



Examiners' Report Lead Examiner Feedback

January 2022

Pearson BTEC Nationals
In Applied Psychology (21333L)
Unit 3: Health Psychology

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What is a grade boundary?

A grade boundary is where we set the level of achievement required to obtain a certain grade for the externally assessed unit. We set grade boundaries for each grade, at Distinction, Merit and Pass.

Setting grade boundaries

When we set grade boundaries, we look at the performance of every learner who took the external assessment. When we can see the full picture of performance, our experts are then able to decide where best to place the grade boundaries – this means that they decide what the lowest possible mark is for a particular grade.

When our experts set the grade boundaries, they make sure that learners receive grades which reflect their ability. Awarding grade boundaries is conducted to ensure learners achieve the grade they deserve to achieve, irrespective of variation in the external assessment.

Variations in external assessments

Each external assessment we set asks different questions and may assess different parts of the unit content outlined in the specification. It would be unfair to learners if we set the same grade boundaries for each assessment, because then it would not take accessibility into account.

Grade boundaries for this, and all other papers, are on the website via this link:

<http://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html>

Awarding BTEC qualifications in 2022

Ofqual has [set out their plans](#) for awarding qualifications in 2022 and intend to return to a normal, pre-pandemic, approach to grading standards over by 2023. They have confirmed that 2022 will be a transition year, to reflect that we are in a pandemic recovery period and students' education has been disrupted.

Our guiding principle and approach to awarding BTEC qualification results in 2022 will be to ensure parity in relation to the approach being taken for GCSE and A level learners. BTEC courses have a different structure and design to academic qualifications - BTECs are modular

qualifications (with assessments taking place throughout the course) compared to GCSEs and A levels which are linear (assessed and awarded at the same time at the end of the year), and therefore our approach needs to be different.

In 2022 we will return to the usual method of calculating BTEC qualification results, however adaptations including, U-TAGs and reduced internal assessment, are in place to provide a comprehensive package of support for students.

The basis of our awarding approach to BTECs this year is to ensure it is as fair as possible for all learners. We will use a range of evidence to set grade boundaries for the external units. Part of this evidence will be to closely monitor learner performance in all assessments that contribute to learners' final qualification grade, to ensure parity with A level and GCSEs.

Further information can be found [on our website](#) and via our Social Media channels.

21333L: Health Psychology

Grade	Unclassified	Level 3			
		N	P	M	D
Boundary Mark	0	13	23	33	44

Introduction

In common with other level 3 vocational qualifications, the 2201 January series was the first one which took place with a full cohort of learners after the disruption of the Covid pandemic. In addition, it was also the first series to be sat after amendments to the Unit 3 specification had been made. This meant that all named studies were removed, new content added to section A, and amendments made to the addiction, treatments, and adherence sections of the specification.

Centres and learners had clearly engaged with the changes in the specification with learners producing responses which reflected the slightly different skill needed for AO3 evaluation i.e., without named studies. Centres had also taken on board the relevant feedback given from previous series with many areas of the paper showing improvements. Overall learners appeared to have good knowledge across the three topic areas assessed, although structural changes of some questions caused some challenges. There were some exceptional extended open responses with far more level 3 responses seen which was very pleasing. Evaluation and assessment still poses a problem within these responses but the learners were able to apply appropriate issues and debates alongside alternative approaches was pleasing to see.

For this unit learners were able to use psychological approaches, theories and concepts and apply them to three different contexts taken from section B: namely, physiological addiction, non-substance addiction and stress. In this assessment the two addictions assessed were smoking and shopping. Each section has a mix of short and extended open responses with one section heavier in terms of marks (30) which also included two 6-mark questions. Centres should note that this 30-mark section could be on any of the three areas noted above.

Responses at the pass level tended to show superficial knowledge of theories, concepts, and approaches. The pass level candidate would be able to use their knowledge to answer direct knowledge questions successfully such as being able to define what is meant by a key term but found application to scenario and evaluation/assessment more of a challenge. In terms of extended open responses, pass candidates were able to show knowledge of the model/theory/approach used within the question but showed basic/limited evaluative skills restricting them to level 1.

Responses that gained higher marks were able to apply accurate and thorough knowledge and understanding of approaches, theories, and concepts to the context, showing ability to critically evaluate/assess across both short and extended responses. These learners were also able to make judgements about the appropriateness of approaches, theories and treatments to the contexts given in the assessment, making judgements about their effectiveness. Level three extended open responses also showed a balance in their evaluation/assessment, and often included a discussion about alternative approaches and theories. Psychological terminology was used well with issues and debates such as reductionism, validity, application to real life and ethics often being used at the distinction level.

More detail of the above can be found in the individual question section of the report.

Introduction to the Overall Performance of the Unit

All questions across the three assessed areas were attempted by the vast majority of learners with varying success, showing that all content within the specification had been covered by centres; something that is often a challenge for the January series and perhaps even more so this year.

Timing did not seem to be an issue with this assessment as most questions, including all the extended open responses were completed successfully, with very few gaps seen. There were some excellent responses on the last extended open response which was very pleasing to see especially as questions on biological responses tend, in the main, to be weaker. One difference noted between the January 2020 series and the January 2022 series was the application to context. Whereas in previous series learners would often show knowledge and understanding of a topic area but then did not apply to context, this was far less prevalent this series. In fact, sometimes the context was possibly used too frequently. For these learners it is worth emphasising a need to read the question properly to ensure they are aware of whether they need to contextualise to the scenario or not.

Most learners showed effective exam technique by addressing accurately the command verbs in the question. This especially pleasing given the lack of formal exam experience for this cohort. For example, the command verb **identify** often only required learners to choose a section of the scenario which was applicable to the question asked. This was, in the main, completed successfully. The **define** question caused more problems with most learners struggling to define cognitive bias and some simply rewording the term. It is

worth noting that any named word on the specification could be used as a define question therefore ensuring learners are aware of key terminology is important.

The performance on 2 and 3 mark **explain** questions was mixed. Questions which asked about how a particular approach applied to the scenario were often answered well, and it was clear that learners are well versed in the learning approach and can apply it well to context using appropriate terminology. When asked for an alternative approach such as in question 3c learners struggled more. The main issue is that learners would often use cues as part of the cognitive approach and continue to talk about negative and positive reinforcement which is not correct. The 4 mark explain question asking for different types of social support was answered well by many learners although errors included just answering with general support mechanisms such as family and friends and CBT.

The explain questions asking for the **effectiveness** of an approach or model caused several problems. Many learners just described the model/theory/concept again. These questions aim to test learners' evaluative skills, similar to strengths and weaknesses questions, but with a wider scope to allow learners to explore from both sides. Learners, therefore, can talk, for example, about the positives and negatives of an approach/model/concept in terms of its practical application, how one area of an approach can explain a specific part of an addiction well, supporting, or refuting, studies can still be used alongside psychological terms such as reductionism, ethics etc. This was a structural change for this assessment and there were some strong responses which often got full marks and this element will only get stronger with practice.

The command verbs in extended open responses proved to be less of a challenge, with some exceptional full mark responses seen in this series which was pleasing. **Assess** questions were more successfully completed than **evaluate** questions which is different from previous series, but this may be more due the topic area assessed in this question. Still, it may be worth teachers ensuring that learners have a thorough understanding of the requirements of command verbs for future series. In terms of specific essays, a greater number of learners achieved level 3 in two out of three essays with a minority achieving this level in all three. A significant number of learners did achieve at least a mid-level 2 with many showing excellent knowledge and understanding of a topic and were able to apply this knowledge to context well. The weakest element was the evaluation/assessment although the majority of learners made an attempt at this element rather than focusing

purely on knowledge and application to context which was not the case in previous series.

The extended response question which performed consistently highest was question 15 about the biological approach to smoking. This was slightly surprising as in previous series learners often scored lower marks on this type of question. Once again, many learners used elements of the whole specification in many of the essays, even some that were not expected, this is a higher-level skill and shows a good understanding of the whole of the specification.

Finally, the one question which performed poorly on this assessment was the second extended open response question (Question 8) asking learners to evaluate biofeedback and Stress Inoculation Therapy (SIT). Unfortunately, the majority of learners showed only basic knowledge of the two treatments, with biofeedback being the slightly stronger element. In terms of SIT, knowledge tended to be mainly based on the fact it is a talking therapy and therefore descriptions of process tended to be based on generic counselling and therefore did not achieve above level 1. Evaluation tended to be basic and based upon long term effectiveness, and lack of side effects unlike drugs. This meant that evaluation tended to be level 2 even in the better responses.

