

Examiners' Report

June 2023

GCE Psychology 9PS0 02

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Introduction

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. Most candidates attempted all the questions indicating that candidates are managing their time.

Some candidates still do not explain strengths and weaknesses across the paper. Centres should remind candidates that 'explain' questions need a justification/exemplification. Applying the context within an answer was also missing in some answers, especially in the research methods questions in the topics.

Candidates should be reminded of the fact that Assessment Objective (AO) 2 questions require application to details given in the context, throughout their answer.

Some candidates were able to gain high marks through demonstrating their psychological knowledge in terms of the requirements of the command word. Other candidates did not always understand it. Candidates should be referred to the taxonomy of command words in Appendix 6 of the specification.

This was noticeable in some of the extended open response questions of 8 marks or above, where there was sometimes isolated knowledge and understanding. The AO3 points were sometimes not developed.

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 that can be used to help prepare candidates for future 9PS0/02 examinations.

Question 1 (a)

This question required candidates to write a definition of reliability in relation to classification systems AO1.

The best answers gave an accurate definition and related it to classification systems and so gained the mark. Some answers were vague and did not mention what was consistent or did not link to classification systems for mental health.

Some answers were about validity rather than reliability.

- 1** In your studies of clinical psychology, you will have learned about classification systems for mental health.

- (a) Define the term 'reliability' in relation to classification systems used for diagnosing mental health.

(1)

Reliability is when the ~~same~~ diagnosis given for a certain disorder for a patient can be re-diagnosed again by other people using the classification system, establishing ~~the~~ same diagnosis.



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Examiner Comments

This response receives a mark for an accurate definition of reliability in relation to classification systems used to diagnose mental health.

Total: 1 mark

Question 1 (b)

This question assessed AO1 and AO3, asking for two reasons why classification systems were not valid.

The use of Rosenhan was popular, as was cultural differences. The better answers that used cultural differences were able to use examples. However, some answers that used cultural differences stated that they were not considered by the classification systems.

The best answers were able to identify two reasons and then justify those reasons, often through the use of relevant research. Weaker answers were able to identify two reasons but often did not justify those reasons and so did not gain the AO3 marks.

Some answers were repetitive, stating the same reason twice. Some answers did confuse reliability and validity.

(b) Explain **two** reasons why classification systems for mental health may not be valid.

(4)

1. Subjective interpretations can lead to misdiagnosis /
mis treatments. NOT all ^{listed in the DSM/ICD} diagⁿ symptoms can be interpreted
~~as abnormal behaviour~~ the same across all clinicians.
One clinician may interpret mood disorders as anxiety whereas
another clinician may not interpret someone's behaviour as a
mood disorder. Therefore classification systems are subjective and can
lead to misdiagnosis or mis treatment.
2. Cultural differences can affect how clinicians treat patients.
Malgady found that noise in Costa Rica interpreted
hearing voices as a positive experience, whereas in the USA, hearing voices
is a Schizophrenia symptom. These cultural differences
aren't considered in classification systems, thus can lead
to misdiagnosis or no treatment. (Total for Question 1 = 5 marks)



Marks are given for:

First reason

- identifying that it is subjective because not all symptoms will be interpreted the same way by all clinicians (1)
- the justification regarding how two different clinicians can diagnose the same symptoms in two different ways (1)

Second reason

- identifying that cultural differences can affect how clinicians treat patients and can lead to misdiagnosis or no treatment (1)
- the use of a study to justify this point (1)

Total: 4 marks



When asked to explain a reason, offer a full justification to gain the AO3 mark.

Question 2 (a)

This question assessed AO2, asking candidates to identify the dependent variable.

The best answers were able accurately to identify the dependent variable. Where answers did not gain the mark, it was because they identified the independent variable, rather than the dependent variable.

- 2 Charles conducted an investigation to see whether therapy delivered online was as effective as therapy delivered face to face (in person). If people were interested in taking part in Charles's investigation, they could contact him.

His participants came from a variety of different therapists and had a range of different mental health disorders. The participants were separated into two groups.

- Condition A: the therapy was delivered online.
- Condition B: the therapy was delivered face to face (in person).

Every participant had completed eight weeks of therapy and Charles asked them if their mental health disorder had improved, stayed the same, or deteriorated.

(a) Identify the dependent variable (DV) in Charles's investigation.

(1)

The dependent variable is what Charles is measuring
which is the effectiveness of therapy delivered online
or face to face.



This response identifies the dependent variable accurately.

The question did not ask candidates to identify the operationalised dependent variable therefore the effectiveness of therapy is enough to gain the mark.

Total: 1 mark

Question 2 (b)

This question assessed AO2 and AO3, asking candidates to explain a weakness of opportunity sampling in relation to the scenario.

The most frequent weakness was related to how the sample may be biased.

The best answers were able to identify a weakness and relate it to the scenario, and then go on to justify why it was a weakness.

Weaker answers were able to identify the weakness but did not offer a justification, or develop their justification in sufficient detail. The weakest answers did not link their response to the scenario.

(b) Charles used a volunteer sampling technique.

Explain **one** weakness of Charles using a volunteer sampling technique in his investigation.

(2)

A volunteer sample may attract a certain personality type, therefore the sample will be biased in the portion of the target population it will represent, ie a volunteer may attract unemployed individuals only, meaning the findings obtained from Charles' study are only representative, thus generalisable to unemployed people.



ResultsPlus
Examiner Comments

This answer receives no marks because it is a generic answer.

Writing the name is not enough to count as application.

Total: 0 marks



ResultsPlus
Examiner Tip

When a question is asked in relation to a scenario, use details from the scenario in your answer.

(b) Charles used a volunteer sampling technique.

Explain **one** weakness of Charles using a volunteer sampling technique in his investigation.

(2)

A volunteer sample can attract a certain type of participant, being those who are motivated to partake, such as those with strong views towards therapy and an exceptionally bad mental health disorder. T/f Charles' findings can lack population validity as it's a non-representative sample. This means his findings of therapy online or in person cannot be generalised to ^{the} wider population.



ResultsPlus
Examiner Comments

Marks are given for:

- identifying that it may be a biased sample as they may be motivated to take part and have strong views on therapy (1)
- the justification that it is not representative so cannot be generalised to the target population (1)

Total: 2 marks

Question 2 (c)

Candidates were required to state a reason for Charles using a chi-squared test, for an AO2 mark.

The best answers were able to state one reason. Some answers did not gain the mark because they wrote that it was ordinal data, or that they were looking for a relationship.

(c) Once Charles had collected his data, he conducted a chi-squared test.

State **one** reason why Charles used a chi-squared test to analyse his data.

(1)

Charles used an independent group design
either a therapy group or a race to task



ResultsPlus
Examiner Comments

This answer receives the mark because independent groups is a reason for using chi square.

Total: 1 mark

Question 2 (d)

This question assessed AO2 and AO3 in relation to whether the data was significant or not.

The best answers were able correctly to identify the critical value and then make a judgement in terms of significance based on the critical and calculated value.

Some answers stated the significance correctly but did not use the data to gain the second mark.

The weakest answers gave the incorrect answer in terms of significance.

- (d) Charles found an observed/calculated value of 3.23 where $df = 2$ when he calculated the chi-squared test for his investigation. 4.61

Explain whether Charles's results were significant for a one-tailed (directional) hypothesis when $p \leq 0.05$.

(2)

Charles's experiment for one tailed hypothesis when $p = 0.05$ and $df = 2$ is not significant, since the calculated value is less than the critical value of 4.61.



Marks are given for:

- saying it is not significant (1)
- the correct use of the two values (1)

Total: 2 marks

Question 2 (e)

This question asked candidates to explain an improvement that could be made to the study in the scenario, for AO2 and AO3 marks. A range of suggested improvements was seen.

The best answers were able to identify an improvement, link it to details from the scenario, and then justify how this would improve the study.

Weaker answers could identify the improvement but then did not justify how it would improve the study. Many of these answers focussed on a weakness of the original study, rather than focussing on how it would make the study better.

