
A-LEVEL PSYCHOLOGY B

PSYB2: Social Psychology, Cognitive Psychology and Individual Differences

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

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

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Social Influence

Question 01

AO3 = 2 marks

Explain why the researcher thought it was important to use the same participants in each condition (a repeated measures design).

Award up to 2 marks for an explanation of any relevant advantage of using repeated measures in this study. Maximum 1 mark if no application to the study.

Possible answer:

The problem of individual differences/participant variables is removed (1), for example, differences in IQ/vocabulary/word fluency may have affected the number of words listed (1).

1 mark only for 'requires fewer participants than an independent groups design'.

Question 02

AO3 = 2 marks

Explain how the researcher might have used counterbalancing in this study.

Award up to 2 marks for an explanation of how counterbalancing might have been used in this study.

Possible answer:

Half the participants perform the 'difficult' condition followed by the 'easy' condition (1) and the other half perform the 'easy' condition followed by the 'difficult' condition (1).

Accept alternative wording.

1 mark for a generic response not linked to the study eg 'half the participants do the first condition then the second condition; half the participants do the second condition then the first'.

Question 03

AO3 = 1 mark

Briefly explain why counterbalancing is often used in repeated measures designs.

Award 1 mark for an explanation of why counterbalancing is often used in repeated measures designs.

Possible answer:

Counterbalancing is often used to control for/even out/balance the effects of order/practice/fatigue (in repeated measures designs) (1).

Question 04

AO3 = 1 mark + AO2 = 2 marks

Use your knowledge of evaluation apprehension to explain the likely outcome of this study.

AO3 Award 1 mark for stating the likely outcome.

Possible answer:

Participants are likely to think of more words beginning with 't' than words beginning with 'z'/participants will perform better in the 'easy' condition than the 'difficult' condition.

Accept alternative wording.

AO2 Award up to 2 marks for explanation of the likely outcome based on knowledge of evaluation apprehension.

Likely points: Evaluation apprehension leads to better performance (facilitation) on an easy task and worse performance (inhibition) on a difficult task (1) due to the fear of being judged (1) increased arousal (1).

Question 05

AO1 = 2 marks

Outline one psychological explanation of obedience to authority.

Award up to 2 marks for an outline of one psychological explanation for obedience to authority.

Award 1 mark for identification/brief outline of a relevant explanation and 1 mark for elaboration/expansion.

Likely explanations: legitimacy of authority figure/orders/system; agentic state; gradual commitment/'foot-in-the-door'; authoritarian personality. Credit factors that affect obedience (such as those identified in Milgram variations and other studies eg proximity of authority figure).

Credit evidence as illustration of the explanation eg description of Milgram variations/factors that resulted in increased obedience.

Question 06**AO1 = 5 marks + AO2 = 5 marks****Discuss normative social influence and informational social influence as explanations of conformity. Refer to evidence in your answer.****Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.**

- AO1** Up to 5 marks for description of normative and informational explanations of social influence (up to 3 marks for any one explanation). Normative refers to the social rules that govern behaviour and the need to be seen as a member of the social group/fit in. This relates to a desire for social approval/acceptance/avoidance of rejection. Suggests that conformity is public agreement with the group and not private agreement (compliance). Informational refers to the idea that the individual believes the group has more knowledge/expertise. Suggests that conformity is agreement with the group due to uncertainty about correct responses or behaviour on the part of the individual. When public behaviour and private opinion match (internalisation). Conformity is driven by the need to be right/have accurate perception of reality. Credit description of evidence up to 2 marks. Likely studies: Sherif (1935), Asch (1951), Anderson et al (1992), Baron, Vandello & Brunsman (1996).
- AO2** Up to 5 marks for discussion of the explanations including analysis of the results seen in different studies of conformity. Normative social influence can explain the results of conformity studies in unambiguous situations eg Asch. Informational influence can explain conformity in ambiguous situations in which both public and private agreement occurs eg Sherif, Jenness. Accept analysis of Asch variations when linked to normative social influence or informational social influence. Discussion of alternative explanations of conformity eg dispositional factors and other explanations such as ingratiation. Discussion of difficulty measuring and/or distinguishing between the two explanations. Only credit evaluation of the methodology used in studies when made relevant to the discussion of the explanations. Maximum 2 marks for examples (1 mark for each explanation). Credit use of evidence.

