



A-LEVEL PSYCHOLOGY B

PSYB3: Child Development and Applied Options
Mark scheme

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Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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Section A Child Development

Social Development

Question 01

In the Romanian orphan studies, the same group of children was studied on more than one occasion over a number of years. This is an example of longitudinal research.

Explain at least one strength of studying the same children on more than one occasion over time to investigate social development. [3 marks]

AO3 = 3 marks

Up to three marks for explanation of at least one strength of studying the same children on more than one occasion to investigate social development. For full marks candidates may briefly explain three separate strengths, or explain two with one elaborated, or explain one in detail. Must be application to investigation of social development for 3rd mark.

Likely strengths include: eliminates individual differences so it can be assumed that changes in social development over time are either maturational or due to changes in social/environmental conditions; enables researchers to study patterns of development over time; allows for insight/in depth analysis of individual cases; allows for the establishment of rapport so that more detailed information about early experiences can be forthcoming; allows for the study of long-term effects of early experiences.

Just stating “more valid”, “more reliable” not sufficient as no explanation.

Question 02

Another approach to investigating social development is to study animals. Briefly describe one animal study of attachment. In your answer, you should describe the method used, and state what was concluded on the basis of the findings. [3 marks]

AO1 = 3 marks

Up to three marks for knowledge of one study of animal attachment. Award one mark for method, one mark for conclusion based on findings and third mark for either elaboration of method, or for further relating findings to conclusion (not just results).

To award both method marks for Harlow, there must be some reference to time as the DV.

Credit should be awarded for any valid study of attachment (including imprinting research) in animals. Likely studies include: Harlow (1958, 1959); Lorenz (1935); Sluckin (1961); Bateson (1964); Suomi and Harlow (1972).

Question 03

The work of Bowlby and Schaffer is important in the study of attachment. Explain one difference between Bowlby's and Schaffer's views on attachment. [2 marks]

AO2 = 2 marks

Up to two marks for explanation of a relevant difference between the views of Bowlby and Schaffer. Award one mark for a brief explanation, plus a further mark for some elaboration of the difference. Most candidates will focus on Bowlby's monotropy theory, as contrasted with Schaffer's suggestion that most young children are capable of, and indeed benefit from, multiple attachments/role of father – differing views on.

An appropriate elaboration might involve some comment on how multiple attachments with different people might serve different functions for the child.

Credit other relevant differences.

Question 04

Discuss causes and consequences of childhood popularity and/or rejection. Refer to evidence in your answer. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge/description of psychological causes and consequences of popularity and/or rejection. Candidates who focus solely on causes or solely on consequences can only gain two of the four marks for AO1.

Causes are likely to include: level of social skill; possession of an internal working model of relationships (Bowlby); level of attractiveness; perceived similarity; level of aggression. Consequences are most usually expected to be negative consequences since most research is in the area of rejection: mental health eg depression; social problems eg truancy, delinquency, criminality etc.

Credit description of relevant evidence up to 2 marks eg Dodge (1983) joining in; Xie et al (2006) factors affecting popularity; Kuperschmidt & Coie (1990) longitudinal study of negative life outcomes; Laursen (2007) Finnish study of friendship and social isolation; Cowen (1973) longitudinal study – effects of psychological well-being; Bagwell (1998) longitudinal study – differences between rejection and friendlessness.

AO2 = 8 marks

Up to eight marks for discussion of causes and consequences of childhood popularity and/or rejection. Possible content includes: long-term v short-term consequences; inability to establish cause and effect because other variables cannot be controlled; inferences made on the basis of research eg difficulties associated with longitudinal research/interview methods; the validity of the conclusions; implications of the findings eg identification of children who have problems making friends and possible intervention; avoiding long-term negative outcomes; role of education/therapy; discussion of single versus multiple causes; links with broader theory and/or debates eg nature v nurture; biological/environmental determinism; behaviourism and social learning - the role of parents/siblings/teachers. Credit evaluation of evidence where used to discuss cause/consequences.

Credit use of relevant evidence to discuss causes and consequences.

Maximum 7 marks if only causes or consequences presented.

Maximum 8 marks if no evidence presented.

Mark Bands

10 - 12 marks Very good answers

The answer is clearly focused on the question and shows sound knowledge and understanding of causes and consequences of childhood popularity and/or rejection. Discussion is full and includes thoughtful analysis. Most evaluative comments are well developed and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks Good answers

Answer shows knowledge and understanding of causes and consequences of childhood popularity and/or rejection. Discussion is evident. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. An otherwise very good answer focusing on just one aspect (causes **or** consequences) may gain 7 marks.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 – 6 marks Average to weak answers

Answer shows some knowledge and understanding of causes and/or consequences of childhood popularity and/or rejection. There must be some discussion for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks Poor answers

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks No relevant content

Total AO1: 7; Total AO2: 10; Total AO3: 3

Cognitive Development

Question 05

In a study of guided participation, a researcher investigated ways in which socio-cultural practices were passed down from older members of a community to younger members. She used a combination of research methods, including observation, interviews and historical research.

