception of where the grade boundaries may lie.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme.
- Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification/indicative content will not be exhaustive.
- In a levels-based mark scheme there are two distinct parts – the indicative content and the levels descriptors:
  - Indicative content is exactly that – they are factual points that candidates are likely to use to construct their answer. It is possible for an answer to be constructed without mentioning some or all of these points, as long as they provide alternative responses to the indicative content that fulfils the requirements of the question. It is the examiner's responsibility to apply their professional judgement to the candidate's response in determining if the answer fulfils the requirements of the question.
  - The mark grid identifies which assessment objective is being targeted by each bullet point within the level descriptors, and describes the ways in which they will be evidenced across the ability range.
- When deciding how to reward an answer using a levels based mark scheme, a 'best fit' approach should be used:
  - Examiners should first decide which descriptor most closely matches the candidate answer and place it in that band.
  - The mark awarded within the band according to each of the assessment objectives will be decided according to how securely all bullet points are displayed at that level.
  - In cases of uneven performance, this will still apply. Candidates will be placed in the band that best describes their answer, and they will be awarded marks towards the top or bottom of that band depending how securely they have evidenced bullet points in that, or other descriptors.
- Detailed guidance how to apply all mark schemes, with exemplars for this unit, will be given at standardisation.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, a team leader must be consulted before a mark is given.

Crossed-out work should be marked **unless** the candidate has replaced it with an alternative response.

**SECTION A: CLINICAL PSYCHOLOGY**  
Total for Section A - 54 marks

Question Number	Indicative Content	Mark
<b>1 (a)</b>	<b>AO2 (4 marks)</b>  Up to 4 marks for the description of the symptoms of schizophrenia.  For example <ul style="list-style-type: none"> <li>• Tanya may experience hallucinations, which may be where she hears something that is not there (1) such as if she hears voices telling her she is useless (1). She may be delusional, where she believes something that is not true (1). Tanya may have poor motivation which may affect her ability to keep a job (1).</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
<b>1 (b)</b>	<b>AO3 (4 marks)</b>  1 mark per explicit comparison. The answer must include at least one similarity <b>and</b> one difference otherwise max 3 marks.  For example:  Neurotransmitters/biological and cognitive explanation. <ul style="list-style-type: none"> <li>• Both the biological and cognitive explanations state that increased dopamine can cause positive symptoms such as hallucinations (1). However, the cognitive explanation says that it is when trying to make sense of these hallucinations that other symptoms such as distrust of others occur, whilst the biological approach does not look beyond biological causes of all the symptoms (1). Frith says that schizophrenia is caused by the inability to recognise internal thoughts as coming from ourselves whereas the biological approach says schizophrenia is due to increased dopamine (1). Both explanations have provided treatments for schizophrenia, the biological approach anti-psychotic drugs, and the cognitive approach through CBT (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
2	<p style="text-align: center;"><b>AO2 (4 marks)</b></p> <p>Up to four marks for explanation of the reliability of diagnosis.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>If Philip's friend was diagnosed using DSMV and was diagnosed with schizophrenia then the reliability is 0.46 (Regier et al. 2013) so he is right to be worried about the diagnosis (1). However if he had PTSD/binge eating disorder then the reliability is good to very good (APA 2012) (1). If DSM-IV was used and Philip's friend has a mood/anxiety disorder then the reliability would be good to excellent so Philip does not have to worry (1). If ICD 10 was used Philip is right to be concerned because there was found to be only a 36% agreement for eating disorders (Nicholls et al. 2000). (1)</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark						
3 (a)	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>One mark for each of the measures of central tendency.</p> <table border="1" data-bbox="545 1391 1107 1576" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="text-align: left;"><b>Mean</b></td> <td style="text-align: center;">5.4</td> </tr> <tr> <td style="text-align: left;"><b>Median</b></td> <td style="text-align: center;">5.5</td> </tr> <tr> <td style="text-align: left;"><b>Mode</b></td> <td style="text-align: center;">7</td> </tr> </tbody> </table> <p><b>Reject all other answers.</b></p>	<b>Mean</b>	5.4	<b>Median</b>	5.5	<b>Mode</b>	7	<b>(3)</b>
<b>Mean</b>	5.4							
<b>Median</b>	5.5							
<b>Mode</b>	7							

