



Pearson

Examiners' Report

June 2017

GCE Psychology 9PS0 02

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications come from Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk.

Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus.



Giving you insight to inform next steps

ResultsPlus is Pearson's free online service giving instant and detailed analysis of your students' exam results.

- See students' scores for every exam question.
- Understand how your students' performance compares with class and national averages.
- Identify potential topics, skills and types of question where students may need to develop their learning further.

For more information on ResultsPlus, or to log in, visit www.edexcel.com/resultsplus. Your exams officer will be able to set up your ResultsPlus account in minutes via Edexcel Online.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk.

June 2017

Publications Code 9PS0_02_1706_ER

All the material in this publication is copyright
© Pearson Education Ltd 2017

Introduction

This was the second paper in the first examination of the linear GCE A level Psychology. The paper provided a range of question types over two sections, the compulsory clinical section and the topic section where candidates had to choose one topic out of criminological psychology, child psychology and health psychology. The most popular topic was criminological psychology followed by child and then health psychology. Many candidates showed good psychological knowledge across all areas, and there were very few unanswered questions, with most candidates attempting all the questions. Many candidates did well in the central tendency question and the statistical test question showing that they coped well on the new mathematical requirements. There was a common weakness in explaining strengths and weaknesses across the paper, and applying the context within an answer. Some candidates were able to gain strong marks through demonstrating their psychological knowledge in terms of the requirements of the command word. Other candidates did not always understand the requirements of the command word and so did not do so well. This was noticeable in the compare question, where very few candidates made explicit comparisons within their answer. Most only made one comparison and they tended to write two descriptions, one after the other, rather than comparing the two explanations. This was also noticeable in the extended open response questions of 8 marks or above, where there was often isolated knowledge and understanding. The A03 points were generic rather than linked to specifics, especially in relation to the contemporary study. The 'assess' question often lacked assessment in relation to the key question. Centres should study the taxonomy of command words at the back of the specification to gain an understanding of the different skills required.

Candidates are also not applying their knowledge and understanding for A02 marks when asked a question in relation to a stimulus context, such as questions 1a and 2. Candidates often gave generic responses that did not engage with the stimulus. However candidates engaged with the stimulus more in question 5. Where there is a stimulus context candidates should apply details from the stimulus throughout their answer. Merely giving a name is not applying detail from the stimulus.

The remainder of this Examiner Report will focus on each individual question and specific examples with the aim of highlighting areas of good practice and some common errors which can be used to help prepare candidates for future 9PS0/02 examinations.

Question (1) (a)

There were some strong answers to this question with the better responses

referring to Tanya throughout their answers, and describing the symptoms of schizophrenia, often through the use of examples. Weaker candidates either referred to Tanya once at the beginning of the answer, or did not refer to her at all. Some candidates listed symptoms rather than described the symptoms. A minority of candidates confused delusions and hallucinations, and some focused on the features of schizophrenia rather than the symptoms. Candidates should read the question carefully to ensure they are answering the question that is asked.

1 Tanya has been diagnosed with schizophrenia.

(a) Describe the symptoms of schizophrenia that Tanya may be experiencing.

(4)

Tanya may be experiencing positive symptoms of schizophrenia such as hallucinations where she is seeing or hearing things that are not there. She may also be experiencing delusions where there are exaggerated thoughts and more events which could lead to her being paranoid and thinking her ideas being watched. Or having thought insertion where she believes the thoughts in her head are not hers. She may also be experiencing negative symptoms such as social withdrawal resulting in her avoiding social situations and not being with family and friends.



ResultsPlus
Examiner Comments

This gains 4 marks.
1 mark each for describing hallucinations, delusions, paranoia and social withdrawal all clearly linked to Tanya.



ResultsPlus
Examiner Tip

Apply the context throughout the answer.

1 Tanya has been diagnosed with schizophrenia.

(a) Describe the symptoms of schizophrenia that Tanya may be experiencing.

(4)

There are different types of symptoms, positive and negative. Positive symptoms include delusions where an individual may feel in control of everything, or they may think everyone else is talking about them (paranoid delusions). Negative symptoms can include apathy whereby the individual will not show any emotion. There are also cognitive symptoms which include the individual's memory to not function properly.



ResultsPlus
Examiner Comments

This gains 0 marks as there is no link to the context.



ResultsPlus
Examiner Tip

Apply the context throughout the answer.

Question 1 (b)

The majority of candidates gained 1 or 2 marks for this question. Those responses who scored higher than this made explicit comparisons throughout their answer, either in every sentence or every paragraph. Most responses showed good knowledge of two explanations of schizophrenia but often wrote one description followed by another description and only made one explicit comparison. The most common explanations were a biological explanation and the social causation explanation.

(b) Compare **two** explanations of schizophrenia.

(4)

One explanation of schizophrenia is the social causation hypothesis and another is the dopamine hypothesis. The dopamine hypothesis is ~~more~~ a nature explanation which states that an imbalance in dopamine levels causes schizophrenia, for example too much dopamine causes positive symptoms and too little causes negative symptoms. Where as the social causation hypothesis is more on the nurture side of the nature nurture debate. There is states that more people in lower classes are more likely to develop schizophrenia because they face more social adversity factors like unemployment and poverty. However unlike the dopamine hypothesis, the social causation hypothesis does take ~~some~~ ~~more~~ the set genetic influences into account, for example the social causation hypothesis says that there is a higher chance of developing schizophrenia is the person has a genetic predisposition for it. Therefore this means that the dopamine hypothesis is more reductionist than the social causation hypothesis.



ResultsPlus

Examiner Comments

This gains 2 marks.

1 mark for the sentence describing the dopamine hypothesis and the social causation explanation with the 'whereas' between the two sentences.



ResultsPlus

Examiner Tip

Candidates need to make their comparisons explicit through the use of connectives.

Question 2

The better responses focused their answer on reliability, and explained throughout their answer whether Phillip should be concerned. Most responses showed good knowledge about the reliability of DSM and ICD, however this was an A02 question and candidates did not apply their answers to the context throughout, thereby limiting the amount of marks they could gain. Candidates often used the results of studies in relation to the reliability of DSM or ICD which was very positive. The weaker responses simply evaluated the reliability of DSM and ICD without any reference to the context, so these answers were generic. Some candidates confused reliability and validity.

- 2 Philip is a psychology student. His friend has just been diagnosed with a mental health disorder using a classification system, such as the DSM or ICD. Philip is concerned about the reliability of the diagnosis following his lessons in psychology.

Explain whether Philip should be concerned about the reliability of his friend's diagnosis.