Some answers changed the research methods used or the focus of the study so were not offering improvements to the study in the scenario.

The weakest answers did not link their answer to the scenario and so were generic.

(e) Explain **one** improvement Charles could make to his investigation.

(2)

Charles collected all his participants from the same country, England so the study lacks population validity. To improve a wider sample of 500 participants should be used across different countries eg. UK, USA & India. This will mean Charles can generalise his findings to the whole population.



ResultsPlus
Examiner Comments

This answer receives no marks because it is generic.

The scenario does not mention the country that the sample came from.

Using the name alone does not give the application mark.

Total: 0 marks



ResultsPlus
Examiner Tip

When questions are asked in relation to a scenario, use details from the scenario.

(e) Explain **one** improvement Charles could make to his investigation.

(2)

He could have used a stratified sample eg dividing mental health patients into diff. groups such as those asking seeing treatment / refusing treatment, and getting the sample of patients according to these proportions of each group in the target population eg. if 20% of the mental health patients are treatment resistant, then 40 out of 200 of

(Total for Question 2 = 8 marks)

the participants should be receiving treatment. This could increase the generalisability of the study regarding the effectiveness of in person vs online treatment as it is more representative to the sample of diff. groups of mental health patients.



ResultsPlus
Examiner Comments

This answer receives marks for:

- or identifying that he could use a stratified sample dividing the mental health patients into groups (1)
- the justification that this would make the sample more representative and more generalisable (1)

Total: 2 marks

Question 3 (a)

This AO1 question required candidates to describe the function of neurotransmitters in relation to schizophrenia.

Most answers focussed on dopamine, with some also including glutamate or serotonin.

The best answers were able to give three clear descriptive points and so gain all three marks. Some answers gained two because they focussed on dopamine in the mesolimbic and mesocortical pathways but did not write anything else.

The weaker answers contained errors, or were confused about the role of glutamate.

A very few answers wrote about another explanation, such as genes.

3 You will have learned about the function of neurotransmitters as an explanation of schizophrenia.

(a) Describe the function of neurotransmitters as an explanation of schizophrenia.

(3)

~~Increased~~ ^{Altered} dopamine activity has been linked to schizophrenia. Increased dopamine activity in the mesolimbic pathway has been found to be linked to positive symptoms such as hallucinations. A lack of dopamine in the mesocortical pathway has been linked to negative symptoms such as a lack of motivation. It has also been found that schizophrenics have a higher density and sensitivity ~~to~~ of dopamine receptors. Serotonin and glutamate have also been linked to schizophrenia. High levels of serotonin has been linked to paranoia and hallucinations, and low levels of glutamate have been linked to high dopamine.



This answer receives marks for:

- the increased dopamine linked to the relevant area of the brain and positive symptoms (1)
- the low levels of dopamine linked to the relevant area of the brain and negative symptoms (1)
- the point about the dopamine receptors (1)

Total: 3 marks

If the candidate had not received all of these marks there would be a further mark for the serotonin and glutamate point.

Question 3 (b)

This question required candidates to explain a strength of the function of neurotransmitters in relation to schizophrenia.

An AO1 mark was available for identifying the strength and the AO3 mark was for justifying the strength.

There was a variety of answers, with the use of supporting evidence being the most popular response.

The best answers were able to identify the strength and then go on to justify the strength.

Weaker answers were able to identify the strength but did not justify the strength or did not justify it in enough detail.

Some answers focussed on a strength of biological explanations, rather than focussed on neurotransmitters.

(b) Explain **one** strength of the function of neurotransmitters as an explanation of schizophrenia.

(2)

there is supporting evidence; ^{Carlsson} ~~Scoville~~ found there is a link with dopamine and other neurotransmitters like PCP, Serotonin and amphetamine which all have a relation to a psychotic symptom, ERF measuring the validity of NT's role in schizophrenia, implying an imbalance causes symptoms such as psychosis.

(Total for Question 3 = 5 marks)



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying Carlsson supports the theory as his results imply neurotransmitter imbalance does cause symptoms of schizophrenia (1)
- the use of the results of his study as the justification (1)

Total: 2 marks



ResultsPlus
Examiner Tip

When asked to explain a strength, offer a full justification in order to gain the AO3 mark.

Question 4

This 8-mark essay assessed AO1 and AO3.

Most answers focussed on genes and how they affected the development of schizophrenia and/or one other disorder.

Some answers focussed on how mental health could affect development. Both were creditworthy.

The best answers were able to show accurate and thorough knowledge and understanding, in relation to the question. They were also able to offer well-developed, logical evaluation points focussed on development.

There was a wide range of research studies used for the AO3 element. Gottesman and Shields was the most common study used. Answers were also able to offer alternative explanations and how they affect the development of the disorder.

Weaker answers often had weaker AO3, offering statements with some development of form. The weakest answers had isolated elements of knowledge and understanding, and limited supporting evidence.

4 Evaluate how issues around genes and mental health can affect development.

(8)

Genes are biological and inherited from parents. For example, a patient with schizophrenia (SZ) will have a higher chance of giving birth to a SZ child than a non SZ. ~~These~~ ^{Genes} biologically predispose people to certain mental disorders, e.g. SZ is thought to be a biological trait by the genetic explanation, meaning certain people are bound to develop as SZ. A ~~some~~ strength of this is that Gottesman supports genetic explanation. He found MZ twins had a 48% chance of developing SZ if their ~~one~~ twin had it, while DZ 17%. As a result, the idea we develop certain MHD such as SZ is a strong explanation.

However, it is thought that SZ is directly linked to genetics. The general population have a 1% chance of SZ, second degree relatives 2-5% and first degree relatives 6-17%. However, an issue with this theory is there is no consideration for 'nurture' effect on the development of certain MHD. Other theories, such as downward drift hypothesis, suggest SZs cluster in low income areas. This could explain why a SZ develops with poorer education due to their lack of schooling, reducing the ~~the~~ sole responsibility of genes as an explanation of development.

Additionally, genes can interact with the environment as certain social situations can trigger the development of a MHD that is predisposed by a person's genetic makeup. For example, a person may be born with a gene variant that interacts with abuse to form a MHD. A strength of this is supported by Tienari who found ~~that~~ a high ~~percentage~~ correlation between gene variants like Xq23 and schizophrenia. This supports the idea genes can lead to MHD development.

Finally, genes can affect a person's development regarding their life expectancy. It is thought those with SZ have ^{live} ~~live~~ 10y less on average, due to the severity of their symptoms. ~~There~~ Puerri also suggested adolescents with psychotic symptoms are 70x more likely to commit suicide. However, genes cannot describe all MHD development, such as patients who have no genetic predisposition (e.g. Xq23) but still develop a disorder. Therefore not a holistic explanation of all MHD.

In conclusion, genes can ~~do~~ explain possible reasons as to why certain MHD may develop, although not all. More research is required into the interaction of genes and the environment of developed disorders later in life.



AO1: Level 4

It is accurate, and thorough.

AO3: Level 3

The evaluation is developed and has logical chains of reasoning. There is an awareness of competing arguments and there are conclusions throughout the essay.

This places the response at the bottom of Level 4.

Total: 7 marks

Question 5

This 8-mark essay assessed AO1 and AO2.

The best answers were able to offer accurate and thorough knowledge and understanding of the different types of interviews and questions that could be used.

They also offered a well-developed, logical, balanced discussion that had sustained application and used different elements of the scenario. This was often demonstrated through the use of example questions that could be asked.

Some answers still offered evaluative points in a 'discuss' question, which was not necessary.

Weaker answers often did not engage with the context beyond repeating the name, or they gave isolated elements of knowledge and understanding, with errors in the answer.

- 5 Lydia is a clinical psychologist. She is investigating the experiences of patients who attend the local mental health unit. Lydia has decided to use interviews to ask the patients about communication at the mental health unit and wants some feedback regarding the areas they think are effective as well as possible improvements.