Individual Questions

Question 1

This asked learners to define the term Cognitive Bias.. Many learners struggled with this question often simply rewording the term i.e. biased thinking, or giving an example which was not what the question required. Some learners tried to use the context within their answer which often led to confusion and vague responses which achieved 0 marks. Acceptable responses included irrational/distorted/faulty thinking processes.

This response achieved 0 marks.

This is an assumption of the cognitive approach rather than a definition of cognitive bias.

1 The cognitive approach suggests that the maintenance of a behavioural addiction can be explained by cognitive biases.

Define cognitive bias.

Cognitive refers to how our mind works like computers.
So cognitive bias

This response gets 1 mark

This is a correct definition of cognitive bias. In fact, the 1 mark would have been awarded after the word 'patterns'. It is worth reminding learners not to write too much for 1 mark response.

1 The cognitive approach suggests that the maintenance of a behavioural addiction can be explained by cognitive biases.

Define cognitive bias.

cognitive bias' could be defined as faulty thinking patterns, whereby an individual is biased in their thoughts - an example of a cognitive bias is the Hostile Attribution Bias

This response gets 1 mark

This response is fine as a definition of cognitive bias.

- 1 The cognitive approach suggests that the maintenance of a behavioural addiction can be explained by cognitive biases.

Define cognitive bias.

cognitive bias is a distortion in how we
process our information.

(Total for Question 1 = 1 mark)

Question 2

This 2-mark question asked learners to explain how the biopsychosocial model can explain the behaviour of the individual in the scenario, in this case Riley's shopping addiction. The question required a link to the scenario and purely generic responses got 0 marks. Most learners were able to show understanding of the biopsychosocial model with a vague link to the scenario and therefore most learners got a minimum of 1 mark. A large proportion of learners achieved 2 marks with a typical answer often defining the biopsychosocial model and then going on to explain an aspect of that model in relation to Riley. In fact, many learners used all three elements of the model and linked them to Riley. These were exceptional responses but not necessary for 2 marks. Other ways of achieving 2 marks would have been taking one element of the model (i.e. biological) and providing appropriate examples from the scenario linked to Riley and that element.

This response gets 0 marks

This has no relevance to the biopsychosocial model so gets 0 marks.

2 One model of health is the biopsychosocial model.

Explain **how** the biopsychosocial model of health helps in understanding why Riley may have a shopping addiction.

The biopsychosocial model helps to understand their addiction as Riley has told ~~her~~ ^{their} mother about their addiction and their mother does not seem to be too worried. Riley may feel as though their shopping addiction is not as bad because their role model (mother) doesn't seem to think it is.

This response gets 1 mark

Although we do not have the definition of the biopsychosocial model, we do have a psychological factor (stress) linked to context so 1 mark can be awarded.

2 One model of health is the biopsychosocial model.

Explain **how** the biopsychosocial model of health helps in understanding why Riley may have a shopping addiction.

Biopsychosocial model may help explain the shopping addiction as Riley uses it as a way to deal her stress.

This response gets 2 marks

This is a nice answer. 1 mark for the appropriate understanding of the biopsychosocial model (linked to context through the examples) and a further mark for an appropriate link to Riley ("runs in the family"). The marks could also have been gained for the two linked examples i.e., the biological and psychological examples.

2 One model of health is the biopsychosocial model.

Explain **how** the biopsychosocial model of health helps in understanding why Riley may have a shopping addiction.

The biopsychosocial model provides an explanation for the biological, psychological and social reasons that have an effect on a behaviour being carried out. A biological reason for Riley's shopping addiction may be that the addiction "runs in the family", according to her mother. A social reason would be that she "loves to go shopping" and a psychological reason would be that her shopping addiction is a way of "coping with her stress".

Question 3a

This 3-mark question asking learners to describe how the learning approach could be used to understand the initiation of a shopping addiction. There is no requirement for learners to link their answers to the scenario. This question was answered well with the most popular responses using social learning theory and talking about role models being important, that you observe them and see them rewarded through happiness when they buy something therefore you want that same reward and therefore shop. The learners only have to have three distinct elements from the learning approach to gain the 3 marks here. It is also worth noting that the question doesn't ask for one element from the learning approach so if learners 'mixed and matched' they could also get the 3 marks. i.e., if they had two elements from social learning theory and one from classical conditioning. The main error here was either using the wrong approach (self-medication) or using positive reinforcement which relates more to maintenance not initiation.

This answer gets 0 marks

This has no links to the learning approach and in fact reads more like the self-medication model which is the cognitive approach so 0 marks.

3 (a) Describe how the learning approach could be used to understand the **initiation** of a shopping addiction.

(3)

The learning approach may help to explain the ~~about~~ ^{about} initiation of a shopping addiction. One ~~the~~ ^{way} that this could be is ~~exp~~ ^{showing} how going shopping after a stressful day drawback helps making ~~them~~ ^{them} feel better. By doing this on a regular basis, ~~the~~ ^{their} body is learning how exactly to cope with the stress of everyday life.

This answer gets 2 marks

This answer gets 1 mark for role models and a further mark for the concept of vicarious reinforcement. Positive and negative reinforcement are not creditworthy as they are more relevant to maintenance rather than initiation and indeed the answer talks about continuation of behaviour, suggesting maintenance.

3 (a) Describe how the ^{behaviourist} learning approach could be used to understand the **initiation** of a shopping addiction.

(3)

The learning approach suggests the initiation to a shopping addiction is due to role models and vicarious reinforcement, they ~~see~~ perhaps see a celebrity wearing a product or brand and they looked happy, indirect reinforcement, the person then wants to be happy as well so would buy the product/brand. Positive reinforcement would occur as they would get a buzz from it from and they would want to continue to the behaviour to avoid negative reinforcement like the withdrawal effect of boredom.

This answer gets 3 marks

This is a nice concise answer. It gets 1 mark for identification of a role model, a further mark for observation of behaviour and the third mark for the idea of vicarious reinforcement which is explained well. There are also further marks here with the identification of SLT and the idea of imitation if they had been needed so a very well-rounded answer.

- 3 (a) Describe how the learning approach could be used to understand the initiation of a shopping addiction.

(3)

Ans: R The initiation of Riley's shopping addiction could be explain through the social learning theory. This could mean Riley has identified a role model and observed their behaviour of buying clothes. Riley would then learn through vicarious reinforcement as she ~~is~~ sees her role model being rewarded for this behaviour and Riley wants this reward for herself, therefore she imitates this behaviour and starts buy clothes.

Question 3b

This 3-mark question asked learners to explain how the learning approach help in the understanding of why Riley has relapsed and shopped again. The question required learners to link their answer to the scenario although not every point needs to be linked to gain full marks. Totally generic responses would gain 0 marks although this very rarely happened. Most learners recognised that cues/conditioned cues or negative reinforcement were the appropriate responses for this question however the most common error was not writing enough to gain the 3 marks. Often learners would get the marks for cues/negative reinforcement plus appropriate context from the scenario but did not extend the response to talk about the association between shopping and pleasurable feelings or the idea that removal of negative feelings makes it more likely the behaviour will occur again. This element shows the understanding of the concept they have identified. Learners could also use the 'mix and match' approach here and talk about both cues and negative reinforcement and indeed a lot of learners gained full marks this way.

This answer gets 0 marks

No rewardable material as no concept from learning approach identified or explained.

(b) Explain how the learning approach may help to understand why Riley has **relapsed** by shopping again.

(3)

This explained why Riley relapsed due to the fact she didn't let go of shopping completely as she is used to this habit and she was bound to relapse due to the lack of self control.

This answer gets two marks

This answer had the idea of association plus context but hasn't mentioned about cues therefore could only achieve 2 marks.

(b) Explain how the learning approach may help to understand why Riley has **relapsed** by shopping again.

(3)

It would help explain why Riley relapsed as ~~the~~ he relapsed due to associating 'The smell of perfume' and 'seeing all the displays' with feeling happy. This is why Riley relapsed as they wanted to experience the feeling again.

