Examiners' Report
Lead Examiner Feedback

June 2022

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

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Grade Boundaries

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

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.

Introduction

The 2022 summer series was the second series to take place as expected after the disruption of the Covid pandemic. In addition, it was also the second series to be sat after amendments to the specification had been made, and therefore it was the first experience of these amendments for many learners. This meant that all named studies were removed, a new section added to section A, and amendments made to the treatments section 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 evaluation i.e., without named studies. Centres had also taken on board the relevant feedback given from the January series with many areas of the paper showing improvements, including the effectiveness questions which had caused some issues for learners in January. Overall, learners appeared to have good knowledge across the three topic areas assessed, although structural changes of some questions are still causing some problems, with descriptive responses still being more common for some evaluative (AO3) questions. There were some exceptional extended open responses seen across the whole paper, with an increased number of level 3 responses seen, suggesting that evaluative skills as a whole are improving. Learners still find 'discuss' questions challenging, but once again this is improving as a whole.

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 gambling. Each section has a mix of short and extended open responses with one section heavier in terms of marks (30) which also included two six-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. Pass level candidates were able to use their knowledge to answer direct knowledge questions successfully such as being able to explain what is meant by a key term but found application to scenario and evaluation/assessment/discussion 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 contexts, 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 responses also showed a balance in their evaluation/assessment, and often included a discussion about alternative approaches and theories within their responses. 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. Many learners are still using studies to answer many questions, and this is perfectly acceptable and will gain credit, but not necessary to achieve the higher marks.

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 sections 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. In fact, there were very few questions where a large number of learners did not attempt the question, suggesting that the paper, as a whole, was accessible to most learners.

Timing did not seem to be an issue with this assessment as most questions, including all the extended open responses, were completed successfully. There were some excellent responses on the first extended open response question on stress and ill health, with many learners showing good knowledge of the stress response, and other possible sources of stress which may lead to ill health. A number of studies were also seen in the responses to this question. One difference noted between the January and June 2022 series was application to context questions. Whereas in January 2022 it was noted that application to context (AO2) was far better answered than in previous series, there seemed to be a slight backwards step in the June series with some learners losing marks for not using the context given when asked. For learners it is worth emphasising that just using the name of the person within the context is normally not enough to gain the AO2

marks and, unless specifically asked to do so, that just copying from the scenario will not achieve high marks.

As in previous series, most learners showed effective exam technique by addressing accurately the command verbs in the question. For example, the command verb **identify** often only requires 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 slightly more problems with some learners struggling to define genetic predisposition. Many learners did not make it clear that a predisposition increases the likelihood of you getting an illness/addiction, often suggesting that it would definitely happen. 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 two **describe** questions caused more problems than expected, although this may be due to the topic areas asked rather than the command verb. Skills training had not been assessed previously as a stand-alone question, with question 6 asking about the role of dopamine in a smoking addiction, a topic area that some learners find difficult.

Similar to the January 2022 series, performance on two and three mark **explain** questions was mixed. Questions which asked about how a particular approach or model applied to a scenario were often answered, and applied to context, well. For example, learners showed excellent knowledge of both the health belief model (Question 2ab) and locus of control theory (Question 3a) and applied them appropriately to the context. The only exception to this was question 7a which asked learners to apply their knowledge of fear arousal to context. The responses to this were weak with very few actually using the theory and most just giving responses which talked about fear in general, consequently achieving very few marks.

The explain questions asking for the **effectiveness** of an approach (question 11b), or theory (question 7b) caused problems similar to the January series, although not to the same extent. It is worth remembering that these are evaluative (AO3) questions, but 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, evidence and psychological terms such as reductionism, ethics etc. There have now been

two series completed since the specification amendments so it would be worth supporting learners on these style of questions by using past papers as practice.

The command verbs used in extended open responses proved to be less of a challenge to learners, with some exceptional full mark responses seen again in this series. Learners had obviously been prepared well for this type of question. **Assess** questions were more successfully completed than **evaluate** questions which is similar to the January 2022 series, but this may be more due the topic areas rather than the command verbs. Still, it may be worth that teachers ensure that learners have a thorough understanding of the requirements of command verbs for future series. In terms of specific essays, many 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 (AO1) of a topic and were able to apply this knowledge to context well (AO2). The weakest element was the evaluation/assessment (AO3) although the majority of learners made an attempt at this element rather than focusing purely on knowledge and context and therefore were at least able to achieve some marks for this element.

The extended open response which performed consistently the highest was Question 4, which look at the relationship between stress and ill health. Learners on this question used elements from a variety of areas of the specification, not only showing excellent knowledge of the immune response, GAS, and the chronic and acute stress response, but also discussed life events/workplace stress and negative coping strategies. The range of knowledge here was really pleasing to see, and this was reflected in the number of level 3 responses that were seen. Question 9, looking at psychological treatments, performed slightly less well but the main issue with this question is that some students misinterpreted the question and discussed physiological treatments; in particular nicotine replacement therapy.

Finally, the extended open response which performed poorly on this assessment was Question 15 which asked learners to evaluate the cognitive approach to gambling. Unfortunately, many learners showed only basic knowledge of the cognitive approach with many learners often talking about schema/assumptions of the cognitive approach and mistaking elements of the learning approach for the cognitive approach. Evaluation tended to be basic and often consisted purely of a description of the learning approach, as an alternative, and little else. This meant that evaluation tended to be level 2

even in some of the better responses. That is not to say there were no good responses, indeed there were some excellent ones, but they were most definitely in the minority.

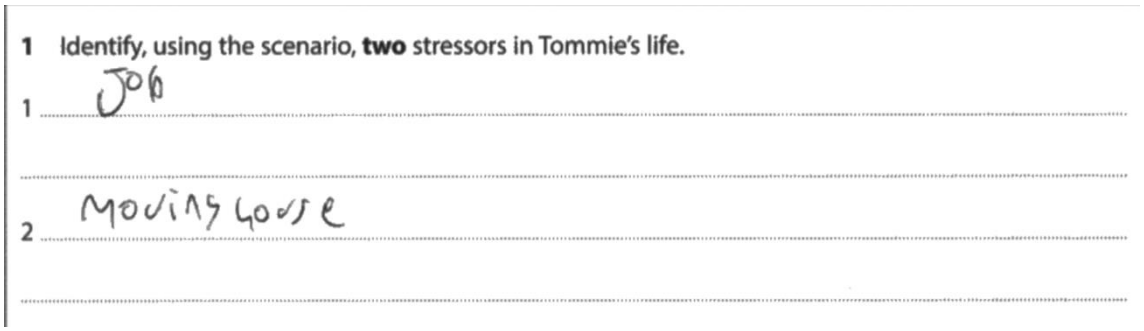
Individual Questions

Question 1

This two-mark question asked learners to identify, from the scenario, two stressors in Tommie's life. This question comprised of two AO2 marks. The vast majority of learners achieved full marks on this question, as expected. The major error seen in responses to this question was that some learners would not use the context properly and only put one-word responses which are not enough, in the main, to achieve the marks. Acceptable responses include; moving house, loss of money at work, possible retirement from work, having to speak to employees.

This response achieved 1 mark.

Moving house is perfectly fine as a response but just using the word 'job' is not enough and does not really use the scenario well enough. We need possible loss of job/loss of money at work etc. for the marks to be gained.

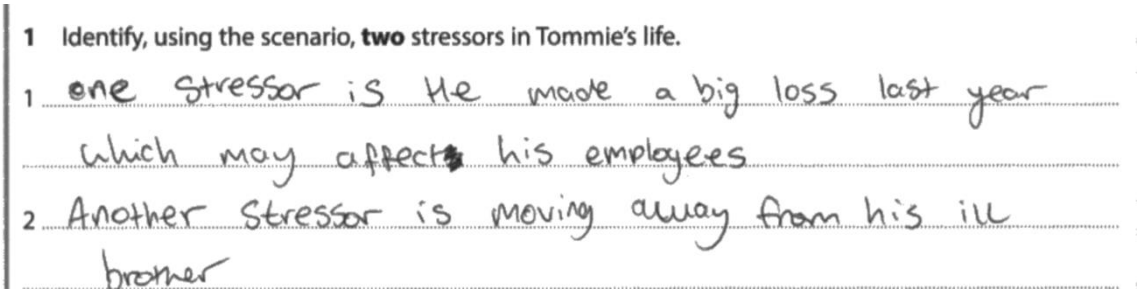

1 Identify, using the scenario, **two** stressors in Tommie's life.

1 Job

2 Moving house

This response achieved 2 marks.

Both of these stressors are absolutely fine for two marks. It is worth noting that learners do not have to quote exactly from the scenario, they will not lose marks for putting the scenario in their own words as long as the meaning is not lost completely.


1 Identify, using the scenario, **two** stressors in Tommie's life.

1 one stressor is he made a big loss last year which may affect his employees

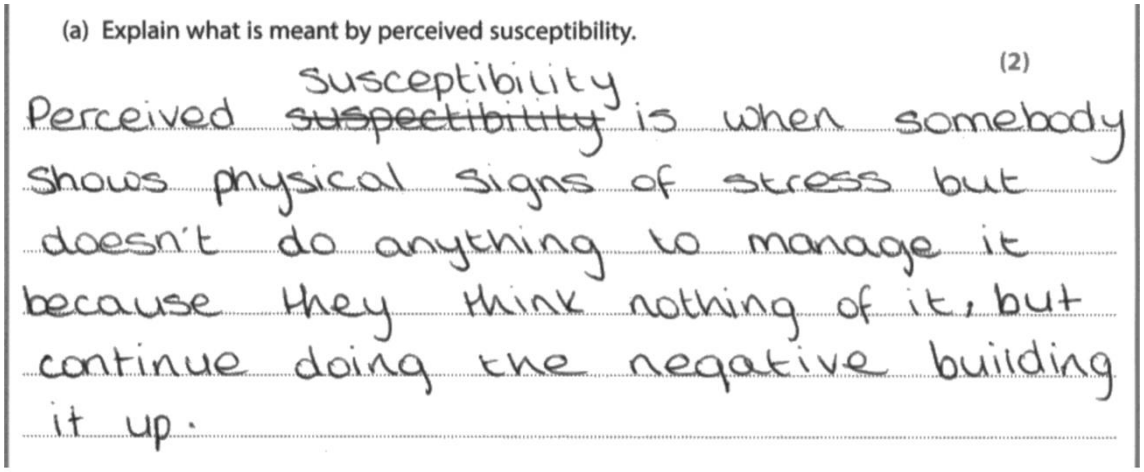
2 Another stressor is moving away from his ill brother

Question 2a

This two-mark question asked learners to explain what is meant by perceived susceptibility. This question comprised of two AO1 marks so no application to context was necessary, although if the context was used to answer the question credit would be given. Most learners achieved at least one mark on this question with most understanding that perceived susceptibility was the extent a person **believes** they are at risk of an illness. The second was then achieved by some learners in a number of different ways. Some used the context and applied the concept to Tommie i.e., suggesting that he did not believe he was at risk of serious health consequences so his perceived susceptibility was low, which is fine, whilst some linked high/low perceived susceptibility to how likely someone would change their behaviour which would also achieve marks. The most common error here was that learners would suggest that perceived susceptibility was how likely a person is to become ill, forgetting the 'believe' part of the definition. A small minority of learners misunderstood the terminology and discussed perceived seriousness instead.

This response achieved 0 marks.

As stated previously, the important aspect of perceived susceptibiltiy is a person's belief that they are susceptible/at risk rather than that they actually are. Therefore these responses do not show correct understanding of perceived susceptibility and no elaboration/extension that may be creditworthy such as an example therefore achieves 0 marks.