Lydia interviews each patient individually and uses a variety of question types within her interviews. Once the interviews have been completed, Lydia collates her data and then reports on her findings to the manager of the mental health unit. open
closed

A01 Discuss how Lydia could use interviews with the patients in the mental health unit.

A02 You must make reference to the context in your answer.

(8)

Interviews are verbal discussions held between a patient and a therapist. They can be unstructured, in which the questions asked are solely based off the patient's responses regarding their behaviour. Lydia could ask the local mental health unit (MHU) patients what their general experiences with the MHU is, and then ask more specific questions based on their responses. e.g. if the patient mentions a long waiting time, Lydia could ask how long.

Interviews can use closed questions, where the patient has a set number of answers to respond with. This could be yes/no questions or a Likert scale. Lydia could ask the patients 'on a scale of 1-10 how satisfied are you with the waiting times to see a clinician' to gather closed, objective data on efficiency.

However, interviews can also use open questions

in which the patient is free to talk about their symptoms / experiences / behaviours in whatever words and length they could like. Lydia could ensure she uses a variety of question types by also asking open questions such as 'what do you think could be improved about the facility?'

~~Lydia~~ Interviews are often recorded and transcribed, or notes are made of patient symptoms and safely filed away. Lydia could write down any ~~major~~ patient responses regarding efficiency on a notepad while she interviews each individual patient, then give these notes to the manager of the MHV in one, compiled document.



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Examiner Comments

AO1: Level 3

It is accurate but not thorough.

AO2 Level 4

There are coherent chains of reasoning and an awareness of competing arguments in the forms of the different aspects of the interview. It is well-developed.

This places the response at the bottom of Level 4.

Total: 7 marks

Question 6

This 20-mark essay required candidates to demonstrate all three AOs.

Cognitive behavioural therapy was the most frequent answer, with assertive community therapy and family therapy and a few psychoanalysis also being presented.

The best answers were able to show accurate and thorough knowledge and understanding of their chosen therapy, with the very best showing accurate and comprehensive knowledge and understanding. They were also able to integrate and synthesise relevant evidence from the context: the best answers did this consistently. Their AO3 points were well-developed and logical, with a full awareness of competing arguments that offered a balanced judgement.

Weaker answers often only occasionally supported their lines of argument with relevant evidence from the context. Their AO3 points were not very developed in terms of the effectiveness of the therapy, and were, in some cases, generic.

Some answers focussed on a biological treatment, usually drugs treatment. These were sometimes able to gain some marks through using a different treatment as an alternative to drugs.

6 Henry has been referred to a psychiatrist and has been diagnosed with schizophrenia. Whilst talking to the psychiatrist he disclosed he has a variety of symptoms including hearing voices telling him he is not a good person. He also has delusions where he thinks he is a superhero and can save the world. Henry has also withdrawn from his family and friends and no longer goes out to see his local rugby team play. He does not get on with his parents as he feels they were not loving parents when he was a child.

701
702
703
704
4
LWC

Henry's psychiatrist wants to treat him with a psychological treatment.

CBT
Bredshaw,
Chadwick + Lowe
long term
empowers
10/12

To what extent could **one** psychological treatment be effective for Henry's schizophrenia?

Kingdom + Kuchner
701-301
invasive, social c
(20)

You must make reference to the context in your answer.

CBT is a type of psychological treatment. It works on the assumption that those with schizophrenia (SZ) have irrational thoughts and beliefs about themselves and the world around them. Henry's psychiatrist could treat ~~him~~ ^{his SZ} with CBT. Henry has irrational thoughts in the form of hallucinations and delusions such as hearing voices telling him he is not a good person and delusions where he thinks he is a superhero and can save the world. A strength of using CBT to treat SZ is that it is supported by Chadwick and Lowe who found that 10 SZ patients treated with CBT ~~had~~ 10/12 of patients had a reduction in delusions. Therefore suggesting CBT is an effective method at treating SZ. Yet, CBT is a form of social control. The psychiatrist decides that the patients' behaviour is not normal so want to change it. The patient may feel like they have to have treatment to be 'normal' so may feel forced into receiving CBT, if maybe not most ethical solution for SZ.

CBT aims to identify these irrational thoughts and ^{of delusions and hallucinations} then challenge them to allow the schizophrenic to cope. When Henry is treated with CBT his psychiatrist will identify Henry's irrational thoughts of thinking he is a superhero and can save the world ~~and~~ (delusions of grandeur) and challenge them to allow Henry to cope in society, maybe allowing him to go and see his local rugby team play again. A strength of using CBT to treat SZ is that it is supported by Bradshaw who found Carol's level of distress and delusions was reduced after a 3 year course of CBT, therefore suggesting CBT is an effective treatment to reduce SZ delusions and hallucinations. However, in Bradshaw's study there was a lack of control and extraneous variables were not controlled for such as Carol's social life contributing to her delusions and hallucinations of hearing voices saying 'no good' such as maybe going out and partying and doing drugs with friends, hence reducing the validity of findings of CBT being an effective treatment so reducing validity of CBT to treat schizophrenia.

CBT challenges ~~the~~ the schizophrenic's irrational thoughts and beliefs through questioning, such as asking why they believe their delusions, and use this false perception of reality to allow the SZ to ~~cope~~ manage.

Henry's psychiatrist will accept Henry's misconception of reality that he is a superhero that can save the world and hearing voices telling him he is not a good person to allow Henry to manage. A strength of CBT to treat SZ is that it empowers the SZ. They are in control of the therapy. They set the goals they wish to achieve, speed of progression and how. Therefore empowering the SZ so they will be less likely to drop out and will continue treatment. Moreover, a weakness of CBT to treat SZ is that Kingsdom and Tuckerton found that while CBT was effective at treating 70% of patients, the other 30% deteriorated, therefore suggesting CBT is not an effective method for everyone with SZ.

~~CBT~~ CBT as used to treat SZ also builds a rapport and takes time to allow the psychiatrist to really understand the SZ's symptoms so can be treated effectively. A rapport will be built between Henry and his psychiatrist. This will include his past experiences, ^{such as} ~~because~~ his childhood, his current symptoms of delusions of hearing voices telling him he is not a good person and what his interests are such as watching his local rugby team play. A strength of CBT to treat SZ is that it is a long term treatment. It aims to

change the irrational thoughts and beliefs of the schizophrenic so aims to treat them for life, compared to drug therapy which only works while the schizophrenic is on drugs and once the therapy ends it is likely their symptoms will come back. Therefore CBT is an effective long term treatment for SZ. Yet, this means that CBT requires commitment from the patient. A CBT course can range from 5-20 weeks or even longer with a 1 hour session a week so this will take up the patient's time and may also be expensive making it more likely they will drop out if don't see results straight away. Therefore may not be the most effective treatment for SZ.

In conclusion, CBT to treat Henry's schizophrenia may be effective as there is supporting evidence to show it works well on others such as Carol. However, CBT is not effective for everyone and could cause Henry's SZ to deteriorate and become worse so may do more harm than good. Henry will also have to sacrifice a lot of time for CBT treatment, maybe Henry could try drug therapy first e.g. Clozapine and if that is ineffective second try CBT to treat his SZ.



AO1: Level 4

It is accurate and thorough but not comprehensive.

AO2: Level 4

The lines of argument are supported by the application of relevant evidence from the context.

AO3: Level 5

There are well-developed logical arguments with logical chains of reasoning throughout. There is a full awareness of competing arguments and judgements, which are balanced.

This places the response in Level 4.

Total: 16 marks

Question 7 (a)

This was a 2-mark question that assessed AO1 in relation to a biological treatment.

The most frequent answer was anti-androgens, followed by diet.

The best answers were able to describe how their chosen biological treatment worked on offenders. Many answers gained one mark but did not offer two descriptive points.

Some answers referenced a non-biological treatment.

When the question asks candidates to 'describe' for 2 marks, candidates should write two clear descriptive points.

- 7** In your studies of criminological psychology you will have learned about treatments for offenders.

(a) Describe **one** biological treatment for offenders.