This answer got 3 marks

1 mark for the idea of learning through association which is then contextualised (the smell of perfume etc) and explained well for the second. Further down they also mention the idea of these cues triggering relapse which is fine for the third mark.

(b) Explain how the learning approach may help to understand why Riley has relapsed by shopping again. *positive reinforcement*

(3)

Riley has relapsed because of classical conditioning. The learning approach details ~~the~~ how classical conditioning is learning by association, and may be the cause of Riley's relapse. The smell of the perfume and the displays are things Riley experiences when they go shopping, and shopping makes them feel happy. Thus, they have come to associate these smells and sights with the feeling of happiness they get from shopping. This cue triggering this happy feeling may have tempted Riley into shopping again.

Question 3c

This 2-mark question asked learners to explain how the cognitive approach could be an alternative way to understand Riley's relapse. Most learners achieved some marks on this question, recognising that the cognitive approach was about the idea of self-medication/breakdown of coping strategies or mechanisms and then went on to explain this well in relation to Riley. The main errors seen with this question was learners trying to fit all sort of concepts from the cognitive approach into the answer i.e., cognitive bias/irrational verbalisations/mind works like a computer etc. Some learners did use the idea of cognitive dissonance and if explained well this could be accepted, though in the main this term was poorly understood. In addition, many learners also used cues as a cognitive concept in relation to addiction and then explained this using learning concepts such as positive and negative reinforcement.

This answer gets 0 marks

No rewardable material in this answer as this is not the cognitive approach (it's the biological approach).

(c) Explain how the **cognitive** approach is an alternative way to understand Riley's relapse.

(2)

The cognitive approach can explain Riley's addiction as the cognitive approach suggests that chemical messengers help influence behaviour therefore, the chemical messengers that are released when he buys something ^{have} ~~are~~ ~~formed~~ a connection.

(Total for Question 3 = 8 marks)

This answer gets 1 mark

This answer gets 1 mark for the idea of a breakdown of coping mechanisms however there is no link to Riley at all which means that it can only achieve the one mark.

(c) Explain how the **cognitive** approach is an alternative way to understand Riley's relapse.

(2)

The cognitive approach would instead suggest that the reason Riley relapsed was due to ~~feeling the need~~ a breakdown of coping strategies where their coping method was slipping, so they used it again to cope due to having no other strategies.

(Total for Question 3 = 8 marks)

This answer gets 2 marks

Lovely answer. This learner discusses the idea of self-medication to get rid of stress etc. and then links this nicely to Riley and the fact he was fed up and bored when he does not shop to gain full marks.

(c) Explain how the **cognitive** approach is an alternative way to understand Riley's relapse.

(2)

The cognitive approach explains people may self-medicate through shopping addictions to get rid of feelings of boredom anxiety or stress. Riley was bored fed up and would've been better if they didn't go shopping. To make them feel happier they went shopping (Total for Question 3 = 8 marks) as they know it would make them feel less bored and sad. Therefore taking away those feelings and self medicating to feel better.

Question 4

This 9-mark extended open response asked learners to assess the extent the health belief model (HBM) can predict Riley's future behaviour. As usual with this type of question it tests across the assessment outcomes. This question required learners to show their knowledge and understanding of the HBM, apply it to Riley) and then assess how well the model and predict future behaviour and come to some judgement This question was well answered by many learners who showed excellent knowledge and understanding of the HBM and applied it to context well. The weakest element of the question was the understanding of effectiveness of approaches and theories with many learners only providing a basic assessment which limited them to mid-level 2. Learners were able to achieve mid-level 2 without assessment although the other two elements of the question had to be solid level 3 for this to be the case.

This was the first series without studies explicitly in the specification Assessment could include how well the HBM applied to Riley and whether there were any elements that did not apply well, and why; are there other models that could predict his behaviour better; is there anything about the model that means it is not especially good at predicting i.e., rationality, evolving model etc. or anything that makes it good at predicting behaviours i.e., practical application etc. In addition, although studies do not have to be taught by teachers and are not an essential part of any answer learners may find that knowledge of supporting/refuting studies may help understanding of a model and may help with assessment.

This answer gets 2 marks

This response shows limited knowledge and understanding about the health belief model with a basic reference to self-efficacy but very little else. There is a very weak point at the end about everyone not thinking the same way, but it adds very little to answer. This is a basic answer and worth mid-level 1 and 2 marks.

- 4 Assess the extent to which the Health Belief Model can help predict whether Riley will continue to be addicted to shopping.

(9)

The health belief model suggests that you have to go through many stages to investigate an addiction. The first is that the person with the addiction needs to admit the fact that they have an addiction. Riley needs to accept that he has an addiction before he tries to make improvements. Also, the person with the addiction has to have ^{high} self efficacy to believe that they have the power to overcome. In addition to this, if someone has a low self efficacy, they may not have the intention of stopping the addiction and so there is more chance of relapse. ~~The health belief model can predict whether Riley can continue to be addicted to shopping to a limited extent.~~ Furthermore, in Riley's situation, he has already tried to stop his addiction multiple times therefore, this means his self-efficacy is low & leading to a higher

chance of relapse. Riley may need the inspiration of his friends stopping shopping because it could mean that once he sees that there are positive outcomes of admitting, it could lead to positive reinforcement and might make Riley want to quit.

Overall, the health belief model can help

predict whether Riley will continue to be addicted to shopping to a limited extent.

There are disadvantages of the model such as the fact that not everyone thinks the same therefore, not everyone can quit their addiction the typical way.

This answer gets 6 marks

This response shows accurate knowledge and understanding which is top band 2/bottom band 3 as it is slightly underdeveloped. This response shows some basic elements of assessment with learner making a judgement about how each element will affect the likelihood of Riley stopping smoking with a conclusion given. This is still weak, however, and bottom level 2.

4 Assess the extent to which the Health Belief Model can help predict whether Riley will continue to be addicted to shopping. → Perceived seriousness
susceptibility
cost benefit (9)

The Health Belief model was invented by Fredrick and Rosenham. Their aim was to identify the reasons as to why individuals do/do not participate in health. In order to identify this, they split their concept into 3 main factors; perceived seriousness, susceptibility, and the cost benefit analysis.

Perceived seriousness is the ability of the individual to understand the seriousness of their action. In this case we can see that Riley used to enjoy shopping and also receive pleasure from doing so however, Riley is now dealing with severe headaches and sleepless nights. These physiological symptoms begin to occur when an individual has low health which is a negative state of mind in which an individual faces the challenges of life with. Since Riley began to feel symptoms that are physical, they realized that the compulsive shopping disorder may be the reason to illness and depression.

The next factor to the health belief model is the perceived susceptibility. This is the form of the individual understanding the consequence that their action is causing. The consequence of Riley's addiction is that after calculating the money that had been spent on shopping, the amount was shocking.

therefore showing that a consequence of Riley's behaviour is that she may financially become unstable if she continues. Her lack of self esteem also causes her to continue with her addiction which will continue to make her feel physiological symptoms.

The final factor that is used in the health belief model to identify health is the cost-benefit analysis. This looks at the advantages ^{or} ~~and~~ disadvantages of her behaviour. The advantage is that she will save herself from financial barriers and becoming financially unstable. This will benefit her mental health and stress as financial issues is a stressor that could trigger Riley to continue with their compulsive disorder. In addition

overall, the health belief model establishes/predicts that Riley may stop her addiction. This is because she has identified that her disorder is causing her to physically feel as therefore she is aware of the disadvantages of her actions. In addition, her friends have also agreed to stop shopping with her which is a good form of motivation for her. **(Total for Question 4 = 9 marks)**

This answer gets 9 marks

This is a nice answer and can get full marks. Knowledge and understanding is thorough and detailed with a discussion of three elements of the HBM which are applied to Riley throughout. What this learner does well is make assessments about the relative importance of these factors for example discussing the relevant barriers and benefits to Riley giving up shopping, making a clear assessment at the end about their effects. In addition to this, this learner has interwoven two relevant studies into their answer, linking their results/judgements to Riley's situation, stressing which are more important and using them to make a final assessment on whether the HBM can therefore predict his behaviour. Given the time constraints this is an excellent answer and worth full marks.

