

# **L3 Lead Examiner Report 1906**

Summer 2019

**Level 3 National in Applied  
Psychology**

**Unit 3: Health Psychology**

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### What is a grade boundary?

A grade boundary is where we set the level of achievement required to obtain a certain grade for the externally assessed unit. We set grade boundaries for each grade, at Distinction, Merit and Pass.

### Setting grade boundaries

When we set grade boundaries, we look at the performance of every learner who took the external assessment. When we can see the full picture of performance, our experts are then able to decide where best to place the grade boundaries – this means that they decide what the lowest possible mark is for a particular grade.

When our experts set the grade boundaries, they make sure that learners receive grades which reflect their ability. Awarding grade boundaries is conducted to ensure learners achieve the grade they deserve to achieve, irrespective of variation in the external assessment.

### Variations in external assessments

Each external assessment we set asks different questions and may assess different parts of the unit content outlined in the specification. It would be unfair to learners if we set the same grade boundaries for each assessment, because then it would not take accessibility into account.

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### Unit 3: Health Psychology (21333L)

Grade	Unclassified	Level 3			
		N	P	M	D
Boundary Mark	0	20	29	38	48

## Introduction

The 2019 summer series, was the first external assessment for this unit and for the qualification as a whole. Centres and learners should be congratulated on their preparation for this unit. Overall learners appeared to have knowledge across many of the specification topics covered in this external assessment. Extended open responses seemed to pose a greater challenge to learners, however, something that may be expected at the start of a new qualification.

For this unit learners were able to explore psychological approaches, theories and studies which are related to lifestyle choices, unhealthy behaviours and how behaviour can be changed. They were able to select and apply knowledge of these approaches, theories and studies to three different contexts taken from section B: namely, physiological addiction, behavioural addiction and stress. Each section has a mix of short and extended open responses with one section heavier in terms of marks (30) which also included two six-mark questions. Centres should note that this 30-mark section could be on any of the three areas noted above.

Responses at the pass level tended to show superficial knowledge of theories, approaches and studies. For instance, there would be some knowledge of studies and learners would be able to explain results/conclusions but would then only superficially apply them to the context, or not at all. In terms of extended open responses, which are marked with criterion levels, learners would be able to select appropriate knowledge of the model/theory/ approach in question but only apply them superficially to the context and often with limited or no evaluation which often restricted learners to top level 1, or bottom of level 2.

Responses that gained higher marks were able to apply accurate and thorough knowledge and understanding of approaches, theories and studies to the contexts, showing ability to critically evaluate across both short and extended responses. These learners were also able to make judgements about the appropriateness of approaches, theories and studies to the contexts given in the assessment, making judgements about their effectiveness. Level three answers also showed a balance between strength and weaknesses, and also discussed alternative approaches and theories within their answers, often using evidence to strengthen their points.

More detail of the above can be found in the individual question section of the report.

## Introduction to the Overall Performance of the Unit

All questions were attempted by a large majority of learners, indicating that learners had covered the content within the specification. It also indicated that there were few issues with timing with the assessment.

However, there were a few learners who seemed to be short on time at the end, evidenced by the structure of their answers. For these learners, it is important to note the number of marks available for each question, as there were a number of occasions where the detail provided for one and two-mark answers was above the amount necessary for that style of question. Consequently, tutors should emphasise the amount of time that should be spent on each question when learners are revising using past/sample exam papers.

The standard overall for this paper was slightly lower than expected, with an inconsistent standard shown across the whole paper and a number of areas where learners may be further guided to improve their performance.

Most learners showed effective exam technique in general by addressing the command verb in the question. For example, the command verb **state** or **identify** only required a short answer, with a value of one to two marks at most. However, the command verb **explain** requires learners to justify/exemplify a point made and this was less successfully completed with learners often able to make an appropriate point but failing to then justify/exemplify that point. The command verbs in extended open responses proved more challenging. **Evaluate** questions were attempted more successfully than those which used the command word **assess**, which requires learners to look at a variety of factors or events that apply to the context, making some judgements/conclusions about their importance. For this reason, it may be worth tutors ensuring that learners have a thorough understanding of the requirements of command verbs for future series.

In regard to key terminology, there was a variable standard shown. In section A, which focused on addiction to alcohol, there were few problems with the first two questions which asked learners to use information from the context to show knowledge of key terms. Learners showed fairly good knowledge of physiological addiction and locus of control and therefore selected appropriate information from the context. The most common error consisted of learners misinterpreting the term with some discussing Stefan “taking control” of his addiction or talking of elements not related to physiological addictions and they often scored 0 on these two questions. This standard was replicated across the paper with the majority of learners able to use the scenario effectively to answer short one and two-mark questions. In contrast, however, there

was low understanding of key terminology not applied to the context such as rational non-adherence and variable reinforcement schedules which was slightly surprising. It may be, therefore that an increased focus on key terminology may be necessary for future series.

In terms of study-based questions, namely Cooke, Johansson and Griffiths in this assessment, there was again an inconsistent standard across learners. Learners need to ensure that they have enough knowledge of the studies to answer questions on the findings of all the named studies and be able then to apply them to the scenario in question. It is also imperative that learners learn evaluation for **all** of the named studies as questions on these should be expected in future series. In addition, learners should be able to talk about the procedure of a study, but it needs to be noted that this will never form part of an extended open response question. It is also good practice for learners to have knowledge about the procedure of a study in order for them to have greater understanding of the findings/conclusions/evaluation. This is particularly pertinent for the evaluation of studies which often need the context of the procedure to be meaningful.

In terms of performance, the Griffiths and Johansson studies performed much better than Cooke, where there were very few learners who showed knowledge and understanding of the study itself, never mind having the depth to apply it to the scenario. This may be due to the fact that Griffith's and Johansson have been a mainstay of the A level syllabus for a number of years whereas Cooke is completely new study for most, if not all, teachers. For this reason, it is important to use the additional guidance provided on the Applied Psychology website to inform teaching. I would expect performance on the 'new' studies to improve as more resources/ text books are available to teachers and with subsequent sittings of this unit. Finally, in terms of study-based questions, it is important than learners have a good understanding of evaluative terms such as usefulness, reliability etc., and be able to apply these to the studies. Questions on the strengths and weaknesses of named studies should be expected in future series.

In terms of extended open responses, it should be noted that there were very few learners who achieved level 3 consistently, and often low to mid-level 2 was the most common level of response seen. Learners showed superficial knowledge of the self-medication model often only using information from the stem and scenario to answer the question alongside more 'common sense' knowledge. The self-medication model is clearly stated within the specification and a more thorough understanding of this model will be required to answer questions in future series. Knowledge of Cognitive Behavioural Therapy, and the Hovland Yale model showed far more depth of

responses, and once again it may be that the latter two are more common at this point in terms of resources and appearance in other specifications.

One requirement that definitely needs significant improvement in future series is the AO3 evaluation/assessment/discussion. Exam technique was often weak in relation to AO3, with many learners providing limited or no evaluation/assessment and with those that did attempt evaluation only providing some superficial points which were often generic and not applied to context. Higher scoring answers not only used contextualised evaluation points, but also evidence across the specification alongside alternative theories. These still tended to be partially developed, however, and often limited answers to level 2. For some learners, it may be worth revisiting exam techniques and the requirement to produce a balanced answer in relation to the 'assess' and 'evaluate' questions. An increased awareness of the command verb may aid the construction of an appropriate response. One thing to note, any studies/theories across the qualification can be used to answer any question and some learners did show some synoptic elements, although this is most certainly not a requirement to achieve the higher marks.

