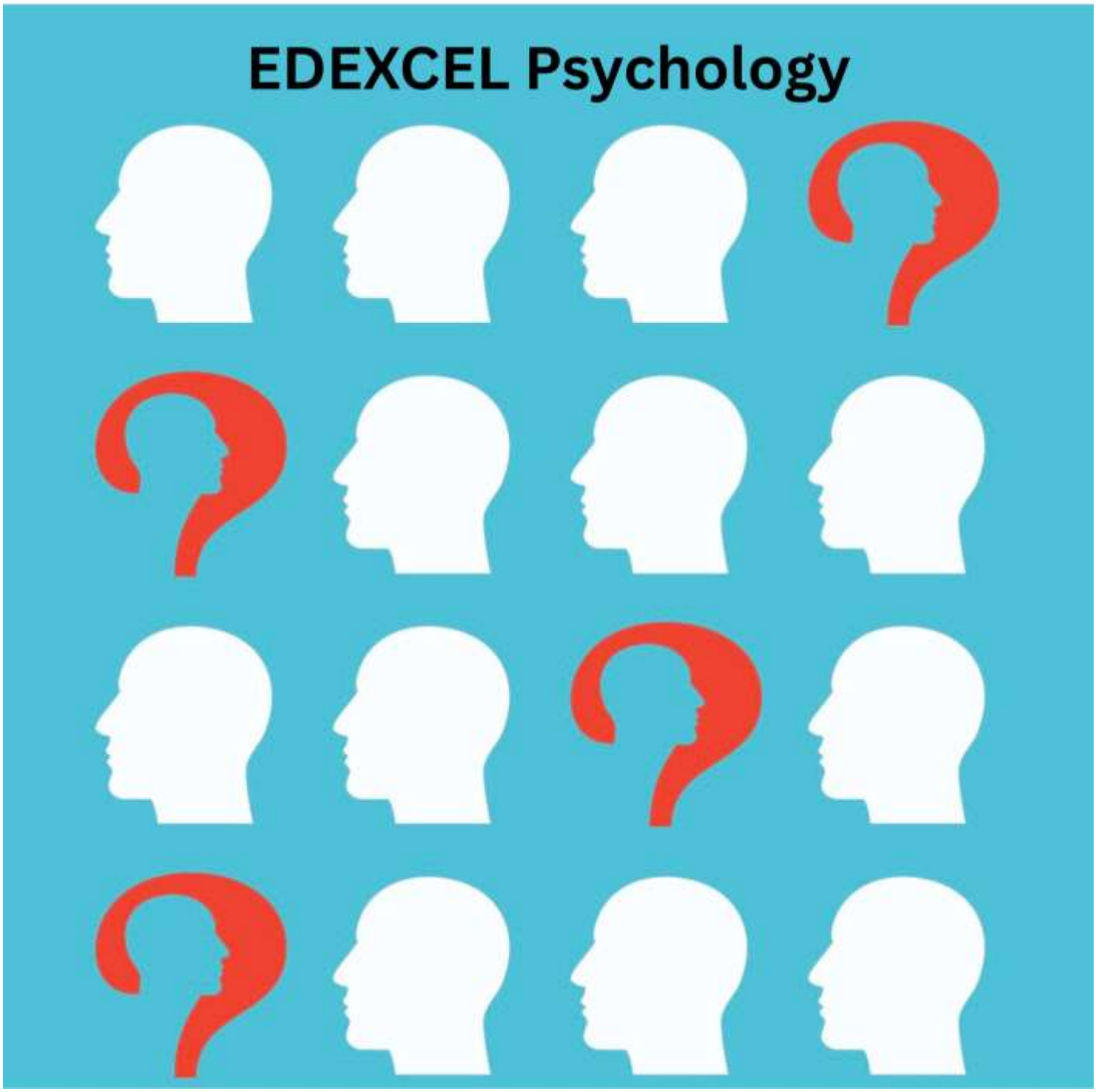
Exam Questions

Answer Booklet

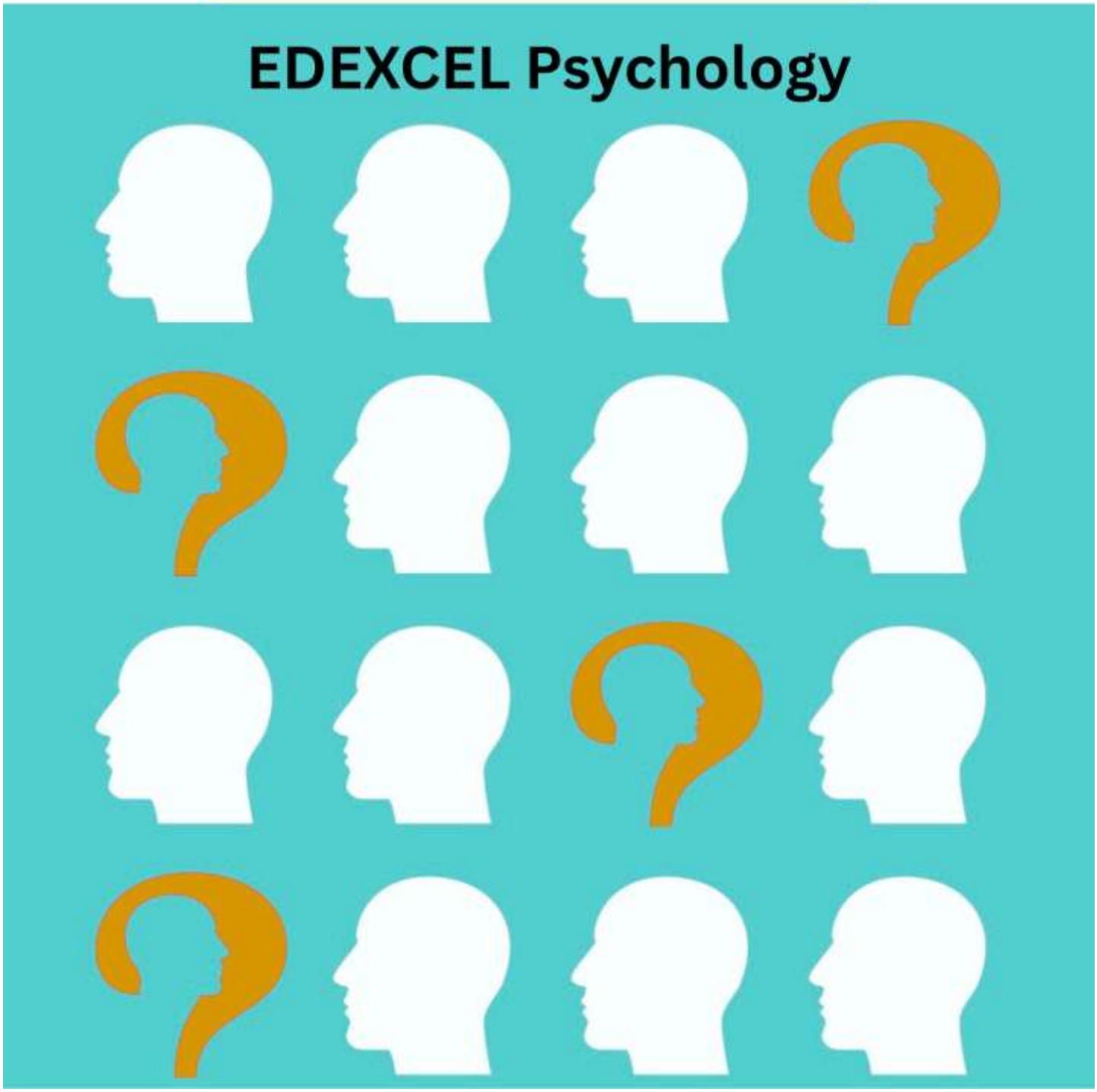


Topics:

Clinical
Criminological
Child
Health

Paper 2

EDEXCEL Psychology



Clinical Psychology Questions & Answers

1.

During your studies of clinical psychology, you will have learned about classification systems for mental health, including the DSM and ICD.

(a) Describe the DSM as a classification system.

(2)

(b) Explain **one** strength and **one** weakness of the DSM as a classification system to diagnose mental health disorders.

(4)

Mark Scheme

(a) AO1 (2 marks)

Up to two marks for description of the DSM (DSM-IV-TR or DSM-5).

For example:

- The DSM-5 has three sections, with section II having the classification of the main mental health disorders (1). Within section III, there is a cultural formulation interview guide to help with diagnosis of the disorder (1).

Look for other reasonable marking points.

(b) AO1 (2 marks), AO3 (2 marks)

One mark for identification of a strength and a weakness of DSM (AO1).
One mark for justification of the strength and the weakness (AO3).

For example:
Strength

- Kim-Cohen et al. (2005) found that the DSM has predictive validity for conduct disorders in children (1) as a larger majority of children who had at least three conduct disorder symptoms at five years old according to DSM had at least one educational difficulty two years later (1).

Weakness

- The DSM may not be an accurate classification system for mental disorders as patient factors may affect the information the clinician receives (1), as the patient may not tell the clinician certain aspects of their behaviour due to cultural differences or the stigma attached to such behaviours (1).

Look for other reasonable marking points.

2.

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

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

(3)