Explain **at least one** strength of using a combination of research methods to investigate guided participation. [3 marks]

AO3 = 3 marks

Up to three marks for explanation of at least one strength of using a combination of research methods to investigate guided participation. For full marks candidates may briefly explain three separate strengths, or explain two with one elaborated, or explain one in detail. Must be application to guided participation for third mark.

Likely strengths include: opportunity to correlate findings across different methods leading to greater confidence in findings (reliability of effect); ability to assess for concurrent validity; access to different types of data about the same behaviour eg quantitative and qualitative and the benefits of each; contrast with weaknesses of using singular methods.

Just stating “more valid”, “more reliable” not sufficient as no explanation.

Question 06

Outline what Vygotsky meant by the ‘zone of proximal development’. Using an example, describe how guided participation might support a child through the zone of proximal development. [3 marks]

AO1 = 1 mark

One mark for knowledge of the meaning of zone of proximal development: That which a child cannot accomplish alone but which he or she can accomplish with help from another person. Credit any valid alternative definition ie ones which refer to the child’s ability with assistance or the difference between actual and potential ability.

AO2 = 2 marks

Up to two marks for application of the concept of zone of proximal development to an example of guided participation. One mark for limited explanation of the link using a valid example. Two marks for a full and coherent explanation of the link.

Valid examples of guided participation can be from research or can be everyday examples but they must refer to a child being guided in a **socio-cultural** or **cognitive** activity eg the girl-guide cookie sale preparation (Rogoff et al, 1995); preparation for a family celebration, eg Wood and Middleton.

Question 07

What is meant by ‘nativist explanations’ in relation to cognitive development? Outline one example of a nativist explanation in your answer. [2 marks]

AO1 = 2 marks

One mark for a general outline of what is meant by nativist explanations in relation to cognitive development. Likely answer: nativist explanations of cognitive development are those which suggest that babies are born with innate cognitive structures which pre-determine their cognitive abilities.

One mark for outlining a specific **cognitive** example of a nativist explanation. Likely answers include: Baillargeon’s work on object permanence; Meltzoff and Borton’s cross-modal integration studies; Gibson’s work on innate perception; Bower’s work on depth perception; Chomsky’s theory of the innate language acquisition device. For this mark to be credited there must be some brief outline – naming a researcher is not sufficient.

Question 08

Outline Piaget’s pre-operational stage of cognitive development. Evaluate Piaget’s work (theory and research) in relation to this stage. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge/description of Piaget’s pre-operational stage of cognitive development. Credit for knowledge of Piagetian features of that stage including:

Key concepts: egocentrism and inability to conserve.

Additional concepts: centration; inability to perform class inclusion tasks; animism; inability to perform reversible operations.

Credit knowledge of evidence relevant to the stage – up to 2 marks.

AO2 = 8 marks

Up to eight marks for evaluation of Piaget’s work (theory and research) in relation to the pre-operational stage. Candidates are most likely to evaluate the stage by considering Piaget’s evidence and alternative findings. For example, candidates might consider alternative theory and findings in relation to conservation – problems with Piaget’s method of asking the same question twice and Rose and Blank’s alternative approach – asking only a post-transformation question. The stage may also be evaluated by consideration of alternative theory. Credit may also be given for more general theoretical evaluation where it is applied to the stage in question eg Piaget’s view on discovery learning.

Credit evaluation of evidence where used in discussion/comparison.

Credit use of relevant evidence to evaluate Piaget’s work.

Maximum 7 marks if only one aspect (theory or research) is presented

Mark Bands**10 - 12 marks Very good answers**

The answer is clearly focused on the question and shows sound knowledge and understanding of Piaget's pre-operational stage of cognitive development (including reference to egocentrism and inability to conserve) and his research in relation to this stage. Evaluation is full and includes thoughtful analysis. Most evaluative comments are well developed and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks Good answers

Answer shows knowledge and understanding of Piaget's pre-operational stage of cognitive development (including reference to egocentrism and inability to conserve) and his research in relation to this stage. Evaluation is evident. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An otherwise very good answer focusing on just one aspect (theory or research) may gain 7 marks.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 – 6 marks Average to weak answers

Answer shows some knowledge and understanding of Piaget's pre-operational stage of cognitive development and/or his research in relation to this stage. There must be some evaluation for 5/6 marks. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks Poor answers

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks No relevant content

Total AO1: 7; Total AO2: 10; Total AO3: 3

Moral Development

Question 09

Annie is six years old and does not always do as she is told. When her mum tells her not to use her make-up, Annie does not always obey. According to Kohlberg, Annie is at the pre-conventional level of moral reasoning.

Outline Kohlberg’s pre-conventional level, and suggest one way in which it might explain Annie’s behaviour. [3 marks]

AO1 = 2 marks

Up to two marks for an outline of Kohlberg’s pre-conventional level of moral reasoning. Award one mark each for a brief outline of each stage within the pre-conventional level: First stage is the punishment/heteronomous stage where child judges right and wrong according to whether or not an act would be punished; Second stage is the reward/instrumental gain stage where a child judges right and wrong according to whether or not an act meets their interests/needs/own gain. The stages do not need to be named but there does need to be an outline of each for full marks.