Question Number	Indicative Content	Mark
<b>3 (b)</b>	<p style="text-align: center;"><b>AO1 (1 mark)</b></p> <p>One mark for an accurate definition.</p> <ul style="list-style-type: none"> <li>Measures of dispersion show how far the scores are spread from the measures of central tendency. (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Indicative Content	Mark
<b>3 (c)</b>	<p style="text-align: center;"><b>AO2 (2 marks)</b></p> <p>Up to two marks for an explanation of what the standard deviations tell us about the results.</p> <p>For example</p> <ul style="list-style-type: none"> <li>The standard deviations tell us that the scores for the patients without depression are more spread out from the mean than the scores for the patients with depression (1), as the SD for patients with depression is lower at 1.43/by 2.03 compared to the SD of the patients without depression(at 3.46) (1).</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content
4	<p data-bbox="644 264 1155 297" style="text-align: center;"><b>AO1 (4 marks), AO3 (4 marks)</b></p> <p data-bbox="279 371 347 405"><b>AO1</b></p> <ul data-bbox="328 409 1500 651" style="list-style-type: none"><li>• The interviews can be in the form of open questions</li><li>• They can be in the form of closed questions</li><li>• Interviews can be semi structured where the psychiatrist has a set of questions that have to be asked, but they can add questions to follow what they see as important themes.</li><li>• Interviews can be unstructured where the psychiatrist decides what questions to ask based on the patient's previous answers.</li></ul> <p data-bbox="279 689 347 723"><b>AO3</b></p> <ul data-bbox="328 728 1516 1043" style="list-style-type: none"><li>• If the questions are open then psychiatrists may need to decide on important themes and this can be subjective.</li><li>• Open questions allow the patients to express how they are feeling fully which can lead to further insight into their problems.</li><li>• If an unstructured interview is used there is a lack of reliability as no patient will have exactly the same questions.</li><li>• If the interviews are recoded, e.g. Valentine et al (2010) then others can play back those recording to check the interpretation of the results so increasing reliability.</li></ul> <p data-bbox="279 1081 979 1115"><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer.  
Read the candidate response and apply the appropriate level.**

Level	Mark	Descriptor
	0	No rewardable material.
Level 1	1-2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	3-4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	5-6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	7-8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)



Question Number	Indicative Content
5	<p style="text-align: center;"><b>AO1 (4 marks), AO2 (4 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"><li>• Deviance is when behaviour is considered abnormal in society.</li><li>• Deviance may change across time and place as social norms change.</li><li>• Behaviour that interferes with a person's everyday life is one way to diagnose mental disorders.</li><li>• Dysfunction can affect their working life.</li></ul> <p><b>AO2</b></p> <ul style="list-style-type: none"><li>• Alice's talking to herself in public can be said to be deviant.</li><li>• Alice has stopped going out with friends, dysfunction.</li><li>• The fact that Alice only eats white food may be classed as deviant, as most people eat food regardless of the colour.</li><li>• Only going out at night time is dysfunctional as it limits the activities that Alice can participate in.</li></ul> <p><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.  
Read the candidate response and apply the appropriate level.**

Level	Mark	Descriptor
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures) (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content
6	<p style="text-align: center;"><b>AO1 (8 marks), AO3 (12 marks)</b></p> <p>e.g. Williams et al (2013)</p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Williams et al aimed to find out if patients a combination of cognitive bias modification with internet based CBT would be effective in treating depression.</li> <li>• Applicants for the study completed an online questionnaire about symptoms, and those who had the criteria for major depressive disorder were included in the sample.</li> <li>• The experimental group did a CBMI treatment and then did a post treatment questionnaire.</li> <li>• The experimental group then had a 10 week course of iCBT the others were on a waiting list.</li> <li>• 65% of ppts. who had the combined treatment had a significant reduction in their depression</li> <li>• They concluded combined intervention is effective in improving depression and anxiety symptoms in patients with depression.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• They used internet recruitment so were able to gain participants from all over Australia.</li> <li>• The ppts. completed online screening questionnaires using established measures such as PHQ9 increasing validity.</li> <li>• The online screening questionnaires were compared with a diagnostic telephone call if they got through increasing reliability.</li> <li>• Participants were given the right to withdraw as at different stages of the study participants dropped out.</li> <li>• Other mental disorders such as substance misuse as well as depression were excluded from the sample so the researchers can be sure that other mental disorders did not affect the results of the study.</li> <li>• The study was approved by the human rights ethics committee of St. Vincent's hospital in Sydney.</li> <li>• As a follow up was not carried out it is not known if the improvements would last long term.</li> <li>• The final questionnaire was self-report and not diagnostic so may be subject to demand characteristics.</li> <li>• The CBM-I may have increased motivation to complete iCBT and it is the increase in the completion of iCBT that caused the improvements not the CBM-I.</li> <li>• Due to the restrictive inclusion criteria it lacks generalisability to those with depression such as those over 65.</li> <li>• Of the 69 ppts. who started the treatment only 44 completed so it may not have worked for the 25 who withdrew which would affect the validity of the results.</li> <li>• Those who agreed to take part had a positive approach to internet based</li> </ul>