(4)

Reliability refers to the extent in which a psychiatrist agrees on the same diagnosis for a client. For example, two psychiatrists assigning the same mental health disorder for Phillip would ensure reliability of diagnosis. There is evidence to suggest that reliability classification systems such as DSM and ICD are unreliable. For example, Nichols found poor inter-rater reliability in ICD10 and DSM-IV for eating disorders. Moreover, Ward would also support this as he found that there was inconsistency on diagnosis of a client of which 62% was due to the inconsistency of classification systems. However, to contradict this Brown found Rosenhan showed good reliability of DSM-1 as all patients apart from one were diagnosed with schizophrenia.



ResultsPlus Examiner Comments

This gains 0 marks.
The candidate has not referred to the context within the answer.



ResultsPlus Examiner Tip

Candidates need to refer to the context within the answer, in this case explaining why Phillip should or should not be concerned.

- 2 Philip is a psychology student. His friend has just been diagnosed with a mental health disorder using a classification system, such as the DSM or ICD. Philip is concerned about the reliability of the diagnosis following his lessons in psychology.

Explain whether Philip should be concerned about the reliability of his friend's diagnosis.

(4)

If the DSM was used, studies such as Goldstein support the reliability of the manual. Goldstein looked at 199 patients and, along with 2 other clinicians, re-diagnosed them (single-blind) and found reliability in the diagnoses. Therefore Philip doesn't need to be concerned. However, there is conflicting evidence from Beck, who found only 54% concordance in agreement between psychologists. This re-diagnosed 193 patients with schizophrenia. Therefore, it may depend on what mental disorder Philip's friend has to say whether he should worry about reliability. The ICD has a number of studies supporting its reliability of diagnosis. Jansen Jakobson Jakobson found agreement in diagnosis between the ICD and DSM, meaning they are likely both as reliable as each other, meaning Philip needs not to worry.



ResultsPlus
Examiner Comments

This gains 3 marks.

1 mark for Goldstein clearly linked to the context in the next sentence.

1 mark for Beck clearly linked to the context in the next sentence.

1 mark for the last sentence as it is clearly linked to the context.

Question 3 (a)

Most responses gained all three marks on this question, showing they knew how to work out the central tendencies. Those who did not gain all three marks often got the median incorrect as the mid-point was between two numbers.

Question 3 (b)

This question was not answered very well. The better responses were able to give an accurate definition of the term and went beyond saying it was the spread of scores, mentioning central tendency.

(b) Define what is meant by the term 'a measure of dispersion'.

(1)

A measure of dispersion is used to indicate how far the results vary from the average - such as the mean. Measures of dispersion include standard deviation and range.



ResultsPlus
Examiner Comments

This gains 1 mark for being an accurate definition.



ResultsPlus
Examiner Tip

When asked for a definition candidates have to be accurate in what they are writing.

Question 3 (c)

Most responses showed an understanding of what the standard deviations demonstrate. The better responses were able to interpret what the two standard deviations showed in terms of the spread of scores for the two groups, and included the data to support their interpretation. A minority of candidates wrote that the lower standard deviation meant that the depressed groups had lower mood scores.

Question 4

This essay provided a range of marks across the levels. The better responses showed accurate knowledge and understanding of interviews within clinical psychology, often focusing on structured, semi-structured and unstructured interviews, and they were able to give well developed evaluation points that showed an awareness of competing arguments, often in terms of the strengths and weakness of interviews within clinical psychology. Some responses also used specific studies from clinical psychology that used interviews to support their arguments.

Weaker responses tended to show their knowledge and understanding of interviews rather than of interviews within clinical psychology as stated in the question. The analysis and evaluation was also limited, not focusing on the use of interviews within clinical psychology, therefore there was a limited attempt to address the question within the A03.

4 Interviews are one research method used within clinical psychology.

Evaluate the use of interviews within clinical psychology.

treatment is
good
talking is
helpful. to hear
what people go through

Interviews are used to gather rich qualitative data on mental health which allows us to gather more knowledge to how a patient may ~~the~~ feel and think when they have a ~~sent~~ certain mental disorder. Interviews ~~help to~~ can be structured, semi-structured or unstructured. ~~Then~~ Structured interviews allow the clinician to ~~get~~ ask ^{each} patients the same thing but unstructured are useful so that you can get a deeper understanding of how patients may feel as you can ask linking questions. As you're working with vulnerable patients you must be careful to what you ask as patients may not want to answer but

could feel 'obliged' to. Vallentine et al did a study to see if patients found the interviewing technique as a good treatment. He found that the treatment group would recommend the ~~talking~~ treatment using interviews and it was helpful.

A weakness of interviews is that they only collect qualitative data, which can be subjective when analysing. One thing can mean something to one researcher but can mean something different to another. ~~Unstructured interviews~~ This means that the data is less accurate and may not be true to how the patients feel reducing the validity.

A strength of the use of interviews is that they can create quite holistic data. Interviews don't restrict the patient to only talking about one aspect of their mental health. You can get an understanding of how it is for people in different cultures or classes. This means that the

data is more generalisable to the mental health population.

In conclusion interviews may be subjective and have lower validity but overall produce good data that's holistic and useful to clinicians within clinical psychology.



ResultsPlus
Examiner Comments

This is level 1; 2 marks.
The A01 is mostly accurate.
The A03 has inaccuracies so is limited.



ResultsPlus
Examiner Tip

Candidates need to ensure what they have written is accurate.

4 Interviews are one research method used within clinical psychology.

Evaluate the use of interviews within clinical psychology.

(8)

Interviews are used in the diagnosis of mental disorders. They involve the clinician asking a range of questions to the patient to gain an understanding of their symptoms and personal life. In clinical psychology, semi-structured interviews are normally used. Semi-structured interviews allow a researcher to deviate from set questions but also allows them to keep a structure.

An advantage of using interviews is that the clinician can build a rapport with the patient so they may give better answers as they trust them more, this results in more accurate data being recovered which will allow a more reliable/valid diagnosis.

However, building a rapport may mean that the clinician loses objectivity when looking at the answers. This is problematic as they may not give the correct diagnosis. Furthermore, the patient may give socially desirable answers and may lie about symptoms to either exaggerate their symptoms or because they are in

denied or feel embarrassed or ashamed.

If the clinician is a different gender or from a different culture this could cause problems as it may make the patient feel uncomfortable which reduces the amount of information obtained which can affect diagnosis. Also what's considered deviant/normal in one culture may not be considered as deviant/normal in another.

In addition semi-structured interviews allow a clinician to deviate from the questions and ~~ask~~ develop on answers that may have arisen during the interview. This can be a good thing as it allows more in-depth data however it may mean the clinician misses out on other important information. They may also diagnose different people with the same symptoms/disorder differently due to different information given.

Finally the clinician may unintentionally have an effect on answers given (Hawthorne effect) this is bad as it can affect the validity and reliability of the information obtained.

Overall, interviews are useful in gaining in depth knowledge but actions need to be made to ensure it's valid and reliable

(Total for Question 4 = 8 marks)



ResultsPlus

Examiner Comments

This is level 3; 6 marks.

