

Mark Scheme (Results)

June 2018

Pearson Edexcel GCE In Psychology (9PS0) PAPER 2: Applications of Psychology

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications are awarded by Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at <u>www.edexcel.com</u> or <u>www.btec.co.uk</u>. Alternatively, you can get in touch with us using the details on our contact us page at <u>www.edexcel.com/contactus</u>.

Pearson: helping people progress, everywhere

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

Summer 2018 Publications Code 9PS0_02_MS All the material in this publication is copyright © Pearson Education Ltd 2018

PMT

General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

SECTION A: Clinical Psychology Total for Section A - 54 marks

Question Number	Indicative Content	Mark
1 (a)	AO1 (1 mark)	(1)
	One mark per guideline stated.	
	For example:Act in the best interests of the service users (1).	
	Look for other reasonable marking points.	

Question Number	Indicative Content	Mark
1 (b)	AO2 (3 marks) Answers should demonstrate use of the stimulus material. Up to three marks for a description of how Mundra would use a guideline from the HCPC For example acting in the best interest of the client. • Mundra must not allow her clients' sex or religion to influence how	(3)
about their care if possible (1). She must not do any	Generic answers score 0 marks.	

Question Number	Indicative Content	Mark
2 (a)	AO2 (1 mark), AO3 (1 mark)	(2)
	Up to two marks for an explanation of what Archie's results show.	
	 For example Archie's results show that those who know someone with a mental illness scored on average 3 less than those who don't know someone with a mental illness (1). This means that those who know someone with a mental illness have a more positive attitude towards them (1). 	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	
2 (b)	AO2 (3 marks)	(3)
	One mark for appropriate title . One mark for appropriate labelling of axes . One mark for correct plots in two bars .	
	A bar chart to show median scores on attitudes to those with mental illness	
	someone with a mental illness	
	Look for other reasonable marking points.	

Question Number	Indicative Content	Mark
3 (a)	AO2 (2 marks)	(2)
	Up to two marks for an explanation of how Erik may obtain his sample.	
	 For example Erik could use an opportunity sample (1) as he could use the patients on the ward at the time (1). 	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	

Question Number	Indicative Content	Mark
3 (b)	AO2 (3 marks)	(3)
	Up to three marks for a description of how Erik could collect primary data to record patients' behaviour.	
	 For example Erik needs to decide if he is going to write down the behaviours displayed by the patients he sees or tally them (1). Erik can then set up video cameras to record the patients' behaviour (1). Erik may also sit down with a selection of patients and write down their experiences of being on a psychiatric ward (1). 	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	

Question	Indicative Content	Mark
Number		
3 (c)	AO1 (2 mark), AO3 (2 marks)	(4)
	 One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3) For example Cross-sectional studies are quicker to conduct than longitudinal studies (1) because they use a variety of participants at one point in time rather than waiting to follow them through their life (1). One weakness is that the participants are different so they suffer from participant variables (1) which means the conclusions made could be due to individual differences between participants (1). Look for other reasonable marking points. 	

		PMT

Question Number	Indicative Content			
4	AO1 (4 marks), AO3 (4 marks)	(8)		
	Read the candidate response and apply the appropriate level.			
	 AO1 A biological treatment is anti-psychotic drugs which aim to change the chemistry in the brain. They block dopamine receptors so minimising the effect of dopamine. A patient could take the anti-psychotics in syrup or tablet form. If patients forget to take them then medical practitioners could inject the anti-psychotics. 			
	 AO3 Anti-psychotics allow patients to stay in society rather than become institutionalised. Emsley (2008) found 84% of patients on anti-psychotics had at least 50% reduction in symptoms if they were given early enough. Anti-psychotics have serious side effects such as a decrease in motivation so schizophrenics may prefer not to take them. Rosa et al (2005) found only 50% of patients complied with taking their anti-psychotics. 			
	Look for other reasonable marking points.			

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

Question Number	Indicative Content	Mark
5	AO1 (4 marks), AO3 (4 marks)	(8)
	Read the candidate response and apply the appropriate level.	
	 AO1 Aimed to see if diagnosis of mental disorders was valid/reliable All pseudopatients were admitted with either a diagnosis of schizophrenia or manic depression (now bipolar) Rosenhan said the pseudopatients acted normally once admitted e.g. making conversations with fellow patients. Once admitted the pseudopatients did not claim to hear voices anymore 	
	 AO3 As they did not know they were part of a study the staff did not give consent to take part in the study. The validity of the results is higher as a variety of real hospitals were selected for the observations. As the pseudo patients were admitted, the staff had no reason to think they were faking it, as healthy people do not say they hear voices that are not there. Staff could be distressed, and may question their work which would negatively impact on real patients. 	
	Look for other reasonable marking points.	