If two stages are just named, 1 mark.

AO2 = 1 mark

One mark for linking at least one characteristic of the pre-conventional level to the example of Annie. Likely answers: Annie disobeys because she thinks she can get away with it and not be punished OR Annie disobeys because she wants the make-up and she believes her need is the most important thing.

Question 10

In a study of moral reasoning, Kohlberg used a moral dilemma technique to show how a person’s understanding about moral issues changes with age.

Explain at least one strength of using the moral dilemma technique to investigate moral reasoning. [3 marks]

AO3 = 3 marks

Up to three marks for an explanation of at least one strength of using the moral dilemma technique to investigate moral development. For full marks candidates may briefly explain three separate strengths, or explain two with one elaborated, or explain one in detail. Must be application to investigation of moral reasoning for 3rd mark.

Likely strengths include: use of open-ended questioning (Q. Why?) gives the opportunity to gather data that is more likely to be valid ie reflects each participant’s reasoning; structured interviews can be repeated at time intervals (method is replicable) to show pattern of development of moral thinking over time; coding system for responses has shown a high degree of inter-rater/coder/researcher reliability suggesting that it is possible for different researchers to assess responses consistently.

Just stating “more valid”, “more reliable” not sufficient as no explanation.

Question 11

Other researchers have also used the moral dilemma technique, but they have investigated different aspects of moral reasoning.

Using an example, explain how dilemmas used by one other researcher differed from the dilemmas used by Kohlberg. [2 marks]

AO1 = 1 mark

One mark for knowledge of an example of a dilemma used by a researcher other than Kohlberg. Likely answers: Eisenberg's pro-social dilemma about whether or not to help a person in distress and thereby miss out on a treat (Mary and the birthday party); Gilligan's real-life dilemma of whether or not to terminate a pregnancy and how consideration might be shown to the different parties involved.

Valid dilemmas will be ones where children are told a story where a choice has to be made about a course of action (this would include Damon's dilemma about how to distribute proceeds).

AO2 = 1 mark

One mark for briefly explaining a difference between the alternative dilemma and those used by Kohlberg. Likely answers: Eisenberg's dilemmas involved the opportunity to do good whereas in Kohlberg's dilemmas, either course of action involved wrong-doing; the choices faced in Eisenberg's dilemmas were not governed by laws whereas in Kohlberg's case legal constraints might affect moral reasoning; Eisenberg's dilemmas were more within the grasp of a child's experience and therefore more likely to yield valid responses than those used by Kohlberg; Gilligan's dilemma was a real-life choice and therefore a valid measure of moral reasoning as opposed to Kohlberg's purely hypothetical dilemma which has less validity.

Question 12

Discuss a psychodynamic explanation for moral development. In your discussion, there should be comparison with Piaget's explanation for moral development. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of a psychodynamic explanation of moral development. Candidates are most likely to use the Freudian explanation and should be awarded credit for the following: moral development takes place during the Phallic stage; via resolution of the Oedipus/Electra complex; arises through process of identification with same-sex parent; involves internalisation of parent's moral code in the form of the superego. Credit alternative psychodynamic explanations eg Bowlby's view that maternal deprivation might lead to affectionless psychopathy and how consequent lack of empathy would affect morality. Credit description of relevant evidence – one mark.

AO2 = 8 marks

Up to eight marks for discussion of psychodynamic explanations for moral development and for comparison with Piaget. Note that general discussion points and comparisons may overlap. Relevant points might include: lack of evidence for concepts relating to morality such as the superego or for processes involved eg Oedipus complex (contrast with Piaget's evidence gathering via use of moral comparison); inability to explain moral development in a child who does not live in a traditional two-parent household (contrast with Piaget's ability to explain moral reasoning in case of all children); Freud's view of female identification and therefore female morality as less strong than males (compare with Piaget's views of sex differences in moral reasoning as dependent on differing opportunity for equal status contact); age constraints ie proposal that morality is suddenly acquired in the Phallic stage is incompatible with observations of moral understanding before the age of 5/6 and increasing moral sophistication after the age of 5/6 (contrast with Piaget who found changes with age from pre-moral to moral realism to moral relativism); Freudian theory at odds with evidence that punitive parenting leads to children experiencing less guilt and being less moral; Freud's focus on unconscious feelings (guilt) versus Piaget's focus on conscious reasoning rather than unconscious feeling.

Credit use of relevant evidence for discussion/comparison.

Credit evaluation of evidence where used in discussion/comparison.