(2)

Drug therapy can be used for offenders, they take the drugs usually daily. For example MPA reduces testosterone & can be used to treat sex offenders by reducing their sexual impulses by reducing their levels of testosterone.



ResultsPlus
Examiner Comments

This answer receives credit for stating how MPA (medroxyprogesterone) reduces levels of testosterone.

Total: 1 mark



ResultsPlus
Examiner Tip

A 2-mark question needs two points.

Question 7 (b)

This question required candidates to explain a strength of a biological treatment.

The most usual response was the use of supporting research.

The best answers were able to identify a strength and then justify this strength, often through the use of results from supporting research.

Some answers could identify a strength but did not offer a full justification, or did not offer any justification.

Some answers focussed on a non-biological treatment.

(b) Explain **one** strength of a biological treatment for offenders.

(2)

This drug has supporting evidence by Malesky. He used an average dose of 200mg of MPA on 100 offenders. 99% didn't reoffend on MPA and only 1% reoffended after 3 years. This suggests MPA reduces sexual urges of criminals. Therefore this is an effective treatment for criminals.



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Examiner Comments

This answer receives marks for:

- supports the use of drug therapy so showing it is effective (1)
- the use of the results as justification (1)

Total: 2 marks



ResultsPlus
Examiner Tip

When asked to explain a strength ensure you fully justify the strength to gain the AO3 marks.

Question 8 (a)

This question required candidates to explain a weakness of the use of quantitative data in relation to the scenario.

The most frequent response focussed on the lack of detail.

The best answers were able to identify a weakness and link this to the scenario and then justify why this was a weakness. Some answers could identify a weakness but did not offer a full justification, nor any justification.

Some answers did not link to details from the scenario and so were generic. Other answers did not focus on Alicia's use of quantitative data and instead gave a weakness of the participants giving the data.

When asked to explain a weakness in terms of a scenario, candidates should include details from the scenario in their answer.

In this case, it is linked clearly to the office manager.

- 8 Alicia conducted an experiment to investigate perceptions of criminal behaviour. She gave participants from a local office two different scenarios about an office manager.

In the first scenario the participants had to say how likely it was that the office manager committed assault (condition A). In the second scenario the same participants had to say how likely it was that the office manager committed fraud (condition B).

The participants were asked to give a score from 1 to 10, where 1 was highly unlikely and a score of 10 was highly likely.

- (a) Explain **one** weakness of Alicia collecting quantitative data for her experiment.

(2)

one weakness of collecting quantitative data is that it doesn't indicate why they think the office manager committed fraud or assault. Alicia's data will only be numerical answers. She can only see how many people chose a certain response, not why they chose this. This can make her data lack therefore Alicia cannot gather a detailed understanding to why these participants chose their answer.



This answer receives marks for:

- identifying that quantitative data does not indicate why they thought the office manager committed the fraud or assault (1)
- justifying this, that they only collected numerical data so it does not give a detailed understanding of the participant's point of view (1)

Total: 2 marks

Question 8 (b)

This question required candidates to calculate a Wilcoxon test.

The best answers were able to do this and calculated the correct answers, so gaining all four marks.

Weaker answers made errors. The most common error was in the ranking, where candidates ranked according to the minus signs instead of ignoring them, as the instructions said.

Question 8 (c)

This question asked candidates to explain an improvement that could be made to the study in the scenario, for AO2 and AO3 marks.

A range of suggested improvements was seen.

The best answers were able to identify an improvement and link it to details from the scenario. Then, they justified how this would improve the study.

Weaker answers could identify the improvement but then did not justify how it would improve the study. Many of these answers focussed on a weakness of the original study, rather than focussing on how it would make the study better.

Some answers changed the research methods used or the focus of the study so were not offering improvements to the study in the scenario. The weakest answers did not link their answer to the scenario and so were generic.

When asked to explain an improvement, candidates should concentrate on how their identified improvement will make the study better.

(c) Explain **one** improvement Alicia could make to her experiment.

(2)

Alicia uses a repeated measures design when investigating the perceptions of ^{criminal} individual behaviour using scenarios, therefore to improve her experiment she could use an independent groups design - this would ^{reduce} demand characteristics as participants are less likely to guess

(Total for Question 8 = 8 marks)

the aim - meaning Alicia's experiment will be more valid as is less impacted by extraneous variables like 'participants guessing the aim.'



This answer receives marks for:

- identifying that she could use independent groups, with the link being at the beginning of the sentence through perceptions of criminal behaviour (1)

The writing in the middle of the answer relates to the weakness of matched pairs, so it is not creditworthy. This does not say how independent groups would improve the study.

- noting that independent groups would make it more valid because it would control extraneous variables such as participants guessing the aim. This is the justification mark (1)

Total: 2 marks

Question 9

This 8-mark essay assessed AO1 and AO2.

The best answers were able to offer accurate and thorough knowledge and understanding of psychological formulation. They also offered a well-developed, logical, balanced discussion that had sustained application and used different elements of the scenario.

Some answers still offered evaluative points in a 'discuss' question, which were not necessary.

Weaker answers often did not engage with the context beyond repeating the name. Alternatively, they gave isolated elements of knowledge and understanding with errors in the answer. Some confused whether George was the offender, or the psychologist.

- 9 George is a psychologist who works in a local prison. He has been asked to carry out a case formulation on a prisoner who is due for parole. The prisoner has not been engaging in a treatment programme.

George asks the prisoner about his childhood when he was neglected by his parents. He also asks about his current relationships, which are unstable. George finds out that the prisoner has an addiction and was homeless before going to prison.

Discuss how George may conduct a psychological formulation to understand the function of offending behaviour in the prisoner.

You must make reference to the context in your answer.

- court @ ~~base~~ ~~base~~
- mix of media @ ~~base~~ ~~base~~
- treatment
- variety of approaches (8)

Psychological formulations (PF) are reviews of a criminal's past experiences to try and explain why they committed the crimes they did, and whether it was a result of their past experiences. George will be using the PF to try and assess the prisoner he has been assigned to decide whether he is likely to reoffend and let out on parole.

PFs can use a variety of media, via triangulation, such as investigating the criminal's family relationships, education, and criminal history. George will use the knowledge that the prisoner's current relationships are unstable as well as his history of being homeless to assess where the unstable criminal tendencies developed. For example, abusive parents may be inferred by the unstable relationship, suggesting ~~the~~ the prisoner was aggressive as he was observing and imitating his parents' behaviour.

The PF will be used by the court to assess whether it is still safe to release a criminal, as well as aiding the decision as to what treatment to provide the offender to reduce their chances of reoffending. George may inform the court that the prisoner has not been engaging in a treatment programme to suggest they look into the use of drugs or CBT to help treat the prisoner and prevent recidivism.

PFs use a variety of psychological approaches such as combining social, cognitive, biological and learning approaches to best describe why a crime was committed. This way, it can be speculated as to whether the offender had intent and understanding when committing their crimes thus are likely to reoffend. George must ensure if the prisoner is released for parole, then he is not confronted with similar environments that act as triggers to the prisoner's criminal behaviour. For example, George may ensure the prisoner was a home to be released to, avoiding the possibility that it was his homelessness that drove him to crime such as the need to steal food to survive.



AO1:

This is accurate and thorough. Given the time limit the candidate has to write this answer, they could not have written much in the time available.

AO2: Level 4

It is well-developed and sustained. There is a through awareness of competing arguments in the form of application to different aspects of the psychological formulation.

This places the response in Level 4.

Total: 8 marks

Question 10

This 16-mark essay assessed all three AOs.

The best answers were able to offer accurate and thorough knowledge and understanding of the XYY theory. They were also able to support lines of argument throughout, with sustained application including a range of details from the scenario.

The AO3 was well-developed and logical, with an awareness of competing arguments and a balanced conclusion. Good answers often used details from the scenario to offer labelling theory or self-fulfilling prophecy as an alternative argument. However, some answers did not link alternative theories back to the XYY theory.