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

(2)

Mark Scheme

(a) AO1 (3 marks)

Up to three marks for a description of the function of neurotransmitters in relation to schizophrenia.

For example:

- The dopamine hypothesis states that those with too much dopamine in the mesolimbic pathway will have positive symptoms of schizophrenia (1). A higher number of D2 receptors in the brain means that more dopamine will bind to the receptors leading to schizophrenia (1). A decrease of glutamate in the mesolimbic pathway in people with schizophrenia no longer inhibits dopamine leading to an excess of dopamine. (1).

Look for other reasonable marking points.

(b) AO1 (1 mark), AO3 (1 mark)

One mark for identification of a strength (AO1).
One mark for justification of the strength (AO3).

For example:

- Carlsson et al. (2000) proposed that glutamate and dopamine interacted in their review of studies giving the explanation credibility (1) as they reviewed several studies that found NMDA antagonists reduce glutamate functioning and increased the release of dopamine (1).

Look for other reasonable marking points.

3.

You will have learned about the classic study by Rosenhan (1973).

(a) Describe the results of Rosenhan (1973).

(4)

(b) Explain **one** strength of Rosenhan (1973).

(2)

(c) Explain **one** improvement that could be made to Rosenhan (1973).

(2)

Mark Scheme

(a) AO1 (4 marks)

Up to four marks for a description of Rosenhan's (1973) results.

For example:

- Rosenhan found that 11 out of the 12 hospitals admitted the pseudopatients with a diagnosis of schizophrenia (1). The average time a pseudo patient stayed in hospital was 19 days, it ranged from 7 to 52 days (1). In three cases the pseudo patients writing behaviour was seen as part of their pathological behaviour by nurses (1). In his second experiment he found that 41 patients were said to be pseudo patients by at least one member of staff (1).