Finally, learners must be reminded that answers need to be applied to **and** be suitable to the context they have been given. This means that they need to read the context carefully to ensure they understand the requirements. One example of this was question 5a and 5b on a stress management technique. Within the context it states that employers are the one leading the promotion to reduce stress and therefore techniques that would only be prescribed by doctors i.e. drug treatments would not be applicable. Learners must therefore ensure that they do not assume that all of the techniques/approaches they have learnt are appropriate on all occasions: again, this is especially true for Section C when looking at behavioural change/adherence.

## Individual Questions

### Question 1.

This question was split into 1 AO1 and 1 AO2 marks. This meant that learners were awarded one mark for a sign/symptom of a physiological addiction and one further mark for evidence from the context of this sign/symptom. Most learners were able to correctly identify an appropriate sign/symptom of physiological addiction and then give evidence from the scenario. A minority of learners only used evidence from the scenario and therefore only got 1 mark.

#### This response gained 0 marks.

This learner has not understood the demands of the question and produces no creditworthy material

1 Psychologists suggest that Stefan's daily drinking of alcohol is a physiological addiction.

Explain why psychologists suggest that Stefan has a physiological addiction, using evidence from the scenario.

Psychologists may suggest Stefan has a physiological addiction because he feels stressed at work.

#### This response gained 1 marks.

This learner correctly identified that Stefan will get physical withdrawal symptoms but did not provide any evidence from the scenario so only gets 1 AO1 mark.

1 Psychologists suggest that Stefan's daily drinking of alcohol is a physiological addiction.

Explain why psychologists suggest that Stefan has a physiological addiction, using evidence from the scenario.

Because he gets physical withdrawal symptoms.



**This response gets 2 marks.**

This candidate has correctly identified that Stefan will suffer from withdrawal symptoms when he stops drinking for one mark, and then goes on to correctly identify from the context that he gets tremors and headaches, for the second mark.

**1** Psychologists suggest that Stefan's daily drinking of alcohol is a physiological addiction.  
 Explain why psychologists suggest that Stefan has a physiological addiction, using evidence from the scenario.

They believe he does as when he stops drinking he receives withdrawal symptoms such as tremor and headache which makes him turn back to ~~add~~ alcohol in order for them to stop.

**(Total for Question 1 = 2 marks)**

**Question 2**

This second question also required learners to use the context to identify two examples that may suggest Stefan has an external locus of control. This question was one of the better answered questions which focused on terminology used within the specification. Most learners were able to identify at least one appropriate piece of evidence from the scenario, with a large number gaining the full two marks. The most common error was when learners identified evidence which was more appropriate for internal locus of control. It is vital that all learners have a thorough understanding of the terminology within the specification.

**This response gets zero marks.**

Unfortunately, this learner does not gain any marks. The first point really is focused more on internal locus of control and the second part really hasn't got anything to do with locus of control at all.

**2** Locus of control looks at the degree to which people believe that they have control over events in their lives.

Identify **two** examples from the scenario that would suggest Stefan has an external locus of control.

- 1 Stefan is determined to gain control over his drinking and has attended Alcoholics Anonymous Meeting.
- 2 Stefan's girlfriend has now told him that he needs to give up or she is leaving him, so he turned to his doctor for extra help.

**(Total for Question 2 = 2 marks)**

**This response gets 2 marks.**

Perfect answer using the first two points on the mark scheme (blaming his parents and the arguments with his girlfriend rather than himself).

**2** Locus of control looks at the degree to which people believe that they have control over events in their lives.

Identify **two** examples from the scenario that would suggest Stefan has an external locus of control.

- 1 He blames the arguments with his girlfriend for his continued alcohol consumption not himself.
- 2 Stefan said because his parent drank it made him more likely to drink as well.

**(Total for Question 2 = 2 marks)**

**Question 3 (a)**

This is a two-part question. This first part is worth 2 AO1 and 2 AO2 marks and asks learners to explain two findings from Cooke et al (2016) study which could help explain Stefan' behaviour. For this question learners will have to show accurate knowledge of the findings of Cooke et al study, and then provide a linked explanation about how it could explain Stefan's behaviour. This question in general was not well answered with many learners giving findings from entirely different studies. Of those who did show some knowledge of Cooke et al (2016) study many very vague and muddled and often did not go on to explain Stefan's behaviour through those findings. There were some nice answers though, with a minority of learners being able to give two findings and then explain Stefan's behaviour well. The ability to apply the findings of named studies to a variety of contexts is essential to be successful in future series.

**The response gets 1 mark.**

This response gains one mark for correctly identifying that there is a positive correlation between intentions to and carrying out the behaviour but then does not relate their answer to Stefan so can only obtain one mark. A second mark was not suggested.

3 Cooke et al. (2016) looked at how well the Theory of Planned Behaviour predicts alcohol consumption.

(a) Explain two findings from Cooke et al.'s (2016) study that could help psychologists to understand Stefan's current drinking behaviour. (4)

1 Cooke et al found a positive correlation between someone's intentions of performing a behaviour and them carrying out the behaviour

**This response gets 4 marks**

This is a really good answer and is thoroughly worth the full 4 marks. The learner correctly identified that Cooke found a positive correlation between positive

attitudes to drinking and actually carrying out the behaviour and then related it well to Stefan. The 2<sup>nd</sup> point correctly identifies that there was a positive correlation between subjective norms and drinking behaviour and then once again correctly related it to Stefan and the pressure from his friends to drink/seem acceptable in society both of which are correct.

3 Cooke et al. (2016) looked at how well the Theory of Planned Behaviour predicts alcohol consumption.

(a) Explain **two** findings from Cooke et al's (2016) study that could help psychologists to understand Stefan's current drinking behaviour.

- (4) Behavioral beliefs
- 1 There was a positive correlation between the intention and the positive attitudes of alcohol drinking and ~~the~~ adopting the drinking behaviour. This means, Stefan finds the alcohol as a benefit because it helps him calm, therefore, this enables him to ~~adopt~~ adopt the drink behaviour consistently.
  - 2 There was a positive correlation between the subjective norms of drinking and adopting drinking behaviour. This suggests, Stefan adopt a drinking behaviour because he perceives his friends expecting to, because it is deemed acceptable in society and as mentioned in the case study, he is ~~is~~ pressurised to be part of the group.

### Question 3 (b)

The second part of this question asks learners to explain one strength of Cooke et al (2016) study. This consisted of one AO1 mark and 2 AO3 marks; no link to context was necessary. This question required learners to identify a strength of the study and then justify the strength that they have given. The major problem, of course, with this question was that if learners showed no knowledge of the study in the first part then they have very little ability to evaluate it; consequently, this question performed poorly across all ability levels. Learners often attempted the question but showed weak evaluative skills often providing superficial, generic, evaluative points which gained no credit. Stronger learners were able to identify strengths such as the large amount of data collected or that there is a practical application associated with the study but often did not justify enough to get two further marks. It is important therefore that all learners are equipped with enough knowledge of the studies in order to answer these types of questions.

**This response gets 0 marks.**

This is the wrong study – urine samples were not taken as this was a review article so secondary rather than primary data.

(b) Explain **one** strength of Cooke et al's (2016) study on alcohol consumption.

(3)

It was objective. This is a strength because the participants ~~were made to~~ were made to take urine samples which would make the results more valid.