Riley is having severe headaches and sleepless nights. They know they need to do something about their shopping addiction. Riley is worried that shopping is causing them to be ill and depressed. Their partner worked out how much Riley had spent since the New Year; the amount was shocking. Riley thinks they will not be able to give up shopping because they have tried before and failed. Riley's partner and friends remind them that they have succeeded in everything they have done before, so they can succeed again. Riley's friends say they will all give up shopping and save for a big holiday together.

4 Assess the extent to which the Health Belief Model can help predict whether Riley will continue to be addicted to shopping. (9)

One way the Health belief model can predict whether Riley will continue to be addicted, is through perceived seriousness. If Riley perceives the severity of their ~~actions~~ ^{shopping addiction} such as it causing them to become ill and depressed, they would be more likely to stop the behaviour.

research by Becker et al would support this, as his study on mothers following advice for their children ^{with} ~~their child~~ asthma found that mothers who perceived asthma as serious, were more likely to get treatment. However, Beckers study may not be generalisable, due to the fact ~~another way is through perceived~~ ^{benefits} ~~of~~ ~~shopping~~ that it was only mothers involved and not fathers.

Another way the model can predict whether Riley will continue being addicted to shopping, is through perceived benefits. If Riley realises the benefits of ~~them~~ ^{giving up their} addiction, such as them no longer being ill and depressed

and also them saving money for a big holiday with friends, therefore this could encourage them to give up their addiction, as there are more benefits to give up.

However, perceived barriers ~~would predict~~ and susceptibility ~~would~~ could ~~predict~~ that they do not give up the behaviour, as they will no longer be able to use it as a way of coping with stress, and they tried to give up before and failed, which means they could believe they won't be able to give up their addiction.

~~perceived~~ carpenter et al's findings show that perceived benefits and barriers are the most important factor of the health belief model that would influence Riley's addiction meaning that if there are more barriers, Riley would most likely not give up their behaviour, however carpenter's research was based on secondary sources meaning it may not be as reliable and this also decreases the validity.

In conclusion, the health belief model ~~is~~ can predict if Riley will continue shopping ~~due~~ due to the health belief model being used by experts such as researchers and ~~the~~ professionals, who also came up with this model, making it a reliable model to ~~predict~~ predict Riley's behaviour.

(Total for Question 4 = 9 marks)

Question 5

This 2-mark question asked learners to identify from the scenario two signs which show the SAM pathway has been activated. This question simply asked learners to pick parts of the scenario which were relevant to answering the question. The vast majority of learners got full marks for this question. Where errors were made it tended to suggest that the fact she wasn't hurt was a sign, as was her not being able to move the car out of the way quick enough.

This response gets 2 marks

Both these signs are correct. We have added explanations why (this of course is not necessary to get the marks).

- 5 The sympathomedullary (SAM) pathway responds to acute stressors and prepares the body for fight or flight.
- Identify, from the scenario, **two** signs which show that Johanna's SAM pathway has been activated.
- 1 Johanna's heart rate increases (result of adrenaline).
 - 2 Loss of appetite as the digestive system stops to save energy.
- (Total for Question 5 = 2 marks)

This response gets 1 mark

Heart rate increased gets 1 mark. No marks for the car accident.

- 5 The sympathomedullary (SAM) pathway responds to acute stressors and prepares the body for fight or flight.
- Identify, from the scenario, **two** signs which show that Johanna's SAM pathway has been activated.
- 1 Johanna had a car accident
 - 2 her heart rate increased.
- (Total for Question 5 = 2 marks)

This response gets 0 marks

No creditworthy material here.

5 The sympathomedullary (SAM) pathway responds to acute stressors and prepares the body for fight or flight.

Identify, from the scenario, **two** signs which show that Johanna's SAM pathway has been activated.

1 She couldn't move out of the way

2 She experienced hypertension

(Total for Question 5 = 2 marks)

Question 6

This 2-mark question asked learners to explain one physiological difference between males and females in relation to the stress response. This question did not require contextualisation. This question was answered relatively well. Most learners explained the idea that men are more likely to experience fight or flight and women more likely to seek support of others (tend and befriend). Others discussed the idea that men produced more testosterone whilst women produced more oxytocin for women. The major error was that learners only discussed on side of the argument i.e., only talked about men OR women. If this happened, then learners could only achieve 1 mark as they were only answering one half of the question. To get this mark it still needed to be clear learners were talking about a difference. For example, Men experience fight or flight is not creditworthy as it's a statement with no link to this being different to women whereas men are **more** likely to experience fight or flight can get 1 mark as it suggests that this is a difference.

This response gets 0 marks

No creditworthy material in this answer.

Explain **one** physiological difference in the way men and women may respond to stress.

one physiological difference could be that the mens ~~body~~ heart rate may increase slower or and also have a slower bpm

This response gets 1 mark

This is an example of a one-sided answer. The learners correctly identify that males are **more** likely to act in an aggressive manner/have higher testosterone levels, but they then do not compare this answer to females so only get 1 mark. The last sentence is just not creditworthy and can be ignored.

Explain **one** physiological difference in the way men and women may respond to stress.

As men have higher testosterone levels, they are more vulnerable to react aggressively to stress as a response. They also have more sweat receptors than women.

This response gets 2 marks

This is fine for 2 marks. Men under stress triggers fight or flight whereas with women its tend and befriend. As per the mark scheme

Explain **one** physiological difference in the way men and women may respond to stress.

When men are under stress it triggers the fight or flight response as ~~when~~ when women get stressed it triggers tend and befriend.

Question 7

This 4-mark question asked learners to explain two types of social support to help lower Johanna's stress levels. The question asked learners to explain social support specifically for Johanna therefore each type of social support needed to be contextualised. Most learners were able to write about two different types of social support i.e., esteem/emotional/instrumental, and then apply to context well. Indeed, in the main those that identified the correct types of social support invariably got full marks. The two main errors for this question were explaining inappropriate types of social support i.e., doctors/CBT and not linking to context at all. For example, esteem social support is when people try and raise your self-esteem gets 0 however esteem social support is where Johanna's friends raise her self-esteem would get 1 mark. For the second mark we need something more from the scenario such as telling her that she always gets top marks.

This response gets 0 marks

Vague and generic responses such as these are not accepted so no creditworthy material here and 0 marks.

7 Social support can be used to help lower an individual's stress levels.

Explain **two** types of social support that may help Johanna lower her stress levels.

- 1 a social group network where you can talk to other people experiencing stress. (physical meet ups)
- 2 seeing a therapist just to talk about stress (CBT)
cognitive behavioural therapy

This response gets 2 marks

The first answer gets 2 marks. One for instrumental support and one for the link to context i.e., Johanna's mother taking children to school, but the second answer contains nothing creditworthy as there is no context at all in the answer. So, in total 2 marks.

7 Social support can be used to help lower an individual's stress levels.

Explain **two** types of social support that may help Johanna lower her stress levels.

- 1 Instrumental support, this type of support is applied practically, like Johanna's mother offering to take her children to school.
- 2 Emotional support can be someone listening to the person and listening to what is making them stressed.

This response gets 4 marks

This is a nice answer. Both types of social support are identified correctly and are linked very nicely to context with even a little addition of why it will help (which is not necessary but still nice to see) so full marks.

7 Social support can be used to help lower an individual's stress levels.

Q07

Explain **two** types of social support that may help Johanna lower her stress levels.

1 instrumental social support is practical help that reduces stress, e.g. Johanna's mother offering to take her children to school each day which will help her as she will have less to do.

2 esteem social support is when support is given through boosting their self-esteem and confidence through words, e.g. Johanna's friends reminding her that she gets top marks will boost her self-esteem.

(Total for Question 7 = 4 marks) Q07 Total

Question 8a

This 1-mark question asked learners to identify one example from the scenario which shows the peripheral route of persuasion being used, to change Johanna's behaviour. This was a straightforward question with the vast majority of learners able to pick an appropriate part from the scenario such as attractiveness/celebrity. Very few errors here with the small minority who got this wrong just not understanding what the peripheral route meant and therefore picking an inappropriate phrase from the scenario.

This response gets 0 marks

This response gets 0 marks as no reference to attractiveness/celebrity or and part of the peripheral route.

- (a) Identify **one** example from the scenario that shows the peripheral route of persuasion is being used to influence Johanna to change her behaviour.