Look for other reasonable marking points.

(b) AO1 (1 mark), AO3 (1 mark)

One mark for identification of a strength (AO1).
One mark for justification of the strength (AO3).

For example:

- Rosenhan used quantitative, objective data in the form of number of days spent in the hospital (1), this means that other researchers could conduct a similar study and compare the results to see if they are similar to test the reliability of Rosenhan's results on newer versions of DSM (1).

Look for other reasonable marking points.

(c) **AO1 (1 mark), AO3 (1 mark)**

One mark for identification of an improvement (AO1).
One mark for justification of the improvement (AO3).

For example:

- Rosenhan could have used a range of hospitals across all of America rather than just the east and west coast (1) which would have shown that the results were representative of all states within America and how they treat patients in mental institutions (1).

Look for other reasonable marking points.

4.

In your studies of clinical psychology, you will have learned about one biological theory/explanation for schizophrenia other than the function of neurotransmitters.

Evaluate **one** biological theory/explanation for schizophrenia **other than** the function of neurotransmitters.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- Schizophrenia is thought to be inherited through genes due to the higher concordance rate of schizophrenia in monozygotic twins compared to dizygotic twins.
- A variety of genes within different chromosomes are thought to be the cause of schizophrenia rather than one specific gene.
- 22q11 deletion is one genetic factor associated with schizophrenia as those with 22q11 deletion have psychotic symptoms.
- Another gene is the COMT gene which when faulty can lead to excess levels of dopamine as the enzyme which breaks it down is affected.

AO3

- Gottesman (1991) found the concordance rate for schizophrenia in monozygotic twins was 47% compared to 17% in dizygotic twins suggesting genes may play a role in schizophrenia.
- No study has found 100% concordance rate for schizophrenia in monozygotic twins, so whilst genes may play a role, other factors such as environmental stress could also be involved.
- Trubetskoy et al. (2022) found that the altered function of a variety of genes that were also implicated in neurodevelopmental disorders were also associated with schizophrenia.
- The cognitive explanation of schizophrenia says that it is caused by faulty thought processing, such as not being able to recognise your inner voice as coming from yourself, so it may not be caused by genes.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) 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)

5.

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

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

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

You must make reference to the context in your answer.

(20)

Mark Scheme

AO1 (8 marks), AO2 (4 marks), AO3 (8 marks)

AO1

- Cognitive behavioural therapy sees the patient with schizophrenia once a week in a supportive non-threatening environment.
- Specific symptoms are focussed on target areas such as delusions with the therapist and patient working together.
- The therapist may help the client identify their irrational thoughts that lead to the delusions and challenge them to prove the thoughts using reality.
- Explaining that hallucinations come from irrational thought processes can help reduce the client's anxiety around their symptoms.
- When working with auditory hallucinations the therapist will first focus on physical attributes of the voice such as the tone of voice.
- Therapists will discuss events that happened before the schizophrenia and cognitive distortions from illness in order to make the schizophrenia seem more normal.
- The client may be asked to record their beliefs and feelings about any hallucinations as homework so the therapist can better understand the clients.
- The client may be asked to record evidence to back up their delusions with the aim of showing there is no basis for the delusions.
- Clients may also be asked to change their behaviour and record their experiences, such as going out with friends if social withdrawal is a symptom.

AO2

- The therapist will focus on Henry's specific symptom such as hearing voices saying he is not a good person asking Henry what exactly they are saying.
- The therapist will challenge Henry's irrational delusions asking him why he needs to save the world and how he will do it.
- The therapist will try and work out the trigger for the schizophrenia, so the therapist may look at the parental relationship.
- Henry may be asked to go for a coffee with a friend over the next week and record how he felt about the situation.

AO3

- Drake & Sederer (1986) found that intense, over long therapies often led to worsening of the schizophrenia and negatively affects them in the long term, so CBT may not be an effective treatment for Henry if it is both intense and long.
- CBT requires the patient to be motivated and engage with the therapy, which may not be possible for patients like Henry with schizophrenia as he has social withdrawal so it may not be effective for all patients with schizophrenia.
- Patients with schizophrenia may need to take medication in order to be able to engage in CBT as they may not be able to communicate effectively, so CBT without medication may not be effective for Henry as it may not work.
- CBT aims to treat the cause of the schizophrenia so it could be seen as more effective as a treatment than anti-psychotics on their own, as these just treat the symptoms.
- If schizophrenia has a biological basis in the form of neurotransmitters, then CBT will not be an effective treatment as it does not address the biological cause of the schizophrenia.
- Bradshaw (1998) assessed CBT in a case study with a female schizophrenic patient called Carol and found considerable improvement in functioning and symptoms over a 3-year treatment period and 1-year follow-up so it could be effective for Henry.
- Chadwick et al. (2000) found significant reductions in the power and control that voices had over 22 schizophrenic patients using group based CBT, so if Henry did CBT in a group it could be effective for him.
- Turkington et al. (2002) found the use of CBT improved overall symptomology, insight and depression in those with schizophrenia showing that it can be an effective treatment for Henry.

Look for other reasonable marking points

Level	Mark	Descriptor
AO1 (8 marks), AO2 (4 marks), AO3 (8 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 throughout the skills of integrating and synthesising relevant knowledge with consistent linkages to psychological concepts and/or ideas. (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)
Level 5	17-20 Marks	Demonstrates accurate and comprehensive 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 consistently the skills of integrating and synthesising relevant knowledge with thorough, accurate linkages to psychological concepts and/or ideas. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates a full awareness of competing arguments and presents a fully balanced response, leading to an effective nuanced and balanced judgement/decision. (AO3)

Criminological Psychology Questions & Answers

1.