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

Question Number	Indicative Content			
6	AO1 (8 marks), AO3 (12 marks)			
	E.g. Anorexia Nervosa.			
	 AO1 When the ventromedial hypothalamus is stimulated by neurotransmitters it causes the person to feel full. When the lateral hypothalamus is stimulated it causes the person to feel hungry and so they eat. Therefore if the ventromedial hypothalamus is abnormally stimulated and the person feels full they won't eat. Decreased levels of epinephrine has been associated with an anorexia. Excess serotonin/norepinephrine in the ventromedial hypothalamus causes a 			
	 person to stop eating. The excess serotonin may cause increased anxiety in anorexics. Elevated levels of opiods/endorphins/enkephalins are also associated with anorexia. High levels of dopamine in anorexics are thought to stop them seeking pleasurable activities including eating. 			
	 AO3 Lower levels of epinephrine in rats has led to them eating less and becoming more active showing the biological model is a good explanation. However, the effects on humans may be different. Studies have found that patients with anorexia have high levels of opioids in their spinal fluid so the biological explanation can explain anorexia nervosa. However, it is not known if these high levels of opioids are a cause of anorexia or are because of the anorexia, therefore we cannot say that biology is the cause. It has been found that the use of drugs to inhibit the opioids has led to anorexics gaining weight, therefore biology is a reason for anorexia nervosa. Bailer et al (2005) found binge-purge anorexics have increased levels of serotonin. Kaye (2011) found increased dopamine in anorexics led to anxiety rather than pleasure as in the non-anorexic control group. It may not be due to neurotransmitters, but down to genes. An alternative theory is that anorexia is caused because society values slimness equating it with being beautiful. Or it could be due to cognitive factors. Babarich et al (2014) found drugs that reduce anxiety do allow anorexics to gain weight. Drug therapy does not address the reasons the person became anorexic in the first place. 			
	 E.g. Obsessive-compulsive disorder. AO1 People who have OCD have a faulty connection between the orbitofrontal cortex and the thalamus. The thalamus is over active due to the caudate nucleus not working 			

E.g. AO1 • •	 with OCD are different. CBT is often used at the same time as drug therapy. Unipolar depression The monoamine hypothesis claims that low level of monoamines cause depression. Monoamines consist of noradrenaline/norepinephrine, dopamine and serotonin. Serotonin regulates the other neurotransmitters, so low levels of serotonin leads to lower levels of dopamine. Low levels of serotonin cause erratic brain function and thought patterns. Low levels of noradrenaline cause lower levels of alertness and arousal, symptoms of depression. Low levels of dopamine cause lack of concentration and focus.
AO3	The caudate nucleus manages repetitive behaviours, so an over active caudate nucleus increases repetitive behaviours. This over activity is passed on to the orbitofrontal cortex. The overactive orbitofrontal cortex causes the brain to become more alert to the environment. This causes the person to carry out checking behaviours, a symptom of OCD. Increased activity in the prefrontal cortex leads to the person becoming more fearful of acting appropriately in social situations. This can lead to worries about being neat and tidy which can lead to the obsessive behaviour. Menzies et al (2007) found differences in grey matter in the orbitofrontal cortex in those suffering from OCD so brain differences can explain OCD. McGuire et al found increased activity in the orbitofrontal cortex in sufferers of OCD when they were shown objects that would bring on their symptoms. The use of anti-depressants to raise serotonin levels have been successful in treating OCD therefore if biology can remove the symptoms it can be deduced that biology caused the symptoms. It can take up to 12 weeks for the anti-depressants to work, when they raise serotonin levels immediately suggesting it is not just biology that causes OCD. Somoro et al (2007) found that antidepressants were more effective for sufferers of OCD than a placebo. Kireev et al (2012) found other areas of the brain took over the functions of the anterior cingulate cortex. Problems with the brain's processing may be a further symptom of OCD so it could be something other than biology that causes OCD. Objective scanning techniques are used to measure the brain activity of those suffering OCD. As OCD runs in families it could be due to genes that the brain functions differently. The biological explanation says OCD is caused by self-doubt, the need for perfection and feelings of responsibility. The biological explanation could explain why the thought patterns of those
•	caudate nucleus increases repetitive behaviours. This over activity is passed on to the orbitofrontal cortex. The overactive orbitofrontal cortex causes the brain to become more alert to the environment. This causes the person to carry out checking behaviours, a symptom of OCD. Increased activity in the prefrontal cortex leads to the person becoming