**This response gets 2 marks.**

There were no three-mark answers seen in this series and the two-mark answers were also relatively weak and tended to focus on the idea of the study collecting large amounts of data (this is true there were 40 studies viewed and analysed) and this makes it more applicable to a wider application. Weak: but just two.

(b) Explain **one** strength of Cooke et al's (2016) study on alcohol consumption.

(3)

It uses large amounts of data therefore the results are more likely to be applied to a wider population. The results allow for quantitative data to see patterns in behaviour which can allow treatments to focus on this



## Question 4

This is a 9-mark extended open response essay which asks learners to assess the usefulness of the self-medication model in explaining Stefan's drinking behaviour. This is marked through the application of levels rather than being points based. To gain level 3 learners need to show balance between AO1, AO2 and AO3 (all have equal weighting). Learners needed to show accurate and thorough knowledge of the self-medication model, which is applied to context throughout and also a well-developed and logical assessment which may include strengths and weaknesses as well as alternative theories. The term self-medication seemed to throw some learners however it is clearly on the specification for alcohol addiction and therefore is a required element to learn on this course.

In the main learners did not perform well on this question often only giving points which were available in the stem of the question and a few superficial points from the context and therefore the majority of marks tended to be at the top of level 1/bottom level 2. There was very limited, or no assessment seen within responses. A few learners did engage with this element of the question, suggesting that it places no blame on Jamal, but that it cannot explain the initiation of an alcohol addiction when the individual has no problems. These answers still tended to be unbalanced, however, and often remained within level 2.

**This response gets level 1 – 2 marks.**

This response has isolated elements of knowledge and understanding in terms of the self-medication model as an explanation of Stefan's drinking. The learner talks about current life stressors at work and a very weak evaluative point suggesting that Stefan may be lying about his stressors, so he can carry on drinking which is hardly creditworthy. Due to this isolated knowledge and limited (or no assessment) we start in the middle of level 1 and have no reason to go up or down so 2 marks.

- 4 The cognitive approach suggests that individuals use alcohol to help them cope with current problems.

Assess the usefulness of the self-medication model in explaining Stefan's drinking behaviour.

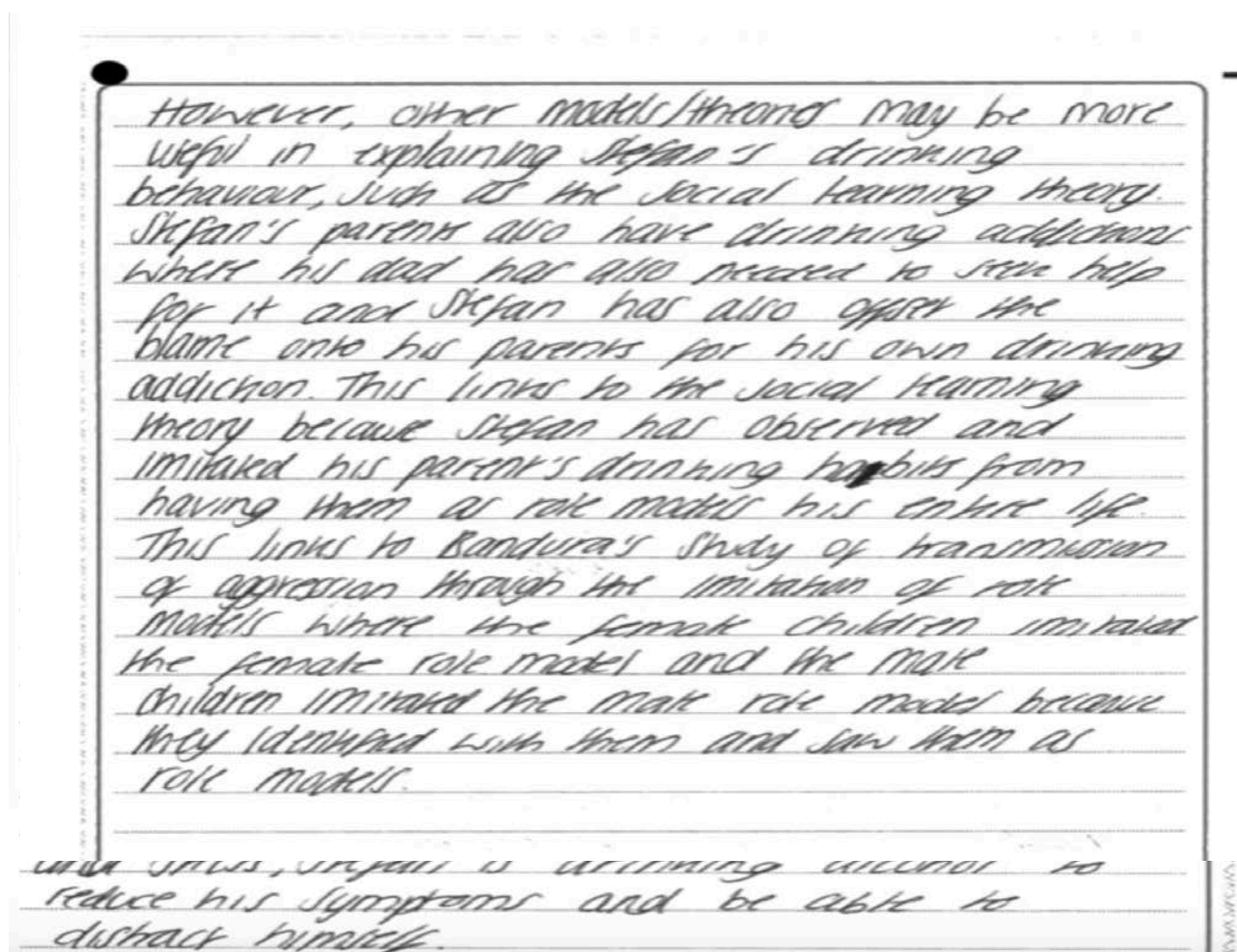
(9)

The cognitive approach suggests alcohol consumption is down to self-medication, that people drink as it helps them cope with life stressors. When looking at Stefan's behaviour it becomes apparent that he uses drinking as a coping strategy. First of all he said he drinks because it helps him cope with stress from work. Here it is useful to look at self medication as the reason for his addictive behaviour as he himself has said it. However, this is subjective as Stefan could be lying using stressors from work as an excuse for him to carry on drinking.

**This response gets level 2 – 5 marks.**

This response shows some accurate knowledge and understanding of the self-medication model explaining drinking as being due to it helping people with problems in their life such as depression and anxiety and then also linking it to Stefan's stresses at work. There is further contextualisation with the response correctly identifying that Stefan states that it is the only thing that helps calm him down and therefore he is using it to cope with anxiety and stress.

This learner has chosen alternative models as a way of assessing its usefulness which is perfectly creditable, but narrow, way of assessment. The learner correctly identifies the learning approach as a more useful way of explaining Stefan's behaviour and talks about imitation and observation of role models, and then linking that to the context with Stefan blaming his parents for drinking and also bringing in Bandura as evidence for the learning approach.





To achieve level 3, however, I would have liked to have seen a greater depth of knowledge about how the model would/or would not explain initiation, maintenance and relapse as well as a more balanced assessment focusing on the strengths and weaknesses of the self-medication model as a whole rather than just alternative theories.