In your studies of criminological psychology you will have learned about the classic study by Loftus and Palmer (1974).

(a) Describe the results from Loftus and Palmer (1974).

(2)

(b) Explain **one** strength and **one** weakness of the study by Loftus and Palmer (1974).

(4)

Mark Scheme

(a) **AO1 (2 marks)**

Credit up to two marks for a description of the results from Loftus and Palmer (1974).

For example:

- Loftus and Palmer (1974) found that those participants who had the word 'smashed' estimated an average speed of 40.8 mph compared to 31.8 for those asked 'contacted'. (1). For the film where the crash happened at 20mph the mean estimate of speed was 37.7 mph (1).
- 16 participants said they saw broken glass when asked about the cars smashing into each other compared to 7 when the word hit was used (1). For the film where the crash happened at 20mph the mean estimate of speed was 37.7 mph (1).

Look for other reasonable marking points.

(b) **AO1 (2 marks), AO3 (2 marks)**

One mark for identification of a strength and a weakness (AO1).
One mark for justification of the strength and the weakness (AO3).

For example:

Strength.

- All the participants saw the same seven films and the same questionnaires apart from the critical question so the procedure was standardised (1), this makes it reliable as other researchers can replicate the study and check the results of estimated car speed are consistent (1).
- Loftus and Palmer used 150 students in experiment 2 which is a large sample size as there were 50 participants in each group (1) which means the sample is more representative of students estimates of car speeds so the results can be generalised (1).

Weakness.

- All the participants were students which means the results on estimated speed are not representative (1), as people who had been driving for longer may be more accurate in estimating the speed of the cars so the results are not generalisable to all drivers (1).
- The study lacked validity as the participants were watching a video of car crashes which is not the same as witnessing a real crash (1), therefore the lack of emotion may affect the estimated speed and so the results are not reflective of real eye witness testimony (1).

Look for other reasonable marking points.

2.

Jekaterina has recently had an accident which resulted in damage to her amygdala. Since the accident she has lost her temper a lot more. She has had frequent arguments with her parents.

Jekaterina's old friends do not like to go out with her any more, as she often starts fighting with strangers. She is now going out with some new friends. Jekaterina has just been arrested by the police for hitting someone whilst she was out with her new friends. Jekaterina thinks her aggression is due to the damage to her amygdala.

Discuss how damage to Jekaterina's amygdala may account for her aggression.

You must make reference to the context in your answer.

(8)

Mark Scheme

AO1 (4 marks), AO2 (4 marks)

AO1

- The amygdala processes information from our senses and determines how we respond to that information.
- The amygdala can trigger the flight or fight response when we either run away from the situation or stay and fight.
- When it is activated the amygdala over rides the rational part of our brain so we are less likely to think in a rational manner.
- Damage to the amygdala can lead to an individual being unable to prevent themselves acting spontaneously in an aggressive way.

AO2

- Jekaterina may have processed information from her environment as threatening due to damage to her amygdala, which is why she starts fights when she is out.
- When her amygdala is activated Jekaterina goes into the fight mode which explains why she hit another person when she was out with her new friends due to an increase in adrenaline.
- Jekaterina does not think of the consequences of her actions, such as being arrested by the police because her damaged amygdala may be overactive.
- Her new friends could be more aggressive and Jekaterina may be copying her aggressive behaviour from them.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) 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)

3.

Evaluate the self-fulfilling prophecy as an explanation of criminal/anti-social behaviour.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- People expect an individual to be a criminal based on a stereotype due to factors such as where they live, their family or how they dress.
- Based on an expectation, the individual is treated as though they are a criminal, so may be avoided for example.
- The individual notices this behaviour and may internalise what is expected of them so they now see themselves as a criminal and demonstrate criminal behaviour.
- Those with low self-esteem are more likely to change their behaviour to fit the expectation others have of them and are more likely to become criminal.

AO3

- Lamb and Crano (2014) found that teenagers who did not take marijuana were 4.4 times more likely to take it a year later if their parents thought they did take it compared to those whose parents thought they did not take it.
- The self-fulfilling prophecy can be seen as incomplete as it ignores biological factors that may cause criminal behaviour such as the XYY gene.
- Jahoda (1954) found that names affected criminal behaviour, as boys with a name associated with Wednesday had a higher arrest rate than boys with a name associated with Monday.
- The self-fulfilling prophecy cannot explain all behaviour as some individuals such as those with high self-esteem, are resistant to the label they are given and so will not become criminals.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) 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)

4.

Assess **one** theory of personality as an explanation of crime and anti-social behaviour.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- Eysenck's theory of personality states that those who score highly on extraversion, neuroticism and psychoticism are more likely to become criminals.
- Those who are highly extravert have an under aroused RAS so need stimulation from the environment to increase arousal, which may include criminal activity.
- People who are highly neurotic have an ANS that is quick to turn on and release adrenaline, and slow to turn off so are more likely to be anti-social.
- If someone scores highly on all three characteristics and they are in an environment that nurtures crime then they are more likely to become criminals than those who score highly but are not in an environment that nurtures crime.