Low levels of dopamine cause lack of concentration and focus.
Low levels of monoamines could be caused because the reuptake

	machanian reportures the neurotronorsitions before they reach the second second
	mechanism recaptures the neurotransmitters before they reach the receptor sites.
•	Depressed people could release too much monoamine oxidase so the monoamines are broken down too fast.
AO3	
	Drevets et al (1999) found reduced serotonin receptor-binding potential in unmedicated depressed patients. Anti-depressants which increase the monoamines alleviate depression showing reduced monoamines are a possible cause. Versiani et al (1999) found that patients who had noradrenaline reuptake inhibitors increased their mood if changing the biology can reduce symptoms there may be a biological cause. However, the level of neurotransmitters rises very quickly once an individual is on medication. Most evidence for abnormal levels of chemicals in the brain being a cause of depression is correlational so we cannot know if the change in chemicals cause unipolar depression or the other way round. Bunney et al (1970) found that urinary levels of noradrenaline decreased during episodes of depression. Bell et al (2001) depleted levels of tryptophan and found this caused a relapse of symptoms in depressed patients showing that changing the biology of a person can cause the symptoms of unipolar depression. Delgado (2000) found that monoamine depletion did not make symptoms worse in depressed patients not taking medication. Angoa-Perez (2014) found that mice without the gene for tryptophan did not show signs of depression. There are alternative theories such as the cognitive therefore it is not the only explanation. Delgado et al (1990) used a special diet to lower the level of tryptophan found that depressive symptoms returned for 67% of ppts. Therefore whilst low levels of monoamines may be one cause of depression it
	cannot be said to be the only cause.
Look	for other reasonable marking points.

Level	Mark	Descriptor			
	Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.				
	0 No rewardable material.				
Level 1	1-4	Demonstrates isolated elements of knowledge and understanding. (AO1)			
	Marks	Generic assertions may be presented. Limited attempt to address the question. (AO3)			
Level 2	5–8	Demonstrates mostly accurate knowledge and understanding. (AO1)			
Marks		Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)			
Level 3	9–12	Demonstrates accurate knowledge and understanding. (AO1)			
Marks		Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)			
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1)			
		Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)			
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1)			
		Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)			

SECTION B: Total for Section B - 36 marks Criminological Psychology.

Question Number	Indicative Content		Mark
7(a)	AO2 (2 marks)		
	Condition 1Number of incorrect answers in the group with leading questions.544325123444	Condition 2Number of incorrect answers in the group with no leading questions.0112430112430112	
	2	1	
	Total = 39	Total = 16	
	Mean = 3.25	Mean = 1.33	_
	One mark for each correct mean up	to 2 decimal places (see table above)	

Question Number	Indicative Content	Mark
7(b)	 AO2 (2 marks) Up to two marks for description of how results could help eyewitness testimony. For example Jason's results showed that leading questions led to more incorrect answers (1). The police should use open ended questions when interviewing witnesses (1). Look for other reasonable marking points. 	(2)

Question Number	Indicative Content	Mark
8a	AO2 (4 marks)	(4)
	Up to four marks for description of a cognitive-behavioural treatment for offenders.	
	For example; cognitive behavioural therapy	
	• Helen will aim to give the burglars insights into their thought processes, and how they influence their committing the burglary (1). She will aim to change the burglar's thoughts when confronted with situations that may lead to burglary to more pro-social thoughts (1). Helen will lead the session at Egton prison and she can work with individual burglars, or small groups of burglars (1). Helen will see each group of burglars once a week at Egton prison and she will offer the burglars a set number of sessions e.g. 12 weeks (1).	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	

Question Number	Indicative Content	Mark
8b	 AO1 (2 marks), AO3 (2 marks) One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3) For example; cognitive behavioural therapy Chen et al (2015) found that a CBT on violent male offenders significantly reduced aggression (1) which showed CBT can be effective for violent males (1). For CBT to be effective, offenders need to honestly discuss their thought processes (1), if they are not willing/able to do this then it will not be effective as it will be based on inaccurate thoughts (1). 	(4)
	Look for other reasonable marking points.	