	<p>intervention so it may not be effective for those who favour face to face intervention.</p> <p><b>Look for other reasonable marking points.</b></p>
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**Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks**

Level	Mark	Descriptor
	0	No rewardable material.
Level 1	1–4 Marks	<p>Demonstrates isolated elements of knowledge and understanding. (AO1)</p> <p>A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)</p>
Level 2	5–8 Marks	<p>Demonstrates mostly accurate knowledge and understanding. (AO1)</p> <p>Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)</p>
Level 3	9–12 Marks	<p>Demonstrates accurate knowledge and understanding. (AO1)</p> <p>Arguments developed using mostly coherent chains of reasoning, leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)</p>
Level 4	13–16 Marks	<p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Displays a developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)</p>
Level 5	17–20 Marks	<p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to an effective nuanced and balanced conclusion. (AO3)</p>

**SECTION B: CRIMINOLOGICAL PSYCHOLOGY**  
**Total for Section B - 36 marks**

Question Number	Indicative Content	Mark
<b>7 ai</b>	<p style="text-align: center;"><b>AO2 (1 mark)</b></p> <p>1 mark for the correct statistical test.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Mann Whitney U test (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Indicative Content	Mark
<b>7 aii</b>	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>Up to 3 marks for correct statement of reasons why Benito used the statistical test identified in (i)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Benito was looking for a test of difference (1).</li> <li>• He used independent groups design (1).</li> <li>• The data he collected was ordinal (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(3)</b>

Question Number	Indicative Content	Mark
<b>7 b</b>	<p style="text-align: center;"><b>AO2 (2 marks)</b></p> <p>Up to 2 marks for describing how Benito would select his random sample</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Benito could put all the names of the offenders in a hat (1). He would then pick out names from the hat until he had the correct number of participants (1).</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content	Mark
<b>8a</b>	<p style="text-align: center;"><b>AO1 (4 marks)</b></p> <p>Up to <b>four</b> marks for description. For example;</p> <ul style="list-style-type: none"> <li>1 in 1000 males are born with an extra Y chromosome so they have 47 chromosomes (1). This leads to the males being slightly taller than their siblings, and having a slightly lower intelligence than their siblings (1). XYY can also lead to the males being more impulsive, and having behavioural problems (1). Some XYY males are also more physically active, all of these can lead to anti-social behaviour (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
<b>8b</b>	<p style="text-align: center;"><b>AO1 (1 mark) AO3 (1 mark)</b></p> <p>Up to <b>one</b> marks for identification of strength. (AO1) Up to <b>one</b> marks for justification/exemplification of strength (AO2) For example; Eysenck's personality theory</p> <ul style="list-style-type: none"> <li>Boduszek et al (2013) found that there were higher levels of extraversion amongst inmates who had high levels of recidivism, so supporting Eysenck's theory (1), and thus showing that Eysenck's theory has validity as he said high levels of extroversion were associated with criminal behaviour.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content
9	<p style="text-align: center;"><b>AO1 (4 marks), AO3 (4 marks)</b></p> <p>e.g. diet</p> <p><b>AO1</b></p> <ul style="list-style-type: none"><li>• Using diet as a treatment for offender assumes that minerals, vitamins and/or fatty acids affect aggression.</li><li>• If any of these are at low levels then aggression will increase.</li><li>• Multi vitamins are added to an offender's diet.</li><li>• Before the offender's diet is changed there needs to be an analysis of their dietary intake to see what they are low on.</li></ul> <p><b>AO3</b></p> <ul style="list-style-type: none"><li>• Benton (1996) found that as children's blood sugar levels dipped their aggression when playing a video game increased.</li><li>• Zaalberg (2009) found that adding magnesium, vitamin D and omega 3 to young offenders' diets decreased violent events by 34%, whilst violent events increased by 14% in a control group.</li><li>• Gesch et al (2002) found that disciplinary incidents dropped by 35% when they had extra supplements in their diet.</li><li>• Therefore changing diet does seem to have a positive effect on aggression, and it is a relatively cheap way of treating offenders.</li></ul> <p><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer.**