AO3

- Rushton and Chrisjohn (1980) found that self-reported delinquency was linked to high levels of extraversion and psychoticism but not neuroticism so showing Eysenck's theory may not be an accurate explanation of criminal behaviour.
- Eysenck based his theory on the assumption that personality traits are consistent which may not be the case, so it may not explain criminal behaviour if personality traits are not consistent.
- Boduszek et al. (2013) found that extraversion, neuroticism and psychoticism were related to criminal thinking as well as having criminal peers and seeing themselves as criminals, showing Eysenck's theory of personality and environment can explain criminal behaviour.
- Eysenck's theory of personality is more holistic than other theories such as brain damage as it looks at the effects of nature and nurture, so it can be seen as a more credible explanation.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) Candidates must demonstrate an equal emphasis between Knowledge and understanding vs assessment/conclusion in their answer.		
	0	No rewardable material.
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. 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 generic or superficial assessment being presented. (AO3)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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 may be imbalanced. (AO3)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

5.

Maxyme is currently in prison.

He gets very angry when people disrespect him, such as when a teenager pushed in front of him in a queue before he went to prison. He felt the teenager had done it deliberately because they did not like Maxyme. The only reason Maxyme did not start a fight is because there were several other people nearby and he did not want to get into trouble with the police.

Maxyme has been found guilty of robbery and assault. He went with a weapon to a shop and threatened the shop keeper. Once the shop keeper had given him some money, he left the shop. Maxyme assaulted a passer-by when they tried to stop him from getting away.

Whilst in prison, Maxyme is having a cognitive-behavioural treatment.

Assess the effectiveness of **one** cognitive-behavioural treatment for Maxyme.

You must make reference to the context in your answer.

(16)

Mark Scheme

AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)

AO1

- Anger management programmes are usually conducted by a professional with small groups of offenders over about ten sessions.
- Anger management programmes aim to reduce criminal behaviour by allowing the criminals to learn ways to recognise their emotions and to control them.
- The first stage is cognitive preparation where the criminals identify situations that provoke their anger.
- The professional will also explore the criminals' thought patterns in those situations and challenge them.
- Coping skills such as relaxation techniques are taught to help calm the physical response to anger.
- Criminals will use the relaxation techniques in role plays that replicate situations that cause them to be angry, in a controlled situation.

AO2

- In cognitive preparation the therapist will look at situations where Maxyme felt he had been disrespected in order to understand Maxyme's thought patterns.
- Maxyme will have his thoughts challenged, such as questioning why he thought the teenager did not like him.
- Maxyme will be taught how to breathe in deeply for 3, hold it for 3 and then breathe out slowly for 3 in order to try and calm him down when he feels like starting a fight.
- A role play where another criminal pretends to stop Maxyme from escaping with some money will allow Maxyme to practice his coping skills so he can improve on their use.

AO3

- Howells et al. (2005) found that anger management did not significantly improve anger expression or control so the treatment may not be effective.
- Anger management may be seen as more effective than drug therapy, as there are no side effects so those having the treatment may be more likely to attend all the sessions and less likely to stop the treatment.
- Anger management assumes that criminal behaviour is due to anger, if the criminal behaviour is not due to anger, such as robbery due to needing money, then it may not be effective at reducing criminal behaviour.
- Naeem et al.(2009) found that those on a CBT anger management programme were better at controlling their anger and showed less anger towards themselves and others, showing anger management may be an effective treatment.
- Anger management programmes have been found to be more effective for those ready to treat their anger, so if Maxyme does not think he has an anger issue the treatment may not be effective in reducing his criminal behaviour.
- Henwood et al. (2016) found that those who stayed on an anger management programme had a 56% risk reduction in violent recidivism showing that anger management programmes are an effective form of treatment if they are completed.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context 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) Generic assertions may be presented. 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 generic or superficial assessment being presented. (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) 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 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 assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Child Psychology Questions

1.

In your studies of child psychology you will have learned about the classic study by van IJzendoorn and Kroonenberg (1988).

(a) Describe the results from van IJzendoorn and Kroonenberg (1988).

(2)

(b) Explain **one** strength and **one** weakness of the study by van IJzendoorn and Kroonenberg (1988).

(4)

Mark Scheme

(a) **AO1 (2 marks)**

Credit up to two marks for a description of the results from van IJzendoorn and Kroonenberg (1988).

For example:

- van IJzendoorn and Kroonenberg (1988) found that out of 72 children from Great Britain 16 had a type A attachment, 54 a type B attachment and 2 had a type C attachment (1). Across all the samples, the main attachment type was type B at 65% followed by type A then type C (1).
- Japanese children were mainly type B securely attached, and the next most common type of attachment was type C with 26 out of 96 children (1). Across all the samples, the main attachment type was type B at 65% followed by type A then type C (1).

Look for other reasonable marking points.

(b) **AO1 (2 marks), AO3 (2 marks)**

One mark for identification of a strength and a weakness (AO1).
One mark for justification of the strength and the weakness (AO3).

For example:

Strength.

- van IJzendoorn and Kroonenberg (1988) excluded some groups of children, such as those with Down's Syndrome, if there were less than 35 in the group (1), which helped them to avoid the possibility of misclassifying the attachment type of those children so making the results more valid (1).
- van IJzendoorn and Kroonenberg (1988) had a large sample size as they used 32 studies from 8 countries with a total of 1990 strange situations (1), which means the sample is more representative of attachment types across the world so the results can be generalised (1).

Weakness.

- All the studies used the Strange Situation procedure which is based on Western parenting styles so the results may not be representative (1) as this may not be an accurate reflection of attachment types and parenting styles in non-Western countries such as Japan (1).
- As they conducted a meta-analysis on the strange situation they cannot be certain that all the 32 studies were conducted in the same way (1), which reduces the reliability of the findings about cross cultural attachments, as if other studies from the same countries were used the results may not be the same (1).