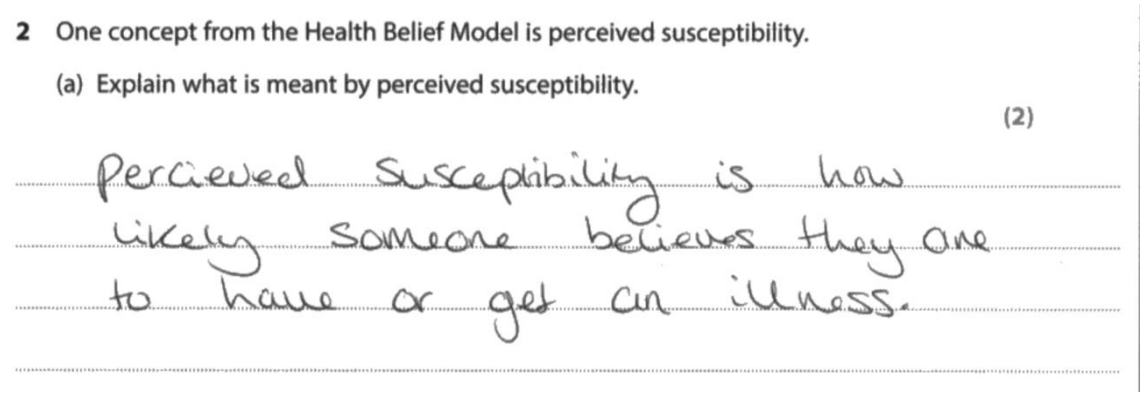
(a) Explain what is meant by perceived susceptibility.

(2)

Perceived ~~suspectibility~~ susceptibility is when somebody shows physical signs of stress but doesn't do anything to manage it because they think nothing of it, but continue doing the negative building it up.

This response achieved 1 mark.

Just the one mark for the correct understanding that perceived susceptibility is how likely someone believes they are to have/get an illness.



2 One concept from the Health Belief Model is perceived susceptibility.

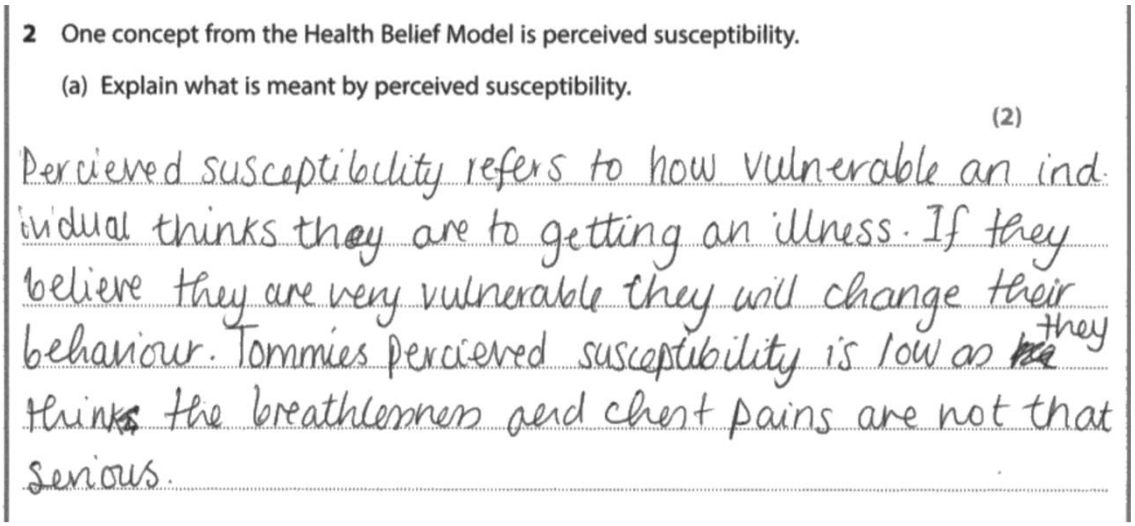
(a) Explain what is meant by perceived susceptibility.

(2)

Perceived Susceptibility is how likely someone believes they are to have or get an illness.

This response achieved 2 marks.

The first mark is awarded for the idea of how vulnerable a person thinks they are to getting an illness, and the second mark for the idea that if they they think they are vulnerable then they will change their behaviour. It is also worth noting that the example given here would also have achieved a mark alongside the accurate definition if they had not already achieved maximum marks.



2 One concept from the Health Belief Model is perceived susceptibility.

(a) Explain what is meant by perceived susceptibility.

(2)

Perceived susceptibility refers to how vulnerable an individual thinks they are to getting an illness. If they believe they are very vulnerable they will change their behaviour. Tommies perceived susceptibility is low as they thinks the breathlessness and chest pains are not that serious.

Question 2b

This three-mark question asked learners to use a concept other than perceived susceptibility, from the Health Belief Model, to predict the likelihoof of Tommie taking up exercise. This question was comprised of three AO2 marks therefore application to context was necessary somewhere in the response. Please note that the response does not need to be contextualised throughout, but just using a name is not enough for the context marks to be given. Marks were achieved on this question by:

- *identifying* an appropriate concept from the Health Belief Model,
- *linking* this concept back to Tommie
- and then explaining the *consequence* of this in terms of his likelihood to take up exercise.

The most common concepts used were perceived severity, and perceived benefits/barriers (to include cost-benefit analysis) and some nice links to Tommie were made. The most common error, however, was that many

learners then did not link this back to the question i.e. will this mean that Tommie will take up exerise or not. One thing to note is that just saying 'this means he will not exercise' is not enough there needs to be some reasonng behind it i.e. he will take up exercise as he begins to realise about the severe risk to his health if he does not. Many did this part very well, but there were a minority who did just state ' therefore he will not exercise'.

This response achieved 0 marks.

This is nothing to do with the Health Belief Model so no creditworthy material in this response.

(b) Explain, using a concept other than perceived susceptibility, how the Health Belief Model could predict the likelihood of Tommie taking up exercise as a way of managing stress.

(3)

Exercise creates endorphines which help the body to relax, so Tommie taking up exercise can lessen the amount of stress Tommie has built up.

This response achieved 2 marks.

This is a typical response that achieved 2 marks rather than 2 as they do not fully answer the question and predict whether Tommie will take up exercise, using the alternative concept. This response achieves the first mark for the identification of cost-benefit analysis, and the second one for some thorough links back looking at the specific benefits and barriers that may affect Tommie. Unfortunately, this response does not go on to explain the consequences of these benefits and barriers and therefore cannot achieve the third mark (note: 'result from his decision not to exercise' does not achieve the consequence mark as we already know from the scenario that Tommie is not exercising at the present time its likelihood this will change).

(3)

Another concept is the cost - benefit analysis. This allows Tommie to look at the costs and benefits that will result from his decision not to exercise. For example, he benefits as he doesn't want to go on a walk after work because it is tiring ~~and~~ meaning he can relax instead. However the costs are that he will continue to put on weight and become more at risk of having a heart attack.

(Total for Question 2 = 5 marks)

This response achieved 3 marks.

The first mark is given for the identification of perceived severity. The second mark is achieved for links to Tommie i.e. his father having a heart attack and how he could have read about it and saw stress can be a cause of this, and the third mark for then suggesting that he would realise how severe his (his father) heart attack was and decide to become more physically active. This is the perfect way to answer this question, and completely follows the expected response on the mark scheme and achieves a well deserved three marks.

(b) Explain, using a concept other than perceived susceptibility, how the Health Belief Model could predict the likelihood of Tommie taking up exercise as a way of managing stress.

(3)

Perceived severity. Tommie could think about the fact that the father did have a heart attack, and when reading about it, he would find that stress is a big cause of a heart attack. He would realise how severe his heart attack was and decide to become more physically active.

Question 3a

This two mark question asked learned to explain how having an internal locus of control can predict an individual adopting a healthier lifestyle. This question was comprised of two AO1 marks therefore no application to context was necessary. This question was, in the main, well answered by learners. Most understood the idea that an internal locus of control meant that people believed they were in control of their own fate/health rather than it being down to luck with some. Then they needed to be able to go on and explain how this affect health behaviours; achieving this second mark caused more issues for learners however. The most common way of achieving this second mark was to say:

- that they are more likely to believe they can be successful/have a positive outcome (so change)
- They will change their behaviour as they believe it is under their control/their responsibility to do so.
- That they are less likely to be influenced by others who may be being unhealthy.

The first two bullet points were the most common responses, but often learners would show understanding of internal locus of control and then say 'this meant they are more likely to change their behaviour and become more healthy' which is not enough as it shows no understanding of why this would be the case. A few learners got internal and external locus of control the wrong way round so it is worth making sure learners have a good understanding of the terminology of all theories/models/concepts.

This response achieved 0 marks

This is the wrong way round and is actually explaining external locus of control so no creditworthy material.

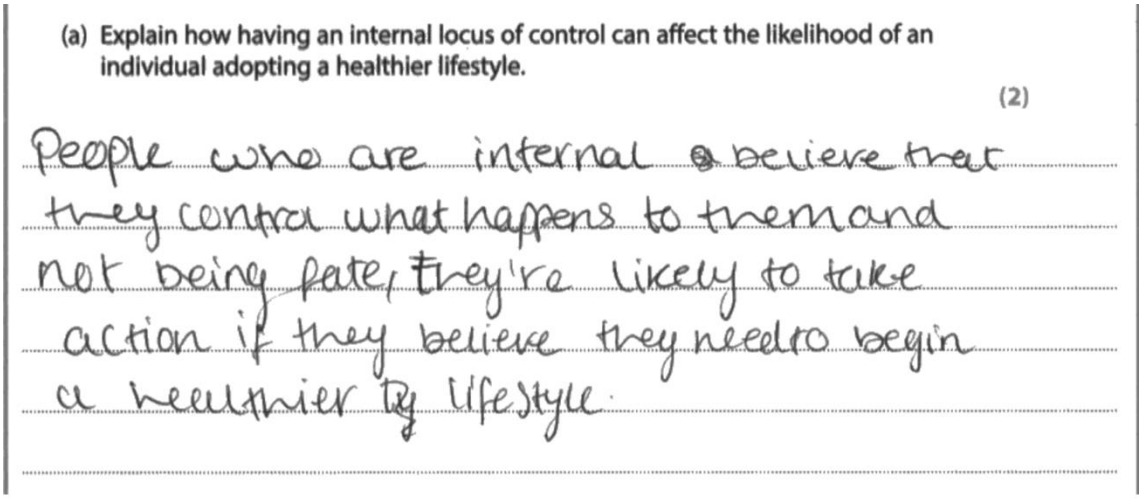
(a) Explain how having an internal locus of control can affect the likelihood of an individual adopting a healthier lifestyle.

(2)

Having an internal locus of control means that the individual will blame other environmental factors for their behaviours. Therefore they won't believe that they need a healthier lifestyle

This response achieved 1 mark.

This response shows understanding of what locus of control means but does not really add enough to achieve the second mark. 'They are likely to take action if they believe they need to' is not enough to achieve the second mark as does not really suggest why that is more likely to be the case for internals more than externals. For the second mark they would need to suggest that they have more belief that they will be successful/that they know that it is their responsibility to change their health and so will be likely to take action if they need to.