<b>Level</b>	<b>Mark</b>	<b>Descriptor</b>
	0	No rewardable material.
Level 1	1-2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	3-4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	5-6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	7-8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)



Question Number	Indicative Content
10	<p style="text-align: center;"><b>AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)</b></p> <p>For example is eye witness testimony unreliable?</p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Eyewitness testimony is information given to the police or in court about what a witness to a crime recalls about the crime.</li> <li>• Juries tend to rely on eye witness testimony when coming to a verdict, especially if the forensic evidence is hard to follow.</li> <li>• If there is no forensic evidence then the testimony of the witness becomes more important.</li> <li>• However there is some concern that witnesses are not always accurate when recalling an event.</li> <li>• If the witnesses are not accurate in their recall then the wrong person could be convicted.</li> </ul> <p><b>AO2</b></p> <ul style="list-style-type: none"> <li>• If a weapon, such as a gun, is used during a crime witnesses may be less accurate in their identification of the suspect.</li> <li>• Witnesses may be more accurate in their identification of own race suspects than those of a different race.</li> <li>• If the witnesses have been exposed to other information before a trial, e.g. news reports, then this can lead to them reconstructing their memory of the event and becoming inaccurate.</li> <li>• If the police use leading questions in their interviews then these can influence the answers that the witnesses give.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• Valentine &amp; Mesout (2009) found that the higher the anxiety of a witness the less accurate the recall and the less likely the participants were to correctly identify the culprit.</li> <li>• Yuille &amp; Cutshall (1986) found that witnesses who said they had higher levels of arousal were more accurate in their recall of a real incident.</li> <li>• Bartlett found that participants reconstructed a story from another culture, making it shorter and changing objects to objects they were familiar with.</li> <li>• Loftus &amp; Palmer (1974) found that changing a verb about a car accident changed the estimates of the speed the car was going.</li> <li>• Loftus &amp; Palmer's study was in a lab with no consequences so real witnesses may be more accurate as they know there are consequences to their testimony.</li> <li>• Juries should not ignore eye witness testimony as studies have shown it to be accurate, especially when concerning real crimes, but they should not focus on eye witness testimony at the expense of other evidence.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context is capped at maximum 4 marks.**

Level	Mark	Descriptor
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Arguments developed using mostly coherent chains of reasoning. leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

CHILD PSYCHOLOGY

Question Number	Indicative Content	Mark
<b>11 ai</b>	<p style="text-align: center;"><b>AO2 (1 mark)</b></p> <p>1 mark for the correct statistical test.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Mann Whitney U test (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Indicative Content	Mark
<b>11 aii</b>	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>Up to 3 marks for correct statement of reasons why Benito used the statistical test identified in (i)</p> <p>For example Mann Whitney U test;</p> <ul style="list-style-type: none"> <li>• Benito was looking for a test of difference (1).</li> <li>• He used independent groups design (1).</li> <li>• The data he collected was ordinal (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(3)</b>