### **Question 5 (a)**

This was a two-part question which focused on stress management techniques. This first part asked for one technique that employees could use to reduce their stress levels. The majority of learners successfully stated one stress management with the most common responses stress inoculation therapy/training and biofeedback. However, a few learners talked about models such as the biopsychosocial model or more generic points such as “getting more sleep” which were not creditworthy. More specific techniques not on the specification such as yoga were credited.

**This response is worth 0 marks**

No creditworthy material in this response.

**5** Company bosses realise that lowering stress levels amongst employees is important, as time off for work-related stress costs money and reduces profits.

(a) State, using the scenario, **one** stress management technique that Jameson's employees could use to reduce their stress levels.

(1)

*They could use the biopsychosocial model where they look at personal experience, thoughts and feeling as well as hormones etc.*

**This response gets 1 mark.**

Yoga was seen as a creditworthy response for one mark.

**5** Company bosses realise that lowering stress levels amongst employees is important, as time off for work-related stress costs money and reduces profits.

(a) State, using the scenario, **one** stress management technique that Jameson's employees could use to reduce their stress levels.

(1)

*Conduct in more activities such as yoga for exercise*

**This response gets 1 mark.**

Stress inoculation therapy/training is fine for one mark.

**5** Company bosses realise that lowering stress levels amongst employees is important, as time off for work-related stress costs money and reduces profits.

(a) State, using the scenario, **one** stress management technique that Jameson's employees could use to reduce their stress levels.

(1)

*Stress inoculation therapy*

**Question 5 (b)**

Question 5b provided more of a challenge for learners. This question asked learners to evaluate one stress management technique for the employees and was worth 2 AO2 and 2 AO3 marks. This question was not linked to 5 (a) and therefore learners did not have to use the technique that they stated in part (a) although the majority, as expected, did so. This provided a challenge for some learners who had responded with more general points such as “get more sleep” as they found very little to evaluate. It is therefore vital that learners read the question properly and be aware that it will be clearly stated within the question whether it is linked, or not.

The most common error here was providing generic evaluation points which were not really directed towards any technique at all and were most often deemed non-creditworthy. In addition, some learners talked about drug therapies. Although drug therapies are indeed a stress management technique and are on the specification for Unit 3 it is not a technique that would have been recommended or utilised by employers at work. This shows that learners need to not only have knowledge of the stress management techniques as a whole but also when they will be appropriate; this is especially true of drugs such as betablockers which can only be prescribed by a GP.

**This response got 0 marks.**

This learner showed excellent knowledge of the strengths and weaknesses of drug therapy and for another question it could quite easily have got full marks. However, as stated above, drug therapy was not deemed as appropriate for this question so got 0 marks.

(b) Explain **one** strength and **one** weakness of a stress management technique that Jameson's employees could use to reduce their stress levels.

(4)

**Strength**

A strength of using drug therapy to reduce stress is that it is quick and effective. Therefore, it won't cost the company as well as their employees to have sick days and lose highly skilled staff ~~and then~~ to wait until they recover.

**Weakness**

A weakness is that it can be high dependability. For example, beta-blockers may reduce stress, however, it may lead to gradual increased dependency and suffer from overuse or withdrawal symptoms if the drug is absent.

**This response gets 2 marks.**

Nothing for the strength as this is more of a description of social identity theory than a strength.

Two for the weakness – one for identifying that it takes time and motivation and the second for suggesting that this may not be appealing especially if they lack confidence (and may actually raise stress level). This is probably a stronger weakness than the 4 mark one that follows; just a shame about the strength.

→ time & mot.

(b) Explain **one** strength and **one** weakness of a stress management technique that Jameson's employees could use to reduce their stress levels. (4)

**Strength**

A stress management the company could use is the S.I.T method. This is a therapy to help individuals relieve stress. And make them feel more positive rather than negative.

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**Weakness**

However a weakness is that S.I.T takes a lot of the individuals time and motivation which can be very challenging if the individual lacks confidence they could find S.I.T adds more pressure as you need to be committed.

**This response gets 4 marks.**

2 marks for the strength – one for suggesting that it has long lasting benefit and the 2<sup>nd</sup> for justifying this by saying that this is because it directly focuses on the issues (and symptoms).

2 marks for the weakness – one for saying it requires motivation and effort and the second for suggesting (weakly) that they may not want to do this as they will still have deadlines and work to complete.

(b) Explain **one** strength and **one** weakness of a stress management technique that Jameson's employees could use to reduce their stress levels. (4)

**Strength**

A strength of stress inoculation therapy is that it directly focuses on issues and symptoms so it leaves a long lasting benefit.

**Weakness**

A weakness of stress inoculation therapy is that it requires effort and motivation which may not appeal to the employees as they will see work that needs to be completed.

**Question 6**

Question six asks learners to explain two ways the results of Johansson's (1978) study can help company bosses understand the reasons behind employee's high levels of stress. This question is worth 2 AO1 and 2AO2 marks. For this question, learners had to identify an appropriate result from the study and a further mark for a linked explanation. The majority of learners made a good attempt at this question and showed a lot stronger knowledge of Johansson's study than of the Cooke study earlier on in the paper.



The most common answers centred around the repetitive nature of the work and also the fact that deadlines/performance being linked to pay created higher stress levels. The weaker element of the question was linking that to the context and showing that the element of Johansson that they have discussed was indeed part of the reason behind the workers stress levels. Some learners fell in to the trap of giving suggestions about how the employers could reduce stress levels based upon the elements they have discussed, which is not what the question asked for. This stresses once again the importance of learners reading the question properly and being aware of the requirements of the question.

**This response gets 0 marks.**

There is nothing creditworthy within this response in fact there are small elements of procedure in there which is not what the question asked for.

6 You have learned about Johansson's (1978) study on workplace stress.  
Explain **two** ways that Johansson's study can help the company bosses to understand the reasons behind the high levels of stress within the company.

1 it tests different roles around the company and which ones most stressful.

2 it takes mini samples of different roled people.

**This response gets 1 mark.**

This gets a single mark for identifying one accurate result from the study. Not linked to the context however, so cannot get the 2<sup>nd</sup> mark.

**6** You have learned about Johansson's (1978) study on workplace stress.

Explain **two** ways that Johansson's study can help the company bosses to understand the reasons behind the high levels of stress within the company.

1 Johansson's study shows that people who work at a job that is repetitive, or requires high skills will get bored for participants and therefore cause stress.

2

**(Total for Question 6 = 4 marks)**



**This response gets 4 marks.**

1 for identifying that repetition is a factor in high stress levels and then 1 for explaining that in the scenario the employees felt that the work is the same and can be boring (and so have high stress).

1 for identifying that if money is reliant on a job getting done it will create high stress levels and the one for explaining that the department had a number of targets which, if hit, meant they got a £2000 bonus.

6 You have learned about Johansson's (1978) study on workplace stress.  
 Explain **two** ways that Johansson's study can help the company bosses to understand the reasons behind the high levels of stress within the company.

1 Repetition in Johansson's study was a factor that the more repetitive in the job the more stressful the employees are going to be as well as if the work is more fast paced this can increase stress for example "employees feel that the work is the same every day which can be boring" ... As well as they have to concentrate all of time.

2 Another way that the company creates stress for the employees is that if the money is reliant on the job getting done this will create more stress "the department has a number of targets, if these targets are met achieved, the whole company gets a £2000 bonus".