The candidate demonstrates accurate knowledge and understanding.

The A03 is developed, with mostly coherent chains of reasoning, showing an awareness of competing arguments - however it is imbalanced.



ResultsPlus

Examiner Tip

To gain level 4 the A03 must be balanced.

Question 5

This essay provided a range of responses, with candidates seeming to engage with the context. The better responses were able to apply the entire context in a sustained way, referring to both deviance and dysfunction. They were also able to apply some behaviours to both deviance and dysfunction showing accurate knowledge and understanding of how some behaviours could be classed as both.

Weaker responses were able to apply the context in a partially developed manner, often not going beyond stating specific behaviours were deviant or dysfunctional without reasoning why they were. Some candidates showed limited knowledge and understanding of the two terms, often getting them mixed up.

Some candidates did not focus on the question, either writing about all the four Ds, writing about DSM, or what mental disorder Alice had.

- 5 Rachel is concerned that her friend, Alice, may have a mental disorder. Alice has started to talk to herself in public. She has also stopped going out with her friends to avoid other people looking at her and embarrassing her friends.

Alice will only eat white food, and she refuses to go out in the day light because she feels it will cause her to catch fire. She has started to think that she has supernatural powers, such as being able to turn into a bat.

Discuss the diagnosis of mental disorders in terms of deviance and dysfunction. You must make reference to the context in your answer.

(8)

Deviance is concerned with behaviour which is out of the norm. With Alice, who started talking to herself can be an aspect of deviance. In a society it is rather unusual to start talking to yourself in public. However, some cultures find it perfectly normal so Rachel might need to make sure that she is not culturally biased.

Secondly, Alice has stopped going out with her ~~mates~~ friends because she is afraid to embarrass them. This can also be seen as deviant as she did go out before but then stopped with no explanation so this leads to a conclusion that she has some negative association with going out or she struggles because of a disorder.

Dysfunction is how your actions affect your life on a day-to-day basis. Ulize only eats white food which already shows that

she has some sort of disorder as she refuses to eat other foods so she will have a

harder time to find food. ~~ulize~~ Her fear to go out in day light show that she is ~~does~~ not able to deal with the sun

but when she thinks she will catch fire it becomes apparent she has some sort of delusions. Combined with her superpower of turning into a bat links with the idea of her being afraid to go ~~at~~ out in the daylight as bats like darkness.

Looking at all the evidence, you can see that Ulize certainly has an issue as she has delusions about being a bat and catching fire. These are the core symptoms of dysfunction but with delirium alone where she talks to her self is not much of symptoms as they can have other reasons but combined with dysfunction, things begin to fall in place and certainly Ulize has a mental disorder which she should check with the clinician.



ResultsPlus

Examiner Comments

This is level 3; 6 marks.

The candidate demonstrates accurate knowledge and understanding - sometimes this is merged with the A02.

The A02 uses coherent chains of reasoning, showing both sides of the argument and is supported by applying relevant evidence from the context.



ResultsPlus

Examiner Tip

On discuss essays include detail from the context.

- 5 Rachel is concerned that her friend, Alice, may have a mental disorder. Alice has started to talk to herself in public. She has also stopped going out with her friends to avoid other people looking at her and embarrassing her friends.

Alice will only eat white food, and she refuses to go out in the day light because she feels it will cause her to catch fire. She has started to think that she has supernatural powers, such as being able to turn into a bat.

Discuss the diagnosis of mental disorders in terms of deviance and dysfunction. You must make reference to the context in your answer.

(8)

Mental disorders have symptoms which can be explained looking at the 4 D's in clinical psychology. ^{2 being} Known as deviance, dysfunction, ~~danger~~ and Dysfunction is how someone may act when they don't know how to function in society 'normally'. Deviance looks at how deviant an individual is and how they act in society. An example of dysfunction is a hypochondria. Hypochondria's display behaviour in which everything or the majority of things such as a headache may appear to them as a brain tumour when in fact it isn't. ~~Dys~~ Dysfunctional behaviours are shown by Alice when she feels she will catch fire from day light and being able to turn into a bat. These symptoms of Alice are dysfunctional as they would not be seen as being the 'normal' behaviour in society. This had lead Alice to stop going out with her friends as she is

seeing herself as being embarrassing and believes people look at her and avoid her due to the dysfunctional behaviour. Alice displays deviance as she talks to herself and believes she has superpowers which a schizophrenic may believe. An example of deviance is schizophrenia as behaviour can't be controlled when an individual such as Alice becomes deviant.

In terms of deviance and dysfunction Alice would be diagnosed with a mental illness. Her friend Rachel would be right in thinking her friend will be diagnosed with a mental illness based on deviance and dysfunction. However, the 2 other diagnoses would have to be considered.

Deviance and dysfunction are only 2 of 4 diagnoses of mental disorders. They help us to determine whether an individual may be a danger to themselves and whether they display deviance and dysfunctional behaviour. Can determine their diagnosis.



ResultsPlus Examiner Comments

This is level 1; 2 marks.
The knowledge and understanding is isolated, as there are inaccuracies within the essay.
The A02 is only partially developed.



ResultsPlus Examiner Tip

Candidates should not use the same term when defining a term.

Question 6

This essay provided a range of responses. Williams was the most popular study used, followed by Guardia and Kroenke. The better responses were able to show accurate knowledge and understanding of the study, showing they knew the details of the study. Their AO3 was well developed, going beyond stating terms. They were also able to link their AO3 points to specific details from the study, showing their knowledge and understanding within their AO3 points. The very best responses were able to offer a balanced conclusion that went beyond merely repeating what they had already stated in the essay.

Weaker responses sometimes had some inaccuracies in their knowledge and understanding of the study, or the AO3 points were not developed in form throughout the essay. The AO3 points also tended to be generic and could apply to several studies, and were not supported by any knowledge or understanding within the essay. They often had a limited attempt at a conclusion or did not include a conclusion within their essay.

Some candidates wrote about an incorrect study, either Carlsson or Rosenhan, or a study that is not mentioned on the specification. Some candidates wrote about a Williams study that is not the one in the specification.

6 Evaluate a contemporary study on a disorder **other than** schizophrenia.

(20)

Name of study Williams et al. (2013)

This study aimed to discover whether remote forms of cognitive behavioural therapy (CBT) could be successful and whether internet-based cognitive bias modification (i-CBM) would improve internet the effectiveness of i-CBT. It aimed to discover whether these online courses could potentially clear waiting lists for face-to-face cognitive behavioural therapy.