Maximum 8 marks if no comparison with Piaget

Mark Bands

10 - 12 marks **Very good answers**

The answer is clearly focused on the question and shows sound knowledge and understanding of a psychodynamic explanation of moral development. Discussion is full and includes thoughtful analysis. Comparison with Piaget is effective, well developed and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks **Good answers**

Answer shows knowledge and understanding of a psychodynamic explanation of moral development. Discussion is evident and at the top of the band (9 marks) there is some sensible comparison with Piaget. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 – 6 marks **Average to weak answers**

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

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks **Poor answers**

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks **No relevant content**

Total AO1: 7; Total AO2: 10; Total AO3: 3

Section B: Applied Options

Cognition and Law

Question 13

Outline one study in which a factor affecting the reliability of eye-witness accounts was investigated. Your outline should refer to the method used and the results/conclusion of the study. [2 marks]

AO1 = 2 marks

Up to two marks for an outline of any study in which a factor affecting the reliability of eye-witness accounts or eye-witness identification was investigated.

Award one mark for detail of method/procedure and one mark for detail of results/conclusion

Relevant factors include: post-event contamination from leading questions (eg Loftus & Palmer 1974; Loftus 1975); post-event contamination from post-event discussion (eg Wright et al 2000)]; context (eg Malpass and Devine 1981); emotion/stress (eg Yuille and Cutshall 1986); expectation/stereotypes (eg Howitt 1991); weapon focus (eg Loftus et al 1987)

Question 14

Briefly discuss one limitation of the study you have described in your answer to question 13. [2 marks]

AO2 = 2 marks

Up to two marks for a brief discussion of a relevant limitation of the study outlined in answer to question 13. Content will vary according to study outlined, but relevant issues might include: sampling limitations and effects on generalisability; artificiality and low ecological validity eg in use of video; demand characteristics eg participants knowing they are in a study will probably pay greater attention to events than they would do in everyday life and therefore remember better.

Award one mark for a briefly explained limitation, with a further mark for some elaborated discussion eg implications for recall.

Generic methodological limitations that are not overtly linked to the context of the study in Q13 should receive no credit.

Question 15

Outline what is meant by ‘repressed memory’ and briefly discuss the concept of repressed memory. [4 marks]

AO1 = 2 marks

Up to two marks for knowledge of repressed memory. Likely content: repression is a Freudian defence mechanism which operates at an unconscious level to shield the conscious awareness from unpleasant memories/events/thoughts; a repressed memory is a memory which is not part of conscious awareness; a repressed memory, whilst unconscious, might still affect some aspect of conscious experience/behaviour eg manifest itself as a neurotic/anxiety disorder.

Award marks for each relevant point, but for full AO1 marks the candidate must refer to the ‘unconscious’ aspect.

Maximum one mark if repression is described as a deliberate or purposeful activity.

AO2 = 2 marks

Up to two marks for brief relevant discussion of the concept. Content may vary, but relevant discussion points include: difficulty of testing whether or not repression exists/lack of falsifiability; implications for the false memory debate ie controversy over whether or not a newly recalled memory is one which has hitherto been repressed (or false); evidence to support or contradict the concept; influence of therapists in this area eg are the ‘repressed’ and then ‘recovered’ memories ones which may have been implanted by suggestion; discussion of the hypothesised role of repressed memories in anxiety disorders. Award one mark for a brief relevant discussion point, with a further mark for some elaborated discussion.

Question 16

George has very good eye-sight, but it sometimes takes him a while to recognise his friends in the dimly lit college dining area.

Parveen thinks that the woman with very long blonde hair across the street is someone she met once at a party until she gets closer and sees that it is someone else.

Adam often finds he recognises people and knows lots about them, even though he cannot remember their names.

Discuss two theories of face recognition. Use your knowledge of theories of face recognition to explain the experiences of George, Parveen and Adam. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of two theories of face recognition, usually two marks for each theory. Candidates are most likely to refer to feature theory and holistic theory. Credit relevant description: feature theory assumes that recognition is driven by immediately available data (data-driven/bottom up) ie the features we see; facial features can be internal eg nose, mouth etc., or external eg hair, jawline etc.; researchers suggest that internal features matter more for recognition of familiar faces, whereas external features are more important for recognition of less familiar people; holistic theory assumes face recognition is concept-driven ie mostly dependent on already stored information; the stored top-down information is in the form of templates (for every previously encountered face); incoming data (features) are matched against templates of the whole face, thus recognition is holistic; recognition is a sequential process (Bruce & Young) of structural encoding, FRU trigger, PIN trigger and name generation.

Credit variations of Bruce & Young's original model eg Burton et al. (1990)

Credit description of relevant evidence – 1 mark

AO2 = 8 marks

Up to eight marks for discussion of the two theories (including up to three for application to the stem). Likely content: use of experimental, clinical and other evidence to support/counter the theory; oversimplicity of the assumption that face recognition can be explained using a single theory; how a combination of both features and templates might be a better explanation; links to computer models of face recognition and face recognition systems used by the police eg Evofit; comparison of the two theories and links with general theories of perception; links with computer modelling. Credit use of relevant evidence as part of the discussion.

Credit evaluation of evidence where used in discussion.

Three marks are to be reserved for application to the cases in the stem. Likely applications:
George: has to rely on top-down information (holistic templates) in the dimly lit dining area because the incoming data is sparse.