Look for other reasonable marking points.

2.

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

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

(2)

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

(2)

Mark Scheme

(a) AO1 (2 marks)

Credit two marks for a description of one therapy.

For example:

- Applied behavioural analysis works through the use of rewards when a child with autism shows a desired behaviour such as making eye contact (1). Each child with autism has specific goals to work towards, and applied behavioural analysis can be used in a variety of situations to help achieve those goals (1).

Look for other reasonable marking points.

(b) AO1 (1 mark), AO3 (1 mark)

One mark for identification of a strength (AO1)
One mark for justification of the strength (AO3).

For example:

- Yu et al. (2020) showed that the use of applied behavioural analysis is effective for children with autism so the therapy has validity (1) as they found that applied behavioural analysis led to a significant improvement in socialisation, communication and expressive language in children with autism spectrum disorder (1).

Look for other reasonable marking points.

3.

Evaluate **one** biological explanation for autism.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- Autism may be caused by genetics with changes to over 100 genes being recorded in those with autism.
- In most people who have autism due to gene mutations the mutation only occurs in one gene such as the SHANK3 gene.
- Many of the genes associated with autism affect the production, growth and organisation of neurons within the brain.
- Some people with autism have more neurons than other people in the cortex which is involved in social behaviour and emotions.

AO3

- Autism is not just caused by genes as other factors such as parental age and birth complications combined with a genetic predisposition can also increase a person's risk of having autism.
- Sandin et al. (2014) found that the risk of developing autism in a sample of 14,516 Swedish children increased with genetic relatedness of other family members with autism.
- The theory of mind offers an alternative explanation for autism, as it is believed people with autism cannot understand that other people have their own beliefs and emotions, so the biological explanation is incomplete.
- Wang et al. (2010) concluded that specific genetic variants are involved in shaping the structure and connectivity of areas of the brain, and mutations in them may lead to autism.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) 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)

4.

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

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

Discuss how George may reduce the negative effects of deprivation.

You must make reference to the context in your answer.

(8)

Mark Scheme

AO1 (4 marks), AO2 (4 marks)

AO1

- Children should be placed in a home where an adult can provide a substitute mother figure who can give the child focussed attention.
- Parents should try and maintain regular contact with their children if they have to be separated from them.
- If it is not possible to maintain contact then reminders of the absent parent may help reduce the effects of deprivation.
- Routines can help a child adjust to any prolonged period of time away from home.

AO2

- If the child is placed with a substitute mother figure as they will be in a foster home, then they may form an attachment to them and so not get upset this time.
- If possible, the child should visit its mother regularly whilst she is in hospital so that the effects of the deprivation are not as severe.
- As the mother is in hospital the child may not be able to visit her so to ensure it does not get so upset photographs of the mother should be in its foster home.
- To reduce any further effects of deprivation the home routines of the child should be kept, such as bedtime routines, rather than make the child fit into existing routines as happened in the children's institute.

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) 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)

5.

Maxyme works as a nurse at a local health centre. As part of his job, he runs a class for new parents to teach parenting skills. He has a mixture of mothers and fathers attending the class.

Maxyme has noticed that the children react differently to their parents. One child called Jack is always happy to explore the toys in the room and interact with his parent, whereas another child called Fay does not interact with her parent. Some other children in the parenting class do not explore the room but like to stay close to their parent.

Maxyme has decided to investigate this further as part of his professional development. He decides to use the Strange Situation procedure to investigate how all the children in the parenting class react to their mothers and fathers, and how the parents react to their child.

Assess the effectiveness of the Strange Situation procedure as used by Maxyme to investigate the children and their parents.

You must make reference to the context in your answer.

(16)

Mark Scheme

AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)

AO1

- The strange situation procedure lasts for twenty minutes and has eight episodes with interaction between a mother, child and stranger.
- Each interaction lasts for about three minutes and unseen observers record the child's reactions.
- The behaviour of the child with the mother is observed at the start of the procedure and when the mother returns to the room which also has a stranger in it.
- The behaviour of the children whilst exploring the room and interacting with a stranger was also observed.
- Ainsworth found that there were three attachment types and each attachment type had different behaviours in the strange situation.
- Securely attached children were upset when the mother left the room and happy to explore the room when the mother was present.

AO2

- Maxyme would have to set up the room used for the parenting class so that there was somewhere he could hide unseen to observe the children and their parents.
- He could use both the mothers and the fathers from the parenting class and observe how the children play with the toys in the parenting classroom whilst they are present.
- Another nurse may be asked to help Maxime to play the part of the stranger and Maxyme would observe how the children reacted to the stranger when a parent was present.
- If Jack was happy to play with the toys in the parenting classroom Maxyme could conclude that he was securely attached to his parent.

AO3

- The strange situation procedure is standardised with the use of the eight episodes therefore it can be said to be effective as Maxyme can replicate previous studies and compare his findings
- Research into attachment could be seen as unethical as the child is left alone and it is known that in most cases the child will become upset, so the parents may not be happy to take part in the study reducing its effectiveness.
- The strange situation can be said to be an effective method of measuring attachment type as it has been used across a variety of cultures with a number of different researchers and found the same three attachment types.
- The strange situation ignores factors such as the temperament of the child so it may not be an effective way of determining causes of the different attachment types.
- Ainsworth's research just looked at the interactions with the child and the mother so if Maxyme uses the fathers as well then this will increase its effectiveness when looking at the children's attachment types.
- The strange situation may not be effective in measuring attachment types in everyday life as children are not usually taken to a strange room and then left with a stranger or on their own.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context 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) Generic assertions may be presented. 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 generic or superficial assessment being presented. (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) 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 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 assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Health Psychology Questions & Answers

1.