Question Number	Indicativ	Indicative Content		
		AO1 (4 marks), AO2 (4 marks)		
9	 AO1 Self fulfilling prophecy is based on labels being given to people. Others will then behave towards the person according to the label. Because they are treated in a certain way the person internalises the label They then behave according to the label so the prophecy is fulfilled. AO2 Rachel will be labelled as anti-social because of where she lives/ her brothe Others will then treat Rachel differently because of the label e.g. watch he closely whilst she is in a shop. Because she is treated this way Rachel internalises the label and then acts as she perceives others her them to. Therefore the prophecy is fulfilled as Rachel has been arrested for being drunk and disorderly. Look for other reasonable marking points. 			
Level	Mark	Descriptor		
		must demonstrate an equal emphasis between knowledge and		
	1	understanding vs application in their answer.		
	0	No rewardable material		
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)		
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)		
Level 3	5–6	Demonstrates accurate knowledge and understanding. (AO1)		
	Marks	Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)		
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)		

PMT

Question	Indicative Content				
Number					
10	AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)				
	A01				
	 There are of the four main steps to the cognitive interview is reinstating the context. 				
	 When reinstating context witnesses should recall cues from the environment 				
	and about how they felt.				
	 Witnesses should start the interview by being allowed to recall what 				
	happened in their own words without interruption.				
	Once the free recall has finished then the interviewer can ask more specific				
	questions.				
	 Police should ask witnesses to recall the crime in a different order, e.g. start from the end. 				
	The interviewer should ask witnesses to recall the event from different				
	viewpoints, such as another witnesses'/the victim's perspective.				
	AO2				
	 Kylie could recall cues such as what smells were present when she witnessed the crime. 				
	 She should be asked to remember her emotions at the time, such as the 				
	fear she felt.				
	At the start of the interview Kylie should be allowed to just talk about what				
	happened with no questions asked until she has finished her free recall.				
	If Kylie recalls the event from the end she is less likely to fill in gaps in her				
	memory using schemas about what a crime should be like.				
	102				
	AO3				
	 Geiselman et al (1985) found that the cognitive interview led to more correct information being recalled compared to standard interviews showing 				
	it was more effective.				
	Geiselman et al (1985) found the cognitive interview led to slightly more				
	incorrect items being recalled so it may not be as effective as standard				
	interviews.				
	Holliday (2003) found cognitive interviews were more effective than				
	standard interviews when interviewing children.				
	When recalling from another's perspective interviewees may add information that they think the other person easy reducing their effectiveness				
	that they think the other person saw reducing their effectiveness.				

- Cognitive interviews need trained interviewers which increases the expense so they are only used for serious crimes limiting their effectiveness.
- It may not be practical to carry out a cognitive interview at the scene of the crime so reducing the effectiveness.

Look for other reasonable marking points.

Level	Mark	Descriptor			
Ca	AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs judgement/conclusion in their answer. Application to the scenario is capped at maximum 4 marks.				
	0 No rewardable material.				
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)			
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)			
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Displays a mostly developed and logical argument, containing mostly coherent chains of reasoning. Demonstrates an awareness of competing arguments, presenting a judgement/decision which may be imbalanced. (AO3)			
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to a balanced judgement/decision. (AO3)			

SECTION C: Total for Section C - 36 marks Child Psychology

Question Number	Indicative Content		Mark
11	AO2 (2 marks)		
	Number times the boys played with cars.	Number of times the boys played with dolls.	
	5	0	
	4	1	
	4	1	
	3	2	
	2	4	
	5	3	
	1	0	
	2	0	
	3	1	
	4	1	
	4	2	
	2	1	
	Total = 39	Total = 16	
	Mean = 3.25	Mean = 1.33	
	One mark for each correct mean u	up to 2 decimal places (see table above).

Question	Indicative Content	Mark
Number		(-)
11(b)	AO2 (2 marks)	(2)
	Up to two marks for description the type of attachment the boys are demonstrating.	
	For example	
	• The boys are showing a secure attachment as Jason saw that they were happy to explore the room (1), however they became upset if their mothers left the room unlike type A children who would not react when their mothers left the room (1).	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	

Question Number	Indicative Content	Mark
12a	 AO2 (4 marks) Up to four marks for description of a therapy to help children with autism. For example; cognitive behavioural therapy Helen will focus on the child's thoughts and she will give them the skills to manage anxiety which may result from their autism (1). The child will be taught to recognise their maladaptive thought processes and the effects these have on their autistic behaviour by Helen (1). Helen will use repetition and visual cues with children with autism as they find it hard working with abstract ideas (1). They may use a picture of a thermometer to rate their anxiety and then identify their thoughts at the time they were anxious (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points. 	(4)