69 volunteers were gathered by Williams and her colleagues and were allocated into 2 groups - the treatment group and the waiting list control (WLC). There were 38 participants in the treatment group and 31 in the WLC. All participants

took preliminary tests, including Beck's Depression Inventory, Beck's Anxiety Inventory and Kessler's Psychological Distress Scale. In order to test them for interpretation biases they also carried out the Ambiguous Scenarios test and the Scrambled Sentences test. They were also put through secondary screening tests which included the State

Trait Anxiety Test. The treatment group then began their i-CBM, they sat through 20 minutes of imagery-based i-CBM for 1 week, after which they began their 10 week i-CBT programme, ~~each session~~ which was a well-tested programme consisting of 6 sessions with an emphasis on homework. During this time the treatment group had no face to face contact with a therapist. When the treatment was over the ~~WLC~~ 2 groups retook the primary and secondary screening tests and the WLC began their treatment. The results showed that after 1 week there were clinically significant changes in 7 of the treatment group and 2 of the WLC. After 11 weeks there were clinically significant changes in 65% of the treatment

group and 35% of the WLC. It was concluded that since i-CBM brought about clinically significant changes after 1 week, it must have increased the effectiveness of the i-CBT, which was highly effective overall.

This study used volunteer sampling, this may cause problems for validity ~~generalisability~~ because these people were receiving free treatment for their depression without having to be put on a waiting list - they may have exaggerated their symptoms to try and be placed in the treatment and exaggerated the ^{positive} effects of the treatment because they felt indebted to the researchers. All of the measures used involved some level of self-report, which reduces validity because 2 people may interpret the severity of their symptoms differently. ~~Thus~~ The findings of this study have very useful application today - there is a shortage of cognitive behavioural therapists and this leads to long waiting lists for CBT. Furthermore face-to-face therapy is time-consuming and expensive, and not a realistic option for all - some people with depression find it extremely

'difficult and' anxiety-inducing to leave the house. These findings would help make CBT accessible to more people and people wouldn't have to have their mental health deteriorate whilst on a waiting list to receive help. The screening measures used in this study were well-tested and highly valid tools, this paired with the

triangulation of several of these primary and secondary measures gives the study high internal validity. It may not be valid, however, to draw comparisons between face-to-face CBT and i-CBT just based on this study, since there's no information on its long-term effectiveness (face-to-face CBT only has a relapse rate of 20% according to NICE). This procedure was highly standardised and well-controlled which affords replication, so its external reliability could be tested. Furthermore, the control ~~for~~ of extraneous variables* meant that validity of the findings is high* (such as face-to-face contact with a therapist). One major downfall in the validity of this study is that it doesn't

show the direct effect of the i-CBM on the success of CBT, there should have been a control group doing the CBT programme without the i-CBM to check its effectiveness accurately.

In conclusion, this study is very useful for people with depression today - its findings can be applied to increase

the accessibility to treatment of people with depression, however it almost fails to measure what it set out to - the effectiveness of i-CBM. ~~for there~~ To aid reliability of the findings a study should be carried out with a control who don't use i-CBM but do the i-CBT alone, and if it tested long term effectiveness this study would be even more valid.



ResultsPlus

Examiner Comments

This is level 4; 18 marks.

The A01 is accurate and thorough, on the first two pages of the essay.

The A03 is well-developed and logical; it is balanced and shows an awareness of competing arguments. There is a nuanced and balanced conclusion at the end of the essay.



ResultsPlus

Examiner Tip

Candidates need to know the details of the contemporary studies. The details can be found in the journal articles.

Question 7 (a)

Those candidates who could accurately state the correct statistical test often went on to gain at least two marks for stating why that test would be used. Some candidates wrote the wrong statistical test in part i) but were able to give reasons for that test in part ii) -- thereby gaining marks. The most common incorrect answer was chi square. Some candidates identified the standard deviation as a statistical test.

Question 7 (b)

Better responses were able to apply how Benito would gain his random sample fully within the context of the offenders of the treatment and so gained two marks for their description. Weaker responses either did not apply their answer to the context, or they did not describe how he would have gained his sample.

(b) Benito used a random sample.

Describe how he would have selected his sample.

(2)

Benito might have drawn randomly from a list of violent ~~but~~ or aggressive criminals, some who were and some who weren't receiving anger management therapy



ResultsPlus Examiner Comments

This gains 0 marks.
It does not describe how Benito would have drawn his sample randomly from a list.



ResultsPlus Examiner Tip

If asked to describe how a sample would be selected, make sure the description is in the answer, not just the same term as is in the question.

(b) Benito used a random sample.

Describe how he would have selected his sample.

(2)

Ben Benito would have put all the participants treated with anger management in one hat and pick out the number amount needed for the treatment group and the same ~~number~~ in a different hat for the participants not treated with anger management



ResultsPlus
Examiner Comments

This gains 2 marks.

It is clearly linked to the context in terms of anger management, and states how the participants would be picked until there was the right amount.

Question 8 (a)

Most candidates did not achieve high marks for this question due to lack of accurate description. Candidates often made statements such as XYY males had a lower intelligence when in fact they have a lower intelligence than their siblings. Some candidates also stated that XYY lead to an increase in testosterone, when this has been not been supported by research evidence. Some candidates went on to offer evaluative points when the question asked them to describe, or went on to write about how XYY can lead to labelling and described labelling theory in detail.

8 There are many biological explanations for crime and anti-social behaviour.

(a) Describe XYY syndrome as an explanation of crime and anti-social behaviour.

(4)

The XYY syndrome occurs only in males and where they have a random mutation of an extra Y chromosome, this can lead to learning disabilities even though they may lead to ~~increase~~ criminal behaviour as they cannot learn about it. Also it can lead to impulsive behaviour such as aggression which can lead to crime or antisocial behaviour. Boys are often teen and cannot control their emotions which ~~increases~~ can also lead to aggression leading to crime. XYY syndrome can also be linked to behavioural issues such as aggression leading to violent behaviours.



ResultsPlus
Examiner Comments

This gains 3 marks.

1 mark for the first sentence.

Nothing for learning disabilities as this is inaccurate.

1 mark each for the last two sentences.



ResultsPlus
Examiner Tip

Candidates need to be accurate in their description.

Question 8 (b)

There was a range of marks for this question with most candidates being able to gain at least one mark. Better responses were able to identify a strength and then go on to justify or exemplify their answer. Those candidates who scored one mark often failed to add to their identification. Weaker responses often described personality theory rather than explain a strength of it. A small minority of candidates gave a weakness rather than a strength.

(b) Another explanation of crime and anti-social behaviour is the influence of personality.

Explain **one** strength of personality as a factor that influences crime and anti-social behaviour.

(2)

Personality affects everyone and criminal personality can be easily tested for by doing an EPQ test to prevent future criminal behaviour.



ResultsPlus
Examiner Comments

This gains 1 mark for identifying a strength. The justification needs to say how it could be used to prevent future criminal behaviour.

The justification of strengths needs to be explained.

- (b) Another explanation of crime and anti-social behaviour is the influence of personality.

Explain **one** strength of personality as a factor that influences crime and anti-social behaviour.