In your studies of health psychology you will have learned about the classic study by Olds and Milner (1954).

(a) Describe the results from Olds and Milner (1954).

(2)

(b) Explain **one** strength and **one** weakness of the study by Olds and Milner (1954).

(4)

Mark Scheme

(a) AO1 (2 marks)

Credit up to two marks for a description of the results from Olds and Milner (1954).

For example:

- Olds and Milner (1954) found that when the electrodes were placed in the septal area of the brain, the rats spent between 75% and 92% of their acquisition time responding (1). When the electrodes were moved to the caudate nucleus, the acquisition scores showed stimulation of these areas had no effect (1).
- Olds and Milner (1954) found that the septal area of the brain had the greatest reduction in pressing the lever during the extinction phase compared to other areas of the brain (1). When the electrodes were moved to the caudate nucleus, the acquisition scores showed stimulation of these areas had no effect (1).

Look for other reasonable marking points.

(b) **AO1 (2 marks), AO3 (2 marks)**

One mark for identification of a strength and a weakness (AO1).
One mark for justification of the strength and the weakness (AO3).

For example:

Strength.

- Olds and Milner (1954) used a standardised Skinner Box for all the rats, which had the same dimensions and a lever to access the electrical stimulation (1), which increases the reliability of their experiment as other researchers can use the same type of box to check for consistent results (1).
- Olds and Milner (1954) only used 15 male hooded rats which makes the study more ethical as they followed reduction (1), so they used the minimal number of rats possible, meaning fewer rats were harmed by having an electrode placed in their brain (1).

Weakness.

- Olds and Milner (1954) used 15 male hooded rats so the results about a potential reward area in the brain may not be true for humans (1), as the brains of humans are more complex than the brains of rats so stimulating those areas may not be as rewarding for humans (1).
- Only 15 male hooded rats were used, and in some cases, there was only one rat for an area of the brain such as the hippocampus (1), which reduced the generalisability of the results as we cannot be sure that the results are representative of the effect of brain stimulation in all rats (1).

Look for other reasonable marking points.

2.

Evaluate **one** treatment for nicotine addiction, **other than** aversion therapy.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- Nicotine replacement therapy releases nicotine into the blood at a lower rate than cigarettes where it travels to nicotine receptors in the brain.
- Nicotine replacement therapy uses nicotine gum, patches or tablets to help those with nicotine addiction.
- As the person is still getting nicotine it helps control the withdrawal symptoms such as feeling irritable and having trouble sleeping.
- The amount of nicotine in the replacement therapy is gradually reduced until eventually the person is weaned off needing nicotine.

AO3

- Hajek et al. (2019) found that e cigarettes were more effective at helping people stop smoking cigarettes than nicotine replacement therapy with 18% not smoking a year later compared to 9.9%.
- Nicotine replacement therapy does help control withdrawal symptoms so it may be useful in allowing patients to access other therapies to help them stop smoking, such as hypnosis.
- Alpert et al. (2012) found that about one third of people who used nicotine replacement therapy had relapsed and started smoking again and it was no more effective in stopping relapse than those who did not have nicotine replacements.
- West and Zhou (2007) found the use of nicotine replacement therapy in smokers aged 35-65 years was associated with improved long term abstinence rates from smoking.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) 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)

3.

Assess the effectiveness of **one** biological explanation to account for heroin addiction.

(8)

Mark Scheme

AO1 (4 marks), AO3 (4 marks)

AO1

- Heroin binds to mu-opioid receptors in the brain and activates them mimicking the body's natural opioids.
- As the mu-opioid receptors have been activated it causes the addict to feel less pain, both physical and emotional.
- If the mu-opioid receptors in the brain's reward centre are activated this leads to an increase in dopamine, leading to the high from heroin.
- The brain lowers its production of natural mu-opioids due to the heroin, so the addict needs to take more heroin in order to feel normal so leading to tolerance.

AO3

- Wei et al. (2018) found that heroin increased the activation of dopamine receptors in the VTA and the activation of serotonin receptors for up to an hour after the mice took the heroin showing it is a credible explanation of heroin addiction.
- The neurotransmitter explanation of heroin addiction does not explain why people first take heroin so it is not a complete theory of addiction.
- The fact that drugs such as methadone, which act in a similar way to heroin by activating the opioid receptors, are successfully used to reduce cravings for heroin indicates the neurotransmitter explanation has credibility.
- The neurotransmitter explanation is reductionist as it ignores environmental factors, such as the influence of family and peers, so it may not be a complete explanation of heroin addiction.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) Candidates must demonstrate an equal emphasis between Knowledge and understanding vs assessment/conclusion in their answer.		
	0	No rewardable material.
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. 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 generic or superficial assessment being presented. (AO3)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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 may be imbalanced. (AO3)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

4.

Humphrey is addicted to alcohol. He drinks a can of beer as soon as he wakes up and then continues drinking throughout the day, often progressing to stronger alcohol such as bottles of vodka. His friends no longer go out with him or visit him at home due to his alcohol addiction.

Humphrey has lost his job due to being unable to carry out his work effectively because he was drunk. He was recently admitted to hospital as he was found unconscious after drinking. Whilst in hospital, Humphrey suffered withdrawal symptoms because he could not get any alcohol.