Parveen: thinks she recognizes the woman because according to feature theory she relies on obvious external features like hair (she does not know the woman well) but closer analysis of the incoming data confirms she has made a mistake OR top-down information suggests this is the woman from the party but bottom up information ie the features confirm her mistake.

Adam: these experiences confirm the sequential nature of the Bruce and Young model whereby name generation occurs at the end of the recognition process.

Maximum 7 marks if only one theory presented

Mark Bands

10 - 12 marks **Very good answers**

The answer is clearly focused on the question and shows sound knowledge and understanding of two theories of face recognition. Discussion is full and includes thoughtful analysis. Application is appropriate with clearly explained links between theory/theories and the cases in the stem. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks **Good answers**

Answer shows knowledge and understanding of two theories of face recognition.

Discussion/application is evident. There may be some appropriate application although the links with theory/theories may lack clarity. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 - 6 marks **Average to weak answers**

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

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks **Poor answers**

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks **No relevant content**

Total AO1: 8; Total AO2: 12

Schizophrenia and Mood Disorders

Question 17

Researchers investigating schizophrenia often use concordance rates in their research. The concordance rate is the percentage likelihood that, if one person in a pair has a disorder, then the other member of that pair also has the same disorder.

In 2001, researchers reported concordance rates for schizophrenia of 48% in monozygotic (identical) twins and 17% in dizygotic (non-identical) twins. They also reported a schizophrenia concordance rate of 9% for ordinary siblings (brothers and sisters who were not twins).

Discuss what these findings suggest about explanations of schizophrenia. [4 marks]

Up to four marks for discussion/analysis of these results in relation to explanations/ causes of schizophrenia. Award up to two marks for each set of results. Likely answers:

AO1 = 1 mark, AO2 = 1 mark

(MZ v DZ results) Credit any of the following three points: the difference between MZ and DZ rates suggests that schizophrenia is inherited/has a genetic component; because MZ twins share more of their genes than DZ twins (100% v 50%); the difference could also support influence of the environment because MZs are treated more similarly/ have more shared environment than DZs.

AO1 = 1 mark, AO2 = 1 mark

(DZ v ordinary siblings results) the difference between DZ rates and ordinary sibling rates suggests that schizophrenia is environmental; although the degree of genetic similarity is the same (50%), the environments of ordinary siblings are more different than the environments of DZ twins (or vice versa).

Alternative creditworthy discussion points include: comparison of given results with concordance rate for unrelated pairs (ie normal incidence rate of 1%); commentary re lack of 100% concordance in MZs suggesting environmental influence.

Question 18

‘Community care is not always suitable for people with schizophrenia because of the symptoms associated with the disorder’.

Explain what is meant by community care. Referring to at least one symptom of schizophrenia, briefly explain why community care might not always be suitable for people with schizophrenia. [4 marks]

AO1 = 2 marks

Up to two marks for knowledge of community care. Likely content; non-institutional supported living arrangements eg in shared house/ sheltered housing; support varies but might include daily/regular visits from medical services re monitoring of medication, might involve on-going psychotherapy, occupational therapy, skills training etc.

AO2 = 2 marks

Up to two marks for brief explanation with reference to at least one symptom of schizophrenia. Here students are expected to make the link between at least one valid symptom and the argument against community care. Eg social withdrawal - there is a danger that the person may become more isolated; delusions – a person in community care may become paranoid that local people are out to get them; hallucinations – a person in community care may behave strangely and therefore disturb local people; disorganised behaviour – leading to the inability to organise everyday tasks like shopping, cooking, cleaning etc.

Award one mark for each briefly explained link or two marks for one link explained in some detail.

Accept answers based on more broad symptoms eg positive, negative.

Maximum of 1 AO2 mark for selection and outline of a relevant symptom.

Question 19

Discuss one biological treatment and one cognitive treatment for mood disorders. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of biological and cognitive treatments for mood disorders, usually two marks for each. Likely content: biological treatments include drugs to alter neurochemical levels eg serotonin reuptake inhibitors which increase activity of serotonin at synapse (other drugs include tricyclics and MAOIs) and ECT (use of electrodes and low-voltage electric current to deliver shock direct to the temple to elicit neuronal activity); cognitive treatments include CBT, RET, SIT all of which increase positive thought and reduce irrational, self-defeating thoughts through challenge, confrontation, rational dispute, evidence gathering and analysis, counterstatement.

Credit description of relevant evidence – 1 mark

AO2 = 8 marks

Up to eight marks for discussion of the two treatments. Likely discussion points include: effectiveness; ethical issues; patient's role as either passive (eg with medication) or active (eg as scientist in CBT); consequences eg expectations about outcome, broader life enhancement of cognitive treatment eg control, self-esteem etc; short-term v long-term effects; investment of time and effort; reductionism; differences in availability eg need for trained cognitive therapists; dependency either physical or psychological; comparison of the two treatments; comparison with other available treatments.

Credit evaluation of evidence where used in discussion.