(2)

There is research evidence to support the role of personality as a factor that influences crime by Rushton and Chrisjohn who found a higher delinquency score is associated with the psychotic, neurotic and extraverted personality dimensions which lead to crime.

(Total for Question 8 = 6 marks)



ResultsPlus

Examiner Comments

This gains 2 marks, 1 mark for identifying a strength and 1 mark for exemplification through the results of the study.

Question 9

This essay provided a range of answers, with most candidates gaining a level 1 or a level 2. Drug treatment was a more popular answer, then diet.

Better responses were able to demonstrate accurate and thorough knowledge and understanding of the treatment as well as giving well-developed evaluation points that lead to a conclusion. They often used research evidence to develop some of their arguments.

Weaker responses often had inaccuracies within their knowledge and understanding, or if writing about diet did not show knowledge and understanding of how it could be used as a treatment, often writing about how diet could cause offending behaviour. Other candidates did not develop their AO3 points.

- 9 There are various treatments for offenders using a variety of psychological approaches, including the biological approach.

Evaluate **one** biological treatment for offenders.

(8)

A biological treatment for offenders is drug treatment.

The aim behind this treatment is to suppress brain chemicals ^{and hormones} such as dopamine and testosterone, and increase amount of ~~regulatory~~ mood regulating neurotransmitters, such as serotonin, in brain, to prevent recidivism in offenders. This approach is supported by empirical research data. Maletzky et al, found out that individuals who were deemed to be suitable for drug treatment had very few parole offences, no sexual misconduct. Compared to individuals that were deemed to be suitable for drug treatment, $\frac{1}{3}$ of which were

prosecuted again for sexual offences, drug treatment can be seen to be highly effective in preventing recidivism. Moreover, parole officers were more likely to report that individuals are 'doing well'. This however

opens up criticism for subjective interpretations of offenders/participants. As parole officers could have formed a relationship with offender, they would more likely report that they are doing well, which lowers validity of study.

Drug is administered orally or may be injected on daily basis. In the US, drug treatment is made compulsory for certain individuals. This opens up criticism of unethical treatment. ~~The side effects of such a treatment~~ Offenders are forced to change their behaviour to fit society's needs, where they have no control over, as it is ~~changes~~ physiological changes.

Moreover, drug treatment is reductionist. It fails to look at other causes of criminal behaviour, such as internalization of labels in self-fulfilling prophecy. Treating brain chemicals can't change thinking patterns, hence,

less effective method.

In conclusion, drug treatment may be advantageous as it treats the cause directly by altering brain chemistry back to normal. However, if an individual's cause for criminal behaviour is due to other factors, i.e. SFP, they would remain resistant to treatment. Therefore, offender's case must be fully understood before administering treatment. (Total for Question 9 = 8 marks)



ResultsPlus Examiner Comments

This is level 3; 5 marks.
The candidate demonstrates accurate knowledge and understanding. The arguments are mostly coherent and demonstrate a grasp of competing arguments, but is imbalanced.



ResultsPlus Examiner Tip

To gain level 4 candidates need to write a balanced A03.

Question 10

The reliability of eye witness testimony was the most popular answer, followed by issues with jury decision making.

The better responses often showed accurate and thorough knowledge of the key question at the beginning of the essay, writing about why it was a key question. They often merged their AO2 and AO3 within the rest of the essay applying scientific ideas and processes to their key question and offering an assessment that was well- developed, based on their AO2. They were also able to come to judgements about the key issue, usually throughout their essay.

A large number of responses had isolated knowledge and understanding of the key question, often just stating the issue or giving one further sentence to show their knowledge and understanding. Many were able to apply relevant evidence to the key question, but their assessment was usually either limited or not developed throughout the majority of the essay. There was also a lack of judgement in relation to the key question.

10 You will have learnt about a key question from criminological psychology that is relevant to today's society.

Assess the key question from criminological psychology.

(16)

Our key question is whether eye witnesses testimonies are too unreliable? In terms of the public and the justice system, the people want to know whether it's correct and if they should be able to trust the memory of people who were present at that time of the crime. They rely on the psychologist experts who look into the memory and the reliability of memories at the time of such distress like Loftus and Palmer.

eye witnesses testimonies are unreliable because of the possibility of post-event information occurring. This is when the witness's memory becomes distorted and contaminated by people talking to them. The words and phrases used around them feed into their memory and schemas to alter their memory. An example of this is the same Stone study, whereby children were told about this boy who was very clumsy and naughty and for 10 weeks they were fed informa-

tion and leading ~~test~~ information. Then one day they brought a boy in and then a teddy bear got ~~also~~ destroyed. The children then believed it was Sam Stone, some children said they even saw him do it. However, post-event information is continuously tried to be prevented by police, hence why witnesses are not allowed to talk to anyone, even when the police talk to them they are trained to not ask leading questions etc.

Another reason as to why eye-witness testimonies are unreliable is because of the amount of Anxiety and arousal they may feel during the time of the crime. This is because Anxiety and arousal can affect eye witness testimonies because of how intense the situation is. Their body may hit the optimum of its arousal and begin to decline and once this happens memories can become distorted as they lose concentration. Some people can even faint due to the stress caused. Therefore, you can't be sure at what point witnesses may have hit the optimum level of

Anxiety and arousal. However, some witnesses may have a high level of Anxiety and arousal and are able to deal with the stress and will not hit their optimum during the crime, meaning their memories are very vivid.

Lastly, another reason eye witness testimonies are ~~less~~ unreliable is due to weapons focus. If the crime involves a weapon, witnesses are less able to identify the criminal. This is because if there is

danger present such as a knife people focus on the danger due to the fear. Therefore they are less likely to look at the criminal face and be able to recognise or describe him/her. Loftus provided evidence in her study that showed that a person ~~running~~^{running} out of a room after an argument with a pen then witness could identify that man in a line up more, so than a man running out with a knife. The participants ~~are~~ were less able to identify that person because they were focused on the knife with blood on it.



ResultsPlus Examiner Comments

This is level 2; 7 marks.

The A01 is mostly accurate. It is the first paragraph of the essay.

The A02 uses relevant evidence in the form of theories and applies them to the context of the key question.

The A03 has some statements with some development of form, and there is some superficial assessment.



ResultsPlus Examiner Tip

If the essay asks candidates to assess, there needs to be assessment throughout the essay which leads to a judgement to gain the higher levels.

Question 11 (a)

Those candidates who could accurately state the correct statistical test often went on to gain at least two marks for stating why that test would be used. Some candidates wrote the wrong statistical test in part i) but were able to give reasons for that test in part ii) - thereby gaining marks. The most common incorrect answer was chi square. Some candidates identified the standard deviation as a statistical test.

Question 11 (b)

Better responses were able to apply how Benito would gain his random sample fully within the context of the offenders of the treatment and so gained two marks for their description. Weaker responses either did not apply their answer to the context, or they did not describe how he would have gained his sample. Some candidates referred to other sampling methods, mainly opportunity or systematic sampling.