(1)

The programme discusses the benefits of relaxing.

This response gets 1 mark

This is a correct answer.

- (a) Identify **one** example from the scenario that shows the peripheral route of persuasion is being used to influence Johanna to change her behaviour.

(1)

Johanna is interested in the discussion due to the celebrity she likes being in it therefore she is paying attention.

This response gets 1 mark

As is this response.

- (a) Identify **one** example from the scenario that shows the peripheral route of persuasion is being used to influence Johanna to change her behaviour.

(1)

an attractive person is discussing the benefits of relaxing.

Question 8b

This 2-mark question asked learners to explain one way that the Elaboration Likelihood Model (ELM) is effective at persuading people to change behaviour. This question required learners to suggest a reason why the ELM may be 'good' at persuading people to change their behaviour; learners could discuss the strengths of the model, the idea it has been proven to be effective through adverts/health promotion campaign, that you are able to consider individual differences/level of interest, application to real life or a study that has shown it to be effective. Unfortunately, many learners just described the model and therefore their responses were not creditable. For teachers it is worth noting for future series that effectiveness questions will need to behave responses which evaluate the effectiveness of an approach or theory in explaining health related behaviour or implementing behavioural change.

This response gets 0 marks

Nothing creditworthy in this answer and indeed talks about why it is good that people do change behaviour not about the model at all

(b) Explain **one** way the Elaboration Likelihood Model is effective in persuading people to change their behaviour.

(2)

The Elaboration likelihood Model is effective because it gives individuals a reason to feel good if they change their behaviour. From this individuals are likely to follow that good feeling by adopting behaviour changes.

(Total for Question 8 = 3 marks)

This response gets 2 marks

This is a nice answer. 1 mark for the idea that's is acknowledges the way people process information (individual differences) and a second mark for the explanation of the different processes from different routes meaning individuals can be targeted. Can't get much better really so full marks.

(b) Explain **one** way the Elaboration Likelihood Model is effective in persuading people to change their behaviour. ^{Per, Central}

(2)

The model acknowledges the ways in which people process information. The model shows how individuals can be influenced by their central route (requiring in depth info) or peripheral (attractiveness of source). The model highlights how individuals can be targeted in health campaigns to change behaviour by acknowledging ^{ways} ways which information is processed.

(Total for Question 8 = 3 marks)

Question 9

This 9-mark extended open response asks learners to evaluate two named treatments for Johanna's stress: biofeedback and Stress Inoculation therapy (SIT). With an evaluate question learners should look at the strengths and weaknesses of a particular treatment such as looking at practical factors (time, cost, motivation, application to real life), ethical factors (possible harm, better/worse ethically than other treatments), appropriateness of the treatment to the person in the scenario (is one of the treatments more appropriate than the other and why), and theories/approaches the methods are based on (operant conditioning for biofeedback for example). Supporting studies can also be used if taught but again are not necessary to get full marks.

This was the poorest essay in terms of performance with many learners failing to achieve more than top level 1/bottom level 2. Knowledge of the treatments was poor with many learners only attempting one out of the two treatments (usually biofeedback). Where knowledge was more thorough, evaluation was fairly basic with time/cost/money the most common areas in terms of evaluation. Learners who did gain higher marks used a wider range of issues and also brought in some supporting studies which was nice to see. It is worth reminding learners that any treatment/combination of treatments could come up as an essay question so need to be taught in enough depth to ensure learners can access the higher mark bands.

This response gets 3 marks

A fairly basic explanation of biofeedback and no mention of SIT although the response was nicely contextualised at times). Fairly basic level 1 evaluation points with some errors (biofeedback isn't quick and easy).

9 Evaluate Biofeedback and Stress Inoculation Therapy as possible ways of reducing Johanna's stress.

2.1?

(9)

Biofeedback can help to reduce Johanna's stress through monitoring her heart rate and other types of signals. This is done by a computer which allows them to see how fast their heart rate is and allow them to slow it down themselves using pictures or games. This can be useful for Johanna's stress as she can calm her stress and cope with feeling angry and fearful. This is also useful as it is quick and easy to use especially since she is at university and a mother which can help her cope without going to a doctor or therapy. She has enough time to cope with her stress even when she's busy. However, this may not be so useful as Johanna may not have any motivation or forget to do the technique to cope and therefore there is no ~~benefit~~ ^{reduced stress}. Furthermore she may be too busy to sit for 5 minutes to calm down which also reduces the motivation to de-stress.

This response gets 5 marks

Knowledge and understanding of both treatments is accurate although slight underdeveloped at times therefore is a solid/top level 2. Context is good with a number of relevant references to Johanna therefore again solid level 2. Evaluation is weaker with a few points about motivation/lack of side effects/time with a superficial conclusion at the end so solid level 2. This is a very typical mid-level 2 answer which was seen frequently and therefore got 5 marks.

9 Evaluate Biofeedback and Stress Inoculation Therapy as possible ways of reducing Johanna's stress.

(9)

Biofeedback is when an individual is attached to a machine that monitors heart rate and blood pressure, they are then taught relaxation techniques such as breathing techniques. When these techniques are used correctly, they are rewarded acting as positive reinforcement. After this, the skills of relaxation are then transferred into real life. This would help Johanna as she finds it hard to recognise stress until she feels her heart racing or becomes emotional. This therapy would treat the cause and would have no risk of addiction or side effects, however she would need to have the time and motivation to take part in the therapy for it to be effective.

Stress Inoculation Therapy is when the doctor and patient talk through the issues and identify the causes of the stress, after this they have to participate in skills acquisition which is once again learning the skills required to cope with stress. After this it is roleplayed out in real life scenarios as a form of application then used in real life in the follow through stage. Once again this treats the cause and has no chance of addiction or side effects she will need

time and motivation to complete the therapy effectively
For Johanna, I believe that Biofeedback would be
the best option as one of the most common issues
she faces is not realising she is stressed before it
is too late. With Biofeedback she would be taught
how to identify the signs and how to cope
with them.

This response gets 7 marks

This response shows excellent knowledge and understanding of both treatments. Application to the scenario is superficial at times but there are some areas linked nicely to the scenario so the best fit for the marking grid is level 2 (top). There are some elements of evaluation in the answer specific to Johanna as well as issues such as time and money though it is a little repetitive so again level 2 (mid). The superb knowledge allows this response to just creep into level 3 and 7 marks.

9 Evaluate Biofeedback and Stress Inoculation Therapy as possible ways of reducing Johanna's stress.

(9)

Biofeedback is a physiological treatment for stress. It works by the client developing skills that can be used in stressful situations to relax. There are different stages within biofeedback. In the first stage, client works with a therapist and is attached to a machine that have electrodes that identify increased breathing etc. The therapist gives meaningful feedback from this. In the second stage the client like Johanna would be taught skills to lower ~~the~~^{their} increased heart rate, this may be done as a game where Johanna would have to use breathing techniques to lower a graph. This works as the game is positively reinforcing the behaviour. In the final stage Johanna would transfer the skills into real life stressful situations, to help her relax and cope. This can be done using a portable machine. One weakness of Biofeedback is that it is very demanding and requires time and motivation. This may not be suited for Johanna as she is already stressed due to uni and family commitments so this may just add to her stress as it gives her more to do. Meaning biofeedback may not produce positive help to reduce Johanna's stress.

Instead another treatment such as stress inoculation training (SIT) may be better for Johanna to reduce her stress levels. SIT is a therapy used to help people develop skills to help them in high risk, stressful situations. In the first stage the therapist may discuss with Johanna some stressful situations + discuss skills she may use to help. Then Johanna will be taught skills such as social skills, anger management. Johanna may then be set homework skills to use and develop these skills which then will be reflected on with the therapist. SIT acknowledges people will have setbacks, but these are viewed as positives and a chance to learn. This may be beneficial for Johanna as she could develop skills to help her reduce her stress when at uni etc. A weakness of SIT however, is like biofeedback it can be demanding and require motivation to do the homework tasks. Johanna may not have the time to do this, so it may not have positive benefits for her.

Overall, Biofeedback and stress inoculation training can be useful and equip Johanna with skills to help reduce her stress physically and psychologically. However, they both also may be too demanding and cause the opposite effect.