Maximum 6 marks if no evidence**Maximum 6 marks if only one explanation****Mark bands****9 – 10 marks Very good answers**

There is accurate, well-organised and detailed description of both explanations. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding. The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both explanations although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one explanation.

The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both explanations. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance.

Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either explanation, but there may be some relevance.

Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

Social Cognition

Question 07

AO3 = 1 mark

Identify the independent variable in this experiment.

1 mark for identification of the independent variable.

Likely answer:

Whether students are asked for their own reasons for choosing (to study psychology) or those of their friends/whether they are asked to make attributions about their own reasons or their friends' reasons/the type of question they were asked (1).

Question 08

AO3 = 1 mark

Identify the dependent variable in this experiment.

1 mark for identification of the dependent variable.

Likely answer:

The type of attribution (situational or dispositional attribution) / the number of situational and dispositional attributions (made by the students in each condition) (1).

Question 09

AO3 = 2 marks

Explain how the researcher might have used counterbalancing in this study.

Award up to 2 marks for an explanation of how counterbalancing might have been used in this study.

Possible answer:

Half the participants are asked about their own reasons for studying psychology and then their friends' reasons (1), and the other half are asked about their friends' reasons followed by their own (1).

Accept alternative wording.

1 mark for a generic response not linked to the study eg 'half the participants do the first condition then the second condition; half the participants do the second condition then the first'.

Question 10**AO3 = 1 mark****Briefly explain why counterbalancing is often used in repeated measures designs.**

Award 1 mark for an explanation of why counterbalancing is often used in repeated measures designs.

Possible answer:

Counterbalancing is often used to control for/even out/balance the effects of order/practice/fatigue (in repeated measures designs) (1).

Question 11**AO3 = 1 mark + AO2 = 2 marks****Use your knowledge of the actor-observer effect to explain the likely outcome of this study.****AO3** Award 1 mark for stating the likely outcome.

Possible answer:

Participants are likely to make more situational attributions when asked about their own reasons (for studying psychology) and more dispositional attributions when asked about their friends' reasons.

Accept alternative wording.

AO2 Award up to 2 marks for explanation of the likely outcome based on knowledge of the actor-observer effect.

Possible answer: The actor-observer effect states that people make more situational attributions when explaining their own behaviour (1), and more dispositional attributions when explaining the behaviour of others (1).

Question 12**AO1 = 2 marks****Outline one function of an attitude.**

Award up to 2 marks for an outline of one function of attitude. Award 1 mark for identification/brief outline of a relevant function and 1 mark for elaboration/expansion.

Likely answers:

Knowledge function: attitudes help us make sense of the world by making it predictable.

Adaptive function: attitudes help us gain social approval/acceptance/goals and avoid punishment when we display generally-accepted attitudes.

Ego/self-expressive function: attitudes help us to (establish identity when we) express our own values and opinions.

Accept alternative functions: ego-defensive; self-expressive.

Question 13**AO1 = 5 marks + AO2 = 5 marks****Discuss the primacy effect and central traits as factors that affect impression formation. Refer to evidence in your answer.****Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.**

- AO1** Up to 5 marks for knowledge of the two factors (up to 3 marks for any one factor). Primacy effects: early information in an encounter has a greater influence on the overall impression formed and later information is disregarded/discounted. Credit contrast with the recency effect.
Central traits: characteristics of personality that have a strong/disproportionate influence in impression formation. Credit contrast with peripheral traits.
Credit description of evidence up to 2 marks.
Likely studies: Asch (1946), Luchins (1957), Jones (1968), Asch (1946), Kelley (1950).
- AO2** Up to 5 marks for discussion of the factors. This might include analysis/explanation of why the factor operates as it does; the implications of evidence/use of evidence specifically to support or refute impact of each factor. Discussion of the wider applications of the factors, eg in real life situations such as interviews. Comparison of relative power of the two factors. Credit comparison with alternative factors as part of the discussion.
Credit use of evidence.
Only credit evaluation of the methodology used in studies when made relevant to discussion of the factors.

Maximum 6 marks if no evidence**Maximum 6 marks if only one factor****Mark bands****9 – 10 marks Very good answers**

There is accurate, well-organised and detailed description of both factors. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding. The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both factors although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one factor. The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both factors. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance.

Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either factor, but there may be some relevance.

Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

Remembering and Forgetting**Question 14****AO2 = 3 marks**

For each type of question, A, B and C above, identify the level of processing that is involved in answering the question. Label your answers A, B and C.