Question Number	Indicative Content	Mark
<b>11 b</b>	<p style="text-align: center;"><b>AO2 (2 marks)</b></p> <p>Up to 2 marks for describing how Benito would select his random sample</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Benito could put all the names of the children in a hat (1). He would then pick out names from the hat until he had the correct number of participants (1).</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content	Mark
<b>12a</b>	<p style="text-align: center;"><b>AO1 (4 marks)</b></p> <p>Up to <b>four</b> marks for description.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Is a developmental disorder and 75% of those with autism are male (1). Autism is on a spectrum from Asperger's which is mild at the low end and severe autism at the high end (1). People with autism have difficulty forming relationships with other people due to issues with being able to communicate (1). Around 10% of people with autism are very good at a specific ability such as playing a musical instrument (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
<b>12b</b>	<p style="text-align: center;"><b>AO1 (1 mark) AO3 (1 mark)</b></p> <p>Up to <b>one</b> mark for identification of weakness. (AO1)  Up to <b>one</b> marks for justification/exemplification of weakness. (AO2)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Theory of mind is an alternative explanation which states that it is a lack of ability to see the world from others' perspectives that cause autism, not genes (1), therefore throwing doubt onto the genetic explanation of autism (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content
13	<p style="text-align: center;"><b>AO1 (4 marks), AO3 (4 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Curtis (1977) carried out a case study on Genie and found that her language development did not develop beyond that of a toddler.</li> <li>• Koluchova (1972) found that in the case of the Czech twin privation was reversible as by the age of 20 both twins had secure relationships and had jobs, with them having an average IQ by the age of 14.</li> <li>• Freud &amp; Dann (1951) found that children who had survived concentration camps were able to form attachments to staff members at the clinic they went to for rehabilitation, and all but one seemed to develop normal adult relationships.</li> <li>• Tizard (1989) found that children who had been in institutional care and then adopted were able to form attachments to their adoptive parents, though they had trouble forming relationships outside of the adoptive family.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• In the case of Genie, it may not be the privation that meant she did not make a full recovery in terms of language, it may be that she was mentally retarded, as suggested by her sleep spindles.</li> <li>• It can be argued that the Czech twins was not a case of privation as they attached to each other, so it may be a case of deprivation.</li> <li>• Freud &amp; Dann's study was a case study of unique children at a unique point in time, so the results may not be true of other children who have suffered privation.</li> <li>• The results of Tizard's study may not be true today as at the time the institutions had a high staff turnover, and close relationships were discouraged, whereas, now we know how important it is to form close relationships with children in institutional care.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer.**

<b>Level</b>	<b>Mark</b>	<b>Descriptor</b>
	0	No rewardable material.
Level 1	1-2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	3-4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	5-6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	7-8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Question Number	Indicative Content
14	<p style="text-align: center;"><b>AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)</b></p> <p>For example what issues should parents take into account when deciding on day care for their child?</p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Many parents need/want to go back to work after the birth of a child so they need to put them in day care.</li> <li>• Day care can consist of other family members looking after the child, sending the child to a child minders or sending them to a nursery.</li> <li>• Being looked after by family members has the advantage of the child knowing who is looking after them and more one on one care.</li> <li>• Child minder and nursery nurses have to be qualified and are inspected unlike family members.</li> <li>• However, parents may worry about the quality of care and whether they are doing the best for their child.</li> </ul> <p><b>AO2</b></p> <ul style="list-style-type: none"> <li>• Parents need to consider the staff to child ratio as the more staff there are to smaller numbers of children the better the day care.</li> <li>• Parents also need to make sure that the staff are highly qualified, there is a low staff turnover and the staff interact with the children in their care in a positive manner.</li> <li>• Children in full time day care may experience negative effects.</li> <li>• Key workers in day care provide a temporary attachment for the child when away from the primary caregiver.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• Andersson (1992) found that children who went to high quality day care before the age of one were more socially and cognitively advanced by the age of 8.</li> <li>• The EPPE (2004) project also found that children in high quality day care benefitted cognitively and socially.</li> <li>• Belsky &amp; Rovine (1988) found that children who were put into day care for 20 hours a week, before they were one, had an insecure avoidant attachment with their mother, and those over 35 hours a week also had an insecure attachment with their fathers.</li> <li>• However, Belsky &amp; Rovine's (1988) study has been criticised for using the strange situation as children in day care would be used to being left by their parents so it may not accurately reflect their attachment type.</li> <li>• NICHD study found that day care can lead to the children having behavioural problems, especially if the day care was of low quality.</li> <li>• There are several factors that parents should take into account when deciding on day care for their child, but if they research the day care carefully then it can benefit the child, they should not dismiss day care as something that is second best for their child.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>

**Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context is capped at maximum 4 marks.**

Level	Mark	Descriptor
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Arguments developed using mostly coherent chains of reasoning. leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)



HEALTH PSYCHOLOGY

Question Number	Indicative Content	Mark
<b>15 ai</b>	<p style="text-align: center;"><b>AO2 (1 mark)</b></p> <p>1 mark for the correct statistical test.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Mann Whitney U test (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Indicative Content	Mark
<b>15 aii</b>	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>Up to 3 marks for correct statement of reasons why Benito used the statistical test identified in (i)</p> <p>For example Mann Whitney U test;</p> <ul style="list-style-type: none"> <li>• Benito was looking for a test of difference (1).</li> <li>• He used independent groups design (1).</li> <li>• The data he collected was ordinal (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(3)</b>