## Question 7

This question was worth 2 AO2 marks and asked learners to explain how rational non-adherence could be a reason why the employees won't change their behaviour. For this question, learners should show knowledge (linked) of what is meant by rational non-adherence and then explain why this could be a reason that the employees wouldn't change their behaviour. This question did not perform well with very few learners being able to show any knowledge of rational non-adherence often giving very generic, vague points about why they wouldn't change their behaviour i.e. they didn't have the time, or they had too much work to do etc. There were some learners that did understand about the idea of a cost benefit analysis and they made a good attempt at the question, but they often still struggled to link it back to the context well.

### This response got 0 marks.

No creditworthy information in this response.

7 Health professionals suggest that one reason for non-adherence to advice is rational non-adherence.

Explain how rational non-adherence could be a reason why Jameson's employees have stated that they won't listen to advice or change their behaviour.

They may believe the bosses will carry on overworking them.

**This response got 1 mark.**

This response correctly identifies that people would perform a cost benefit analysis before deciding whether to change behaviour for one mark. However, the second part is too vague for the further mark. I would like to see some specifics from the scenario i.e. what the negative effects are (loss of bonus).

7 Health professionals suggest that one reason for non-adherence to advice is rational non-adherence. *Buiput and Fletcher*

Explain how rational non-adherence could be a reason why Jameson's employees have stated that they won't listen to advice or change their behaviour.

*Buiput and Fletcher found that participants were less likely to conform to treatment if the side effects outweighed the benefits of treatment. Therefore this would suggest that employees will not change behaviour because of the negative effects it may have*

(Total for Question 7 = 2 marks)

**Question 8**

This is a 9-mark extended open response essay which asks learners to assess the effectiveness of the Hovland-Yale model as a way of changing the employee's behaviour. This is marked through the application of levels rather than being points based. To gain level 3 learners need to show balance between AO1, AO2 and AO3 (all have equal weighting). Learners needed to show accurate and thorough knowledge of the self-medication model, which is applied to context throughout and also a well-developed and logical assessment which may include strengths and weaknesses as well as alternative theories. This essay had a wider range of marks than the essay on self-medication model with a handful of level 3 answers seen.

Better answers talked about message, communicator and audience in some depth and then applied this to the context well. They also used research studies to support the model, whilst also focusing on alternative models which may be more effective in

changing behaviour; usually the fear arousal model. The AO3 was still the weaker element within this question however and these skills are something that needs to be targeted by centres for future series. Weaker answers often tended to focus on one aspect of the Hovland Yale Model or looked at all three elements very superficially and often only produced limited or no assessment, with only very superficial links to the context and therefore often only scored level 1.

### This response scored level 1 – 2 marks.

There is some isolated knowledge and understanding in this response. This learner identified the communicator and the message as important factors in behavioural change, but this is very superficial. There is little application to the context. There is little else in the answer so limited to level 1 – 2 marks.

8 The Hovland-Yale model looks at how individuals can be persuaded to change <sup>messenger</sup> their behaviour.

Assess the effectiveness of the Hovland-Yale model as a way of changing the behaviour of Jameson's employees. (9)

The Hovland Yale model has 3 factors that identify behavioural change.

The first factor is the communicator, therefore ~~this is how likely~~ this can persuade behaviour as if Jameson's employees are being told about the behaviour and the negatives they are more likely to change the behaviour.

The next factor is the message behind what is being told as if it is important and effective the behaviour is individuals are more likely to be persuaded to change their actions and behaviour.

**This response scored level 3 - 8 marks.**

This response shows accurate and thorough knowledge and understanding of the three factors that affect behavioural change in the Hovland Yale model and explicitly links them to the context throughout most of the answer. The assessment is well developed throughout most of the essay especially on the first two points about ethical issues and control of behaviour and also linking fear arousal and Janis and Feshbach which is absolutely fine. This is not the full 9 marks as the assessment could have shown more

8 The Hovland-Yale model looks at how individuals can be persuaded to change their behaviour. ~ audience, message, source.

Assess the effectiveness of the Hovland-Yale model as a way of changing the behaviour of Jameson's employees.

(9)

The Hovland Yale model may be effective in changing behaviour through the source that is persuading the employees. If the source is attractive then employees are more likely to be persuaded. As in Hovland and well study it was found the higher the credibility of the individual who is persuading the more likely individuals will adhere and change their behaviour. If the company placed an attractive and charismatic manager to persuade the employees they will listen thus leading to the change of behaviour. However many may argue that this is unethical as you are cognitively disrupting your workers and many may believe this is not effective as the elaboration model suggests there are many different types of individuals. There are gullible, outgoing, leaders etc. many may listen when it comes to work which is a weakness as this suggests the Hovland Yale model might be quite reductionist. The message that is being portrayed and affects the changing of behaviour. If the company is promoting to work hard and long hours to gain the £2000 bonus at the end of the year the company cannot expect major fear into the audience. As suggested in Janis and Feshbach studies of dental hygiene fear appeal only work if there is reassurance within the message otherwise individuals will just ignore it. The company has to clearly and clearly be worked in order for them to change their behaviour.



development at the end of the essay, and also there were elements where there could have been greater contextualisation. Still an excellent response, however.

As the message is also more effective if there is personal involvement instead in plenty of all studies that individuals will think through the central route if there is more personal involvement and persuasion if not they leading to behaviour change. This may suggest the Howard yard model may not be as effective.

According to the Howard yard model the outcome is also a major factor. If they are highly intellectual individuals with high IQs some of employed they will not get persuaded. As the model suggests that individuals with more are intellectual they will change their behaviour this may suggest this model is not effective. However if the company provides a sense of unity and togetherness to achieve goals and motivate the workers and place such interventions at work then they will get persuaded according to this model which does suggest that it is effective in changing behaviour.

In conclusion the Howard yard model is seen to be effective in changing behaviour however it does lack in effectiveness.

### Question 9

This is a one mark AO2 question asking for one example of salience from the context. This required learners to understand the term salience which is one of Griffiths six components of addiction. Most learners showed their understanding and selected an appropriate example from the context. There were some learners who seemed to not understand the meaning of the term and therefore chose inappropriate examples from the scenario. It is important that key terminology is understood for future series.

#### This response gets 0 marks.

This is not salience.

**9 Salience is one of Griffiths's six components of addiction.**

**Give one example of salience from the scenario.**

she knew she would eventually win.

#### This response gets 1 mark.

Thinking about the fruit machines days and night is a perfect example of salience.

**9 Salience is one of Griffiths's six components of addiction.**

**Give one example of salience from the scenario.**

"She admits that fruit machines are all she thinks about, from morning until night"

## Question 10

This is a two-mark AO2 explain question which asks learners how variable reinforcement schedules could explain Misaki's gambling behaviour. For this question learners should provide an explanation of what variable reinforcement schedules are, and then for a further mark they need to provide a linked justification. Learners showed weak understanding of this term and invariably produced responses that gained 0 marks. A few learners did show some understanding but often lack the detail necessary to get 2 marks, often talking about not Misaki not knowing when she will win next but then not going on to explain the consequence of this action i.e. that she will continue to gamble as there is always the possibility that the next time she will win. Learners need to understand key terminology to be successful in future series.

### This response gets 0 marks

No creditworthy material. This response talks more about classical conditioning and association for the first part of the response and then talks about negative reinforcement for the latter part. Either way nothing in here about variable reinforcement.

**10** The learning approach suggests that one reason for the maintenance of a gambling addiction is variable reinforcement schedules.