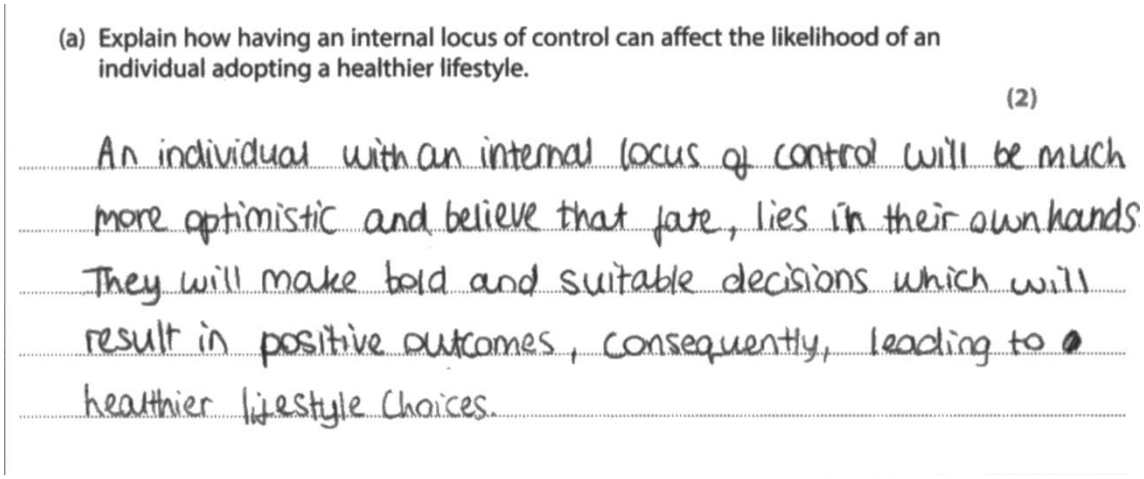
(a) Explain how having an internal locus of control can affect the likelihood of an individual adopting a healthier lifestyle.

(2)

People who are internal & believe that they control what happens to them and not being fate, they're likely to take action if they believe they need to begin a healthier by lifestyle.

This response achieved 2 marks

This is a very typical two mark response. The first mark is for showing understanding of what internal locus of control actually means. The second mark is for the elaboration on this which explains why they will choose a healthier lifestyle i.e. they are more optimistic/ will make a suitable decision which result in positive outcomes (and healthier lifestyle choices). This is very much like the first bullet point explained above, and the second mark of the first bullet point in the mark scheme that states *'they have the belief that they can be successful in changing their behaviour (and so become healthier)'.* A nice response fully worth the two marks.



(a) Explain how having an internal locus of control can affect the likelihood of an individual adopting a healthier lifestyle.

(2)

An individual with an internal locus of control will be much more optimistic and believe that fate, lies in their own hands. They will make bold and suitable decisions which will result in positive outcomes, consequently, leading to a healthier lifestyle choices.

Question 3b

This two mark question asked learners to explain whether locus of control is a good predictor of health behaviour. This question comprised of two AO3 marks and is therefore a question that needs an evaluative response. This question caused a number of issues with learners often just describing locus of control again, or just using simplistic responses such as 'its is a good predictor of health behaviour as internals will change their behaviour' which does not achieve marks. To achieve the marks on this question learners had to suggest reasons why locus of control theory can/cannot predcit behaviour i.e. what are its stengths and weaknesses when predicting behaviour. To achieve marks learners could discuss that it:

- Does not take into account other factors such as biology. It is worth noting that this on its own will only achieve one mark, for the second

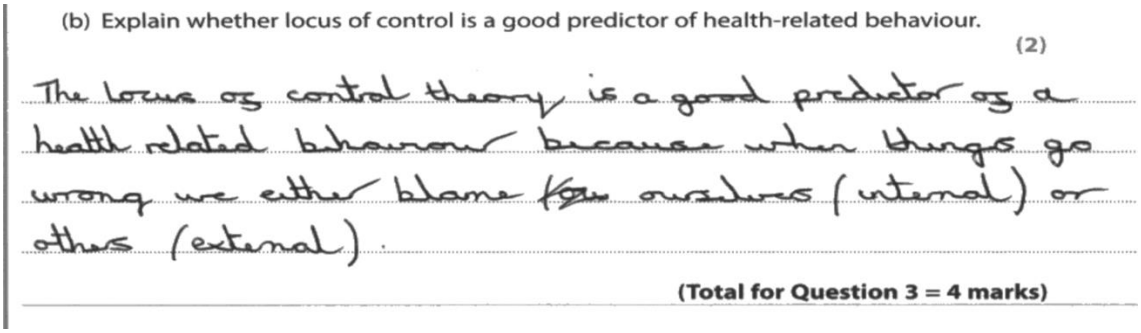
mark you need more than just a named example and need to explain why this other factor is important when predicting health behaviours.

- Assumes that you behave in a certain way if you have a particular locus of control/ it's a broad/dynamic term and doesn't take into account LOC can change
- People may not fit into either category can get the first mark. Going on to suggest that people may actually be between the two could get the second mark in this instance.

Some learners used research evidence such as Rotter here as well, suggesting that this makes it a good predictor and this is fine as long as it links back to the question, and is accurate.

This response achieved 0 marks.

This is just a decription of what locus of control is with no evalaution, therefore there is no creditworthy information and therefore achieves 0 marks.



(b) Explain whether locus of control is a good predictor of health-related behaviour.

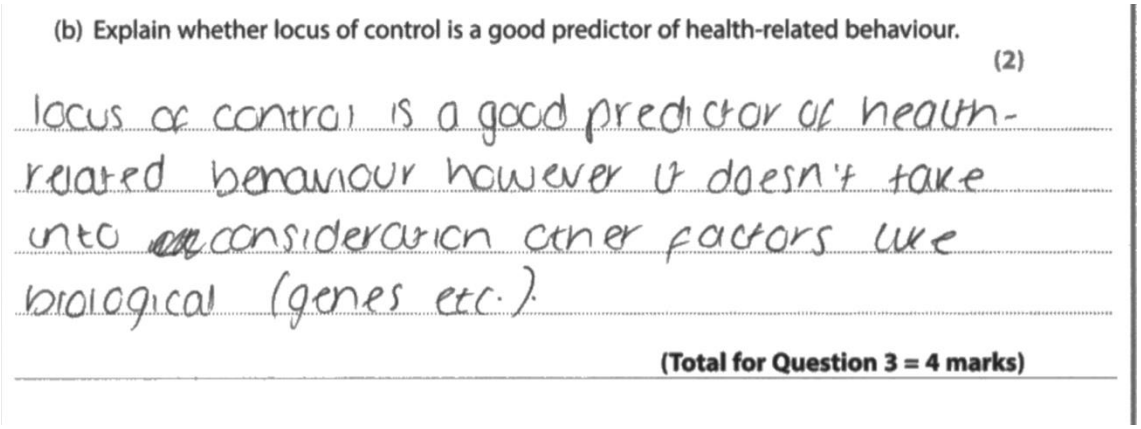
(2)

The locus of control theory is a good predictor of a health related behaviour because when things go wrong we either blame ourselves (internal) or others (external).

(Total for Question 3 = 4 marks)

This response achieved 1 mark.

One mark for the idea that it does not take into account other factors (like biology). No mark for the named example we would need some extension on this on why biology would be an important predictor for the second.



(b) Explain whether locus of control is a good predictor of health-related behaviour.

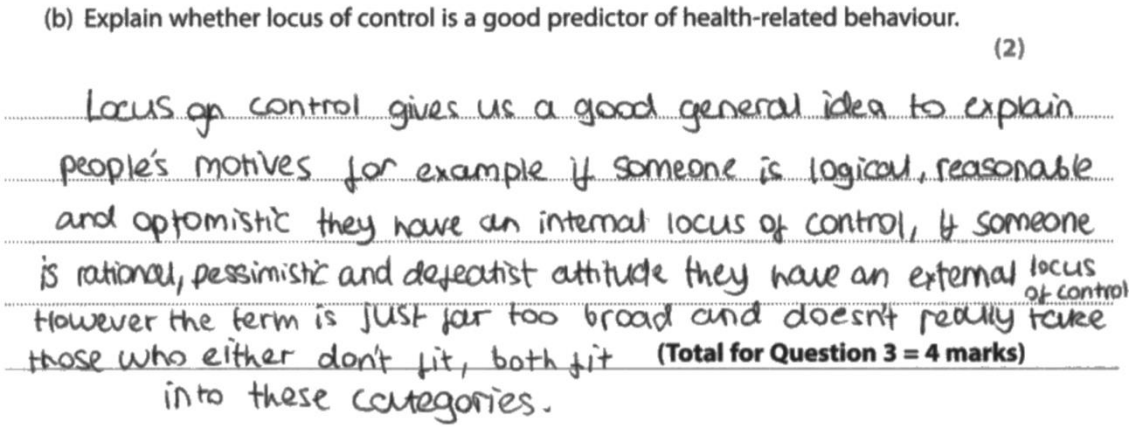
(2)

locus of control is a good predictor of health-related behaviour however it doesn't take into consideration other factors like biological (genes etc.).

(Total for Question 3 = 4 marks)

This response achieved 2 marks

First mark for the idea that locus of control is really too broad and the second mark for the idea that because of this it does not take into account those people do not fit into these categories (with detailed behavioural examples given). The first part of this repsonse is quite descriptive with examples of typical behaviours for each category but alongside the explanation below it is clear that learner is making the point that some people do not fit into the behavioural categories that locus of control suggests so is well worth the two marks.



(b) Explain whether locus of control is a good predictor of health-related behaviour.

(2)

Locus of control gives us a good general idea to explain people's motives for example if someone is logical, reasonable and optomistic they have an internal locus of control, if someone is rational, pessimistic and defeatist attitude they have an external locus of control however the term is just far too broad and doesn't really take those who either don't fit, both fit into these categories.

(Total for Question 3 = 4 marks)

Question 4

This 9-mark extended open response asked learners to assess the relationship between stress and ill health. As usual with this type of question it is comprised of three AO1 knowledge, three AO2 context, and three AO3 assessment marks. This question required learners to show their knowledge and understanding of the relationship between stress and ill health, apply it to Tommie's situation and then assess the different reasons why stress could cause ill health, along with other possible

reasons i.e., biology/genetics etc. This question was well answered by many learners who showed excellent knowledge and understanding of immunosuppression/GAS/long term effects of chronic stress and applied it to context well. Fewer learners discussed life events/workplace stress which was a slight surprise given the context.

The weakest element of the question was the assessment element with some 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. For assessment learners could talk about (list not exhaustive):

- Looking at the importance of the factors in relation to Tommie.
- Alternative factors such as social support, influence of personality (hardy and type A)
- The use of Research such as Kiecolt Glaser, Kanner, Holmes and Rahe. Once again it is worth noting that learners can achieve full marks without any research being used as it is no longer on the specification but it is still creditoworthy if used appropriately.
- Discussion of the the idea that some stress may actually be beneficial so many not cause ill health.
- The importance of understanding the relationship as treatments can be tailored.

This response achieved level 1 and 3 marks

This shows some isolated knowledge and understanding (AO1) about the role of the stress response in ill health, including a mention about problems with digestion/immune system but there is no real detail here so would be top level 1/bottom level 2 standard. There is only one very brief link to Tommie so context (AO2) is level 1 standard. There is very little assessment here just a superficial conclusion which does not add a great deal to the response, so level 1 standard. Looking at the response holistically, the stronger AO1 allows you to keep it at the top of level 1 and therefore achieves three marks.

4 Tommie's levels of stress remained high over a long period of time. They began to have difficulty sleeping and started to have headaches and colds, which led to time off work. Tommie began to drink more alcohol and eat more unhealthy food.