A – auditory/phonetic/intermediate/phonological/acoustic

B – structural/visual/physical/shallow/orthographic

C – semantic/deep

Question 15**AO1 = 3 marks**

Outline one study in which the Working Memory model has been investigated. In your answer, refer to what the psychologist(s) did and what was found.

Up to 3 marks for a description of a recognisable study; candidates may briefly describe the method, results and/or conclusion. Candidates may get **full credit** for focusing on only two sections of the study when there is sufficient detail provided.

Likely studies: Brooks (1968), Baddeley, Thomson and Buchanan (1975), Hunt (1980), Hoosain and Salili (1988), Hulme, Thomson, Muir and Lawrence (1984), Levey, Aldaz, Watts and Coyle (1991), Paulesu et al (1993), Baddeley et al (1998). Shallice and Wallington (1970).

No marks for a classroom exercise/demonstration.

Question 16**AO2 = 2 marks**

Briefly explain one strength of the Working Memory model.

Up to 2 marks for one strength of the Working Memory model. Award 1 mark for identification/brief outline of a strength and 1 mark for elaboration/expansion.

Likely strengths: sees (short term) memory as active rather than passive; considers how we use STM for everyday activities; phonological loop deficits may account for reading difficulties/dyslexia; can account for findings of studies with amnesiac/brain damaged patients; can explain dual-task performance.

Accept other valid strengths.

Credit use of evidence/comparison with alternative models as part of elaboration.

Note that some of these points may overlap.

Question 17**AO1 = 2 marks****What is meant by ‘procedural memory’? Give an example.**

Award 1 mark for an outline of procedural memory and 1 mark for an example.

Possible answer: memory for a motor skill/action-based memory (1) e.g. recalling the action of riding a bike (1).

1 mark only for knowing how to do something eg ‘knowing how to ride a bike’.

Do not accept ‘memory for procedures’.

Question 18**AO1 = 5 marks + 5 AO2 = marks****Discuss repression and lack of consolidation as explanations for forgetting. Refer to evidence in your answer.****Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.**

AO1 Up to five marks for description of repression and lack of consolidation as explanations for forgetting (up to 3 marks for any one explanation).
Repression: a Freudian defence mechanism; unpleasant/traumatic memories are transferred into the unconscious to protect the ego from further anxiety; description of techniques for accessing repressed memories. Credit reference to the continued influence of repressed memories on conscious behaviour.
Lack of consolidation: forgetting has a biological basis; a period of time is needed for the modification of cell assemblies/neurons to make memories permanent; if this period is physically disrupted then memories may be lost.
Credit reference to the role of acetylcholine in the consolidation process.

Credit description of evidence up to two marks. Likely studies: Yarnell and Lynch (1970), Drachman and Sahakian (1979), Levinger and Clark (1961), Williams (1994), Robinson (1979).

AO2 Up to five marks for discussion of the two explanations. Likely points for repression: unscientific nature of the explanation; difficulty of testing the unconscious mind; ethical issues involved in experimental testing; contradictory evidence eg victims of post-traumatic stress disorder; difficulty in verifying ‘recovered’ memories/the false memory debate; does not explain why all types of memories are forgotten as it only applies to unpleasant events.

Likely points for lack of consolidation: supported by clinical evidence eg ECT patients; combines biological and psychological influences; limited application to a small number of cases of forgetting.

Credit reasoned comparison between explanations or with alternatives. Only credit evaluation of the methodology used in studies when made relevant to discussion of the explanations.

Credit use of evidence.

Maximum 6 marks if no evidence

Maximum 6 marks if only one explanation

Mark bands

9 – 10 marks Very good answers

There is accurate, well-organised and detailed description of both explanations. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both explanations although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one explanation. The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both explanations. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance.

Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either explanation, but there may be some relevance.

Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

Perceptual Processes

Question 19

AO2 = 3 marks

Each of the images, A, B and C, contains at least one monocular depth cue. For each image, identify one monocular depth cue. Label your answers A, B and C.

- A – texture gradient/height in plane/relative size
- B – superimposition/overlap/occlusion/interposition
- C – linear perspective/height in plane

Question 20

AO1 = 3 marks

Outline one study that could be used to support Gibson’s theory of perception. In your answer, refer to what the psychologist(s) did and what was found.