Explain how variable reinforcement schedules can help psychologists to understand Misaki's continued gambling behaviour.

Variable reinforcement schedules can help psychologists to understand Misaki's continued gambling behaviour because her winning on the machines and growing up around them gives her a buzz and without going to the machines she feels anxious so in order for her to get her (Total for Question 10 = 2 marks) buzz and not feel anxious she needs to play.



**This response gets 2 marks.**

Almost perfect answer this one. One mark for saying that variable reinforcement involves a variable success rate so Misaki doesn't know when she will win again and one further mark for explaining that this means she will continuously gamble with the hope of a win every gamble.

**10** The learning approach suggests that one reason for the maintenance of a gambling addiction is variable reinforcement schedules.

Explain how variable reinforcement schedules can help psychologists to understand Misaki's continued gambling behaviour.

Variable reinforcement schedules involve a variable success rate so Misaki never knows when she's going to win. With this, she could be continuously gambling with the hope of a win in every gamble. **(Total for Question 10 = 2 marks)**

**Question 11 (a)**

This is a three-mark AO1 question asking learners to describe the procedure of Griffith's study. Although learners will not be asked to learn the procedure in great detail it is important that they know enough about each named study to be able to answer this style of question on the paper. Having said that learners, in the main, performed really well on this question showing good understanding of the study and often produced answers that would have been worth more than three marks. The most common error was not enough detail, talking about aims/results. A handful of learners talked about a completely different study.

**This response gets 0 marks.**

No creditworthy material in this response. Griffiths did not talk about brain activation in his stud

**11** Psychologists carry out investigations into human behaviour. Misaki has volunteered to be part of a research project replicating Griffiths's (1994) study on gambling behaviour.

(a) Describe the procedure of Griffiths's study. (3)

He sees the effect it has on your brain when you are playing the game, when you win and when you lose, it looks at what parts of your brain is activated when this happens.

**This response gets 3 marks.**

1 mark for the two groups – thinking aloud and not thinking aloud. 1 mark for the idea that there were regular and non-regular gamblers. 1 mark for the fact that they were given £3 to gamble. The last part is correct also but max 3.

**11** Psychologists carry out investigations into human behaviour. Misaki has volunteered to be part of a research project replicating Griffiths's (1994) study on gambling behaviour.

(a) Describe the procedure of Griffiths's study. (3)

Griffiths had 2 groups of participants; thinking aloud group; and a group that just gambled. Both groups consisted of regular gamblers (RGs) and non-regular gamblers (NRGs). Each participant was given money to gamble (£3.00) They could either gamble with winnings or give it back.

**Question 11 (b)**

The second part of this questions asks learners to explain one-way Griffiths study can be said to be unethical for 2 marks. This is an AO3 question. The majority of learners discussed the idea that giving money to non-gamblers may cause them to be addicted. Whether they got one or two marks depended on the detail that they gave. Weaker answers tended to just state that they gave money to non-gamblers but did not explain the consequences of this action; something that better answers did. A minority of learners talked of ethical issues which were not relevant to this study and therefore got 0 marks.

**This response scored 0 marks**

Deception was not an issue in this study.

(2)

The gambler were deceived as they did not know they would be compared to non-gamblers.

**This response scored 2 marks.**

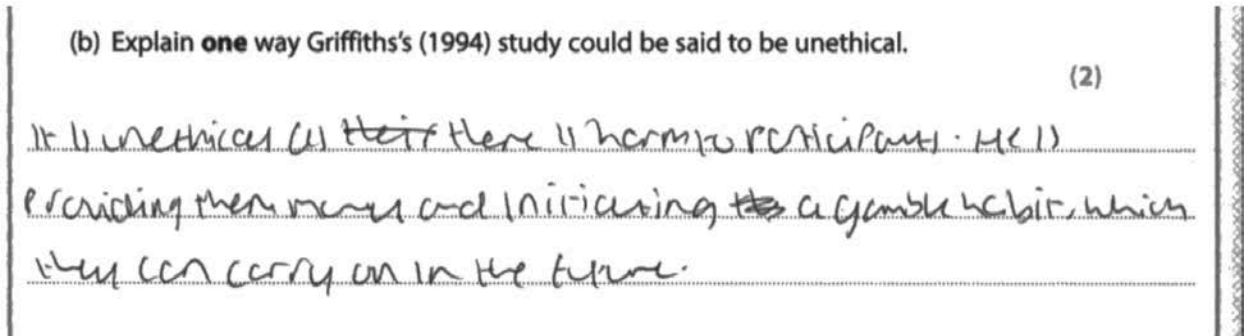
One mark for the idea that it could start a gambling addiction and a further mark for explaining that they may have enjoyed it and developed cognitive biases leading to gambling addiction.

(b) Explain **one** way Griffiths's (1994) study could be said to be unethical. (2)

It could have started gambling addictions for the people taking part. By making non-gamblers gamble they may have enjoyed it and developed cognitive biases leading to a gambling addiction.

**This response also scores 2 marks.**

This is the alternative way to score full marks. The first mark is for identifying an appropriate ethical issue i.e. harm to participants with the 2<sup>nd</sup> mark given for the explanation of this issue in relation to Griffiths' study i.e. that it would start a gambling habit which may continue in the future.

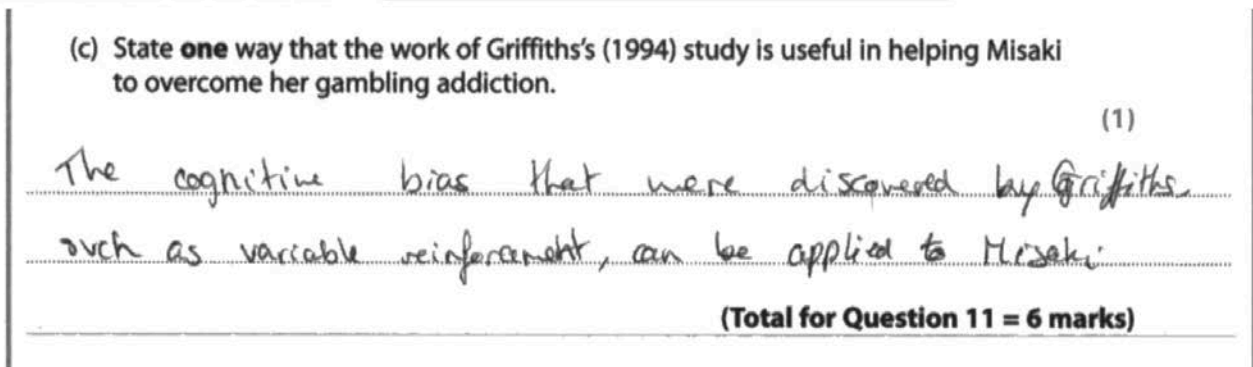


**Question 11 (c)**

The final part of this question is a 1-mark AO3 question which asks learners to state on way Griffiths study is useful. Learners seemed to struggle with this question and perhaps look into it too deeply. An answer just suggesting that it shows that CBT could be an effective treatment for gambling addiction, or that thinking aloud technique may help addicts would have been sufficient. Many learners tried to explain their answer in too much detail. Learners need to understand what is required of each command verb.

**This response gets 0 marks.**

No creditworthy material in this answer; it is just restating (incorrectly at times) the results of the study.



**This response gets 1 mark.**

1 mark for knowing that gamblers have irrational thoughts and that the knowledge of this can help overcome their addiction.