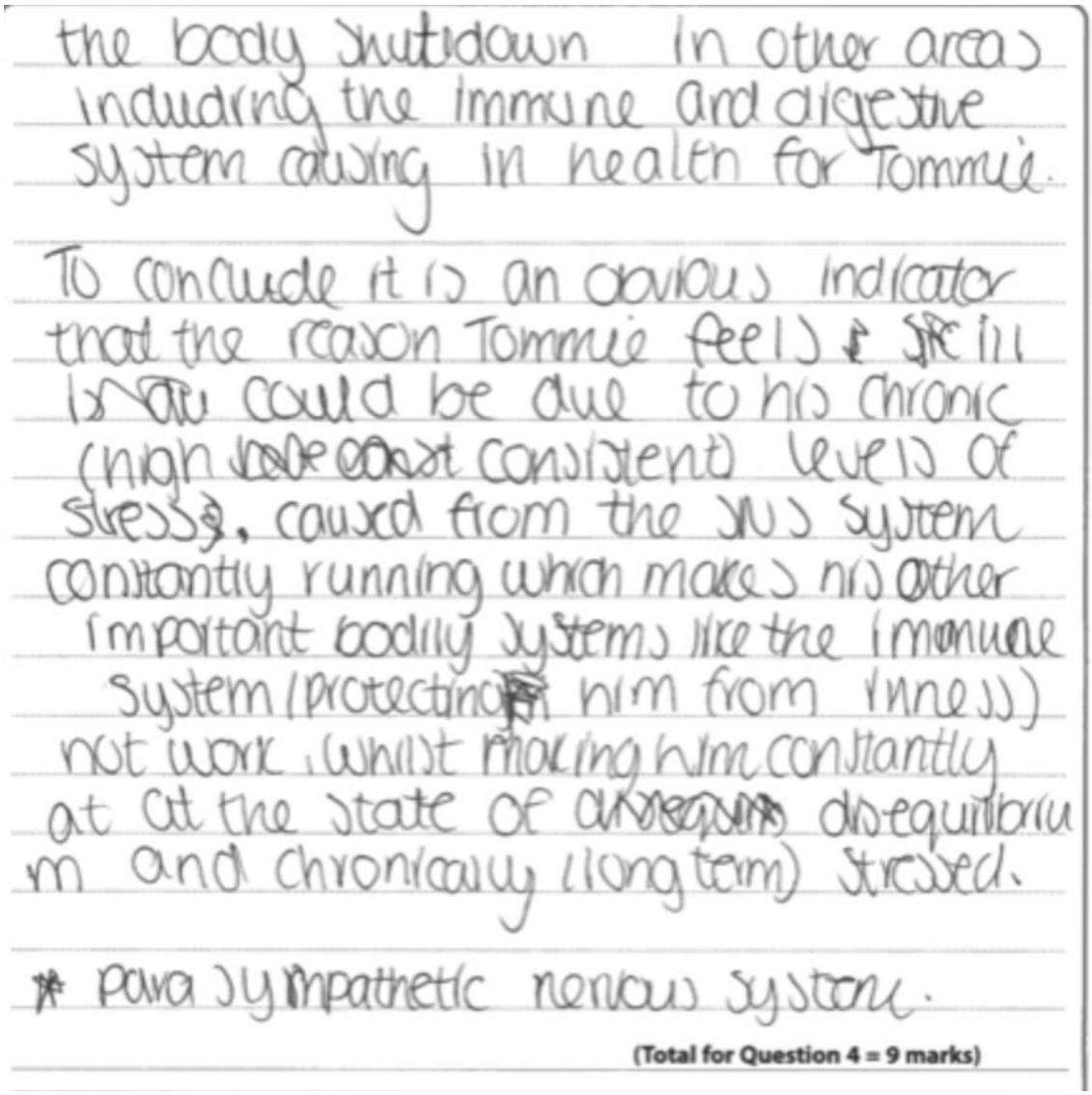
Assess the relationship between Tommie's high levels of stress and ill health.

(9)

There are a range of different causes of stress including, big life events (holmes & Rahe), workplace, personality types and daily hassles (Kanner) which can in turn cause the bodys systems to break down if in the state of stress for too long. sympathetic nervous system

The SNS system is activated when a stressor arrives which causes the body to react including a quickening Pulse and heart rate, making someone sweat this reaction continues tin the stress has gone. This is when the PNS system kicks in to bring the body back to a state of equilibrium slowing down the heart rate & pulse rate making the person feel relaxed again.

Tommie is at a constant level of stress meaning therr SNS system is constantly working; when this happens it makes



the body shutdown in other areas including the immune and digestive system causing ill health for Tommie.

To conclude it is an obvious indicator that the reason Tommie feels ill is as he could be due to his chronic (high and consistent) levels of stress, caused from the SNS system constantly running which makes his other important bodily systems like the immune system (protecting him from illness) not work, whilst making him constantly at at the state of disequilibrium and chronically (long term) stressed.

* Parasympathetic nervous system.

(Total for Question 4 = 9 marks)

This response achieved level 2 and 5 marks

The knowledge and understanding (AO1) and application to context (AO2) are well written in this response and could both be bottom of level 3 in terms of standard. This response shows understanding of the role of cortisol in ill health, the role of negative coping strategies which may cause illness, and the idea of self-medication; all linked well to Tommie (AO2). However, the issue with this response, alongside many other responses is that assessment is not really represented. There is some discussion about how the factors are related to each other in terms of self-medication but it is very basic and therefore does not move out of level 1 for AO3 assessment. For this reason, this response remains in level 2 rather than bottom level 3, with the weak AO3 taking it down to the middle of the band and 5 marks.

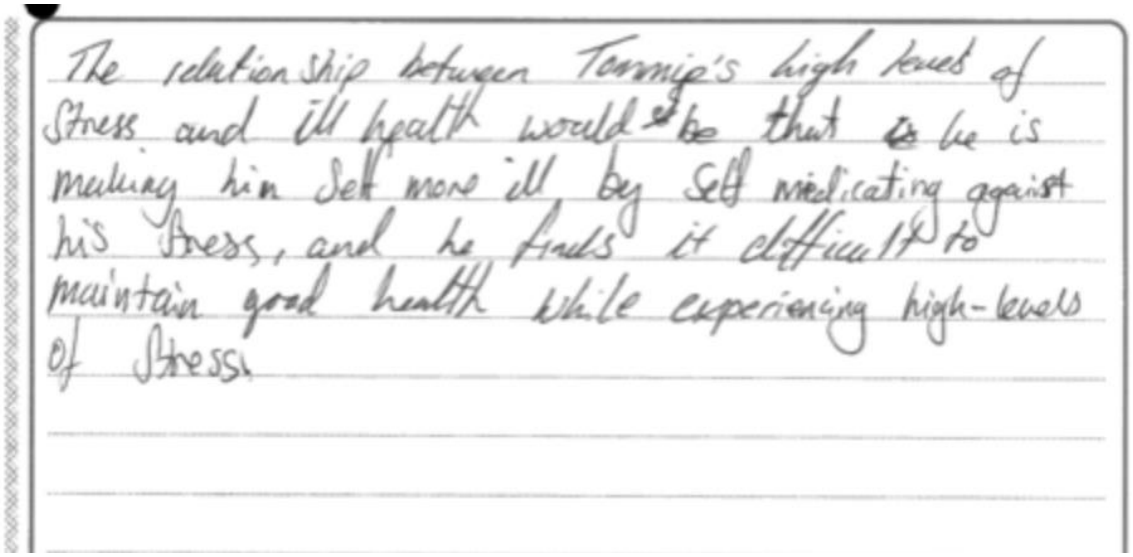
4 Tommie's levels of stress remained high over a long period of time. They began to have difficulty sleeping and started to have headaches and colds, which led to time off work. Tommie began to drink more alcohol and eat more unhealthy food.

Assess the relationship between Tommie's high levels of stress and ill health.

(9)

Tommie is experiencing high levels of stress for a long period of time. Because of the body could have had a physiological reaction to this stress. The hormone Cortisol gets released in the body when a person is experiencing prolonged stress. Cortisol effects the body's muscles, and stress can also effect a persons digestive system, meaning the body is weaker and more vulnerable to illnesses, meaning ill health is likely.

For Tommy to deal with his high levels of stress he began to drink more alchol and consume more unhealthy foods, which can negatively effect a persons health. An increased consumption of alchol can cause liver failure, fatigue, depression and ill health in general. The fact he is eating more unhealthy foods can also cause him to gain weight, potentially he could develop diabetes which will lead him to ill health because of the long period of stress he is experiencing.


The relationship between Tommie's high levels of stress and ill health would be that as he is making him feel more ill by self medicating against his stress, and he finds it difficult to maintain good health while experiencing high-levels of stress.

This response achieved level 3 and 8 marks.

This level 3 response shows some excellent knowledge and understanding (AO1). There is detailed information about GAS (Selye), HPA, immunosuppression. It would have been nice to see other factors such as life events but still a solid level 3. The AO2 context is probably the weakest part of the response but is still top level 2. There are numerous links to Tommie but they are not sustained throughout, and are at times superficial and do not use all of the context. The AO3 shows balance and provides more than one assessment point looking at how factors interweave with each other, the issue that it may be personality therefore it's too simplistic to just look at stress, the use of research etc. Both the AO1 knowledge and AO3 assessment are excellent and are definitely level 3 but it is the slightly weaker AO2 that stops this from being a full mark response and therefore achieves level 3 and 8 marks.

After long periods of stress the body and immune system shut down as it's main priority is ~~one~~ fight~~ing~~ ~~of~~ or flight, with Adrenaline in the body trying to protect it from the threat or stress. Elevated stress for long periods of time can be very dangerous and affect the body physically and Mentally. Because Tommie has been stressed for 'a long period of time', ~~they're~~ their body hasn't been protecting it from virus' like 'Zaids'.

A study by Kiecolt glaser found then medical students had more Natural killer cells in their blood then during their exams rather than before, proving that high stress has a physical effects on the body and ~~it~~ makes people more immune to illness.

As well as this high levels of stress can be explained by the GAS Model which has three stages: Alarm, Resistance and exhaustion. And is the bodies response to stress. When in the exhaustion stage, the body has depleted all its energy on fighting stressors, so it becomes more at risk at developing illnesses. Some effected this can have are insomnia, headaches, illnesses and strokes which could

explain why Tommie has been experiencing insomnia because they're body is in the exhaustion stage, and depleted all its resources. However this only really applies to short term stress so may not give us a full understanding on Tommies high levels of stress and ill health. The role of Adrenaline keeps the body regulated, and when experiencing long term stress there becomes immune suppression, which can be very dangerous and lead to heart attacks, strokes etc... Tommie will need to evaluate his stressors and attempt to change them as they can become dangerous long term. It is also could explain that Tommie is in the HPA axis where the steroid is released from hypothalamus to the pituitary glands then to Adrenal cortex which releases cortisol, and over long periods of this like Tommie has experienced it can lead to illnesses, like his colds and headaches as well as his insomnia.

However it doesn't explain that type A and B personalities react differently to stressors, and that women tend and befriend unlike men suggesting a gender differences simplistic.

Overall there is a significant link between high levels of stress and becoming ill from immunosuppression, GAS and HPA modes.