Up to 3 marks for a description of a recognisable study; candidates may briefly describe the method, results and/or conclusion. Candidates may get **full credit** for focusing on only two sections of the study when there is sufficient detail provided.

Likely studies: Lee and Lishman (1975) Gibson and Walk (1960) Bower (1971) Lieberman (1963) Deregowski (1972), Bruner and Postman (1949), McGinnies (1949), Bruner and Minturn (1951).

Question 21

AO2 = 2 marks

Briefly explain one limitation of Gibson’s theory of perception.

Up to 2 marks for one limitation of Gibson’s theory. Award 1 mark for identification/brief outline of a limitation and 1 mark for elaboration/expansion.

Likely limitations: the difficulty the theory has with dealing with the effects of illusions/mistaken perceptions; affordances change over time which suggests past experience is important; the theory fails to distinguish between sensation and perception.

Accept other valid limitations.

Credit use of evidence/comparison with alternative theories (Gregory) as part of elaboration.

Question 22**AO1 = 2 marks****Name and outline one Gestalt principle of perceptual organisation.**

Award 1 mark for naming one Gestalt principle and 1 mark for an example.

Likely principles:

Proximity (1) things that are close together are seen as belonging together/part of the same object (1).

Similarity (1) things that have similar characteristics are grouped together rather than seen as separate/single items (1).

Closure (1) incomplete figures are completed by filling in the missing information in order to make the figure whole (1).

Part-whole (1) we prefer to perceive the whole rather than individual elements (1).

Accept other valid principles.

Question 23**AO1 = 5 marks + AO2 = 5 marks****Discuss the effects of motivation and culture on perception. Refer to evidence in your answer.****Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.**

AO1 Up to 5 marks for knowledge of the effects of motivation and culture on perception. Up to 2 marks for describing the effect(s) of motivation and culture eg increasing or decreasing the likelihood of noticing/attending to some stimuli; influencing the interpretation/distorting perception of stimuli. Credit definition of perceptual set – a tendency/readiness to attend to certain aspects of a stimulus and ignore others.
Credit description of evidence up to 3 marks.
Likely studies include: Turnbull (1961), Segall et al (1963), Gilchrist & Nesberg (1952), Bruner & Goodman (1947), Brislin (1993), Deregowski (1972).

AO2 5 marks for discussion of the effects of motivation and culture on perception. Discussion of why the factor changes perception eg reference to perceptual accentuation (motivation), carpentered world hypothesis (culture).
Credit relevant links to Gregory's theory or alternatives.
Maximum 2 marks for examples (1 per factor).
Only credit evaluation of the methodology used in studies when made relevant to discussion of the factors.
Credit use of evidence.

Maximum 6 marks if no evidence**Maximum 6 marks if only one factor**

Mark bands**9 – 10 marks Very good answers**

There is accurate, well-organised and detailed description of both factors. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both factors although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one factor.

The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both factors. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance. Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either factor, but there may be some relevance. Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

Anxiety Disorders

Question 24

AO1 = 3 marks

What is ‘obsessive-compulsive disorder’ ?

Award up to three marks for describing ‘obsessive-compulsive disorder’.

Award 1 mark for a definition of ‘obsession’: a persistent/recurrent/unwanted thought.

1 mark for a definition of ‘compulsion’: a repetitive behaviour/ritual.

1 mark for additional information: a form of anxiety disorder; maladaptive/disrupts daily life; recognition by individual that obsession/compulsion is excessive; general/physiological symptoms of anxiety eg panic; underlying theoretical principles; mark can be awarded for an example that illustrates both aspects.

Mark can be awarded for an example of that illustrates both aspects.

Question 25

AO2 = 3 marks

Suzie has a phobia of dogs. A psychologist decided to treat Suzie’s phobia using systematic desensitisation. The psychologist has taught Suzie to relax. Explain the next steps in the treatment of her phobia of dogs.

Award up to 3 marks for an explanation of a systematic desensitisation procedure applied to a phobia of dogs.

Plus 1 mark for explicit application to fear of dogs (this must constitute more than insertion of word ‘dogs’).

Max 2 marks if no application.

Up to 2 marks may be awarded for a description of the steps involved in SD eg formulation of anxiety hierarchy; gradual exposure; coming into contact with feared stimulus.

Question 26

AO1 = 3 marks

Outline one study in which either a behavioural or a psychodynamic explanation of phobias was investigated.