(c) State **one** way that the work of Griffiths's (1994) study is useful in helping Misaki to overcome her gambling addiction. (1)

It is seen that gamblers have irrational thoughts, therefore tackling these can help overcome gambling addiction.

(Total for Question 11 = 6 marks)

**This response also gets 1 mark.**

Like the response above this gets 1 mark for knowing that gamblers have been seen to have irrational thinking process (as the study shows) and therefore CBT will be an effective method to overcome gambling. This is a stronger response than the previous one due to their knowledge of CBT.

(c) State **one** way that the work of Griffiths's (1994) study is useful in helping Misaki to overcome her gambling addiction. (1)

It suggests that gamblers have irrational thinking processes therefore <sup>CBT</sup> cognitive is an effective method to overcome gambling.

(Total for Question 11 = 6 marks)

**Question 12.**

This is a six-mark medium open response question which consists of 2 AO2 marks and 4 AO3 marks. Therefore, each strength and each weakness need to be linked to context at some point. Learners needed to identify one strength and one weakness of the cognitive approach to gambling and then to justify the strength and weakness given. This question performed poorly, especially in terms of the strengths. The majority of learners just discussed how the cognitive approach explains gambling addiction for the strength and therefore did not achieve any marks. Some learners used Griffiths as research evidence for the Cognitive approach which I thought would happen more often given the previous question, whilst a small number did discuss the real-world application of the approach in

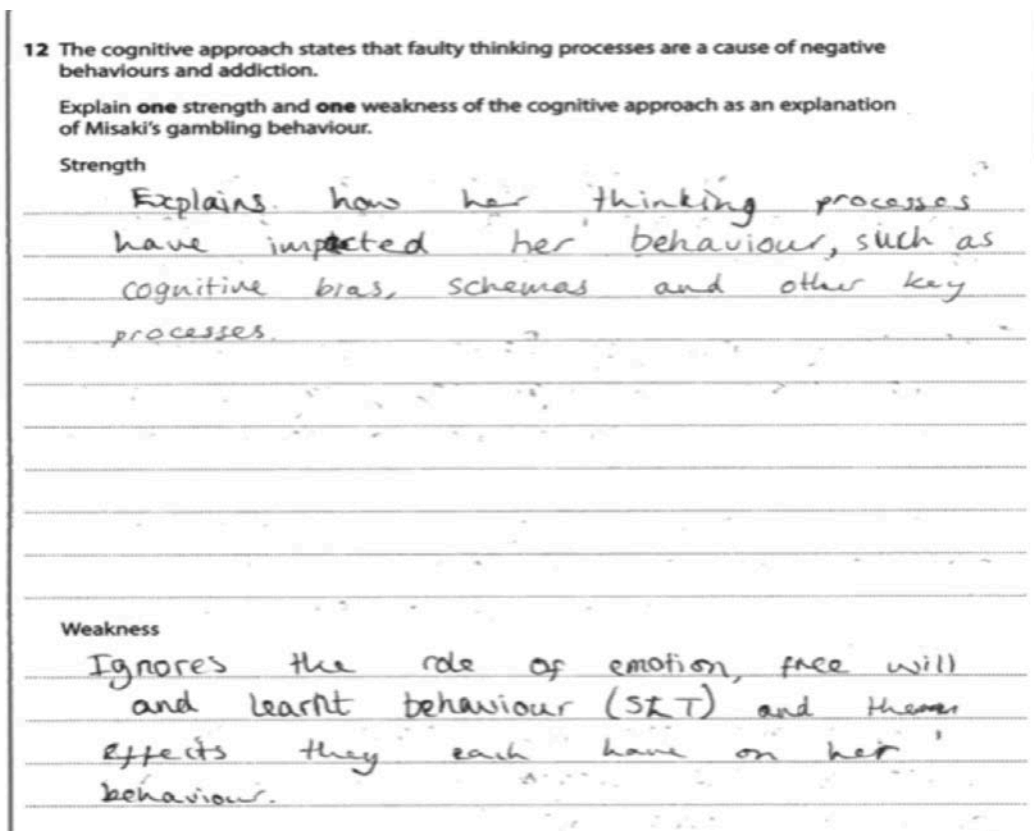


terms of treatments but in general these were vague and slightly muddled at times.

The weakness of the Cognitive approach was the stronger part of the responses seen. Many learners used the issue of reductionism as their weakness, showing good understanding of the term which is pleasing as many learners usually struggle with the idea of reductionism. Learners went on to explain about other factors which may have caused Misaki's addiction and therefore often achieved 2/3 marks on the weakness.

**This response gained 1 mark.**

There is nothing creditworthy in the strength as it just states what may cause her addiction and just one for the weakness which just states that the cognitive approach ignores the role of emotion/SLT etc. No expansion so no further mark here.



**This response gains 6 marks.**

3 for the strength. One mark for saying it has real life application (point one on the mark scheme), a further mark for suggesting that it will be easier to spot issues

such as faulty thinking in gamblers and a final mark for suggesting that treatments such as CBT can be recommended.

3 for the weakness. One mark for suggesting that you cannot establish cause and effect, A further mark for suggesting that it may be the faulty thinking that causes the addiction, or it could be due to other variables such as role models (3<sup>rd</sup> factor involved) and a final mark for explaining that if this is the case then the prescribed treatments would not be effective.

Just enough context in both these answers, almost the minimum required.

12 The cognitive approach states that faulty thinking processes are a cause of negative behaviours and addiction.

Explain **one** strength and **one** weakness of the cognitive approach as an explanation of Misaki's gambling behaviour.

Strength

Faulty thinking ~~is~~ has in real life application as it can be observed in gamblers and addicted people. This means that it will be easier to spot faulty thinking in Misaki and others like her. And therefore as a result professionals can recommend treatments like CBT more effectively.

Weakness

It is hard to establish cause and effect. Is it the faulty thinking that is causing ~~the~~ Misaki's gambling addiction or ~~is~~ is it due to something else such as Role models. And as a result the prescribed treatment may be ineffective.

### Question 13

This is a six-mark medium open response question which comprises of 2 AO1, 2 AO2 and 2AO3 marks. This question is a levels marked answer. For a level 3, learners must demonstrate mostly accurate and detailed knowledge and understanding, able to apply most points to the context and also display a well-developed and logical discussion which considers a number of different aspects. This does not mean that learners have to bring in other theories in order to achieve level 3, this could be a discussion of different aspects of the model/approach/study etc. named in the question. Learners in general did not perform well on this question often only achieving high level 1 bottom level 2 at most.

Although most had an awareness of what self-efficacy means, that knowledge was often superficial and consisted of generic, "common sense" points and often did not discuss the finer elements within self-efficacy such as vicarious experiences, mastery experiences and so on. More often it was just stated that self-efficacy was your belief in yourself to achieve something. Centres need to ensure that learners have enough knowledge of models/theories and approaches to answer medium and extended open responses.



**This response achieves level 1 – 2 marks.**

Knowledge and understanding is limited and really only mentions that low efficacy can mean a struggle to change behaviour and as Misaki has anxiety which can be linked to self-efficacy then she will struggle to stop. Self-efficacy is indeed a part of the Health Belief Model (HBM) but this response does not really say anything about the HBM and how this affects behavioural change in terms of self-efficacy and so is not really creditable.

**13** Research by psychologists has found a relationship between self-efficacy and addictive behaviour.

Discuss self-efficacy as an explanation for Misaki's gambling addiction.