(b) Benito used a random sample.

Describe how he would have selected his sample.

(2)

A random sample is selected by assigning everybody numbers and using a computer to generate randomly selected numbers. People who were assigned generated numbers become part of the sample.



ResultsPlus Examiner Comments

This gains 0 marks as there is no application to the context.



ResultsPlus Examiner Tip

Apply answers to the context in the question throughout the answer.

Question 12 (a)

Many candidates were able to describe some of the features of autism, so gaining some marks. Better responses were able to describe the features in enough detail to access all the marks. Weaker responses often gave some symptoms as a list with no description of the features they had listed. There were also a lot of incorrect statistics. There was also a lack of up-to-date information about autism, for example the fact that Asperger's is no longer a diagnosis on its own. Some candidates wrote about people with autism having a special talent, when this applies to a small minority of those with autism.

12 Charlie has just received a diagnosis of autism.

(a) Describe the features of autism.

(4)

Autistic people often lack skills of empathising with others as they are unable to put themselves in another person's shoes (theory of mind)

Autism makes sufferers hypersensitive to things like loud sounds or itchy labels in clothes.

Sufferers often have a lack of communication skills and sometimes cannot talk at all.

Autistics become very obsessed with routine and become very angry or confused/upset if routine is broken.



ResultsPlus
Examiner Comments

This gain 4 marks, 1 mark for each paragraph.

When asked to describe candidates should do more than simply list the features.

12 Charlie has just received a diagnosis of autism.

(a) Describe the features of autism.

(4)

Autism is a neurodevelopmental spectrum disorder, endowing itself with the characteristics of lack of emotions an inability to understand emotion and monotonous behaviour. The prevalence rate of Autism is 0.1-0.2% of the population - a prevalence rate is the number of people in a population who are diagnosed with autism - thus seemingly is quite uncommon. Furthermore, boys are 5x more likely to be diagnosed with autism than girls, meaning a greater proportion of autistics are boys. Autism is a spectrum disorder which effectively means that there are different levels of autism - ~~for~~ for example Aspergers (a mild form)



ResultsPlus
Examiner Comments

This gains 0 marks.
The features are listed but not described and the figures are inaccurate.



ResultsPlus
Examiner Tip

Check information in textbooks with other sources.

Question 12 (b)

This answer provided a range of marks; however it was only the best responses who gained both marks. They were able to identify a weakness and then justify or exemplify their answer. Weaker responses could identify a weakness but did not go on to justify their answer.

(b) There are several explanations for autism. One is the biological explanation.

Explain **one** weakness of **one** biological explanation of autism.

(2)

The in-utero testosterone explanation developed by Simon Baron-Cohen since 2005 does not consider the environment that people are brought up in. Baron-Cohen believe people are always born with autism, but he fails to consider whether the home life people have can have some influence on whether they get autism or not, such as high levels of stress.



ResultsPlus Examiner Comments

This gains 1 mark for the first sentence.
The rest of the answer is a repetition of the first sentence.



ResultsPlus Examiner Tip

Try to not repeat what has already been written.

(b) There are several explanations for autism. One is the biological explanation.

Explain **one** weakness of **one** biological explanation of autism.

(2)

A weakness of the biological explanation would be that it claims more males have autism and although this has been proven true the reason for it is because of "the male brain".



ResultsPlus
Examiner Comments

This gains 0 marks. There is no identification of a weakness. There needs to be more detail about why it has been proven true.

Question 13

This essay provided a range of marks. The majority of answers focused on Genie and the Czech twins. Better responses were able to show accurate knowledge and understanding, using a range of research, and offered developed evaluation points that showed an awareness of competing arguments. This was usually demonstrated through the strengths and weaknesses of the research. They were also able to write a balanced conclusion.

Weaker responses focused on one piece of research, often writing an essay that evaluated Genie rather than writing of research into privation. There were some inaccuracies in their knowledge and understanding. Some responses showed accurate and thorough knowledge and understanding. However, their AO3 points were limited with little development, and there was a superficial conclusion.

Some candidates did not focus on what the essay asked.

13 There has been a lot of research carried out on the effects of privation.

Evaluate research into privation.

(8)

The Czech twins were 2 boys who were abused between the ages of 18 months and 6 years. During this time, the boys did not form an attachment to either ^{carer} parent. When they were removed from the home at 6 they were malnourished, had poor IQ and poor language development. After this, they received excellent care and by 15 they had developed an average IQ and ~~spe~~ language.

Hodges and Tizard researched the development of children who began life in institution. ^{At 2} Some children left the institution and went to live with their family, and others went to live with adopted families. It was found that children with adopted families were happier, and formed attachments better than children with biological families.

Rutter ^{researched the effects on} reported children who were seriously

neglected in Romanian overcrowded institutes adopted by UK families. He found that if the child was adopted before 6 months, they caught up in weight, height and cognitive ability by 11 but those adopted after 6 months had difficulties that persisted until the age of 15.

This research into privation provides detail that we could not ^{ethically} acquire ~~eth~~ through experiments. The studies have increased validity ~~reliability~~ if data is triangulated as it proves each result is reliable.

However, these case studies lack generalisability as they are specific to each person.

~~Also there is~~

The research shows negative effects of privation can be reversed providing good quality care is given, ~~However~~ as shown by the Czech twins. However it is argued that the Czech twin + Romanian children formed attachments with each other, meaning total privation may not have occurred. Rutter shows that privation effects are ^{increased} ~~timed~~ the longer the child is privated,

suggesting there is a critical period for which privation can be reversed.

To conclude, research into privation is useful to ~~show~~ give data that is hard to find however there are certain limitations



ResultsPlus

Examiner Comments

This gains level 2; 4 marks.

The A01 is accurate and thorough. The A03 has some statements that have some development of form and some that are not developed in form.



ResultsPlus

Examiner Tip

Candidates need to develop their A03 in order to gain the higher levels.

Question 14

The most popular answers concerned the effects of day care on children or what parents should consider when choosing day care for their children.

The better responses often showed accurate and thorough knowledge of their key question at the beginning of the essay, writing about why it was a key question. They then often merged their AO2 and AO3 within the rest of the essay, applying scientific ideas and processes to their key question and offering an assessment that was well- developed, based on their AO2. They were also able to come to judgements about their key issue, usually throughout the essay.

A large number of responses had isolated knowledge and understanding of their key question, often just stating the issue or giving one further sentence to show their knowledge and understanding. AO1 was frequently restricted to an introduction, stipulating reasons for day care and what the general requirements of day care should be, such as staff ratio and qualifications of staff.

Many did not apply relevant evidence to their key question, and their assessment was usually limited or not developed throughout the majority of the essay. There was also a lack of judgement in relation to their key question. Candidates often did not focus on their key question.