Question Number	Indicative Content	Mark
<b>15 b</b>	<p style="text-align: center;"><b>AO2 (2 marks)</b></p> <p>Up to 2 marks for describing how Benito would select his random sample</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Benito could put all the names of the Participants/people in a hat (1). He would then pick out names from the hat until he had the correct number of participants (1).</li> </ul> <p><b>Answers must relate to the scenario.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content	Mark
<b>16a</b>	<p style="text-align: center;"><b>AO1 (4 marks)</b></p> <p>Up to four marks for description.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Drugs affect the neurotransmitters in the brain, e.g. heroin mimics endorphins (1). This can lead to the brain readjusting the levels of neurotransmitters is naturally produces (1). When the brain does not receive any of the drug it may have reduce levels of a specific neurotransmitter leading to withdrawal symptoms (1). It also leads to tolerance so a person has to take more of the drug in order to get the initial effects (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
<b>16b</b>	<p style="text-align: center;"><b>AO1 (1 mark) AO3 (1 mark)</b></p> <p>Up to <b>one</b> mark for identification of weakness. (AO1)  Up to <b>one</b> mark for justification/exemplification of weakness. (AO2)  For example neurotransmitters;</p> <ul style="list-style-type: none"> <li>• The neurotransmitter explanation does not explain why someone starts to take drugs in the first place (1) as it looks at the effects on neurotransmitters once the drug has been taken (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Indicative Content
17	<p style="text-align: center;"><b>AO1 (4 marks), AO3 (4 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Methadone is a synthetic opiate that is used to treat heroin addiction.</li> <li>• Heroin addicts take it once a day, and it stops the withdrawal symptoms of heroin.</li> <li>• It is usually taken at the pharmacy to start with in a liquid form.</li> <li>• Once the addict has stabilised on methadone they may be trusted to take the methadone home with them</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• Hedrich (2012) found that prisoners who started a methadone programme in prison and had community support when released were more likely to remain drug free once released.</li> <li>• Methadone is taken orally so avoids the health hazards, such as hepatitis, that come from using dirty needles.</li> <li>• However, addicts may become dependent on the methadone, so they could just replace one addiction with another.</li> <li>• In conclusion, methadone has many advantages when treating heroin addicts, but must be carefully monitored, otherwise addicts will stay on it which will cost the NHS a lot of money.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>

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Question Number	Indicative Content
18	<p style="text-align: center;"><b>AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)</b></p> <p>For example can we encourage the cessation of smoking?</p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Before health psychologists can help someone stop smoking they have to know the reasons why someone started smoking.</li> <li>• It could be because they saw family members or friends smoke so therefore started.</li> <li>• Health psychologists also need to look at how to reinforce the dangers of smoking rather than the smokers focus on the pleasure of smoking.</li> <li>• Smokers know the health dangers of smoking but ignore those and carry on smoking.</li> <li>• There are also the issues of addiction and habit that need to be addressed if the cycle is to be broken.</li> </ul> <p><b>AO2</b></p> <ul style="list-style-type: none"> <li>• Campaigns should highlight the positives and negatives of smoking, and come to a conclusion rather than just highlight the negatives.</li> <li>• Smokers must be motivated to stop, according to the elaboration likelihood model, so health psychologists should offer some motivation such as entry to a prize draw for every day/week without a cigarette.</li> <li>• Using fear arousal graphic pictures have been put on the back of cigarette packs in the hope smokers will notice them and it will motivate them to stop smoking.</li> <li>• However, smokers may ignore the picture, or not take much notice of it as they are familiar with the pictures, so reducing its effectiveness.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• The Hovland-Yale model of persuasion states that if both sides of the argument are presented and a solid opinion given then this is more effective than just presenting one side of the argument (Maguire 1964).</li> <li>• Pengpid et al (2013) found that if people were aware of the risks of a substance they were as likely to stop using that substance compared to if they had undergone brief intervention treatments, supporting the Hovland-Yale model.</li> <li>• The elaboration likelihood model does not cause a quick change in attitudes, therefore does not cause a quick change in behaviour so money may be a factor in its effectiveness when used in stop smoking campaigns.</li> <li>• Hammond et al (2003) found graphic pictures of cigarette packs were more likely to change smokers' behaviour than written warnings.</li> <li>• If treatment is to be effective it is important that the smoker wants to change their behaviour, and are ready to stop smoking otherwise they are more likely to start again when they experience difficulties such as cravings.</li> <li>• Health psychology can be used to help people stop smoking but it needs to be a holistic approach which deals with the causes of starting smoking, the physical addiction and the psychological addiction otherwise it is not as likely to be effective.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>

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