Humphrey has decided he wants to address his alcohol addiction and has admitted himself into a clinic which uses aversion therapy.

Evaluate aversion therapy as it could be used with Humphrey.

You must make reference to the context in your answer.

(16)

Mark Scheme

AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)

AO1

- Aversion therapy aims to teach the alcohol addict to learn a new reflexive response to alcohol so they will no longer want to drink it.
- Aversion therapy is based on classical conditioning and pairs a stimulus which causes an unpleasant reaction to alcohol.
- The alcohol addict will be given a drug such as disulfiram just before they drink any alcohol, to stop the body breaking down acetaldehyde quickly.
- When the alcohol addict drinks alcohol, they will experience unpleasant symptoms such as feeling sick because the acetaldehyde is not broken down.
- After several parings the alcohol addict will associate feeling sick with alcohol and so will no longer drink alcohol to avoid feeling sick.
- The alcohol addict must be given non-alcoholic drinks when not feeling sick so that their response does not generalise to all drinks.

AO2

- Humphrey has a reflexive response of pleasure to beer and vodka so aversion therapy will aim to change this response to an unpleasant one.
- Humphrey will take disulfiram just before having some beer so he will start to feel sick after he has drunk a few beers so he will not drink out with his friends.
- After a few pairings of beer and vodka with feeling sick Humphrey will start to avoid alcohol, so his friends will be more likely to go out with him again.
- The therapist may give Humphrey other drinks such as tea when he does not feel sick so that he will not have issues from dehydration so he will not need to go to hospital again.

AO3

- Elkins et al. (2017) found that fMRI scans showed a reduction in craving related brain activity after patients had undergone aversion therapy for alcohol showing it has a biological basis.
- A criticism is that the aversion therapy is trying to socially control those with alcohol addiction, and tell them their addiction is not acceptable and they should change to fit in with society.
- Aversion therapy is relatively quick as it only takes a few hours, so may be a better therapy than those which take longer such as cognitive behavioural therapy.
- Aversion therapy may not last long term as after some time the association between alcohol and feeling sick may wear off and the person will start to drink again and realise they don't feel sick.
- Smith and Frawley (1990) found that 71.3% of those who had undergone aversion therapy still abstained from alcohol 12 months later showing it is an effective treatment.
- Aversion therapy does not address the reasons behind the alcohol addiction so it may not be effective in the long term as the long-term causes may still be there.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer. Application to the context 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 & procedures).(AO2) 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	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 & procedures). (AO2) 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	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 & procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) 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	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 evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

5.

Maxyme is addicted to alcohol. He always has a drink of alcohol after he has eaten, and every time he goes out, he needs to drink. He finds drinking makes him feel relaxed and more confident and says he started drinking when he was nervous about being in large groups.

Maxyme's friends used to say he was much more fun when he had a drink, but now that he drinks excessively they are embarrassed by his behaviour. Maxyme gets withdrawal symptoms if he does not have a drink of alcohol in the morning.

His mother used to drink a lot of alcohol, and when Maxyme was younger his group of friends often drank alcohol when they were at the park. When questioned about his alcohol addiction, Maxyme said it is due to seeing his mother drinking when he was a child.

Assess the effectiveness of **one** learning explanation to account for Maxyme's alcohol addiction.

You must make reference to the context in your answer.

(16)

Mark Scheme

AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)

AO1

- Social learning theory states that people become addicted because they observe their role models using drugs, such as alcohol.
- People pay attention to their role models drinking alcohol due to their role models having certain characteristics such as power.
- Once drinking alcohol has been observed the actions are placed in the memory so they can be imitated at an appropriate time.
- If the role model is reinforced for drinking alcohol, then the behaviour is more likely to be imitated.
- If the person doing the imitating is reinforced once they have imitated the drinking of alcohol then they are more likely to drink alcohol again.
- Intrinsic motivation, such as feeling happy after drinking alcohol, can motivate the person to repeat the behaviour and drink more alcohol.

AO2

- Maxyme will have observed his mother drinking alcohol, such as what type of alcohol she drank, and whether she drank out of a bottle and he will imitate that behaviour.
- Maxyme's mother may act as a role model for Maxyme as she has power over him, which can explain why he started to drink alcohol.
- Maxyme's friends may have been positively reinforced when they drank alcohol in the park, such as being seen as cool by other people.
- Maxyme is extrinsically motivated to carry on drinking as he is reinforced when his friends say he is more fun after he has had a drink.

AO3

- Bandura, Ross and Ross (1961) found that children will imitate the aggressive actions of an adult towards a Bobo doll, so social learning theory is a credible explanation of addiction to alcohol.
- Studies such as Bandura, Ross and Ross (1961) studied social learning theory in children, so it may not be an effective explanation of addiction in adults.
- Social learning theory is a more complete explanation of addiction than operant conditioning because it focuses on cognitive processes as well as reinforcement.
- Social learning theory focuses on nurture and ignores nature, such as genes, when explaining addiction so it is not a complete explanation of why people become addicted to alcohol.
- Social leaning theory can better explain why people start to drink alcohol compared to classical conditioning so it is a more effective explanation of addiction.
- Mundt et al. (2012) found that adolescents chose friends with similar rates of drinking alcohol, rather than being influenced by friends to drink alcohol, so social learning theory may not explain alcohol addiction.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context 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) Generic assertions may be presented. 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 generic or superficial assessment being presented. (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) 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 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 assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)