Up to 3 marks for a description of a recognisable study; candidates may briefly describe the aim, method, results and/or conclusion. Alternatively candidates may get **full credit** for focusing on only two sections of the study when there is sufficient detail provided. For case studies the aim may be expressed more loosely as a general rationale.

Likely studies:

Behavioural – Watson & Rayner (1920); Bagby (1922); DiGallo et al (1997); King et al (1998).

Accept SLT studies.

Psychodynamic – Freud (1909).

Question 27**AO2 = 1 mark****Briefly explain one criticism of the study you have outlined in your answer to 26.**

Award 1 mark for brief explanation of a criticism. Answer will depend on the study described in 26. Criticisms may be positive or negative but should do more than simply state the issue. Accept methodological and ethical criticism and answers based on other possible interpretations of the findings. If no credit for 26, can still credit if a valid study is evident.

Possible answer: The Little Albert study was a highly controlled situation, and this may not reflect how phobias are acquired in real-life (1).

Question 28**AO1 = 5 marks + AO2 = 5 marks****Discuss drug therapy and cognitive therapy as treatments for obsessive-compulsive disorder. Refer to evidence in your answer.**

Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.

AO1 Up to 5 marks for description of drug therapy and cognitive therapy as treatments for OCD. Likely points include: drug therapy – treatment of anxiety by use of drugs that increase serotonin levels, eg fluoxetine (Prozac), clomipramine (Anfranil); description of the mode of action of specific drugs; effects of these drugs on orbital frontal cortex. Cognitive therapy – procedures: identifying misinterpretation of thoughts/thought catching, cognitive restructuring/'thought-stopping', cognitive rehearsal, use of ritual to neutralise obsessions, habituation training. Credit description of evidence up to 2 marks. Likely studies: Julien (2005), Franklin et al (2000), Rufer et al (2005), Marks (1987).

AO2 Up to 5 marks for discussion and evaluation of the therapies. Likely discussion points include: Drug therapy: reduction of symptoms not elimination; relapse when drugs not taken; side-effects; dual approach with other therapy eg ERP effective and reduced need for surgery. Cognitive therapy: attempts to address root cause so changes should be more permanent; active approach – allows patient to 'self-manage' their own treatment/condition; very effective when combined with behavioural techniques; rapport between therapist and patient/client is essential. Value of combining treatments. Credit reasoned discussion of practical implications eg time, cost. Credit comparison between therapies and /or with alternatives eg behavioural. Only credit evaluation of the methodology used in studies when made relevant to discussion of the factors. Credit use of evidence.

Maximum 6 marks if no evidence
Maximum 6 marks if only one treatment

Mark bands

9 – 10 marks Very good answers

There is accurate, well-organised and detailed description of both treatments. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding. There need not be equal balance between the two treatments for full marks. The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both treatments although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one treatment. The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both treatments. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance. Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either treatment, but there may be some relevance. Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

Autism**Question 29****AO1 = 3 marks****Outline the 'neurological correlates' explanation of autism.**

Award 1 mark for the idea that there appears to be functional/structural differences/abnormalities in the brains of people with autism.

1 mark for the idea that these areas of damage/abnormality are linked to/related to/correlated with symptoms of autism/the triad of impairments.

1 mark for either:

Examples of structural differences/abnormalities identified through research eg reduced blood flow in the frontal cortex. OR

Knowledge of the ways in which neurological differences are investigated eg scanning techniques such as PET, MRI, SPECT; post-mortems.

Question 30**The following are three symptoms that are common in cases of autism.**

- A Inability to switch attention/multi-task**
- B Excessive attention to small detail**
- C Lack of empathy**

Name the cognitive explanation of autism that best explains each of the symptoms, A, B and C above. Label your answers A, B and C**AO2 = 3 marks**

A – failure of executive functioning/impaired higher order functioning

B – central coherence deficit

C – (lack of) theory of mind

Question 31**AO1 = 3 marks****Explain how psychologists have used comic strip stories to study autism.**

Award up to 3 marks for an explanation of how comic strip stories have been used to study autism. Credit 3 of the following points:

- child must arrange sequences of pictures showing a series of events in the right order
- naming the three types of stories – 'mechanical', 'behavioural', 'mentalistic'
- correctly ordering the 'mentalistic' story suggests the child can 'mentalise'/ interpret others' beliefs/has a theory of mind
- researchers look to see how the performance of children with autism compares with that of other groups of children.