14 You will have learnt about a key question from child psychology that is relevant to today's society.

Assess the key question from child psychology.

(16)

Daycare is when a child is looked after by someone who is not a relative. Daycare is also a type of separation which many children can find upsetting & will show anxiety about. It is thought that over 63% of children ^{in the UK} have been put in a form of daycare before they reach school age. Daycare can be useful for working parents and small children. Our key question was 'what are the effects of daycare on a child'?

The EPPE was a longitudinal study that wanted to look at the effects of daycare on a child. They found that daycare could improve a child's intellectual, cognitive & social skills which lead to children being confident. This is arguably a good effect of daycare on a child which a parent should take into account. However behavioural problems such as temperament could be issues if attending daycare at a young age.

The NICHD also looked at effects of day care on children. This too was a longitudinal study. A weakness of using a longitudinal study is that many pts can drop out meaning results aren't as valid. The NICHD found that the longer a child was in daycare the more aggressive they became. They found similar behavioural problems as the EPPE. They also found that children ~~be~~^{were} ~~produced~~ better on cognitive & language tasks if they had started daycare young for long periods of time which could be seen as good.

Li et al found that later daycare with high quality was more beneficial than younger high-quality daycare. Also suggesting daycare was beneficial for children. This is supported in the fact that ^{exp} ~~lit~~ was also credible & reliable as strict controls were used to produce reliable results. Thus enforcing daycare is good for children.

However because daycare can be seen as a form of separation for a child this may lead to a higher number of anxious resisters and anxious Avoidant children. This suggests that daycare may have an effect on attachment between a child and caregiver. This could be different for different children across cultures as supported by Mary Ainsworth's Research.

children's attachment with caregivers could also be affected if children are put in daycare too young. Bowlby's research suggests a critical period of 0-3 yrs is important in attachment. If children are put in daycare in these years then an attachment with main caregiver may not be formed, leading to detrimental effects on attachment - such as delinquency / psychopathy. This could ultimately suggest to parents to not use daycare bc of the effects of it. *

In conclusion, daycare can be useful for parents needing to work. Daycare can have positive ~~impact~~ effects on a child in that it is more intellectual,

however may lead to negative effects such as behavioural problems as seen in studies such as the EPPE & NICHD. This could have detrimental effects such as them becoming more likely to take risks when they're older.

* The lack of attachment in the critical period can be supported by Bowlby's research into the 44 thieves. This looked at prisoners who had committed crimes and found they were ~~in~~ had an absence of a caregiver in the critical period. Thus showing the importance of making an attachment to avoid ~~de~~ psychopathy. With daycare in the first 3 years of a child's life, this could prevent the attachment being formed.



ResultsPlus Examiner Comments

This is level 3; 10 marks.

The candidate demonstrates accurate knowledge and understanding about the key question. Lines of argument use relevant evidence, and have mostly coherent chains of reasoning which consider a range of factors. There is an understanding of competing arguments, with assessment within the essay which leads to a judgement at the end of the essay.



ResultsPlus Examiner Tip

When asked to assess, candidates need to include assessment throughout the essay to gain the higher levels.

Question 15 (a)

Those candidates who could accurately state the correct statistical test often went on to gain at least two marks for stating why that test would be used. Some candidates wrote the wrong statistical test in part i) but were able to give reasons for that test in part ii) - thereby gaining marks. The most common incorrect answer was chi square. Some candidates identified the standard deviation as a statistical test.

Question 15 (b)

Better responses were able to apply how Benito would gain his random sample fully within the context of the offenders of the treatment and so gained two marks for their description. Weaker responses either did not apply their answer to the context, or they did not describe how he would have gained his sample.

(b) Benito used a random sample.

Describe how he would have selected his sample.

(2)

He would have got a representative sample of ~~people~~ ^{the overall population} and made sure they all had a fair chance of getting chosen to be represented within the sample. The ~~sample~~ people should be chosen at random to be included in the sample.

(Total for Question 15 = 6 marks)



ResultsPlus
Examiner Comments

This gains 0 marks.
There is no application to the context in terms of the health campaign.



ResultsPlus
Examiner Tip

Candidates should apply the context throughout their answer when asked to do so in the question.

(b) Benito used a random sample.

Describe how he would have selected his sample.

(2)

He could have placed lots of random peoples names in a computer and generated his sample from who was picked. This would be random, and no bias from researcher. He would place all names of people in country/world who had seen it and then people who hadn't seen the campaign



ResultsPlus
Examiner Comments

This gains 2 marks. It clearly links to those who had or had not seen the campaign. It describes how the sample would be selected through a computer.

Question 16 (a)

Candidates showed good knowledge of a biological explanation. Good responses were able to offer clear descriptive points clearly linked to heroin. Weaker responses often just listed some points, rather than described them.

16 Ben is addicted to heroin. His parents want to find out about the causes of heroin addiction.

(a) Describe **one** biological explanation for heroin addiction.

(4)

A biological explanation is tolerance, withdrawal, physical dependency and psychological ~~weir~~ dependency. tolerance is built up as ^{the longer} ~~the more~~ as you take heroin the more the body gets used to it so you have to take more and more to feel the euphoria feeling so you become addicted. When you stop taking heroin you feel withdrawal symptoms which are unpleasant such as vomiting, diarrhoea, shivers, headaches and so to avoid having these symptoms they take heroin so that do not have to experience. Psychological dependence comes from euphoric feeling you get and depend on it to relax and make happy.



ResultsPlus
Examiner Comments

This gains 2 marks. 1 mark for the sentence about tolerance and 1 mark for the sentence about withdrawal.
The first sentence is just a list; there is no description within it.

When asked to describe do more than make a list.

16 Ben is addicted to heroin. His parents want to find out about the causes of heroin addiction.

(a) Describe **one** biological explanation for heroin addiction.

(4)

A biological explanation for heroin addiction is linked to tolerance as heroin is an agonist and is converted into morphine which acts at opioid receptors sites reducing effect of GABA, releasing dopamine. Tolerance is built up as the brain downregulates its own production of dopamine to counter the high dopamine levels resulting from the ~~been~~ heroin. This means that more heroin is needed to have the same high as the first time leading to addiction as people take more. Also withdrawal symptoms are very unpleasant and can last for a week so addicts continue using in order to prevent feeling the withdrawal increasing their tolerance.



ResultsPlus
Examiner Comments

This gains 4 marks. 1 mark for the points about being an agonist, 1 mark for the effects on GABA, 1 mark for tolerance, and 1 mark for elaboration of what this means in terms of the amount of heroin taken.

Question 16 (b)

Most candidates were able to gain at least one mark for identifying a weakness, with the most common weaknesses being linked to reductionism or the fact that it doesn't explain why people start to take drugs. Better responses were able to identify a weakness and then justify or exemplify their answer. Weaker responses could identify a weakness but did not go on to justify their answer.