Credit use of relevant evidence in discussion.

Maximum 7 marks if only one treatment presented

Mark Bands

10 - 12 marks Very good answers

The answer is clearly focused on the question and shows sound knowledge and understanding of **one** biological **and one** cognitive treatment for mood disorders. Discussion is full and includes thoughtful analysis. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks Good answers

Answer shows knowledge and understanding of **one** biological **and one** cognitive treatment for mood disorders. Discussion is evident. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 - 6 marks Average to weak answers

Answer shows some knowledge and understanding of **one** biological **and one** cognitive treatment for mood disorders or one treatment is done very well. There must be some discussion for 5/6 marks, although this may be largely implicit. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks Poor answers

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks No relevant content

Total AO1: 8; Total AO2: 12

Stress and Stress Management

Question 20

What do psychologists mean by ‘Type A behaviour’? Outline how a person with Type A behaviour might respond to a stressful situation. [2 marks]

AO1 = 2 marks

One mark for knowledge of Type A behaviour: A behaviour/personality type that is time-driven, competitive, self-critical, focused on achievement and targets, angry/hostile (not all of these traits are necessary).

One mark for an outline of how Type A behaviour might affect response to stressful situation (the eg can be behavioural, physiological, cognitive or emotional): someone with Type A behaviour experiences a stronger physiological response to stress; more likely to suffer from stress-related illnesses such as high blood pressure and CHD than other behaviour types; will demonstrate behaviours linked to traits of Type A.

Do not double credit same material, eg ‘Type A people are angry so would get angry’.

Question 21

What do psychologists mean by ‘hardiness’? Outline how hardiness might affect a person’s response to a stressful situation. [2 marks]

AO1 = 2 marks

One mark for knowledge of Kobasa’s hardiness: the possession of a combination of three traits ie commitment (to family, community, work etc.), control (over events in one’s life), challenge (seeing obstacles as opportunities). All three Cs must be present for this mark.

One mark for an outline of how (at least one element of) hardiness might affect response to stress (the eg can be behavioural, physiological, cognitive or emotional). Likely answer: someone who shows a high level of commitment (eg to family, society etc), a high level of control over events in own life and high challenge is less likely to suffer from stress because they have active purpose in their life.

Do not double credit same material, eg ‘it involves control, challenge and commitment so they would show C, C and C’.

Question 22

Stress can be measured using physiological, behavioural and self-report techniques. Choose one of these ways of measuring stress. Briefly discuss one strength and one limitation of the way that you have chosen. [4 marks]

AO2 = 4 marks

Up to two marks for discussion of a valid strength and two marks for discussion of a valid limitation of the chosen way of measuring stress.

Relevant strengths and limitations will depend on the method chosen but could include: practical issues eg availability of specialist equipment; measurement of stress versus measurement of physiological arousal per se; need to rely on self-report and problems of subjectivity; objectivity of physiological measures.

In each case, award one mark for a brief discussion point in relation to the strength/ limitation, with a second mark for further elaborated discussion.

eg physiological measures are easily measurable therefore objective (1), as where heart rate can be quantified and displayed on a heart rate monitor (1).

Question 23

Discuss how at least two types of social support might help in coping with stress. Refer to evidence in your answer. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of at least two types of social support. Expect reference to the general principle ie that other people have a role in providing support in times of stress and/or for specific forms of social support including instrumental support (support directed at practical help in alleviating stress); emotional support (empathic support directed at assuaging the emotional response to stress); esteem support (for enhancing self-esteem, self-worth); appraisal support (support directed at enabling a person to understanding their experience of stress); informational support (support in the form of advice re how to cope with stressful situation). Likely studies include: La Rocco (1980); Fleming et al (1982); Berkman & Syme (1979); Sosa et al (1980). Credit description of relevant evidence – up to 2 marks.

AO2 = 8 marks

Up to eight marks for discussion of how social support is involved in coping with stress. Possible content: mechanisms involved eg direct v indirect effects – the buffering hypothesis; effectiveness of social support in relation to evidence; effects of social support on the supporter eg demands on time/obligation to others/emotional drain/need for reciprocity; can act to exacerbate rather than alleviate stress; implications for specific groups eg isolated individuals eg elderly people less likely to have access to social support; cultural differences; societal norms; social support and the development of dependency; motives of the supporter; the role of institutions in provision of social support and issue of individual versus institutional responsibility; moral responsibility and prosocial behaviour; comparison of effectiveness of types.

Credit use of relevant evidence in discussion.

Credit evaluation of evidence where used in discussion.

Maximum 8 marks if no evidence presented.