12bAO1 (2 marks), AO3 (2 marks)(4)One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3)(4)For example; cognitive behavioural therapy • There are several studies which show the effectiveness of CBT for children with autism (1) such as Danial & Wood (2013) found CBT helped reduce the symptoms of anxiety in young people with autism as well as improving their overall functioning (1).• Not all children with autism are able to communicate effectively so CBT would not be useful for them as they would not be able to explain their thoughts/emotions (1). Applied behavioural analysis may be better as this focusses	Question	Indicative Content	Mark
economies (1). Look for other reasonable marking points.	Number 12b	 One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3) For example; cognitive behavioural therapy There are several studies which show the effectiveness of CBT for children with autism (1) such as Danial & Wood (2013) found CBT helped reduce the symptoms of anxiety in young people with autism as well as improving their overall functioning (1). Not all children with autism are able to communicate effectively so CBT would not be useful for them as they would not be able to explain their thoughts/emotions (1). Applied behavioural analysis may be better as this focusses on improving social skills through the use of token economies (1). 	(4)

Question	Indicative Content			
Number				
	AO1 (4 marks), AO2 (4 marks)			
13				
	AO1			
	 It is thought that adult personality was determined by early attachments. If the mother is loving and sensitive mother then this will be stored in memories. Memories will then form the basis for romantic relationships with partners 			
	and attachment to your own children.			
	 If mother's provided a safe base to explore the world the child will be competent and resilient in new situations. 			
	AO2			
	 James' adult personality was determined by his early attachment with his mother. 			
	 If James had a loving, sensitive mother then this will be stored in his memory and be the basis for his relationships as an adult. 			
	 James' memories will then form the basis for romantic relationships with his partner and his attachment to his children. 			
	 James' mother provided a safe base for James to explore the world which means as an adult James will be competent and resilient in new situations. 			
	Look for other reasonable marking points.			

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

Question Number	Indicative Content			
14	AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)			
	 AO1 Ainsworth's (1978) Baltimore study found that 65% of children were securely attached. Grossman found that in Germany only 33% of children were securely attached whilst 49% were insecurely attached. Takahashi (1986) didn't find any avoidant attachments in Japan, but did find higher levels of insecure-resistant compared to Ainsworth's study. In Japanese families where the mother goes to work and has to leave the child attachment types are similar in % to Ainsworth's study (Durrett 1984). Sagi (1985) studied children who lived in a Kibbutz and slept away from their parents, and found 50% were type C. Sagi et al (1991) found kibbutz children who slept with their parents had attachment types similar to those found by Ainsworth. 			
	 AO2 Hattie would have found different types of attachments in the two cultures that she studied, which lead to her conclusion that the results were due to nurture. If Hattie's participants were Japanese then she may find the mother's refusal to leave their children alone affected their attachment type. Hattie would say nurture affected the children in Sagi's study as they were regularly away from their mothers. Hattie could argue that attachment is down to nature as all cultures have children that form attachments. 			
	 AO3 Ijzendoorn & Kroonenberg (1988) found that the most common attachment type in all cultures was secure attachment. However, it can be argued that attachment is down to nature as all children form an attachment, whether it is secure or insecure. One issue with cross cultural studies is it could be socio-economic background that affects attachment type. The strange situation reflects the norms of American parenting. The strange situation can be argued to be unethical in Japan. The strange situation may not be appropriate for some cultures as it focuses on the mother. 			
	Look for other reasonable marking points.			

Level	Mark	Descriptor
Cai	un	AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) must demonstrate an equal emphasis between knowledge and derstanding vs judgement/conclusion in their answer. lication to the scenario is capped at maximum 4 marks.
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Displays a mostly developed and logical argument, containing mostly coherent chains of reasoning. Demonstrates an awareness of competing arguments, presenting a judgement/decision which may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to a balanced judgement/decision. (AO3)

SECTION D: Total for Section D - 36 marks Health Psychology.

Question Number	Indicative Content		Mark
15a	AO2	(2 marks)	(2)
	Attitudes of teenagers towards	Attitudes of the over 50s towards	
	drugs. 5	drugs. 0	
	4	1	
	4	1	
	3	2	
	2	4	
	5	3	
	1	0	
	2	0	
	3	1	
	4	1	
	4	2	
	2	1	
	Total = 39	Total = 16	
	Mean = 3.25	Mean = 1.33	_
	One mark for each correct mean u	up to 2 decimal places (see table above)).