Question 32

AO2 = 1 mark

Briefly explain one limitation of using comic strip stories to study autism.

1 mark for a brief explanation of one limitation of using comic strip stories to study autism.

Possible answer: artificiality of procedure/(lack of) ecological validity – failure at the task may not necessarily indicate ‘mind-blindness’ in real-life (1).

Question 33

AO1 = 5 marks + AO2 = 5 marks

Discuss behaviour modification and drug therapy as therapeutic programmes for autism. Refer to evidence in your answer.

Examiners must read the whole response prior to marking in order to make a band judgement about whether the response is Very good (9-10 marks), Good (6-8 marks), Average to weak (3-5 marks) or Poor (1-2 marks). Examiners should be guided by the band judgement when annotating the script.

AO1 Up to five marks for description of behaviour modification and drug therapy as therapeutic programmes for autism. Likely points include: behaviour modification – based on operant conditioning, reinforcement and shaping; incremental approach; successive approximation; Lovaas technique; ABA approach; discrete trial training.
Drug therapy – the use of antipsychotics and antidepressants for repetitive behaviour; stimulants e.g. Ritalin, to reduce hyperactivity; description of the mode of action of specific drugs.
Credit description of evidence up to 2 marks.
Likely studies: Lovaas (1977) and (1987), Wolf et al (1964), Koegel et al (1996), McCracken et al (2002), Chez et al (2000).

AO2 Up to five marks for discussion of behaviour modification and drug therapy as therapeutic programmes for autism. Likely points: behaviour modification – improvements may not generalise beyond the clinical setting without parental involvement/intensive therapy; manipulative; child may produce behaviour but not understand its importance/relevance; limited range of behaviours. Drug therapy: improves quality of life for child and their family; side-effects; needs to be combined with other interventions for more permanent change. Credit reasoned comparison between therapies and/or with alternatives. Only credit evaluation of the methodology used in studies when made relevant to discussion of the factors.
Credit use of evidence.

Maximum 6 marks if no evidence

Maximum 6 marks if only one therapeutic programme

Mark bands**9 – 10 marks Very good answers**

There is accurate, well-organised and detailed description of both therapeutic programmes. The discussion is clear, coherent and detailed, providing evidence of thoughtful analysis. The answer is well-focused with little or no misunderstanding. For full marks there need not be balance between the two treatments. The answer is well-structured with effective use of paragraphs, sentences and psychological terminology. There are few errors of spelling and punctuation.

6 - 8 marks Good answers

There is reasonably accurate and organised description of both therapeutic programmes although some detail may be lacking. Discussion must be present but may be limited in either depth or breadth. The answer is well-focused with little or no misunderstanding. Maximum six marks if no evidence or only one therapeutic programme. The answer has some structure with appropriate use of paragraphs, sentences and psychological terminology. There are some errors of spelling and punctuation.

3 – 5 marks Average to weak answers

There is some knowledge of one or both therapeutic programmes. There may be exceptional description for five marks with no discussion present. The answer may lack focus. There may be inaccuracy and/or irrelevance. Some basic ideas are expressed adequately though the answer may lack structure. Psychological terminology may be missing or used inappropriately. There may be intrusive errors of grammar, spelling and punctuation.

1 – 2 marks Poor answers

There is very limited knowledge/discussion of either therapeutic programme, but there may be some relevance. Basic ideas are poorly expressed. There is little evidence of structure, ideas may be listed rather than expanded. There may be significant errors in grammar, spelling and punctuation.

0 marks No relevant content

ASSESSMENT OBJECTIVES GRID

Question	AO1	AO2	AO3
Social Influence			
1			2
2			2
3			1
4		2	1
5	2		
6	5	5	
Total	7	7	6
Social Cognition			
7			1
8			1
9			2
10			1
11		2	1
12	2		
13	5	5	
Total	7	7	6
Remembering and forgetting			
14		3	
15	3		
16		2	
17	2		
18	5	5	
Total	10	10	
Perceptual Processes			
19		3	
20	3		
21		2	
22	2		
23	5	5	
Total	10	10	
Anxiety Disorders			
24	3		
25		3	
26	3		
27		1	
28	5	5	
Total	11	9	
Autism			
29	3		
30		3	
31	3		
32		1	
33	5	5	
Total	11	9	