Maximum 7 marks if only one type of social support discussed

Mark Bands

10 - 12 marks **Very good answers**

The answer is clearly focused on the question and shows sound knowledge and understanding of at least two types of social support in stress. Discussion is full, includes thoughtful analysis and there is some discussion explicitly linked to the chosen types. References to research are appropriate and presented in the context of the discussion as a whole. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks **Good answers**

Answer shows knowledge and understanding of at least two types of social support in stress. Discussion is evident but may be wholly generic. References to research are appropriate. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. An otherwise very good answer dealing with just one type may gain 7 marks.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 - 6 marks **Average to weak answers**

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

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks **Poor answers**

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks **No relevant content**

Total AO1: 8; Total AO2: 12

Substance Abuse

Question 24

Outline one example of how health promotion/education has been used to treat or prevent substance abuse. [2 marks]

AO1 = 2 marks

Up to two marks for an outline of how a health promotion/education intervention has been used to either treat or prevent substance abuse. This may be either a general programme/project (eg DARE or CHARLIE) or an example of a specific research study (eg Moher, 2005). The focus of the answer should be on **how** the intervention was used so some detail of the procedure involved should be clear for full marks (eg leaflets, use of media/internet, youth worker, school visits etc).

Credit examples of social inoculation and fear arousal.

Award one mark for brief detail of procedure and two marks for elaborated detail.

Question 25

Briefly discuss two reasons why health promotion/education interventions might not be successful. [4 marks]

AO2 = 4 marks

Up to four marks for brief discussion of two reasons why health promotion/education interventions might or might not be successful in treating or preventing (usually two marks for each reason). A wide variety of reasons should be expected here. Look for reasoned argument. Possible reasons include: no endorsement from teachers; inconsistency with values and ethos eg of a school, workplace or community; lack of integration into the curriculum; local substance abuse issues eg norms etc; role of information giving; poor motivation; negative social influences eg family/friends; focus on whole workforce rather than on individual.

For each reason - award one mark for a briefly explained reason, two marks for a reason with some discussion/commentary.

Question 26

Aversion therapy has been used to treat substance abuse. Which one of the following statements is true of aversion therapy? Write A, B, C or D in your answer book

- A The aim of aversion therapy is to establish an unconditioned response to a conditioned stimulus.
- B The aim of aversion therapy is to establish a conditioned response to a previously neutral stimulus.
- C Aversion therapy involves establishing an association between a voluntary response and a voluntary consequence.
- D Aversion therapy is based on the theory of operant conditioning.

[1 mark]

AO1 = 1 mark

Answer – B. Credit first answer only.

Question 27

Social inoculation has been used to prevent substance abuse. Which one of the following statements is not true of social inoculation? Write A, B, C or D in your answer book.

- A Making a public commitment not to abuse substances is a key part of social inoculation.
- B Social inoculation involves giving information about negative effects of substance abuse.
- C Social inoculation involves admitting to a group that you abuse substances.
- D The aim of social inoculation is to enable resistance to peer pressure.

[1 mark]

AO1 = 1 mark

Answer – C. credit first answer only.

Question 28

Discuss hereditary factors in substance abuse. Refer to evidence in your answer.
[12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of hereditary factors in substance abuse. Likely content: knowledge of genetic factors and/or specific genes eg D2 receptors; evidence from twin/adoption studies; evidence from selective breeding experiments. Credit also knowledge of related biological factors eg genes affecting neurochemical factors in substance abuse/addiction eg role of dopamine; genes affecting neuroanatomical mechanisms eg limbic system; links to metabolism. Likely evidence: Cloninger (1987); Kaij (1960); McGue (1992); Schuckit (1985); Melo (1996). Credit description of relevant evidence up to 2 marks.

AO2 = 8 marks

Up to eight marks for discussion of hereditary factors in substance abuse. Likely points: use of evidence to support the role of inheritance; use of evidence against the role of inheritance; direct v indirect effects eg Plomin's absence of brakes hypothesis; implications for treatment; implications for personal responsibility ie biological determinism as it conflicts with moral responsibility; reductionism; inability to establish cause and effect; dependence on correlational evidence; cultural differences; inter-relatedness of biological and other factors eg personality traits; comparison with alternative explanations eg the role of social factors; interactionism.

Credit use of relevant evidence in discussion.

Credit evaluation of evidence where used in discussion.

Maximum 8 marks if no evidence presented.

Mark Bands

10 - 12 marks **Very good answers**

The answer is clearly focused on the question and shows sound knowledge and understanding of hereditary factors in substance abuse. Discussion is full and includes thoughtful analysis.

References to research are appropriate and presented in the context of the discussion as a whole.

The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks **Good answers**

Answer shows knowledge and understanding of hereditary factors in substance abuse. Discussion is evident. References to research are appropriate. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 - 6 marks **Average to weak answers**

Answer shows some knowledge and understanding of hereditary factors in substance abuse.

There must be some discussion for 5/6 marks. Answers in this band may be mostly descriptive.

Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks **Poor answers**

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks **No relevant content**

Total AO1: 8; Total AO2: 12

Forensic Psychology

Question 29

Briefly discuss two limitations of official crime statistics as a way of measuring crime. [4 marks]

AO2 = 4 marks

Up to two marks for each valid limitation. In each case, one mark for briefly explaining the limitation and one further mark for a relevant discussion point. Limitations are all likely to be based on lack of reliability eg does not account for any crime that is unreported; does not account for any crime that is unrecorded; does not reflect the 'dark figure of crime'. Accept other relevant answers.