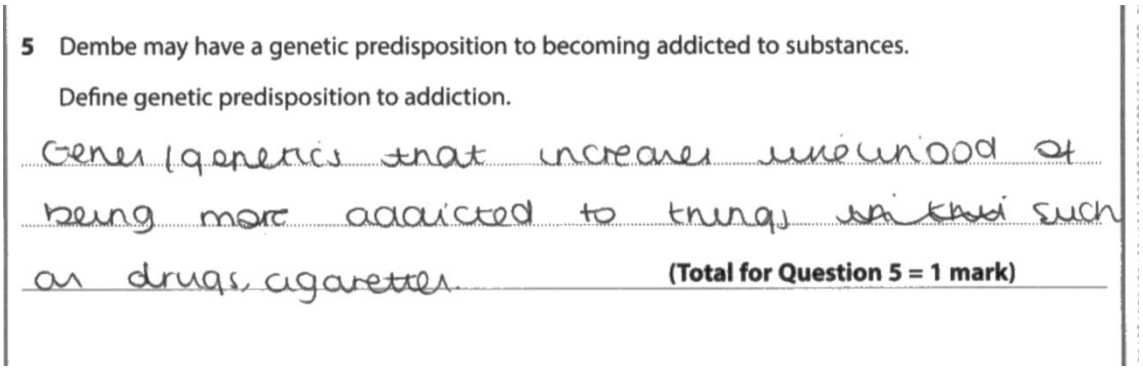
(Total for Question 4 = 9 marks)

Question 5

This one mark question asked learners to define genetic predisposition and was comprised of one AO1 mark. This was, in general, answered well by most learners who understood the idea that having a genetic predisposition did not mean they would definitely get an addiction due to their family members suffering from the condition, but that it would increase the likelihood of this occurring. Of course, the main error was still that some made their response too definitive, saying that it meant that genetics were passed down so they *would* also become addicted.

This response achieved 1 mark.

This response talks about the *increased likelihood* of becoming more addicted to genetics and this is fine for 1 mark.



5 Dembe may have a genetic predisposition to becoming addicted to substances.

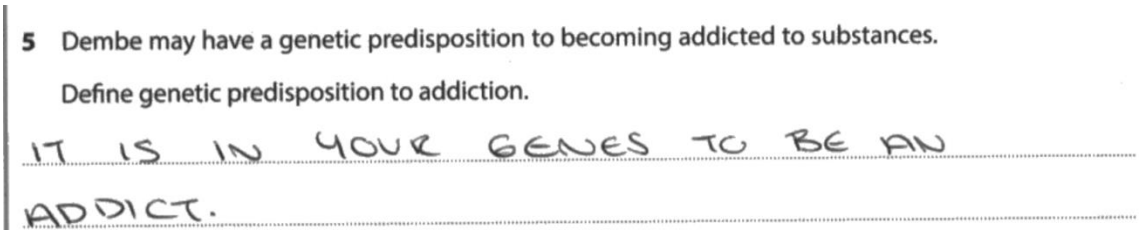
Define genetic predisposition to addiction.

Genes (genetics that increases likelihood of being more addicted to things such as drugs, cigarettes.

(Total for Question 5 = 1 mark)

This response achieved 0 marks.

This response is too definitive and there is no suggestion that it is only an increased likelihood, rather than something that will definitely occur. Therefore, this had no creditworthy material and achieved 0 marks.



5 Dembe may have a genetic predisposition to becoming addicted to substances.

Define genetic predisposition to addiction.

IT IS IN YOUR GENES TO BE AN ADDICT.

Question 6

This 3 mark question asked learners to describe the role of dopamine in Dembe's addiction to smoking and was comprised of three AO2 marks. This meant that the response needed to be linked to Dembe at some point, though it did not need to be linked throughout. Again, using Dembe's name only was not enough for context, learners needed something more from the scenario such as the feelings Dembe got from smoking. This question was a challenge for learners, with most achieving 1 or 2 marks. The most common mark achieved was the link to Dembe such as suggesting that the release of dopamine gave dempe the plrasurable feelings/helped with relaxation. Marks could be achieved in a variety of ways and some learners showed some fantastic knowledge of the effects dopamine, and its link to addiciton,

but often responses were confused and therefore only achieved minimal marks. Some possible correct responses included (amongst others) that

- nictoine attaches to (nicotinic) receptors in the brain which then release dopamine,
- nicotine activates the reward pathway in the brain
- effects of dopamine are short-lived so Dembe will need to smoke again to get the same effects
- tolerance being due to overstimulation of the reward pathway and
- Dembe's sensitivity to dopamine effects decrease

There are, of course, many more possible correct responses.

This response achieved 1 mark.

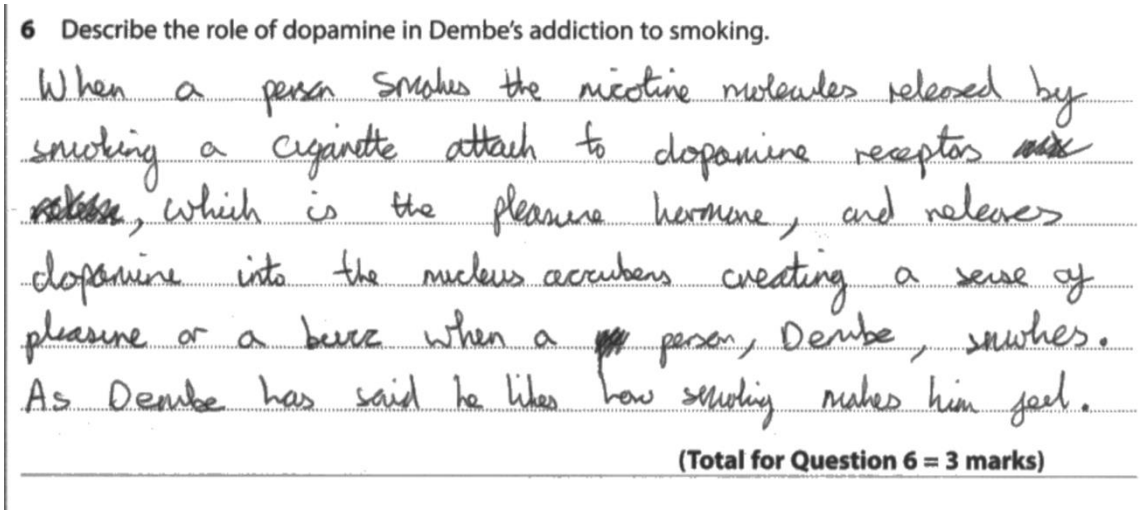
This gets one mark for the idea that dopamine release gives Dembe feelings of relaxation. The rest of the response tells us nothing more about the role of dopamine in addiction and veers on to classical conditioning towards the end of the response.

6 Describe the role of dopamine in Dembe's addiction to smoking.

When Dembe has a cigarrete, dopamine is released and gives her a feeling of relaxation. Due to the feeling of relaxation maw be associated with smoking, Dembe is conditioned to keep smoking and therefore cause an addiction.

This response achieved 2 marks.

This response achieved 1 mark for the idea of attaching to receptors releasing dopamine. (Although in reality nicotine attaches to nicotinic receptors not dopamine receptors, the minimum requirement for a mark was the idea of nicotine attaching to receptors releasing dopamine therefore learners were not penalised for adding dopamine). And a second mark for the pleasurable feelings/buzz it gives Dembe.



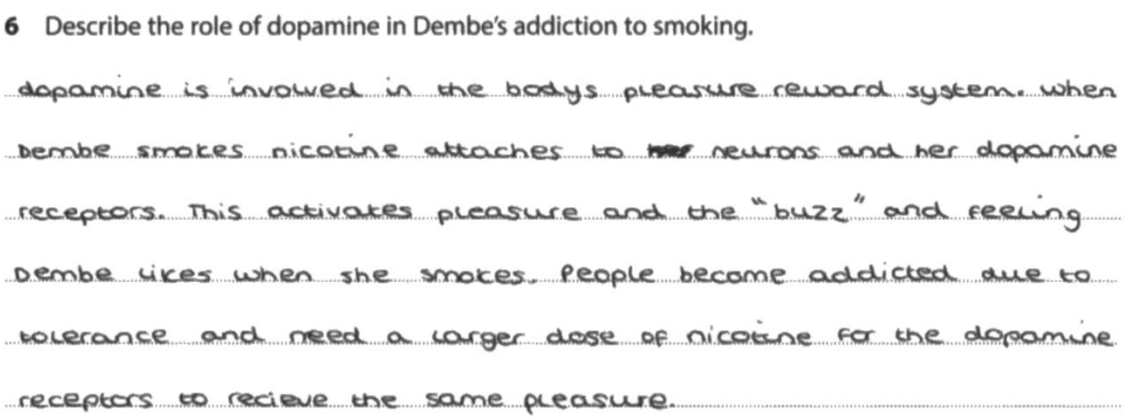
6 Describe the role of dopamine in Dembe's addiction to smoking.

When a person smokes the nicotine molecules released by smoking a cigarette attach to dopamine receptors [redacted], which is the pleasure hormone, and releases dopamine into the nucleus accumbens creating a sense of pleasure or a buzz when a [redacted] person, Dembe, smokes. As Dembe has said he likes how smoking makes him feel.

(Total for Question 6 = 3 marks)

This response achieved 3 marks.

This response achieved a mark for the link to the reward system. A further mark for the pleasurable feelings it gives Dembe, and the third mark for the idea that addiction is due to tolerance and therefore a larger dose of dopamine is needed to receive the same pleasurable feelings.



6 Describe the role of dopamine in Dembe's addiction to smoking.

dopamine is involved in the bodys pleasure reward system. when Dembe smokes nicotine attaches to [redacted] neurons and her dopamine receptors. This activates pleasure and the "buzz" and feeling Dembe likes when she smokes. People become addicted due to tolerance and need a larger dose of nicotine for the dopamine receptors to recieve the same pleasure.

Question 7a

This 3 mark question asked learners to explain, using fear arousal, whether Dembe would give up smoking. This question was comprised of one AO1 and two AO2 marks. This question was linked to a mini scenario where a poster had 'horrible images' which made Dembe 'feel really worried'. The aim of this question was for learners to be able to show their knowledge of fear arousal through their use of the scenario. The most common way to achieve three marks was to suggest moderate fear arousal is the most effective/too high or low fear will not be effective, and then link this back to Dembe with an explanation of how much fear Dembe had felt i.e. link back to the 'really

worried' etc. (both moderate and high fear was accepted here but not low fear), and then the consequence of this i.e. if the learner chose high fear arousal they could then talk about avoidance/denial etc and that it may not stop Dembe smoking. Most learners did attempt this but rather unsuccessfully. A large proportion of learners just talked about fear in general rather than linking to fear arousal and many, even if they did identify a level of fear arousal, gave a very basic response which did not achieve more marks. Better responses would talk about high/moderate fear arousal and why it may/may not be effective and then linked back to the poster and Dembe well, but these were in the minority.

This response achieved 0 marks.

There is no reference to fear arousal at all in this response therefore achieving zero marks.

(a) Explain, using your knowledge of fear arousal, whether the poster will persuade Dembe to give up smoking.

(3)

The poster that Dembe has seen will have made him fear smoking as he will have realised that the poster is highly likely to happen if he doesn't stop smoking

This response achieved 1 mark.

This gets one mark for knowing that too much fear will stop a person from paying attention to warning and continue smoking (first bullet point and third marking point on the mark scheme).