Weaker answers showed isolated knowledge and understanding of the XYY theory, often misunderstanding the effects of XYY on testosterone. Alternatively, they produced a list of the effects, with isolated knowledge and understanding of how those effects impacted Mark's behaviour. They also had little reference to details from the scenario, often only using the name and no further details. The AO3 was limited, with little development.

10 Mark is 20 years old and is very tall and muscley. He is constantly in trouble with the police.

A03
A03

When Mark was a toddler, he started to talk at a slightly later age than his sister. At school Mark found it difficult to concentrate as he was easily distracted from his work. ^{1, sibling} 2 He was a member of a junior rugby team until he was asked to leave after being too aggressive. As a teenager Mark often got into fights. He left school at the age of 16 with average exam results, but his parents were disappointed as he did not do as well as his sister.

Mark has just been arrested after crashing a stolen car. His mother says his criminal behaviour is due to his genetics whilst his father says it is due to Mark being seen as a naughty child in the past.

Evaluate XYY syndrome as an explanation of Mark's behaviour.

You must make reference to the context in your answer.

(16)

The XYY syndrome suggests that there is an ~~extra~~ extra Y chromosome on the sex chromosome in a male, this syndrome is known as the 'Super male syndrome' as normally a male would only have one Y chromosome whereas the super male syndrome shows that the male has two. ~~Mark~~ though genetics Mark may have ~~the super male syndrome~~ been born with the Super male syndrome in which Mark has an extra Y chromosome on the sex linked chromosome, this may be why Mark is constantly getting into trouble with the police due to this genetic malformation within him, allowing him to possess the Super male syndrome. A strength of ~~the~~ the XYY syndrome as an explanation of Mark's ~~the~~ aggressive behaviour is that it has supporting research from Brickner et al who found that 3 out of 13 sex offenders ~~who~~ had the XYY syndrome, ~~therefore~~ therefore increasing the validity of the XYY syndrome as an explanation of Mark's aggressive behaviour due to ~~there~~ gaining credit from supporting research.

A Male who has XYY Syndrome is said to grow much taller at a faster rate compared to their Siblings due to possessing an extra Y chromosome which may ~~also~~ increase rates of testosterone, leading to higher muscle ~~and~~ growth and height. This can explain why Mark is very tall and ~~muscle~~ muscular compared to his sister in which this can also explain why Mark gets into fights due to his large size, leading Mark to think he can win as a result of his height and masculinity. This can also explain Mark's aggression due to an increase in testosterone which has led him to be asked to leave the junior rugby team as a result. However, Sapping research from Brickner et al finding 3/13 sex offenders that had XYY Syndrome lacks population validity in which he only assessed 13 sex offenders, therefore findings of XYY Syndrome causing criminal behavior in sex offenders cannot be representative and generalised to a wider population ~~of~~ of ~~the~~ people with XYY and so reducing the validity of XYY Syndrome as an explanation of Mark's aggressive behavior such as getting into fights. Another strength however is that ~~it is linked~~ to XYY Syndrome has Sapping evidence from Gudari who found that 90% of cases of criminal behavior in India, the criminal possessed the XYY Syndrome, this therefore further increases the validity of the XYY Syndrome for explaining Mark's behavior. However, a weakness of ~~this theory~~ ~~is that~~ the XYY Syndrome explaining Mark's behavior is that it is reductionist, it takes ~~into~~ into account the role of nature in which it suggests Mark's behavior is a

result of his ~~genetics~~ genetics, however fails to account for other factors that can influence his behavior such as the role of nurture. ~~Such as~~ Such as the social learning theory suggesting Mark's behavior may be a result of observation and imitation from role models through his upbringing. ~~And~~ Therefore, the XYY syndrome as an explanation for Mark's behavior can be seen as too simplistic as it only accounts for the role of nature and not nurture, and so reducing the validity of the XYY syndrome for explaining Mark's behavior.

The XYY Syndrome suggests that the ~~person~~ male who possesses this ~~gene~~ is much less intelligent compared to their siblings and may ~~also~~ lack functioning skills at an early age. This may explain why Mark started talking much later than his sister and that he only got average grades in his exams, leading to his parents being disappointed. This lack of intelligence ~~also~~ can also explain why Mark crashed a stolen car and getting into fights as a result of bad decision making from Mark due to him possessing the XYY syndrome. A strength of the XYY syndrome is that it can be far explaining Mark's behavior is that it can be tested scientifically through the use of scientific methods such as genetic screening. People can therefore be aware if they have the syndrome and precautions can be put in place to reduce any unwanted behavior, thus increasing the validity of the XYY syndrome to explain

Marks behavior as it can be tested objectively using scientific methods to ~~test~~ ~~research~~ ~~investigate~~ behavior, this being ~~for~~ A weakness however for using Xyy Syndrome to explain a person's behavior such as Marks is that it can lead to labelling within society, if someone is labelled with having the Xyy Syndrome, this may have a harsh psychological effect on that person and so the use of ~~the~~ using the Xyy Syndrome to explain behavior such as Marks can be seen as unethical and socially sensitive and so reducing the validity of using Xyy Syndrome to explain Marks' behavior.

The Xyy Syndrome also suggests that the male will have a shorter attention span and be more distracted compared to their siblings. This can explain why at school, Mark finds it hard to concentrate as he was easily distracted from his work ~~in~~ which can ~~suggest~~ suggest why Mark ~~left~~ left school with lower grades compared to his sister.

To conclude, the Xyy Syndrome to explain Marks' behavior has credit and high validity through supplying research from Brickm et al and Godwin however can be seen as reductionist as it only accounts for the role of nature and genetics to explain Marks' aggression. To improve this, there needs to be a more holistic approach in which ^{involves} the role of nature such as influences from the environment to make it a more valid explanation of Marks' behavior.



AO1: Level 4

It is accurate and thorough.

AO2: Level 3

Relevant evidence has been applied but this is not sustained.

AO3: Level 4

There are well-developed arguments and logical chains of reasoning. The arguments are balanced with conclusions being presented throughout the essay.

This places the response in Level 4. The mark is reduced because the AO2 aspect is weaker.

Total: 13 marks

Question 11 (a)

This was a 2-mark question that assessed AO1 in relation to a therapy.

The most usual answer was picture exchange communication systems (PECs), and applied behavioural analysis (ABA), followed by cognitive behavioural therapy (CBT).

The best answers were able to describe how their chosen therapy worked with children with autism. Many answers gained one mark but did not offer two descriptive points.

Some answers did not specify a therapy and gave an answer that could have been a number of therapies. Other answers only stated a therapy, without offering any description of that therapy.

11 In your studies of child psychology you will have learned about therapies for helping children with autism.

(a) Describe **one** therapy used to help children with autism.

PECS (Picture Exchange ^{communication} therapy) can help ^{non-verbal} children ⁽²⁾ with autism to communicate. There are 6 stages involving using velcro pictures to form sentences, and gradually they are encouraged to answer questions such as 'what do you want' in order to communicate with their families and peers, something they may struggle with due to having autism.



ResultsPlus
Examiner Comments

This answer receives marks for:

- the point about using Velcro pictures (1)
- gradually being encouraged to ask questions, so they can communicate (1)

Total: 2 marks



ResultsPlus
Examiner Tip

When the question asks you to describe for 2 marks, write two clear descriptive points.

Question 11 (b)

This question required candidates to explain a strength of a therapy.

The most frequent response was the use of supporting research.

The best answers were able to identify a strength and then justify this strength, often through the use of results from supporting research.

Some answers could identify a strength but did not offer a full justification, or did not offer any justification. Some answers did not specify a therapy and gave an answer that could have been a number of therapies.

When asked to explain a strength candidates, should ensure they fully justify their strength to gain the AO3 marks.

(b) Explain **one** strength of a therapy for helping children with autism.

(2)

Marjorie charloe-christy found in a case study of 3 boys using PECS that the therapy helped their ability to communicate and they also showed cognitive development in language, IQ and self-care proving that this therapy can be beneficial to non-verbal children with autism.



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying that it is effective because the therapy found it helped their communication (1)
- their self-care etc also improved, so further elaboration of the results is the justification (1)

Total: 2 marks

Question 12 (a)

This question required candidates to explain a weakness of the use of quantitative data in relation to the scenario.