(b) Explain **one** weakness of **one** biological explanation for heroin addiction.

(2)

A weakness of the biological explanation for heroin addiction is that it doesn't get to the root of the problem in explaining why people begin taking the drug in the first place, unlike learning theories who argue it's due to operant conditioning.



ResultsPlus Examiner Comments

This gains 1 mark for identifying a weakness. The justification needs more than merely stating 'unlike operant conditioning'.



ResultsPlus Examiner Tip

When justifying a weakness using an alternative theory there needs to be some detail about the alternative theory, not just the name.

(b) Explain **one** weakness of **one** biological explanation for heroin addiction.

(2)

One weakness is that a lot of research into heroin addiction is carried out on animals. This is ungeneralisable to humans as they have differences in brain structures and can be unethical.



ResultsPlus Examiner Comments

This gains 2 marks. 1 mark for identifying a weakness and 1 mark for exemplifying the weakness.

Question 17

This essay provided a range of marks. The most common answer was the use of methadone.

Better responses were able to show accurate knowledge and understanding and offer developed evaluation points that showed an awareness of competing arguments. This was usually shown through the strengths and weaknesses of the treatment. They were also able to write a balanced conclusion.

Weaker responses had isolated knowledge and understanding in terms of how methadone works or how it is taken, often being inaccurate in some of what they wrote. Their AO3 points were limited with little development, and there was a superficial conclusion.

17 There are several treatments for heroin addiction.

Evaluate **one** treatment for heroin addiction.

(8)

One treatment for heroin is methadone.

Methadone also acts like morphine, just like heroin. However Methadone is taken orally and not injected, which can be a health benefit to the addict as usually they may share needles with other abusers ~~area~~ which can lead to diseases such as HIV and ~~off~~ also ~~use~~ infecting can lead to infections which can lead to septasemia; therefore methadone stops this.

However with methadone treatment, the addict will have to visit their local pharmacist / Doctor every 24 hours ~~to~~ to get their dose of methadone. Some addicts may not be reliable to go every day, ~~and also even if~~ therefore it may not stop their addiction. Also the addict may go everyday to get their daily dose of methadone, however they may also be taking heroin too

as there is no body there to stop them once they're left the pharmacist / Pharmacy / Doctors.

Methadone also works over 24 hours when taken. The addict will get a high from it but - will not feel as much euphoria as they would if they took heroin. Also when coming down off heroin the addict will get sweaty, dry mouth and shakiness. Methadone's come down is a lot slower than heroin's therefore the user does not feel those after affects like they would if they were on heroin.



ResultsPlus

Examiner Comments

This is level 1; 2 marks.
The A01 is isolated and contains some inaccuracies.
The A03 does have some statements that are developed.



ResultsPlus

Examiner Tip

When writing an essay the A01 has to be accurate and thorough to gain the top levels.

Question 18

The most common answer referred to the cessation of smoking.

The better responses often showed accurate and thorough knowledge of their key question at the beginning of the essay, writing about why it was a key question. They then often merged their AO2 and AO3 within the rest of the essay, applying scientific ideas and processes to their key question and offering an assessment that was well-developed, based on their AO2. They were also able to come to judgements about their key question, usually throughout their essay.

A large number of responses had isolated knowledge and understanding of their key question, often just stating the issue or giving one further sentence to show their knowledge and understanding. Many were able to apply relevant evidence to their key question, but their assessment was usually limited or not developed throughout the majority of the essay. There was also a lack of judgement in relation to their key question.

18 You will have learnt about a key question from health psychology that is relevant to today's society.

Assess the key question from health psychology.

(16)

Question: How can knowledge from health psychology encourage the cessation of smoking?

Smoking remains the largest reason for preventable death in the UK. It is an addictive habit that can harm the health of us and others around us.

The Elaboration Likelihood Model of Persuasion suggests that to quit smoking, an individual must be motivated to do so. This suggests that any campaign conducted to encourage the cessation of smoking should contain a clear message with minimal additional content that may be viewed as irrelevant distractions. This model also suggests that to evoke motivation, a message should come from a professional in the field. This indicates that campaigns such as 'Startober' that is run by or at least has a front man of celebrity status (Al Murray), will not be effective.

The Howard-Yale model suggests that the mere act of simply passing on a message is enough to persuade someone, this is not always the case. In fact, deciding on how a smoker is going to be supported in their quit attempt is as important as telling them the dangers of cigarettes. An individual must both be provided with information regarding the negative impacts of smoking, the benefits of quitting and support on how they are going to quit. Only then will cessation occur.

The fear-arousal scale implies that in order to encourage the stopping of smoking, an adequate amount of fear regarding the dangers must be instilled. This means that, too little fear triggered in a smoker may cause them to brand smoking as a minor fault, whereas too much could cause them to dismiss it as unlikely to happen to them. This evidence could mean that the graphic images displayed on cigarette packets will not be influential.

In order for treatments of smoking addiction to occur the person first must be motivated and want to quit. Talking therapies, like CBT or hypnosis can be effectively used to establish this motivation. These techniques may give the patient what they need to decide to quit, making the attempt more likely to be successful. These therapies can be paired with treatments that alleviate the physical dependency of nicotine and reduce the withdrawal

symptoms; such as nicotine patches. However, it is not possible for this method to deal with psychological dependency, as nicotine cravings can last for months.

In summary, in order to establish a successful attempt at encouraging the cessation of smoking then all these things must be considered. A clear and short message should be sent out with an adequate level of fear arousal, attempting to motivate a specific target

of individuals. If these individuals then decide to attempt quitting, careful consideration to what support they need should be considered. Treatment should attempt to address physical and psychological dependency whilst always willing on the patient to quit. This is how the knowledge of health psychology can encourage smoking cessation.



ResultsPlus Examiner Comments

This is level 1; 4 marks.

The A01 shows isolated elements of knowledge and understanding.

The A02 and A03 are merged together. They apply relevant evidence to the key question, use coherent chains of reasoning that consider a range of factors, and show assessment throughout the essay that leads to a judgement.



ResultsPlus Examiner Tip

When writing an essay the knowledge and understanding needs to be accurate and thorough to gain the higher levels.

Paper Summary

Based on their performance on this paper, candidates are offered the following advice:

- Where an extended open response question (8 marks or more) is used, candidates should draw upon their knowledge and understanding to support logical chains of reasoning in order to achieve higher mark bands.
- Candidates should apply their understanding to the behaviour or context in a given scenario, not just give a name.
- The A03 within essays about studies should be specific, not generic, linking details about the study.
- Explanations of strengths and weaknesses should be stated or justified, not merely described.
- When asked to compare, candidates should make explicit comparisons throughout their answers through the use of connectives.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

<http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx>

Ofqual



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Pearson Education Limited. Registered company number 872828
with its registered office at 80 Strand, London WC2R 0RL.