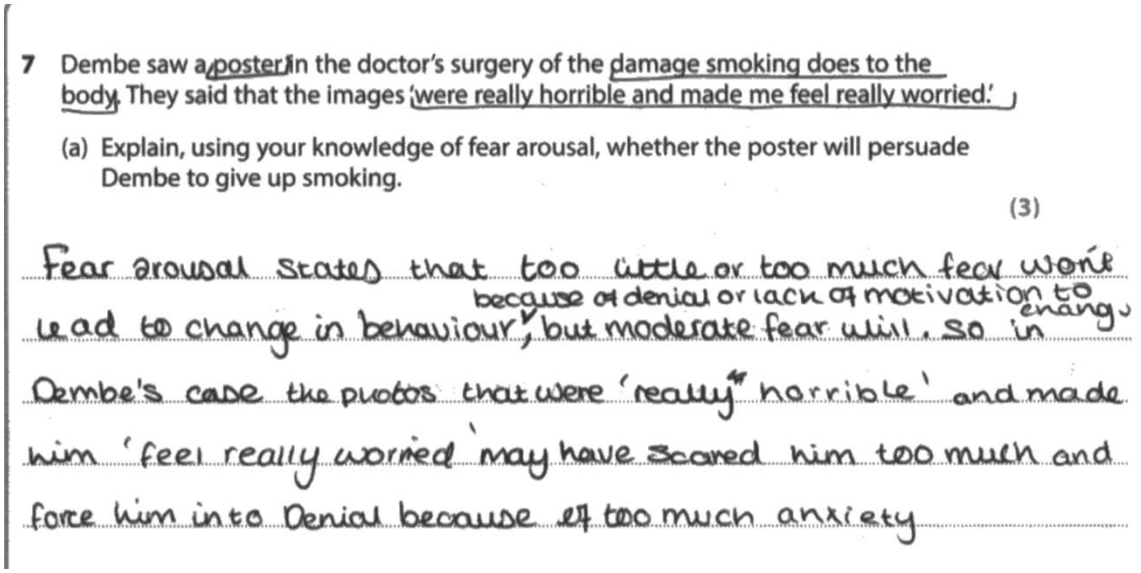
(a) Explain, using your knowledge of fear arousal, whether the poster will persuade Dembe to give up smoking.

(3)

The theory of fear arousal ~~is helpful when~~ will only work if the poster is designed to induce fear into the individual however to much fear the person will stops paying attention to these warnings on the poster and will continue their behaviour.

This response achieved 3 marks.

This reponse gets a mark for the idea that Dembe may have been scared too much by the poster (high fear) due to being really worried/ the horrible images, and the other two marks are almost for the opening two lines and the last line together i.e. for the idea that too much or too little fear will not lead to behaviour change, as it forces Dembe into denial as it causes too much anxiety. These first and last lines show us both good knowledge of the effectivness of fear arousal and then how that affects behaviour change (and why).



7 Dembe saw a poster in the doctor's surgery of the damage smoking does to the body. They said that the images 'were really horrible and made me feel really worried.'

(a) Explain, using your knowledge of fear arousal, whether the poster will persuade Dembe to give up smoking.

(3)

Fear arousal states that too little or too much fear won't lead to change in behaviour because of denial or lack of motivation to change, but moderate fear will. So in Dembe's case the photos that were 'really' horrible' and made him 'feel really worried' may have scared him too much and force him into Denial because of too much anxiety

Question 7b

This two-mark question asked learners to explain how effective the theory of fear arousal is in terms of persuading an individual to change behaviour, and comprised of two AO3 marks. This was, therefore, an evaluative rather than a descriptive question; something learners found challenging. In fact, there were better part 'a' responses on this question than on part A. Learners often just repeated what they had said on part A of the paper and did not engage with the question very well.

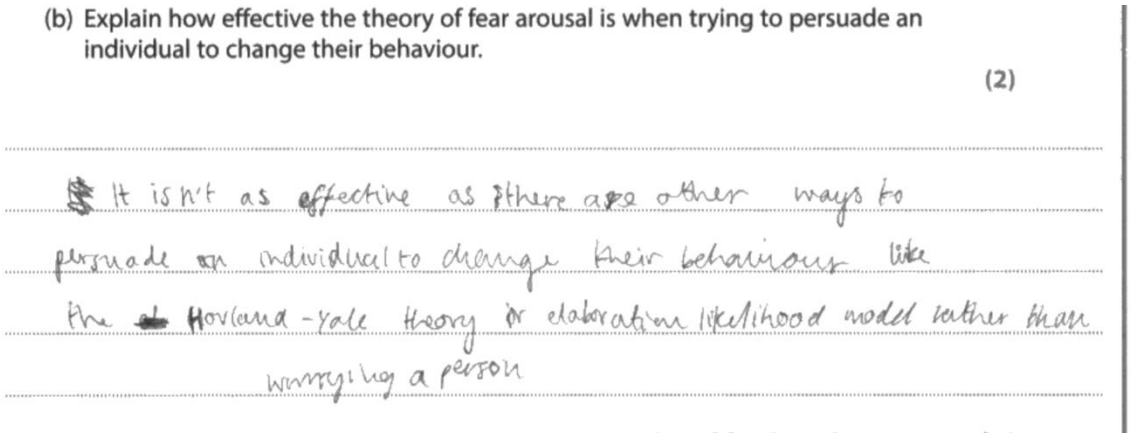
The responses that achieved marks would talk about: individual differences; for example, how strong fear may be effective for some people not others; the successful use of fear arousal in health campaigns with an example to justify; The idea that of practical application/application to real life linked to campaigns/health behaviours (the term on its own was not enough); that fear arousal is reductionist as only talks about fear alone changing behaviour and

that other variables may be more important; and that it is not a complete theory as it doesn't talk about HOW behaviour is changed/give practical advice how to change behaviours.

This, of course, is not an exhaustive list of seen responses and it is worth noting that learners could 'mix and match' their responses and so could identify two of the above without elaboration/justification for 2 marks, or just pick one and then elaborate/justify for the second.

This response achieved 0 marks.

This response just names an alternative which is not creditworthy. For this type of response to be creditworthy the learner would need to suggest why fear arousal is not effective and then link to an alternative theory that may be more effective, and why. In this instance 'rather than worrying a person' is not enough. If they perhaps had explained that fear arousal may have issues with too much fear causing denial and therefore using an alternative such as the Hovland-Yale model which uses credible communcators rather than fear which may be counterproductive, then marks could be given. As you can see this is a much harder way of getting two marks therefore a learner would need to be sure of their knowledge of alternatives and be able to apply it to the question well.



(b) Explain how effective the theory of fear arousal is when trying to persuade an individual to change their behaviour.

(2)

It isn't as effective as there are other ways to persuade an individual to change their behaviours like the Hovland-Yale theory or elaboration likelihood model rather than worrying a person

This response achieved 1 mark.

This response achieves a mark for the idea that there is no explanation of how behaviour is changed. The second part saying it does not work for everyone is too vague and could be true of any model therefore is not creditworthy.

(b) Explain how effective the theory of fear arousal is when trying to persuade an individual to change their behaviour.

(2)

The theory of fear arousal doesn't explain how the behaviour is changed and also fear arousal may not work for everyone.

This response achieves 2 marks.

This is a perfect example of the 'mix and match' approach where this response gains a mark for talking about the idea of fear arousal being used in health campaigns to persuade people, and then the second mark for the idea that people may be affected differently (individual differences) by fear levels alongside relevant examples.

(2)

This helps health campaings in their attempt to persuade inducduals to give up unhealthy behaviour. However Some people will be effected differently to fear, Some will not be effected and not pay attention Whereas Some may have large amounts of fear to what is being shown.

(Total for Question 7 = 5 marks)

Question 8

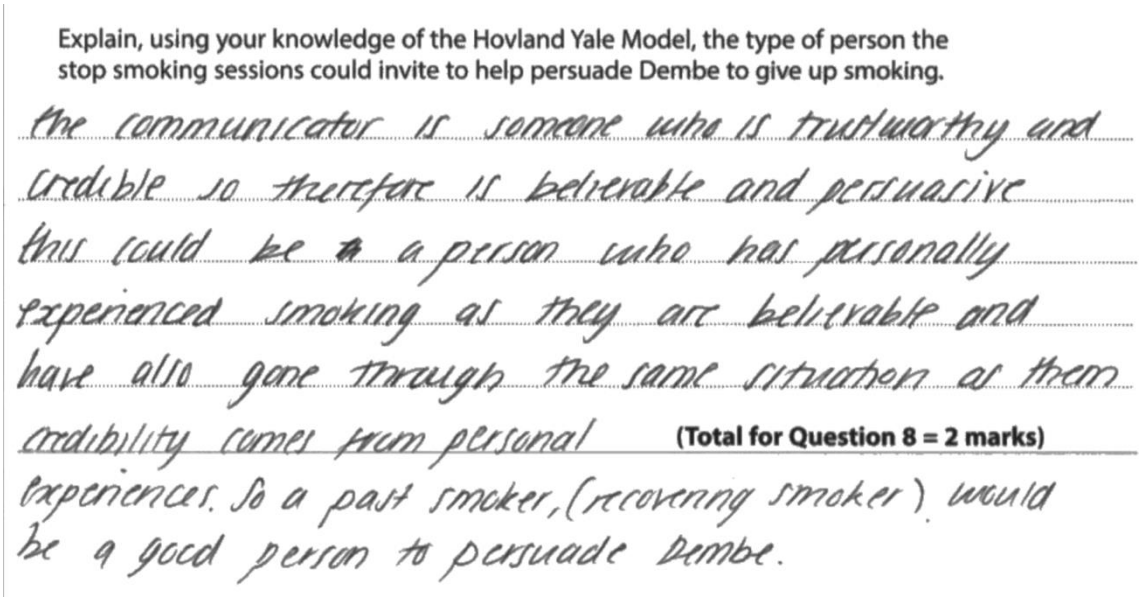
This 2 mark question asked learner to use their knowledgr of the Hovland-Yale model to suggest the type of person a stop smoking session may get to persuade Dembe to stop smoking. This question comprised of 2AO2 marks therefore had to link to Dembe/smoking/the scenario in some way. Due to the type of question any reference to smoking/Dembe/the stop smoking sessions was deemed enough in this instance to be able to access all the marks.

To achieve full marks learners had to suggest an appropriate person for the stop smoking sessions, and why this type of person may be effective in helping Dembe to stop smoking.

The most common responses talked about a doctor/health professional/ex-smoker and then linked this to credibility/trustworthiness/believability. Some learners did discuss the idea of a celebrity who Dembe may have looked up to/seen as a role model/thought they were attractive, and this was also fine. The most common error seen was that learners identified an appropriate communicator but then did not elaborate on this, therefore only achieving one mark. Very few totally generic responses were seen which is to be expected given the nature of the question.

This response achieves 2 marks.

This response gets the first mark for identifying that a past-smoker would be a good person to persuade Dembe, with the second coming from the idea that they will have gone through the same situation and will therefore be more credible.



Explain, using your knowledge of the Hovland Yale Model, the type of person the stop smoking sessions could invite to help persuade Dembe to give up smoking.

the communicator is someone who is trustworthy and credible so therefore is believable and persuasive this could be a person who has personally experienced smoking as they are believable and have also gone through the same situation as them credibility comes from personal experiences. So a past smoker, (recovering smoker) would be a good person to persuade Dembe.

(Total for Question 8 = 2 marks)

This response gets 1 mark.

Only one identification mark for the idea of inviting a health professional to help give the message to persuade Dembee. There is no information here about why this person would be effective so the second mark could not be given. Note: the mark would have been given if the learner had just identified a dentist as they could have discussed the effect of smoking on a person's oral health.

Explain, using your knowledge of the Hovland Yale Model, the type of person the stop smoking sessions could invite to help persuade Dembe to give up smoking.

using the hovland yale model they could invite a health care professional, such as a dentist to help give the message to quit smoking and help persuade dembe

This response gets 0 marks.

There is no relevant information about an appropriate communictor here therefore no creditworthy information.

Explain, using your knowledge of the Hovland Yale Model, the type of person the stop smoking sessions could invite to help persuade Dembe to give up smoking.