(Total for Question 9 = 9 marks)

Question 10

This 1-mark question asked learners to identify one example of conflict from the scenario. This was a straightforward question with few errors seen. The only real error was learners suggesting that Aarins family warning him about the dangers of smoking was an example of conflict, but this was not creditworthy.

This response gets 0 marks

No creditworthy material.

10 One of Griffiths' six components of addiction is conflict.

Identify **one** example of conflict from the scenario.

Aarins has Failed each time they have tried to stop.

(Total for Question 10 = 1 mark)

These responses get 1 mark

This is a correct answer.

10 One of Griffiths' six components of addiction is conflict.

Identify **one** example of conflict from the scenario.

~~They argue and get~~ They no longer talk to each other.

(Total for Question 10 = 1 mark)

As is the following

10 One of Griffiths' six components of addiction is conflict.

Identify **one** example of conflict from the scenario.

Argue about smoking, with their partner.

Question 11a

This 2-mark question asked learners to explain how the maintenance of Aarin's addiction can be understood using concepts from the learning approach. Contextualisation was required by the question and generic responses achieved 0 marks. This question produced a fairly mixed set of responses with some learners just repeating what they have written earlier in the paper. Unfortunately, the use of social learning theory is not appropriate for this question, and this was the main reason learners lost marks. Negative reinforcement was the most used concept by learners for this question and invariably if they did so they tended to get full marks. Lack of context was not really an issue for this question, and it is worth noting that there only needs to be context (and not just a name) anywhere in the answer to enable full marks to be given, there does not need to be context for each point.

This response got 0 marks

No creditworthy material as this discusses the idea of role models which is more about the initiation of an addiction not maintenance.

11 The learning approach considers how environmental factors could lead to addiction.

(a) Explain how the learning approach could be used to understand the maintenance of Aarin's smoking addiction.

(2)

Thier parents and twin also used
to smoke 20 a day so this is learnt
behaviour from them as they're role models

This response gets 1 mark

This answer had the idea of removal of withdrawal symptoms such as headaches through smoking which gains 1 mark, but there is nothing else and no identified concept to gain the second mark.

11 The learning approach considers how environmental factors could lead to addiction.

(a) Explain how the learning approach could be used to understand the maintenance of Aarin's smoking addiction.

(2)

The learning approach says that maintenance is caused through not wanting to feel withdraw symptom such as nausea, irritability and headaches, smoking would stop all of them, leading to the maintenance of the addiction.

This response gets 2 marks

1 mark for negative reinforcement and the further contextualised mark for the removal of unpleasant sensations such as headaches.

11 The learning approach considers how environmental factors could lead to addiction.

(a) Explain how the learning approach could be used to understand the maintenance of Aarin's smoking addiction.

(2)

It can be maintained through negative reinforcement - Aarin will continue smoking to remove the unpleasant sensations from withdrawal symptoms by not smoking ^{for example headaches} which reinforces his behavior to continue smoking.

Question 11b

This 2-mark question asked learners to explain how effective the learning approach to help understand an addiction to smoking. Similar to the previous effectiveness question this meant that learners had to look at whether the pros and/or cons of the learning approach in terms of understanding smoking addiction. This is similar to strengths/weaknesses but is broader allowing learners to look at it from either side giving learners more scope for their responses. This question was answered far better than the previous effectiveness question with many learners writing about the idea that it does not consider the biological approach such as genetic predisposition/addictive personality (therefore not an effective explanation).

Learners could also talk about how the learning approach explains a particular part of an addiction well such as the fact it can explain why children of parents are more likely to begin smoking, or it can explain why particular cues such as sights smells can entice an ex-smoker to want to smoke again. In reverse, learners could also discuss the fact that the approach doesn't explain why some children of parents who smoke go on to smoke and some don't even if they have the same experience, suggesting cognitive processes are involved. Some learners also discussed the idea that the approach was supported by research (Bandura/Skinner were used) although an error made here was just stating it was supported by research evidence and then not saying anything more – this is too vague and would not achieve marks. The main error was just repeating the answer from the previous question or the earlier ones on shopping; if it is purely descriptive then it achieved 0 marks.

This response got 0 marks

No creditworthy material here as just saying there are studies to prove it is too vague.

(b) Explain how effective the learning approach is to understand smoking addiction.

(2)

The learning approach to understand smoking addiction can be seen as effective as there are many studies to prove the ~~strongly~~ ^{effects.} ~~attitudes~~ ~~of~~ ~~these~~

This response gets 1 mark

Nothing for the first part as purely descriptive but gets 1 mark for the idea that it ignores biological factors. For the second mark the learners would have had to go on and say what these factors are i.e., genetic predisposition etc.

(b) Explain how effective the learning approach is to understand smoking addiction.

(2)

It could be effective in the sense that he may have learnt it through observing his parents smoke however it ~~is~~ could be less effective as it ignores biological ~~and~~ factors.

This response gets 2 marks

This is a nice answer. 1 mark for the idea that the learning approach assumes that all adolescents with parents who smoke will become a smoker (which isn't true) and a further mark for the idea that there must be other factors involved therefore it is an incomplete theory.

(b) Explain how effective the learning approach is to understand smoking addiction.

(2)

It is not very effective as it assumes all ~~smokers~~ adolescents/people with parents who smoke will become a smoker which is not true. Many people grow up seeing their parents smoke and do not become smokers. Therefore it is an incomplete theory as there must be other influencing factors.

Question 12a

This 3-mark question asks learners to explain how the Hovland Yale model (HYM) could be used in an advert to help people to give up smoking. Learners performed well on this question with many going above and beyond what was asked of them to explain how the three elements of the HYM work together (communicator/communication/audience) to ensure that the advert will be successful. One thing to be aware is pure identification of terms is not enough to gain the 3 marks there needs to be an explanation of what they mean and how they could be linked to a smoking advert to gain marks. One thing to note is that many learners used fear arousal and talked about gruesome adverts/shocking images etc, but the HYM talked specifically about medium levels of fear arousal therefore just talking about fear arousal in general was not creditworthy. The main error seen in this question was either that the learner just didn't provide enough in terms of different elements from the HYM to gain all 3 marks or just chose the wrong model to write about.

This response gets 0 marks

All too vague and nothing to show that this learner has any understanding of the actual model itself.

(a) Explain how the Hovland-Yale theory of persuasion can be used in a 'stop smoking' advert to persuade people to give up smoking.

(3)

As the Hovland-Yale theory of persuasion is used to increase the likelihood of behavioural change placing it into a persuasive stop smoking advert will catch peoples eyes who do smoke and it may give them incentive to change their ways and their lifestyle.

This response gets 2 marks

1 mark for the idea that you are more likely to a person you trust/like and a further mark for an idea of who this could be such as a health professional doctor

(a) Explain how the Hovland-Yale theory of persuasion can be used in a 'stop smoking' advert to persuade people to give up smoking.

(3)

People are more likely to listen to people they like or trust, therefore, if a stop-smoking campaign ~~was~~ was celebrities or doctors to promote their message, people will be more likely to listen.

This response gets 3 marks

This is a very typical answer for this question. 1 mark for the idea that people are more likely to listen to a credible source and a further mark for suggesting that a doctor talking about smoking may be more credible than a regular person. The third mark is gained through suggesting that the message needs to show a medium level of fear to be persuasive.

The Hovland Yale theory can be used to aid people to stop smoking through the Communicator (if a credible source is used it is more likely people will believe the message) for example more people will believe a doctor talking about smoking as opposed to a regular person. A moderate fear message could also be used in order for people to understand the message more due to its persuasion.

Question 12b

This 1-mark question asked learners to identify one reason why the Hovland Yale model may not be effective to help understand behaviour. Learners, therefore, needed to identify a possible issue/problem which may mean the model itself is not an effective/good way to understand behaviour. The most common correct response seen was the idea that audience think they are better/more intelligent/knowledgeable so don't listen no matter who is giving the message (suggesting the idea of source credibility being ultimately important is too simplistic).

The other response frequently seen was that it assumes rationality which is not always the case especially with an addiction; this is fine as is the idea that it says how it persuades but not the reason why it does/or which part is most important. The most common error is the use of generic terms such as reductionism/individual, differences/doesn't include the biological approach. This is an identify question therefore a huge amount of detail is not necessary, however just the use of terms such as individual differences are not creditworthy as could be applied to anything. This question was poorly answered in the main perhaps due to the change in terminology due to specification amendments.