The most usual response focussed on the lack of detail.

The best answers were able to identify a weakness and link this to the scenario and then justify why this was a weakness.

Some answers could identify a weakness but did not offer a full justification, or did not offer any justification.

Some answers did not link to details from the scenario and so were generic. Other answers did not focus on Alicia's use of quantitative data, and instead gave a weakness of the participants giving the data.

When asked to explain a strength in relation to a scenario candidates should ensure details from the scenario are included in the answer.

12 Alicia conducted an experiment to investigate perceptions about whether day care improved the cognitive development of children. She gave parents from a local nursery two different scenarios about a child.

In the first scenario the participants had to say how likely it was that the cognitive development of a child who did not attend day care would have improved (condition A). In the second scenario the same participants had to say how likely it was that the cognitive development of a child who did attend day care would have improved (condition B).

The participants were asked to give a score from 1 to 10, where 1 was highly unlikely and a score of 10 was highly likely.

(a) Explain **one** weakness of Alicia collecting quantitative data for her experiment.

(2)

Alicia's data is numerical and it cannot tell us the meanings behind why the participants felt the way they did about day care and could lack validity, as there may be specific aspects^{of day care} influencing the participants to give higher scores for condition A or B - Alicia cannot find out what these aspects are through quantitative data ~~the~~ so she may interpret the results wrongly, leading to invalid conclusions.



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying that it is numerical and she does not know the reason why the participants felt the way they did about day care (1)
- the justification point for writing about it lacks validity because there could be specific aspects for their answers which she does not know (1)

Total: 2 marks

Question 12 (b)

This question required candidates to calculate a Wilcoxon test.

The best answers were able to do this and calculated the correct answers, so gaining all four marks.

Weaker answers made errors. The most frequent error was in the ranking, where candidates ranked according to the minus signs instead of ignoring them, as the instructions said.

Question 12 (c)

This question asked candidates to explain an improvement that could be made to the study in the scenario, for AO2 and AO3 marks.

A range of suggested improvements was seen.

The best answers were able to identify an improvement and link it to details from the scenario and then justify how this would improve the study.

Weaker answers could identify the improvement but then did not justify how it would improve the study. Many of these answers focussed on a weakness of the original study, rather than focussing on how it would make the study better.

Some answers changed the research methods used or the focus of the study and so were not offering improvements to the study in the scenario. The weakest answers did not link their answer to the scenario and so were generic.

When candidates are asked about a strength or weakness in relation to a scenario they should include details from the scenario in their answer.

(c) Explain **one** improvement Alicia could make to her experiment.

(2)

one improvement Alicia could make is ask parents from other nurseries across the UK, in order to make her sample bigger (instead of one nursery) so that she can generalise her findings of whether day care will improve or decrease a child's development. By increasing her sample, she will access different types of people from different cultures / socio-economic backgrounds.



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying that she could get a sample from all over the country, not just one nursery, which is the link (1)
- this would make her results generalisable because she would get parents of different cultures and socio-economic backgrounds as the justification (1)

Total: 2 marks

Question 13

This 8-mark essay assessed AO1 and AO2.

The best answers were able to offer accurate and thorough knowledge and understanding of how to reduce the negative effects of deprivation. They also offered a well-developed, logical, balanced discussion, that had sustained application and used different elements of the scenario.

Some answers still offered evaluative points in a 'discuss' question, which was not necessary.

Weaker answers often did not engage with the context beyond repeating the name. Alternatively, they gave isolated elements of knowledge and understanding, with errors in the answer. Some answers focussed on the negative effects of deprivation, rather than how to reduce the negative effects.

13 George is a psychologist who works at a children's clinic. He has been asked to work with a child who they are worried may develop the effects of deprivation. This is the second occasion that the child's mother has had to stay in hospital for a long period of time. The child will be placed in foster care with a family.

During the first separation the child was placed in a children's home and had to fit in with the routines that were already in place there. The parents of the child are concerned as they noticed a change in their child's behaviour after the first separation.

Discuss how George may reduce the negative effects of deprivation.

You must make reference to the context in your answer.

(8)

Sticking to familiar routines can decrease the negative effects of deprivation as ~~the~~ experiences away from attachment figure and normal environments are mimicked. George could ask the mother to give information about ^{her} the child's daily routine and then ask the foster family to replicate it as accurately as possible eg. reading a book to the child before bed.

A replacement attachment figure can buffer effects of ~~the~~ not having care from usual attachment figures, as the replacement figure can provide care. George must make sure that the people in the foster care family don't leave during George's stay there eg. that no one in the foster family will go overseas for work, holiday etc during the child's stay. This is so his ~~not~~ a replacement attachment can be formed and the child's attachment to them isn't be disrupted during ~~the~~ their stay.

familiar items can reduce despair behaviour in deprivation, as they can remind children of comfort and feel familiar in new environments away from primary caregiver's care. George can make sure that the child's parents arrange for their child to

take their ~~favorite~~ favorite toys to the foster care home, so that the child feels more familiar, reducing distress behaviour from separation.



AO1: Level 3

It is accurate but not thorough.

AO2: Level 3

The arguments are developed: there is a grasp of competing arguments, and relevant evidence from the context has been applied. It is not well-developed.

This places the response in Level 3.

Total: 6 marks

Question 14

This 16-mark essay assessed all three AOs.

The most frequent responses included Ainsworth's studies, and IJzendoorn and Kroonenberg.

The best answers were able to offer accurate and thorough knowledge and understanding of the cross-cultural research on attachment. They were also able to support lines of argument throughout, with sustained application including a range of details from the scenario. The AO3 was well-developed and logical, with an awareness of competing arguments and a balanced conclusion.

Weaker answers showed isolated knowledge and understanding of the cross-cultural research on attachment. They also had little reference to details from the scenario, often only using the name and no further details. The AO3 was limited with little development.

Some answers confused the data with that from different studies. Some responses focussed on the strange situation, rather than cross-cultural research.

14 Mark works at a nursery. There are children from a variety of different cultures at the nursery.

He has noticed that children from different cultures behave differently when they are at nursery. Some children get upset when their parent leaves and take time to settle down and start joining in the activities. Other children happily start playing and do not seem to be upset when their parent leaves. A small minority of the children become so upset that the workers at the nursery find it very hard to comfort them.

Mark has been asked by his manager to investigate why children from different cultures behave differently when at the nursery. He will present his findings to the other workers.

Evaluate cross-cultural research into attachment types as an explanation of the children's behaviour at the nursery.

You must make reference to the context in your answer.

(16)

The children at Mark's nursery who get upset when their parent leaves but eventually settle down may be attachment type B (secure attachment). Secure attachment was found to be the most common attachment type ^{worldwide} by Van Ijzendoorn and Kroonenberg in their meta-analysis of cross-cultural studies using the Strange Situation. These children may be from a Western/European culture such as the UK, USA, ~~Germany~~ or Switzerland. Van Ijzendoorn and Kroonenberg found that type B, secure attachment, was the most common infant-caregiver attachment type in these countries as their cultures involve intimate bonding time between mother and child, creating a secure bond. Ainsworth found similar results in families from Baltimore, USA and concluded that 70% of children showed secure attachment to their caregiver when faced with the Strange Situation. The Strange Situation is a reliable way of measuring child attachment cross-culturally as it follows the

same procedure every time: mother and infant are left in a room alone, a stranger enters and the mother leaves, then the mother returns, and so on. Every study assessed by Van IJzendoorn and Kroonenberg followed this replicable procedure which means that explaining cross-cultural attachment types is reliable and trustworthy. However, since Van IJzendoorn and Kroonenberg gathered secondary data, they cannot be sure that every study was replicated exactly and identically so the reliability could be low, there is no 100% certainty.