The type of person the stop smoking sessions could persuade are the type A & B people. This is because they are worriers therefore will get scared & comply. More likely to change behaviour

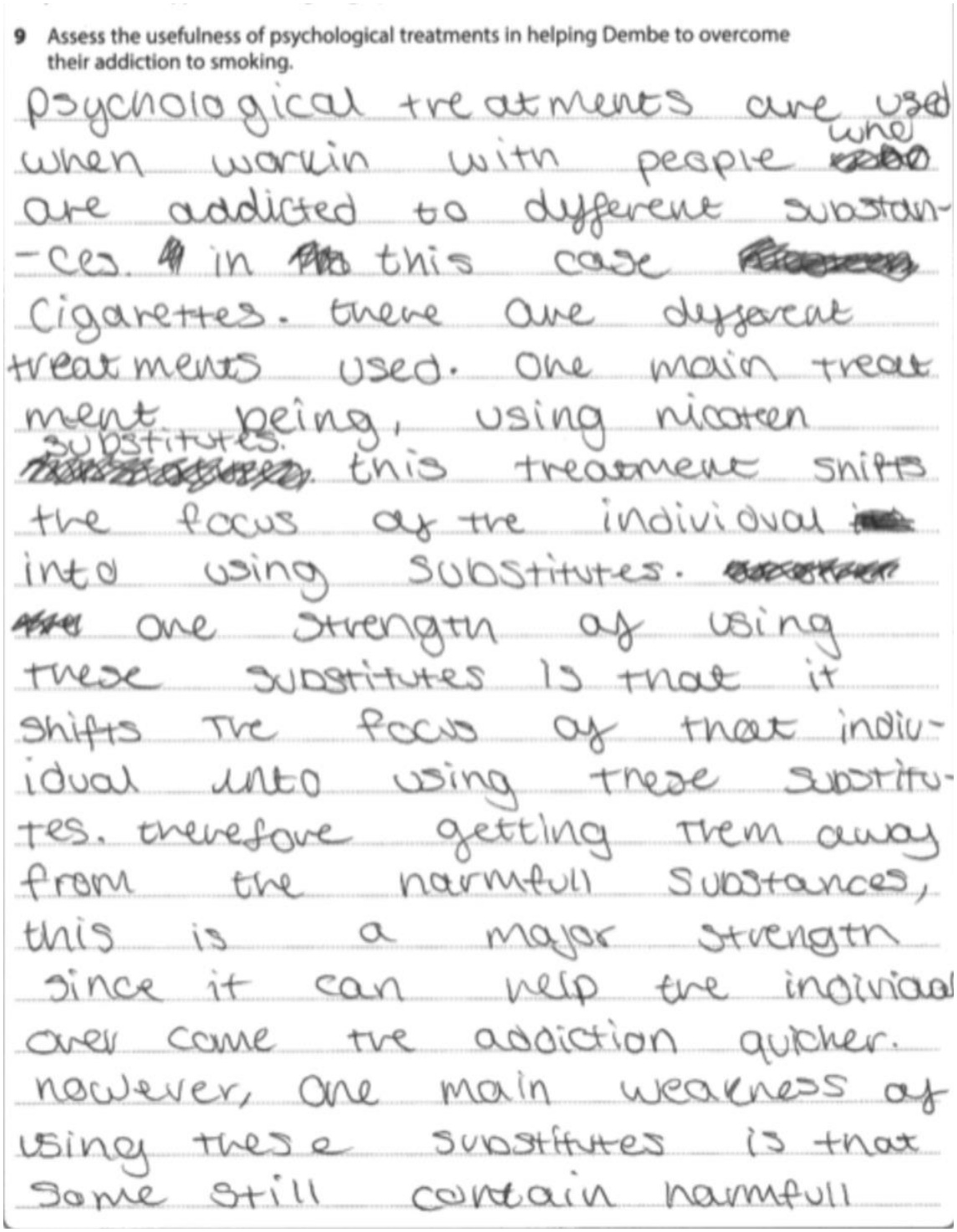
Question 9

This 9-mark extended open response asked learners to assess the usefulness of psychological treatment in helping Dembe to overcome their addiction to smoking. As usual with this type of question it is comprised of three AO1 knowledge, three AO2 context, and three AO3 assessment marks. This question required learners to show their knowledge and understanding of psychological treatments, apply it to Dembe's situation and then assess the different reasons why these may/may not be useful for Dembe.

This question produced a wide range of responses. There were some really good level 3 responses which showed excellent understanding of different types of treatment and could assess their usefulness in some detail. The most common treatments used included: Cognitive Behavioural Therapy, mindfulness, counselling, social prescribing, change of lifestyle i.e., exercise and stress inoculation training. Level 3 responses would describe more than one of the above in detail, linking throughout to Dembe, and then discussing whether they would be appropriate for Dembe and appropriate strengths and weaknesses. A judgement about their usefulness/which may be the most useful was often present. The most common error was that learners would only talk about one psychological treatment and the question does talk about treatments in the plural. These responses could still achieve a good number of marks although the narrowness of the response would mean that level 3 would not be achievable. In addition, some learners misinterpreted the question and talked about physiological treatments for their AO1 knowledge and understanding (usually nicotine substitutes). If learners were obviously using physiological treatments as their main AO1 this is not creditworthy at all, but it is worth noting that using nicotine substitutes as an alternative approach would be fine for AO3 assessment marks. Assessment was the weakest part of the essay with many responses just centring around issues of time/cost/motivation without linking these issues to Dembe and their circumstances.

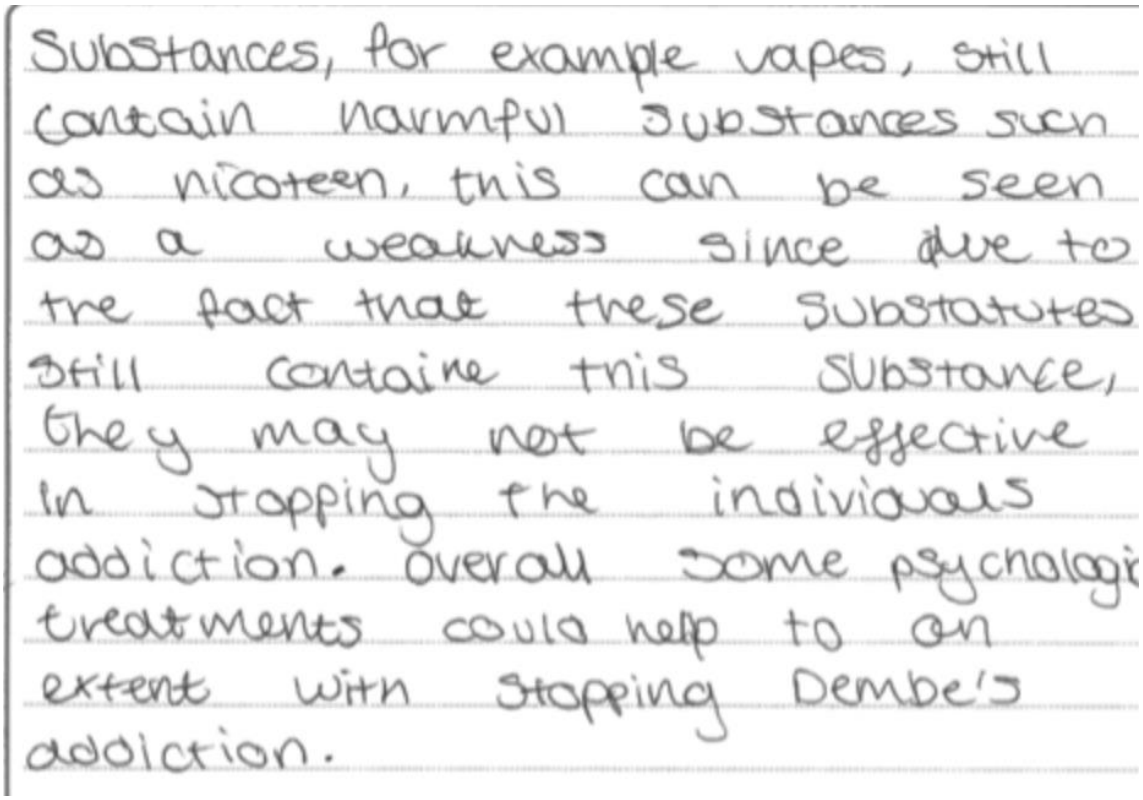
This response gets 0 marks.

This is an example of a learner misunderstanding the question and using physiological treatments for the question. The whole response is based around nicotine substitutes therefore no credit can be given at all therefore 0 marks.



9 Assess the usefulness of psychological treatments in helping Dembe to overcome their addiction to smoking.

psychological treatments are used when workin with people who are addicted to different substances. in this case Cigarettes. there are different treatments used. one main treatment being, using nicoten substitutes. this treatment shifts the focus of the individual into using substitutes. one strength of using these substitutes is that it shifts the focus of that individual into using these substitutes. therefore getting them away from the harmfull substances, this is a major strength since it can help the inidvidual over come the addiction quicker. however, one main weakness of using these substitutes is that some still contain harmfull

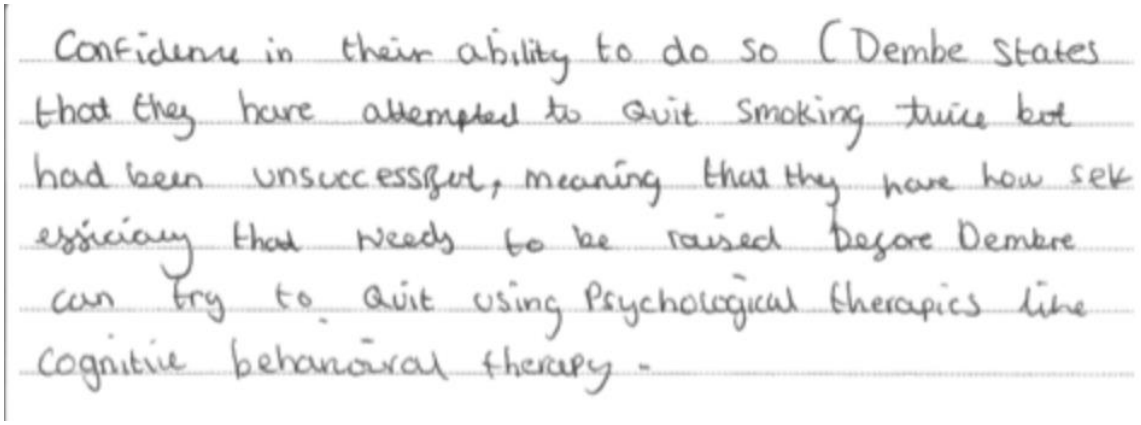

Substances, for example vapes, still contain harmful substances such as nicoteen, this can be seen as a weakness since due to the fact that these substatutes still containe this substance, they may not be effective in stopping the indiviauls addiction. overall some psychologi treatments could help to an extent with stopping Dembe's addiction.

This response gets level 2 and 5 marks.

This is a response about Cognitive Behavioural Therapy (CBT), but it is only about CBT alone. Again it does talk about treatments in the plural therefore there is an expectation that more than one will be assessed. The AO1 knowledge and understanding is therefore level 2 as although knowledge and understanding of CBT is certainly excellent, it does not have the breadth/detail required to achieve level 3. AO2 application is level 2 as there are some links to the scenario but it is not sustained, and some areas are quite generic. The AO3 assessment is present and a number of factors are discussed about CBT but at times they are relatively superficial and again do not have the breadth/depth required for a level 3 reponse. As all are solid level 2, this response remains in the middle of level 2 and gets 5 marks.