Question Number	Indicative Content	Mark
15(b)	 AO2 (2 marks) Up to two marks for description of how results could support a learning explanation of drug addiction. For example Jason's results could support the operant conditioning explanation of drug addiction as teenagers may get more positive reinforcement for taking drugs through acceptance from their peers (1), and Jason's results showed that teenagers have a more positive attitude to drugs than the over 50s (1). Answer must refer to the scenario. Generic answers score 0 marks. Look for other reasonable marking points. 	(2)

Question	Indicative Content	Mark
16a	 AO2 (4 marks) Up to four marks for description of a treatment Helen could use on those addicted to alcohol. For example; aversion therapy. Helen would give the addicts an emetic drug/disulfiram which stops the breakdown of acetaldehyde in their bodies (1). Helen would give her patient an alcoholic drink, such as wine, and the patient would be sick/feels sick due to the emetic drug (1). The patient eventually associates being sick with alcohol so avoids drinking alcohol (1). Helen gives the addict non-alcoholic drinks when the addict does not feel sick to stop generalisation of the response (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points. 	(4)

Question Number	Indicative Content	Mark
Number 16b	AO1 (2 marks), AO3 (2 marks) One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3) For example; aversion therapy • There are studies that show that aversion therapy is an effective treatment for alcohol addiction (1). E.g. Howard (2001) found that after aversion therapy patients were more confident that they could	(4)
	 Aversion therapy does not look at the underlying reasons why someone abuses alcohol (1), so they may start drinking alcohol again if these issues are not addressed (1). Look for other reasonable marking points. 	

Question Number	Indicati	Indicative Content			
Number	AO1 (4 marks), AO2 (4 marks)				
17	 A A n T b AO2 A d d d d n B g d t 	 Alcohol is a depressant drug. Alcohol inhibits serotonin in the brain. Alcohol also increases the amount of GABA which is an inhibitory neurotransmitter. The changes to the neurotransmitters can cause down regulation as the brain adjusts to the levels of serotonin and dopamine from the alcohol. 			
Level	Mark	Descriptor			
Car	ndidates	must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.			
	0	No rewardable material			
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)			
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)			
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)			
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)			

Question Number	Indicative Content			
18	AO1 (6 marks), AO2 (4 marks) AO3 (6 marks)			
	 AO1 Laboratory experiments have a clear hypothesis which states what the experimenter hope to find out. A laboratory experiment using animals is carried out in controlled conditions. An IV is manipulated to see the effect on the DV. Laboratory experiments can look at the effects of the drugs on the brain/long term effects of the drugs/effects of treatment programmes. An independent measures design can be used where different participants are used in each condition. They could use a repeated measures design where the same animals are used in both conditions. 			
	 AO2 Ian can control what other drugs the monkeys have previously taken so he will know the effects of the specific drug he has given them. Because the monkeys were kept in isolation Ian can be sure any effects were caused by the drug so it is a useful method for him to use. Monkeys are not genetically identical to humans so Ian's results may not be useful as they may not be the same for humans. Ian used 35 monkeys which may be seen as a small number so the results may not be useful when Ian tries to generalise them. 			
	 AO3 The use of controlled conditions means a clear cause and effect can be established so they are appropriate. Humans take drugs in social conditions not controlled conditions so the use of animals may not be appropriate. As animals such as mice have a short life span it is possible to look at the long term effects of drugs making it more appropriate to study animals compared to humans. Social animals, such as monkeys should not be kept in isolation unless absolutely necessary therefore Ian's use of the monkeys was not appropriate. The minimum number of animals should be used to keep experiments into drug research ethical so Ian's use of only 35 monkeys is appropriate. If the animals cannot join their social groups after the study then the experimenters need to ensure they are kept in as reasonable conditions as possible, such as putting all the rejected animals in their own social group so it may be more appropriate to study non-social animals. 			

Level	Mark	Descriptor			
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs judgement/conclusion in their answer. Application to the scenario is capped at maximum 4 marks.					
	0	No rewardable material.			
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)			
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)			
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Displays a mostly developed and logical argument, containing mostly coherent chains of reasoning. Demonstrates an awareness of competing arguments, presenting a judgement/decision which may be imbalanced. (AO3)			
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to a balanced judgement/decision. (AO3)			