Discussion points could include an explanation of why some crimes go unreported/unrecorded; specific types of crimes that are less likely to figure in the official statistics eg victimless crimes; limitation in terms of outcomes/implications eg how inaccurate official figures might affect enforcement policy etc; comparison with other ways of measuring crime eg victim surveys, offender surveys. Credit use of evidence in discussion.

Note – reliability/validity-based answers that discuss two separate limitations in respect of reliability/validity can achieve full marks.

Question 30

Explain what is meant by 'offender profiling'. [2 marks]

AO1 = 2 marks

Up to two marks for knowledge of principles and/or procedures of offender profiling. Likely content: way of narrowing down the search for a perpetrator by excluding all those people who do not fit profiling criteria; uses bottom-up information about the crime/crime scene/nature of victim to predict characteristics/traits/circumstances of the offender; based on a two-type top-down categorisation of organised and disorganised; uses geographical information to inform about offender's base; investigative approach based on identification of patterns. Accept other valid answers.

Question 31

Outline one study which was designed to assess the usefulness of offender profiling. Your outline should refer to the method used and the results/conclusion of the study. [2 marks]

AO1 = 2 marks

Up to two marks for an outline of a valid study (ie one where the aim was to investigate the usefulness of offender profiling as a technique. Award one mark for the method and one for the results/conclusion. Note this must be a study in which the aim was to test the usefulness/accuracy/validity of the method of offender profiling. Descriptions of specific cases in which offender profiling was used to capture an offender (eg John Duffy, Arthur Shawcross, Ted Bundy) are not likely to gain credit here unless the candidate can argue persuasively that the aim of the research was to validate the methodology.

Likely studies include: Pinizotto & Finkel (1990); Alison (2003); Copson (1995); Kocsis et al (2002), Canter (2004) existence of an organised type but not disorganised type.

Question 32

Outline and compare behaviour modification and anger management as treatments for offending. [12 marks]

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

AO1 = 4 marks

Up to four marks for knowledge of anger management and behaviour modification as treatments for offending, usually two marks for each treatment. Note that the outlines should consist of specific techniques involved and not generalised statements about the aims. Likely content:

Anger management: 3 stage process of cognitive preparation (identifying sources/triggers/recognising anger), skills acquisition (learning control techniques such as counting, mantra etc), application practice (role playing dealing with anger situations)

Behaviour modification: use of operant conditioning in the form of positive reinforcement for desired behaviour, tokens as secondary reinforcers to be exchanged for primary reinforcers.

Credit description of relevant evidence – 1 mark

AO2 = 8 marks

Up to eight marks for comparison of the two treatments (can credit up to two marks for general evaluation of either/both treatments). Useful comparisons might include: type of behaviour for which each treatment is best suited, eg anger management is only useful for anger-based offending whereas behaviour modification is best suited to eliciting appropriate everyday behaviour whilst in prison; the context in which each treatment might take place, eg behaviour modification can only take place in the controlled environment of an institution; the role of the offender eg passive recipient of reinforcement versus active participant who has to be willing to change and the implications for motivation and general life enhancement; short-term versus long-term effectiveness eg the continuing effects of anger management after discharge; ethical considerations eg manipulative nature of behaviour modification.

Credit use of relevant evidence in discussion.

Credit evaluation of evidence where used in comparison.

Mark Bands

10 - 12 marks Very good answers

The answer is clearly focused on the question and shows sound knowledge and understanding of behaviour modification and anger management as treatments for offending. Comparison is full and includes thoughtful analysis. The answer is well organised and mostly relevant with little, if any, misunderstanding.

The candidate expresses most ideas clearly and fluently, with effective use of psychological terminology. Arguments are well structured and coherent, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

7 - 9 marks Good answers

Answer shows knowledge and understanding of behaviour modification and anger management as treatments for offending. Comparison is evident. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

4 – 6 marks Average to weak answers

Answer shows some knowledge and understanding of behaviour modification and anger management as treatments for offending. There must be some comparison/evaluation for 5/6 marks, although this may be largely implicit. Answers in this band may be mostly descriptive. Answers constituting reasonable relevant description but without proper focus on the question are likely to be in this band. There may be considerable irrelevance/inaccuracy.

The candidate expresses basic ideas reasonably well but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

1 - 3 marks Poor answers

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

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

0 marks No relevant content

Total AO1: 8; Total AO2: 12

Assessment Objectives

Question	AO1	AO2	AO3	Total
01			3	
02	3			
03		2		
04	4	8		20
05			3	
06	1	2		
07	2			
08	4	8		20
09	2	1		
10			3	
11	1	1		
12	4	8		20
13	2			
14		2		
15	2	2		
16	4	8		20
17	2	2		
18	2	2		
19	4	8		20
20	2			
21	2			
22		4		
23	4	8		20
24	2			
25		4		
26	1			
27	1			
28	4	8		20
29		4		
30	2			
31	2			
32	4	8		20

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