This response gets 0 marks

No creditworthy material as too generic and could apply to anything.

(b) Identify **one** reason why the Hovland Yale theory of persuasion may not be effective to help understand behaviour.

(1)

It doesn't include the idea of individual differences between everyone.

(Total for Question 12 = 4 marks)

This response gets 1 mark

This is fine for 1 mark and is a nice response to what turned out to be a difficult question.

(b) Identify **one** reason why the Hovland Yale theory of persuasion may not be effective to help understand behaviour.

(1)

It does not explain which part has persuaded a person (the communicator, communication or the recipient) ^{or} why.

(Total for Question 12 = 4 marks)

Question 13

This 6-mark question asked learners to explain two ways that the Theory of Planned Behaviour (TPB) can be used to understand whether Aarin will stop smoking. This question required some form of contextualisation to achieve full marks, a totally generic response but with relevant knowledge could gain a max of 4 marks. Learners did relatively well on this question with those who understood the concepts from the TPB usually achieving full marks. Most responses were nicely contextualised with only a minority of learners losing marks due to the generic nature of their responses.

The expected format of responses tended to be: explain the concept to be used (i.e., subjective norms), how does this apply to the scenario/Aarin and then what are the consequences for this in terms of whether Aarin will stop smoking. Although the consequence mark is present you cannot get a mark for just saying yes/no in terms of whether they will stop smoking – there has to be something identifiable from the TPB as well either a named concept or a relevant part from the scenario.

For example, the TPB suggests that Aarin will stop smoking gets 0 whereas the TPB suggest that Aarin will stop smoking because all other around them such as their friends and family want them to quit can get two as the context part is relevant to the idea of subject norms so is creditable. The main error here tended to be a lack of knowledge of the TPB meaning irrelevant responses were given, or the use of the wrong model (Transtheoretical model was used in a few places).

This answer gets 0 marks

Unfortunately, this is the wrong model therefore does not receive any marks.

Explain **two** ways how the Theory of Planned behaviour can be used to understand whether Aarin is able to stop smoking.

1. One feature of the theory of planned behaviour is perceived seriousness. This is how serious we believe the consequences of our actions will be. In Aarin's case, they clearly ~~do not~~ believe that there will be serious consequences as they started smoking 20 cigarettes a day despite their friends and family emphasizing the dangers. Therefore they ^{are} unlikely to be able to stop smoking and if they tried, chances of relapse is high due to withdrawal symptoms and associated cues.
2. Another feature from the theory of planned behaviour is perceived susceptibility. This is about how vulnerable we believe we are to get us from our behaviours. Aarin clearly does not believe they are vulnerable of this as they smoke not just to feel good despite attempting to quit and failing and not even considering the warnings given by family and friends. Therefore the likelihood of Aarin being able to stop smoking is very low.

(Total for Question 13 = 6 marks)

This answer gets 2 marks

The first point although it has no named concept has context which is relevant to the TPB (perceived behavioural control) as it talks about Aarin failing previously, then the response gives a consequence of this which is that they will not smoke smoking as in their head they will just start again if they do. So, this is worth 2 marks. The second point is not worth anything as not linked at all to TPB and in fact talks about genetic predisposition meaning we cannot give the consequence mark.

Explain **two** ways how the Theory of Planned behaviour can be used to understand whether Aarin is able to stop smoking.

1. Because she has failed already she doesn't feel motivated to try again and succeeded because she has already failed, this will cause her to not give up so smoking because in her head she can't stop the behaviour without starting it again.

2. In the text it says her parents and twin used to smoke just as much as she does and that they think it is in her genes because of this she thinks it is not her fault that she smokes and there is nothing she can do about it because it's 'in her genes'. Therefore the theory of planned behaviour can be used to understand that she will not stop smoking.

(Total for Question 13 = 6 marks)

This answer gets 6 marks

This is a nice answer and quite similar to the mark scheme. For point 1 the learner has identified and explained perceived behavioural control and has linked that to Aarin well in terms of his previous failures, and then discussed the consequence of this which is that Aarin will think they will fail again and therefore continue to smoke. The second point is similar using the concept of subjective norms, linked to context i.e., parents want him to stop (linked to disapproval on the mark scheme) and then the consequence which is that if he listens to advice then he will quit smoking. A really lovely answer.

13 The Theory of Planned Behaviour can be used to understand health-related behaviours in people.

Explain **two** ways how the Theory of Planned behaviour can be used to understand whether Aarin is able to stop smoking.

1. Perceived Behavioural Control - This is the belief an individual has over a behaviour. Aarin has failed to stop smoking in the past, therefore they may think they have little control meaning they are likely to continue as it is their belief they will only fail again in the future. Aarin is unlikely to stop smoking.
2. However, Subjective Norms may suggest otherwise. These are an individual's belief of what others around them think they should do. Aarin has a clear understanding that their family wants them to quit smoking as they warn them about the dangers. Therefore, if Aarin listens to their advice, they may quit smoking.

(Total for Question 13 = 6 marks)

Question 14

This 6-mark extended open response asked learners to discuss ways that Aarins adherence to medical advice can be improved. Learners seem to find discuss questions difficult and this one was not any different. Although the majority of learners were able to show good knowledge and understanding of ways to improve adherence responses tended to be a little list like and did not a large amount of discussion. There are some reasonable responses here but many of them are level 2 due to the weaker discussion element. Remember for a top-level discussion learners need to look at how the suggestions made interrelate with each other and how well they would apply to Aarin. A few responses did start to suggest that one may be more relevant/important to Aarin and why and they would be closer to getting full marks. In general

Bottom band responses tended to be one or more stated points about improving adherence. They tended to be more general aspects such as talking to his friends and very brief, the answer will be very generic often on using a name rather than the context. Discussion is rarely present. This band may also include a learner who has only mentioned one relevant point in slightly more detail but there is not enough of the other aspects to get it out of bottom band i.e., described nicotine patches well but didn't relate to the context. In band 2 there will be more than one point presented in these responses with some accurate knowledge about improving adherence. They may make a few generic assertions, but they have used the context slightly better linking phrases to the improvements suggested i.e., such as linking Nicotine patches to their withdrawal symptoms, or increasing understanding of the message as Aarin said they did not understand leaflets. In band 3 responses would use a number of methods well including support groups, Nicotine patches, Exercise, Patient-practitioner relationship, reducing perceived threat, financial incentives/text messages/trackers, Health promotion and anti-depressants and discuss their relative worth to Aarin.

This answer gets 2 marks

Two possible methods explained although one briefly. There are occasional references to Aarin. This is a typical level 1 answer and therefore gets 2 marks.

14 Discuss methods that could be used to improve Aarin's adherence to medical advice.

Aarin could use social support. This is support from close ones around him. This would be useful as he feels 'alone'. Aarin may not be adhering to medical advice because of lack of social support.

Aarin could also use text reminders. This would help him learn how to stop smoking and how to deal with his withdrawal symptoms.

This answer gets bottom level 2 and 3 marks

This answer shows mostly accurate and detailed knowledge and understanding of methods to improve adherence but with very little application to context. It is also a little list like, showing few elements of discussion. To get into top band we would like to see a discussion on why the interventions may be good/bad/appropriate for Aarin alongside the issues/benefits using these methods with Aarin.

14 Discuss methods that could be used to improve Aarin's adherence to medical advice.

Aarin's adherence to medical advice could be improved by health education and promotion. They could talk to their doctor more about their withdrawal and gain guidance into how to reduce the symptoms. Additionally, they could attend a support group for support for behavioural change. This would provide them with social support and advice from other people struggling with addiction. If their doctor explained it as a lifestyle change rather than a 'quick fix', they would be more likely to change because it is stated as a long term solution so would be worth more effort. Finally, reduction of perceived threats would ~~reduce~~ improve their likelihood to quit because quitting would seem like the easier option. This could include getting them a place in a support group so that it's easy for them to go.

(Total for Question 14 = 6 marks)

This answer gets level 3 and 5 marks

Two methods are discussed well with a number of discussion elements present such as why these two methods may be good for Aarin and even some research support to show why their use may be reduce negative feelings. Leys model is well explained and linked to Aarin with a discussion about what needs to be done to make it effective and why it is important. This gets into level but does not get full marks as not really contextualised throughout but still a really good answer.