You **must** refer to at least one study in your answer.

Self-efficacy is how much you believe in yourself. The relationship between addictive behaviour and self-efficacy would probably be if someone had a low in self-efficacy, they'd have more of an addictive behaviour because they wouldn't believe that they could stop their addiction. Because Misaki struggles with anxiety, this highlights a low self-efficacy which again would indicate why she struggles to give up the fruit machines. Self-efficacy is a part of the Health Belief Model which was pioneered by Rosenstock; this model talks about the elements before the addiction.

**This response achieves level 3 – 5 marks.**

There is accurate knowledge and understanding here with some developed discussion. The response talks about self-belief and how Misaki has a fight to give up the behaviour. This learner then discussed withdrawal symptoms and how this means she hasn't the will power to stop showing low levels of self- efficacy. They then go on to talk about Bandura and his study on self-efficacy and how the results of his study show that self-efficacy is a good explanation for Misaki's continued gambling behaviour.

13 Research by psychologists has found a relationship between self-efficacy and addictive behaviour. marcel Bandura

Discuss self-efficacy as an explanation for Misaki's gambling addiction.

You **must** refer to at least one study in your answer.

Self efficacy is an explanation as to why we have a compulsion to continue a addictive behaviour. Self efficacy involves the level of self belief in which an individual has in order to fight an addiction and stop the behaviour. Self efficacy can be used as an explanation for Misaki's gambling behaviour as she's displaying low levels of self efficacy because the withdrawal symptoms take over and therefore Misaki believes that she doesn't have the willpower to overcome, and therefore just relapses back to the gambling behaviour. Bandura looked into self efficacy and conducted a study to see whether self efficacy levels affected addictive behaviour. He found that having a higher level of self efficacy allowed you to have a better chance at overcoming the ~~game~~ addictive behaviour. However lower levels showed them to be more vulnerable and accepting to the behaviour. The therapist supports ~~the~~ Misaki's behaviour as she may feel like she hasn't got the self belief or efficacy to overcome the addictive behaviour.

**Question 14.**

This is a 9-mark extended open response essay which asks learners to evaluate Cognitive Behavioural Therapy (CBT) as a way of treating Misaki's gambling addiction. This is marked through the application of levels rather than being points based. To gain level 3 learners need to show balance between AO1, AO2 and AO3 (all have equal weighting). Learners needed to show accurate and thorough knowledge of the Cognitive Behavioural Therapy, which is applied to context throughout and also a well-developed and logical evaluation which is balanced and includes strengths and weaknesses as well as alternative theories.

This was the strongest performing essay question on the paper with many learners showing fairly good knowledge of Cognitive Behavioural Therapy whilst also being able to bring in a few evaluation points, although these were often superficial at times and presented almost as a list rather than showing structure. This was a common theme throughout the extended open responses with the majority of learners not integrating different points within their essay consequently there tended to be very little flow to the essays. Many learners talked about faulty thinking processes and teaching Misaki coping strategies with better answers also talking about the therapeutic relationship and dealing with other problems within her life. In addition, some learners talked about cue reactivity and teaching Misaki how to deal with situations she would normally associate with gambling. Evaluative points tended to focus on research evidence i.e. Griffiths, the lack of side effects, and the need for time and motivation.

**This response achieves level 1 – 3 marks.**

This response actually shows some knowledge and understanding of Cognitive Behavioural Therapy (CBT). CBT indeed identifies negative situations where Misaki may relapse, changes irrational thoughts and the use of role play. The knowledge and understanding, therefore, is probably level 2 and better than many other responses seen. However, there is only one tiny bit of evaluation which is superficial and not developed (the need to admit she has a problem), and the

14 Evaluate cognitive behavioural therapy (CBT) as a way of treating Misaki's gambling addiction.

(9)

Misaki will benefit from cognitive behavioural therapy (CBT) as it will help her get to ~~the root of the~~ identify the negative ~~with~~ situations in which she is likely to relapse this will help her avoid these situations.

The CBT will also help her realise how her thoughts are changed through cognitive biases. By identifying them she will be able to ignore them or replace them with other ways to think.

\*

She will not be helped by it however if she does not admit she has a problem which requires treating.

\* Once she has identified and learnt how to deal with cognitive biases and her way of thinking she will be put in situation and role play to help her know if she knows and will be able to cope in real life.

contextualization is superficial and limited to name only. For this reason, it is limited to the top of level 1 with AO1 level 2, but AO2 and AO3 level 1.

**This response achieves level 3 – 7 marks.**

This response shows accurate and thorough knowledge and understanding of Cognitive Behavioural Therapy with a number of elements discussed such as the therapeutic relationship, changing cognitive assumptions and irrational thoughts and also coping strategies and distraction techniques – all of which use the context well providing specific examples. The evaluation also raises a number of points such as it can be time consuming, that it needs motivation, and that Misaki may not apply what is learnt once she is in the real world which some may find it difficult to do without the therapist, and that there can be long waiting lists to have CBT which may make her situation worse. The reason why this response is at the bottom of level 3 is the lack of balance in the evaluation; with an emphasis on the weaknesses rather than the strengths. If this learner had discussed research evidence or the lack of side effects, it may well have achieved 8 or 9 marks.



14 Evaluate cognitive behavioural therapy (CBT) as a way of treating Misaki's gambling addiction.

(9) Q14

Cognitive behavioural therapy may be considered an effective way to deal with Misaki's stress as this method allows Misaki to sit with a therapist and build a relationship in which they can talk things out, allowing the therapist to find root causes of the gambling behaviour.

This form of therapy also allows them to discuss any cognitive distortions that Misaki may have such as the belief that the "machine is against her", this allows the therapist to help Misaki understand that not all machines work on the probability of change allowing both parties to discuss all cognitive thoughts and ruling out wrong ideas.

This form of therapy also allows the therapist to train Misaki how to deal with the problem and both can come up with effective solutions to help Misaki get through it. Developing things such as routines as a form of distraction and coping methods.

However CBT may not always



be an effective measure as this requires the patient to practise methods discussed in sessions, which they may not do.

This also requires patients to stay true to their words and once faced with problems in the real world, effectively apply what is learnt in session; which may be more difficult to do for some more than others.

This form of therapy also is long winded and may require a lot of sessions with both the waiting list and back to back sessions being long and exhausting which may put patients off from having such therapy. As Misaki's condition of gambling may need urgent admittance however due to the long wait, Misaki may carry on digging her hole deeper.

## Summary

Based on their performance on this paper learners should:

- Ensure that they have enough knowledge of all named studies within the specification to answer all styles of questions in terms of procedure, results/conclusions and evaluation.
- Ensure that they have knowledge of the key terminology used within the specification and be able to apply it to scenario.
- Ensure that their responses should be based on the command verb used in the question i.e. the command word state does not require any expansion of a point whereas explain will require an appropriate expansion. Evaluate, and assess all require learners to show in depth, contextualized, knowledge and create a balanced argument to gain the highest marks although a one-sided argument with relevant depth and detail could allow learners to access level 3.
- Ensure that the technique/theory/model is appropriate to the context in the question. Not all techniques etc. will be applicable to all questions.
- Remember to link answers to context: for many questions not linking at all to context will limit marks significantly and, in some cases, score 0.
- Improve exam technique for extended open responses to ensure that they provide a balanced answer across all assessment objectives. In addition, to improve AO3 technique significantly in order to provide a balanced assessment/evaluation or discussion.

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