The children who get upset when their parent leaves and show secure attachment may also be from a Japanese background. Miyake et al. found that Japanese mothers rarely leave their children with other caregivers which results in the majority of Japanese infants showing type B (secure attachment). However, the issue with using the strange situation in cultures such as Japan may be that results are invalid as it is a western American procedure invented by Mary Ainsworth - imposing a western ethic on collectivist cultures such as Japan may be an invalid and culturally insensitive way of measuring child attachment cross-culturally. For example, Miyake et al. may have found invalid statistics on secure attachment due to different definitions of what counts as 'secure' in Japan compared to America.

Some children at Mark's nursery did not get upset

when their mother left. These children could be showing type A (insecure avoidant) attachment and may be from a German background (or somewhere with similar morals and customs). This is because Grossman and Grossman found type A to be the most prevalent in German kids when faced with the strange situation as German culture promotes the independence of a child from their mother, which would explain why ^{some of} Mark's nursery kids did not act upset when their mother left. However, the issue with using the strange situation to measure insecure avoidant attachment cross-culturally is that it does not reflect real-life situations between a mother and child, for example when German mothers leave their child at day care. This lacks ecological validity as the children left at Mark's nursery may have acted differently than they would in the strange situation due to its unusual nature, and cross-cultural research such as Grossman and Grossman may not be the most valid way of measuring the type of child attachment as shown by the children in Mark's nursery.

~~Some children~~ A small minority of children showed insecure resistant attachment (Type C) as they became very upset when their mother left and were unable to be comforted by the nursery workers. These children could be from an Israeli background - Sagi et al.

found that Israeli children living in kibbutz communities showed high rates of insecure resistant attachment due to the kibbutz cultural norm of children having multiple caregivers. This would explain why the children were overly upset as they had formed an insecure resistant bond with their mothers and found separation difficult to deal with. However, there are ethical issues with using cross-cultural studies such as Sagi et al. It may be considered socially sensitive and unethical to classify one type of attachment as 'secure' and to label other cultures as 'insecure' (such as Israel or Germany). Parenting styles differ across the world and this may not be a bad thing like Ainsworth suggested it is. Therefore, cross-cultural research into attachment types should be judged with an understanding of the norms and values of the culture and researchers should take time to understand their error without coming from a ^{western} biased point of view.



AO1: Level 4

It is accurate and thorough.

AO2: Level 3

There is more than occasional application.

AO3: Level 3

This is at the bottom of Level 3. Some points are developed and there is an awareness of competing arguments, although most of the arguments are criticisms of the research.

This places the response in Level 3.

The AO1 at Level 4 increases the marks.

Total: 12 marks

Question 15 (a)

This was a 2-mark question that assessed AO1 in relation to a therapy.

The most usual answer was aversion therapy.

The best answers were able to describe how their chosen therapy worked with those who had an addiction to alcohol.

Many answers gained one mark but did not offer two descriptive points. Some answers only stated a therapy, without offering any description of that therapy.

When the question asks candidates to 'describe' for 2 marks, they should write two clear descriptive points.

15 In your studies of health psychology you will have learned about treatments for alcohol addiction.

(a) Describe **one** treatment for alcohol addiction.

(2)

A treatment for alcohol addiction is the use of aversion therapy. This can be done by giving ~~the~~ chosen antabuse, where if they drink alcohol even slightly, they will feel ~~really~~ very ill e.g. nauseous etc. therefore discouraging the use of alcohol as it's associated to be illness eventually.



ResultsPlus
Examiner Comments

This answer receives marks for:

- drinking Antabuse makes them feel ill when they drink alcohol (1)
- they associate being ill with drinking alcohol, so this discourages them (1)

Total: 2 marks

Question 15 (b)

This question required candidates to explain a strength of a therapy.

The most usual response was the use of supporting research.

The best answers were able to identify a strength and then justify this strength, often through the use of results from supporting research.

Some answers could identify a strength but did not offer a full justification, or did not offer any justification. Other answers did not specify a therapy and gave an answer that could have been a number of therapies.

When asked to explain a strength, candidates should ensure they fully justify their strength to gain the AO3 marks.

(b) Explain **one** strength of a treatment for alcohol addiction.

(2)

One strength is that aversion therapy can be a very quick method as it ~~may~~ can quickly condition alcohol with the feeling of being sick or actually being sick so it can stop addiction much faster than other therapies such as ~~the~~ CBT, making it more useful + effective

(Total for Question 15 = 4 marks)



ResultsPlus
Examiner Comments

This answer receives marks for:

- it is a quick therapy as it quickly conditions the feeling sick with alcohol (1)
- the comparison to CBT so it may be more effective as the justification (1)

Total: 2 marks

Question 16 (a)

This question required candidates to explain a weakness of the use of quantitative data in relation to the scenario.

The most frequent response focussed on the lack of detail.

The best answers were able to identify a weakness and link this to the scenario and then justify why this was a weakness. Some answers could identify a weakness but did not offer a full justification, or did not offer any justification.

Some answers did not link to details from the scenario and so were generic. Other answers did not focus on Alicia's use of quantitative data and instead gave a weakness of the participants giving the data.

When asked to explain a weakness in terms of a scenario, candidates should include details from the scenario in their answer.

16 Alicia conducted an experiment to investigate perceptions about whether a drug addict is more likely to commit a crime than a non-drug addict. She gave participants from a local town two different scenarios about a crime.

In the first scenario the participants had to say how likely it was that the person who was not a drug addict committed the crime (condition A). In the second scenario the same participants had to say how likely it was that the person who was a drug addict committed the crime (condition B).

The participants were asked to give a score from 1 to 10, where 1 was highly unlikely and a score of 10 was highly likely.

(a) Explain **one** weakness of Alicia collecting quantitative data.

(2)

One weakness of Alicia's quantitative data is that the participants are not able to elaborate on why they choose who ~~it~~ was more likely to commit the crime. This is a weakness as the participants can't fully justify their choice of person, lowering validity.



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying that the participants are not able to elaborate on why the person will commit a crime (1)
- the justification that the participants cannot justify their choice, so the data lacks validity (1)

Total: 2 marks



ResultsPlus
Examiner Tip

When asked to explain a weakness in terms of a scenario, include details from the scenario in your answer.

Question 16 (b)

This question required candidates to calculate a Wilcoxon test.

The best answers were able to do this and calculated the correct answers, so gaining all four marks.

Weaker answers made errors. The most common error was in the ranking, where candidates ranked according to the minus signs, instead of ignoring them as the instructions said.

Question 16 (c)

This question asked candidates to explain an improvement that could be made to the study in the scenario for AO2 and AO3 marks.

A range of suggested improvements was seen.

The best answers were able to identify an improvement and link it to details from the scenario and then justify how this would improve the study.

Weaker answers could identify the improvement but then did not justify how it would improve the study. Many of these answers focussed on a weakness of the original study, rather than focussing on how it would make the study better.

Some answers changed the research methods used, or the focus of the study, and so were not offering improvements to the study in the scenario. The weakest answers did not link their answer to the scenario and therefore were generic.

When candidates are asked about an improvement, they should focus on how their suggested improvement makes the study better.

(c) Explain **one** improvement Alicia could make to her experiment.

(2)

~~Alicia could have asked drug addicts themselves how likely they would be to do it.~~
Alicia could have asked participants from different towns as opposed to only one local town. This would mean more of the target population is represented in the data, therefore increased generalisability of Alicia's findings.

(Total for Question 16 = 8 marks)



ResultsPlus
Examiner Comments

This answer receives marks for:

- identifying that she could have asked participants from different towns, not just her local town, local town is the link (1)
- justifying this with it would make the sample more representative so more generalisable (1)

Total: 2 marks



ResultsPlus
Examiner Tip

When you are asked about an improvement, focus on how your suggested improvement makes the study better.

Question 17

This 8-mark essay assessed AO1 and AO2.

The best answers were able to offer accurate and thorough knowledge and understanding of strategies to be used in a health campaign. They also offered a well-developed, logical, balanced discussion that had sustained application and used different elements of the scenario.

Some answers still offered evaluative points in a 'discuss' question, which was not necessary.