14 Discuss methods that could be used to improve Aarin's adherence to medical advice.

A physiological method such as drug treatment in the form of anti-depressants can help Aarin adherence. As Lustman found, the use of anti depressants can help ~~emotional~~ improve adherence by helping people deal with negative feelings such as when Aarin feels alone.

Leys cognitive model stresses that a lack of understanding can negatively affect adherence. Aarin states that they do not know how to stop and according to Leys cognitive model this will hinder their chances of stopping adhering. To combat this the doctor should make the information more concise and digestible, people are more likely to remember the start and end of a message so the doctor should keep the important information at the start and end of the message.

Question 15

This 9-mark extended open response question asked learners to assess the extent to which the biological approach can explain Aarins smoking addiction. This final essay was the strongest on the paper with some fabulous responses that meant that learners achieved full/close to full marks. Weaker responses (1-3) tended to focus mainly on genetic predisposition/genes with sporadic application to context whereas learners who achieved 7-9 marks tended to not only talk about genes etc but also dopamine/nicotine regulation etc and applied this to context throughout. In terms of assessment higher marked responses had a balanced assessment with some judgements formed. Issues such as:

- scientific credibility
- reductionism/determinism
- practical application - The treatments that have come out of the biological approach for smoking often supported with evidence.

were used, alongside other points such as:

- locus of control (in terms of why he keeps smoking)
alternative approaches i.e., learning, cognitive approaches put into context
- Evidence for these approaches from context and studies
- Evidence for the biological approach i.e. Volpp, studies on 'Chippers'.

This response gets 2 marks

This response shows basic knowledge and understanding with just one reference to genes being passed down from parents so giving a weak context link. Weak assessment point at the end about treatments but in essence a typical level 1 answer and 2 marks.

15 Assess the extent to which the biological approach can help understand Aarin's smoking addiction.

(9)

The biological approach looks at genes and biology to determine someones behaviour and if it was passed down or a learnt behaviour. This would be useful in Aarin's smoking addiction because they could look at weather the behaviour of smoking was learnt or passed down from his parents.

This could help Aarins smoking addiction because it can help understand why people smoke and how to get them ~~to~~ to stop using different methods depending on if it is biological or a learnt behaviour. If it is learnt they could try find alternatives to smoking but if it's biological they may need therapy or other forms of help / advice to stop them from smoking.

This response gets 6 marks

Knowledge and understanding is good but there is some repetition when discussing dopamine and a brief reference to genetic predisposition so this fits with band 2, there are some references to context) but not throughout so again level 2. Assessment (is good and includes reductionism, determinism and nurture factors so is actually low level 3 and is the strongest part of the response. Holistically, the response remains at level 2 with the assessment taking it up to the top of the mark band so 6 marks.

15 Assess the extent to which the biological approach can help understand Aarin's smoking addiction.

(9)

Aarin may have started ^{smoking} ~~come~~ due to the dopamine receptors and receptors in the VTA release pleasure when dopamines released from the NA making Aarin feel "hooked" instantly. - Making him feel good. Nicotine has dopamine making Aarin want to smoke again. Also genetic predisposition as his family all smoke making him more likely to as its in his genes. The maintainance of his smoking is due to the role of dopamine, dopamine causes Aarin to feel good making him want to continue to smoke for the dopamine release.

Nicotine regulation means that in order to avoid withdrawal symptoms and maintain the "buzz" Aarin will continue to smoke to maintain nicotine in the bloodstream. Aarin however may build a tolerance meaning they need to smoke more to experience the same effects. Also Aarin will experience withdrawal when he stops smoking this includes negative side effects, such as getting headaches and feeling angry.

Aarin therefore may continue to smoke or relapse when he tries to stop because they don't want the withdrawal effects. Aarin may smoke to cope in stressful situations for example he'll want dopamine more after arguing with his partner as he'll want the pleasure.

The biological approach however, could be critiqued and better explained by the learning approach which would suggest that Aarin began to smoke due to the imitation of their role models as their parents and

by observing role models be rewarded by smoking.
The biological approach assumes that individuals lack free will in their decisions and is therefore deterministic. Also it can be viewed as reductionist as reduces addiction down to the release and addiction to dopamine not considering environmental factors such as nature. By his family smoking, it was viewed as acceptable and almost desirable.

This response gets 8 marks

This response shows excellent knowledge and understanding both about genetic predisposition and dopamine. The response was applied to context well though this is the slightly weaker element of the three. There is a balanced evaluation with a number of relevant points raised such as MZ/DZ twin studies, other supporting studies, the role of the environment, learning approach. All elements are level 3 standard but the slightly weaker whichever section of grid stops it from getting the full 9 marks so mid level 3 and 8 marks.

15 Assess the extent to which the biological approach can help understand Aarin's smoking addiction.

- (9)
- The biological approach can help us to understand Aarin's smoking addiction. ~~Initiation~~ - this can be explained by the role of neurotransmitter imbalances in the brain. Aarin can remember the first time they smoked as it felt 'good'. This is because nicotine can bind to receptors in an area of the brain called the VTA, a reward pathway. This in turn triggers the release of the neurotransmitter dopamine. Dopamine is associated with feelings of pleasure/reward so a new smoker would want to do it again to experience these same feelings.
 - Maintenance - the continuation of Aarin smoking '20 a day' can be explained again by the role of dopamine. Receptors become damaged from the constant stimulation of nicotine, therefore Aarin has to smoke more to get the same affect. This is called tolerance.
 - Relapse - When a smoking addict tries to quit, they will experience feelings of withdrawal, these can be overcome by smoking again, thus relapsing. The biological approach explains the role of

genetic predisposition in relapse. Arin has inherited genes from their parents that they share with their twin. This means they are more likely to relapse as the genes they inherited mean they are more likely to take part in the behaviour.

• One strength is that studies have found that monozygotic twins are both likely to smoke due to the genes that they share.

Genetic factors have been shown to have a 44% effect on smoking addiction.

• However, one weakness is that the environment has been shown to play a 56% change in the likelihood of an addiction. (Total for Question 15 = 9 marks)

The biological approach fails to explain the role of the environment in a smoking addiction. Role models, such as Arin's parents could have initiated their smoking addiction as they imitated their parents behaviour.

TOTAL FOR SECTION C = 30 MARKS

TOTAL FOR PAPER = 70 MARKS

Summary

- One issue that was highlighted by several examiners was learners writing outside of the lines on questions with some not highlighting where they had written responses. Teachers need to reinforce to learners to use extra paper if they need additional space rather than writing on the backs of exam papers and if they have made a mistake and answered questions in the wrong part to make sure this is clearly highlighted on their papers.
- It is worth highlighting to learners that even if gender neutral terms are used within the scenarios it will make no difference at all if learners use gendered terms within their response. In addition, thought has been taken in case the gender-neutral terms/scenario may be interpreted a slightly different way by learners and none will be disadvantaged.
- Ensure that learners write enough within their responses to be able to access all marks on a question; especially the 3-mark questions. Although performance on these questions has improved, too often learners would repeat the same point just in different words and therefore lost marks.
- Ensure any applicable issues/debates/evaluation points are explained properly. Using terms such as validity/reliability/generalizability alone will not achieve marks without a learner explicitly stating why an approach/model/treatment is not reliable etc.
- Ensure learners know what is expected from effectiveness questions. Remember these are questions which are testing evaluative skills. These can be broader than just strengths/weakness questions as often learners can argue either way,
- Although research studies are no longer a required part of the specification, and no questions will ever be asked specifically about research studies, and no marks ever dependent on the use of research, there may be occasions when teaching some studies could aid in the understanding of a topic area
- Learners performed far better on evaluation/assessment elements on extended open responses than in previous series however this is still the weakest part of an essay. Practicing these skills would enable learners access the top mark bands on these questions especially given the accurate and thorough knowledge many learners showed throughout the paper.

- Key terms are **still** a problem with the short definition style questions often losing learners marks. It is important that key terminology forms an integral part of the teaching of this unit.
- Learners need to remember to use the scenarios given within each area to answer questions. These are there to help, so use them. Also, learners need to remember that they can use more than just the scenario that precedes the question, they can use any of the scenarios given throughout that section as they may all contain information that could be useful.



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