

Caregiver-Infant Interactions - Mark Scheme

Q1.

AO1 = 2

Attachment is a strong, enduring, emotional and reciprocal bond between two people, especially an infant and caregiver.

1 mark for a brief definition, eg an emotional bond.

1 further mark for some elaboration as above.

Q2.

[AO3 = 4]

Level	Marks	Description
2	3 – 4	Evaluation is relevant, generally well explained and focused on research into caregiver-infant interaction. The answer is generally coherent with effective use of specialist terminology.
1	1 – 2	Evaluation is relevant although there is limited explanation and/or limited focus on research into caregiver-infant interaction. Specialist terminology is not always used appropriately or is absent.
	0	No relevant content.

Possible evaluation points:

- babies cannot communicate so inferences must be drawn
- well-controlled – studies ‘capture’ micro-sequences of interaction
- practical issues – babies are often asleep or being fed
- issue of intentionality – are imitative behaviours deliberate/conscious?
- some studies have failed to replicate earlier findings, eg Koepke et al (1983)
- research may be socially sensitive, eg implications for working mothers
- economic implications of research
- contribution to understanding the importance of care-giver infant interaction.

Accept other valid points.

Note that material on maternal deprivation is not creditworthy on this question.

Answers may focus on the body of research in general or on a specific piece of research evidence.

Q3.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding

- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

[AO2 = 2]

One mark for briefly noting a relevant reason, plus one mark for explanation / elaboration.

Likely answers: cannot ever show cause and effect because it is ethically impossible to manipulate the amount / quality of caregiver-infant interaction; extraneous factors such as home environment / substitute care / life events / culture / temperament may have a long term effect on attachment and cannot be controlled.

Note: valid reasons could overlap so care should be taken to award due credit and not automatically penalise candidates who might initially appear to be presenting two separate reasons.

Q4.

[AO1 = 3]

1 mark each for any three of:

- asocial/pre-attachment stage
- indiscriminate/diffuse attachment/stage
- the beginnings of attachment/attachment in the making
- specific/discriminate attachment/stage
- multiple attachment/stage

Q5.

[AO1 = 2]

2 marks for a clear, coherent definition of reciprocity

1 mark for a limited / muddled definition.

Reciprocity – caregiver-infant interaction is a two-way/mutual process; each party responds to the other’s signals to sustain interaction (turn-taking). The behaviour of each party elicits a response from the other.

Do not credit examples unless these add to the definition.

Q6.

[AO2 = 4]

1 mark for each outline:

- interactional synchrony – adults and babies respond in time to sustain communication
- reciprocity / turn-taking – interaction flows both ways between adult and infant
- imitation – infant mimics / copies the adult’s behaviour
- sensitive responsiveness – adult attends sensitively to infant’s communications.

Plus

1 mark each for application of feature to stem:

- interactional synchrony – ‘...as if they are one person..’ / ‘...perfectly in time with each other..’
- reciprocity / imitation / sensitive responsiveness – ‘Tasneem smiles, Aisha smiles back...’

Same part of stem can be credited if applied appropriately to more than one feature.

Q7.

(a) **AO3 = 3**

Candidates may point out that the % of secure attachment in all three countries is very similar, but that insecure attachments vary. Country one has the lowest % of insecure-avoidant but the highest of insecure resistant. Country three has the lowest % of insecure-resistant but the highest of insecure-avoidant.

One mark for a brief outline of one point. Two further marks for accurate elaboration of one point in detail or more than one point more briefly.

(b) **AO3 = 3**

Candidates may refer to limitations of the strange situation as a way of identifying attachment type. Alternatively they may focus on the differences in number of studies in each country.

They could also criticise the use of meta analysis.

One mark for a brief outline of a relevant criticism. Two further marks for elaboration.

For example, the findings for country two come from 18 different studies. We can't be sure that all of the studies were carried out in the same way (second mark). It is possible that the 'Strange Situation' or ways of categorising types of attachment were different in the different studies (third mark).

If candidates give more than one criticism, the best should be credited.

Q8.

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- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **AO3 = 2**

Behaviour must be operationalised. Suitable behavioural categories could include crying, clinging to mother, smiling, playing independently etc.

One mark for each suitable behavioural category.

(b) **AO3 = 2**

Candidates may refer to time sampling, CCTV and later analysis or ticking a box when the behaviour is shown. Unstructured observation could also be relevant.

One mark for a brief explanation. This could include demonstrating some understanding of the use of behavioural categories, eg draw a table and tick boxes.

A further mark for elaboration, eg drawing the table and / or indicating when the boxes would be ticked.

(c) **AO3 = 2**

One reason for the psychologist carrying out a pilot study would be to check cameras were positioned appropriately. Another would be to check the suitability of the behavioural categories. Alternative relevant reasons should be credited. One mark for a brief reason eg to check equipment. A further mark for elaboration as above.