Weaker answers often did not engage with the context beyond repeating the name. Alternatively, they gave isolated elements of knowledge and understanding, with errors in the answer.

- 17 George is a health psychologist. He has been asked to create an anti-drugs campaign. The campaign is to be aimed at teenagers as there has been an increase in illegal drug use in the area.

George plans to use a social media celebrity, who is a recovered addict, as part of his campaign. He intends to ask the celebrity to talk about the highs and the lows of being addicted. George also plans to show graphic images of what drugs can do to the body and use statistics about the long-term effects of drugs.

Discuss the psychological strategies behind George's anti-drugs campaign.

for
arousal

You must make reference to the context in your answer.

(8)
One psychological strategy being used in George's campaign is fear arousal. This is where producing fear in those he is targeting should attempt to stop their addiction as they will be frightened by the effects of a drug, which George is doing by using graphic images and statistics about what drugs can do to the body in ~~hope~~ his anti drug campaign in hopes to prevent ~~people~~ teenagers using them. Another psychological strategy used is the Hovland Yale model, where the anti drug campaign must have a credible source, message + apply to the audience. George has a credible source as he has a social media celebrity in his campaign who is a recovered addict so he is credible as he is well known and has experienced the effects

of illegal drug use so his information is reliable. Also, as ~~he~~^{they} are social media celebrity, the message is ~~uppt~~^{apt} accurately targeting the audience which are teenagers who will most likely use social media often so the message will be easily accessible to them. The message also must see both sides. Another psychological strategy of the view of taking drugs, which is why the celebrity will talk about the highs and lows of taking illegal drugs as ~~he~~ they can explain why teenagers may want to take drugs and see it is fun but also describe how badly addiction can effect you.

Another psychological strategy used is ~~Ident~~^{Identification}, where the anti-drug campaign must somehow identify with the target audience. As the target audience is teenagers, George using a social media ~~cell~~^{celebrity} means teenagers may identify ~~him~~ with them more as they share interests and see him as a credible, trustworthy resource which will make them ~~list~~^{listen} to the anti drug campaign as they trust the words of the celebrity and may relate to them.



AO1: Level 3

It is accurate.

AO2: Level 4

It is well-developed, follows on logically from the AO1, and has a thorough awareness of competing arguments in the form of different strategies used by George.

This places the response in Level 4.

Total: 7 marks

Question 18

This 16-mark essay assessed all three AOs.

The most frequent response was operant conditioning.

The best answers were able to offer accurate and thorough knowledge and understanding of a learning theory to explain heroin addiction. They were also able to support lines of argument throughout, with sustained application, including a range of details from the scenario. The AO3 was well-developed and logical with an awareness of competing arguments and a balanced conclusion.

Weaker answers showed isolated knowledge and understanding of a learning theory. Alternatively, they wrote about all three learning theories, which often limited their overall answer in terms of the detail required about one learning theory. They also had little reference to details from the scenario, often only using the name and no further details. The AO3 was limited, with little development.

18 Mark is training to be a health psychologist. He is currently studying causes of heroin addiction using addicts he treats as his participants.

In one case Mark noted that the person took heroin in specific places, such as in the kitchen but not in the bedroom. He noted that overdoses are caused when people take heroin in places they do not normally take it.

Mark asked another addict the reasons why they took heroin. On some occasions they were positive, such as getting high, and sometimes negative to take away pain.

He also observed that a lot of heroin addicts had friends who are addicted to heroin, and some of the heroin addicts said that they started taking heroin because someone they knew also took it.

Evaluate **one** learning explanation for heroin addiction in relation to Mark's case studies.

You must make reference to the context in your answer.

(16)

On occasions when the user took heroin to 'get high', we can attribute this to operant conditioning and the theory of positive reinforcement.

As Mark observed that many times heroin addicts had friends, who were also addicted and they took it because of that, we can attribute this the social learning theory. (SLT)

The SLT suggests that an indiv. may ^{imitate} copy the behaviour of a role model. A role model is somebody who an indiv. may identify with and imitation is likely to be greater when the model is of higher status, e.g. ~~top~~ most popular of the friend group.

The first stage of SLT is attention. The addicts chose to pay attention to the model when they were taking heroin. This is an active process as the imitator is choosing to watch the model, e.g. a boss, take the drug.

Next stage is retention. A behaviour is more likely to be recalled/remembered if it's rehearsed, therefore, if the observer thought about what they saw many times or just saw the model, i.e. person they knew, ~~take the~~ ^{take the} drug is many times they now had remembered how it was done.

Next is motivation. This could be external or internal. Internal motivation could be the euphoric feelings experienced when the drug is taken. ~~External~~ External motivation is motivation from others. This could be that the individual is praised for taking the drug by the model, whom they look up to, or is not rewarded for not taking the drug.

If the imitator sees the model being rewarded for their behaviour, i.e. the friend taking the drug may be happy for some time due to the euphoric high experienced, the likelihood of imitation will be higher.

If ~~Mark's~~ Mark's patient saw the person they knew experience psychosis when they took the drug, this may be seen as a form of punishment and so the likelihood of the behaviour being repeated by Mark's patient would decrease.

The social learning theory is supported by Bandura's study in 1961. In this study, he found that children would be more likely to ~~imitate the behaviour~~ display aggression when they had witnessed a model do the same, i.e. watched an adult who display aggression to a Bobo doll. This theory supports that behaviours, such as heroin abuse can be learned through observation of a model thus supporting this reason for the ~~addicts to attend~~ ^{addictions}.

However, this theory was done in a controlled environment, ~~where~~ which was particularly unnatural for the child participants. This could mean that the findings don't represent whether or not behaviour would be imitated in the ~~real world~~ ^{real world}, therefore the study can be said to lack external validity, which may mean it cannot be generalised/applied to the real world setting, the addicts learned the heroin abuse in.

Bandura's 1965 study, ~~also~~ provided research support for ~~the~~ vicarious reinforcement. He found that when children saw an adult model punished for their aggression towards a Bobo doll, they would be less likely to imitate it ~~than~~ compared to when the model faced no consequence or was ~~positively~~ rewarded, therefore ~~supporting~~ ^{supporting} the fact that if Munk's patients witnessed their friends enjoy the feelings of being high, ~~then they~~ ^{then they} are rewarded, imitation is

more ~~likely~~ likely.

However, this study may lack applicability to the ~~the~~ context of Mack's patients' addiction, as the punishment for the behavior in the study was much more direct, i.e. the model was shocked it, as opposed to it being more long term, essentially more obscure consequences in addiction e.g. long term illness or loss of social drive.

Also this study may struggle to be applied to this context due to the fact that it involves young children as opposed to addicts who are often teens or adults. The fact Bandura's sample size was not representative of Mack's patients, means it may lack applicability to this particular context.

This explanation is also partially supported by Kadish's research which found that drug ~~abuse~~ use of an individual was linked to parental use. The reason for this could be due to the individual seeing the parent as a role model and therefore imitating them, in which case, the findings would be supporting the LIT explanation of drug abuse and supporting that Mack's patients could have imitated drug abuse from a role model.

This explanation however fails to explain why Mack's patients may have continued to abuse drugs, i.e. got addicted.



AO1: Level 4

It shows accurate and thorough knowledge and understanding of social learning theory, (SLT), as an explanation of addiction.

AO2: Level 4

There is sustained application throughout the essay, with both the AO1 and the AO3.

AO3: Level 3

It is developed, logical and has an awareness of competing arguments, with conclusions throughout the essay.

This places the response in Level 4.

Total: 13 marks

Paper Summary

Based upon their performance in this paper candidates are offered the following advice:

- When asked a short response question that includes a scenario include details from the scenario in the answer
- When asked to explain an improvement do not write about a weakness of the study. Focus on an improvement and how/why it would improve the study
- When asked to explain a strength or a weakness ensure the strength/weakness is fully justified to gain the AO3 mark
- For 'discuss' 8-mark questions do not include evaluative comments
- For extended response questions that include AO3, ensure the AO3 points are fully developed to gain the higher levels

Grade boundaries

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

<https://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html>