9 Assess the usefulness of psychological treatments in helping Dembe to overcome their addiction to smoking.

Psychological treatmeants such as Cognitive Behavioral therapy may help Dembe stop smoking, this is because CBT allows an individual to gain internal (control) over their smoking habbits. This is done by identifying triggers for (Dembee's) smoking (worrying and being around smokers) and then teaching them how to cope with the triggers, Dembe may be taught different ways of coping when she is worried such as exercise and meditation and ways of avoiding smoking with us such as going out with friends that do not smoke or going to places where smoking isn't tolerated. ~~Dem~~ CBT will also allow Dembe to practice these new coping methods to allow them to gain confidence about their ability (self efficiacy) to quit. This will be very useful for Dembe as it is a proven method ~~on~~ that is used by the NHS, and the treatment can be specifically tailored to meet the needs of Dembe. However Psychological treatments such as CBT may not be ~~or~~ useful for Dembe as the treatment ~~dop~~ doesnt have ~~or~~ instant results, it can take time for a person to identify triggers and learn new ways of coping with them ~~and~~. It may also take time for ~~a Person~~ Dembe to gain internal control over smoking urges, especially if they have low


Confidence in their ability to do so (Dembe states that they have attempted to quit smoking twice but had been unsuccessful, meaning that they have low self esficiacy that needs to be raised before Dembre can try to quit using Psychological therapies like cognitive behavioural therapy -

This response gets level 3 and 8 marks.

This response talks in some depth about two treatments; cognitive behavioural therapy and social support and therefore fits with the requirements of the question unlike the previous response. All elements discussed are accurate and therefore this is a level 3 AO1. The AO2 application is probably the weakest element in the response. There are some links to context but a lot of the time they are relatively superficial so this is top level 2. The AO3 assessment is detailed and contains a number of assessment points such as the use of research, individual differences in effectivness for social support amongst others therefore this is solid level 3. Looking holistically this is definitely a level 3 response, but the slightly weaker AO2 application stops it from achieving full marks, therefore 8 marks were awarded.

9 Assess the usefulness of psychological treatments in helping Dembe to overcome their addiction to smoking.

One psychological treatment Dembe could use is cognitive behaviour training (CBT). This method has two main components; cognitive and behavioural. The cognitive aspect focuses on reducing irrational thoughts for example, Dembe believing she needs a cigarette to calm her down. The behavioural aspect looks at changing her behaviour to benefit her, for ~~exple~~ example, providing Dembe with skills training to help with withdrawal effects. CBT has four main stages; awareness + preperation, Cognitive restructuring, behavioural change and relapse prevention. All of these stages work together to provide Dembe with help to overcome her smoking addiction. Magill and Ray provided support for this theory, stating that it is 58% effective. However, CBT requires a high level of commitment, that not all patients are prepared to give.

An alternative psychological treatment could be Catherine Shauffer's Social support idea. She states there are three types of support;

instrumental, emotional and esteem. This means that the provision of support from people will help Dembe in giving up smoking. One example of esteem support is Dembe's partner boosting her self-worth and self-esteem in order to encourage her to feel like she is able to control her addiction and believes in herself to quit her smoking addiction. There is lots of research supporting this theory, for example Cohen found that hugs help stress. However, some social support can have backfire effects as some individuals may not be looking out for the interests of Sacha. For example Sacha's friends may support her to continue to smoke. *

(Total for Question 9 = 9 marks)

TOTAL FOR SECTION B = 20 MARKS

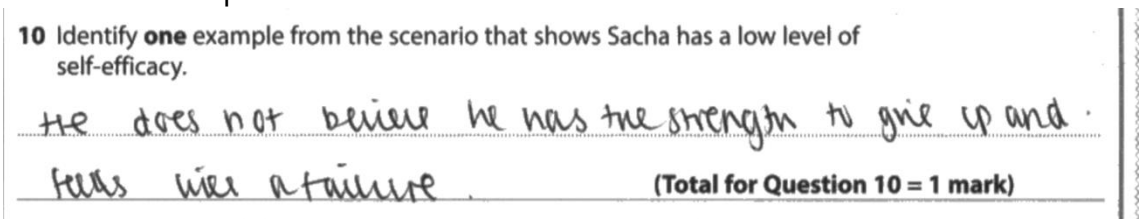
*To conclude, both ~~metho~~ psychological methods of treatments can be effective in helping Dembe overcome her addiction. However, they both have many limitations proving they may not be suitable for Dembe. This suggests another method may be more beneficial.

Question 10

This question asked learners to simply identify from the scenario one example that shows Sacha has a low level of self-efficacy. This question comprised of one AO2 mark. As expected, this question was answered well but virtually all learners who showed their understanding of self-efficacy by picking out a relevant part of the scenario.

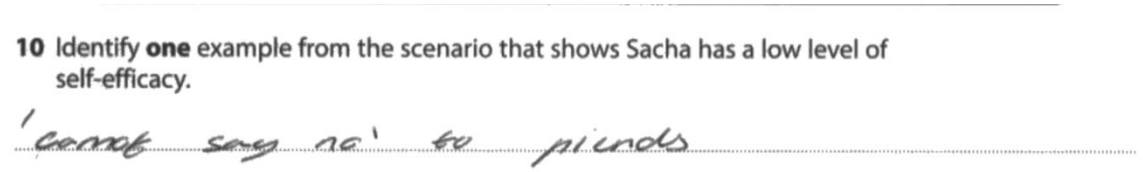
These responses achieved 1 mark

Relevant examples from scenario.


10 Identify **one** example from the scenario that shows Sacha has a low level of self-efficacy.

he does not believe he has the strength to give up and feels like a failure.

(Total for Question 10 = 1 mark)


10 Identify **one** example from the scenario that shows Sacha has a low level of self-efficacy.

'cannot say no' to friends

Question 11a

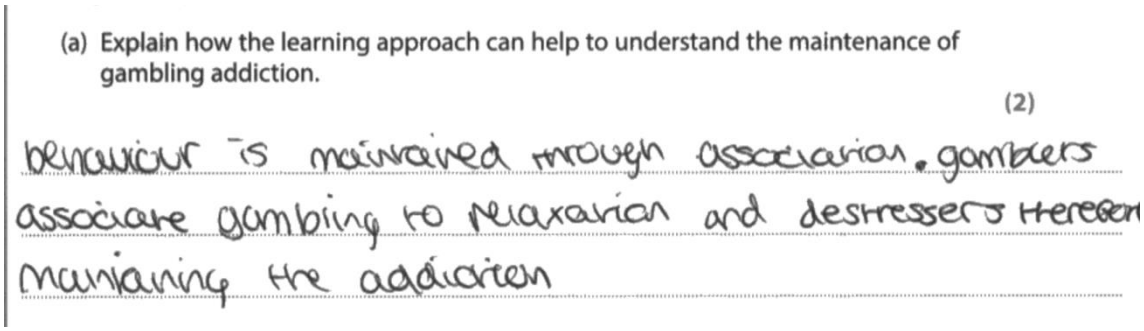
This question asked learners to explain how the learning approach can help understanding of the maintenence of a gambling addiction. This question comprised of two AO1 marks and therefore no application to the scenario was neccesssary. This question provided more of a challenge to learners than expected with the main error being that learners would discuss inappropriate parts of the learning approach in terms of initiation. For example, many talked about association and role models/observation which is relevant to the initiation of an addiction not maintenence so was not credited. Some learners also used the social approach rather than the learning approach talking about conformity, fitting in with the group etc. which is not creditworthy.

Responses which gained credit explained maintenance through partial/variable reinforcement schedules. This is the expected response for this approach however these were very much in the minority. The more

common creditworthy responses talked about negative reinforcement i.e. the removal of boredom/withdrawal symptoms, and also positive reinforcement i.e. the buzz of winning a bet which makes you more likely to do it again.

This response achieved 0 marks.

This response talks about association which is linked to the initiation of a gambling addiction and not the maintenance therefore achieves 0 marks.



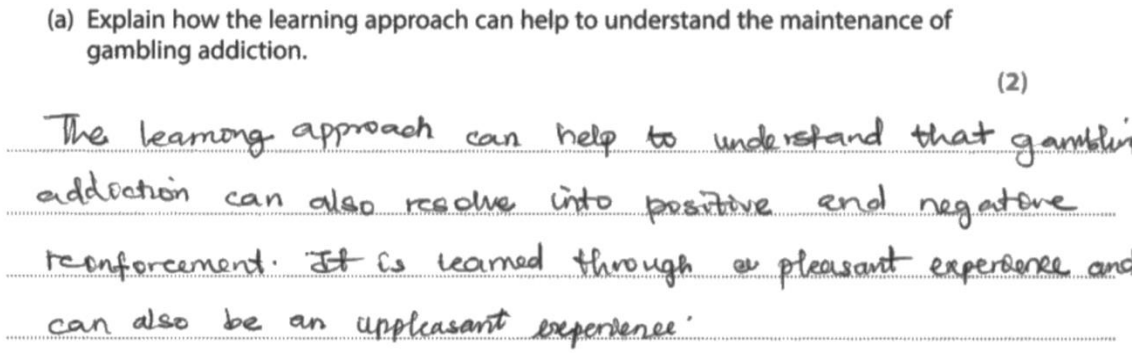
(a) Explain how the learning approach can help to understand the maintenance of gambling addiction.

(2)

behaviour is maintained through association. gamblers associate gambling to relaxation and destressers therefor maintaining the addiction

This response achieved 1 mark.

This response gets one mark only for the idea of negative (or positive) reinforcement being a reason for the maintenance of a gambling addiction. The rest of the response really is only defining what these terms mean rather than explaining why they may cause the maintenance of an addiction therefore no further marks. It is worth noting that learners do not get two marks for the identification of two separate terms, they need the explanation of why they are important.



(a) Explain how the learning approach can help to understand the maintenance of gambling addiction.

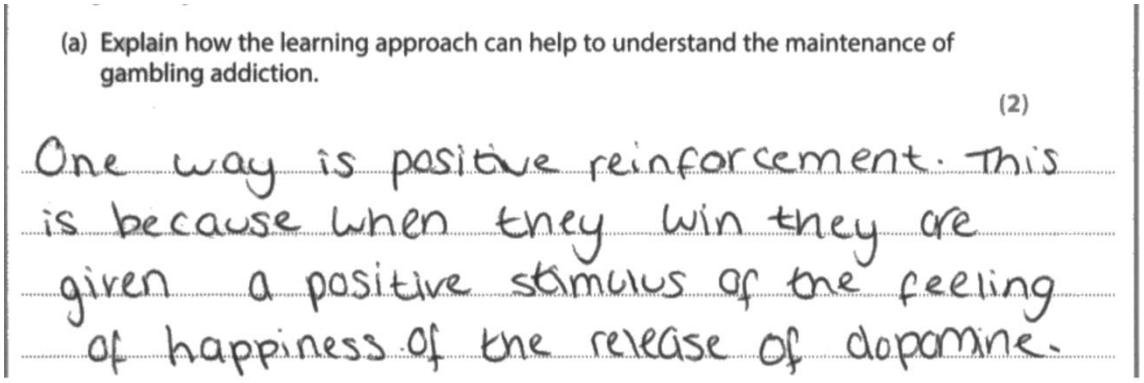
(2)

The learning approach can help to understand that gamblin addiction can also resolve into positive and negative reinforcement. It is learned through a pleasant experience and can also be an upplcasant experience.

T

This response achieved 2 marks.

The first mark is for the understanding that positive reinforcement can be a reason for the maintenance of a gambling addiction. The second mark for the elaboration/explanation of why this would maintain an addiction i.e. due to the feelings of happiness when they win.



(a) Explain how the learning approach can help to understand the maintenance of gambling addiction.

(2)

One way is positive reinforcement. This is because when they win they are given a positive stimulus of the feeling of happiness of the release of dopamine.

Question 11b

This three-mark question asked learners to explain how effective the learning approach is in understanding a gambling addiction. This question comprised of two AO3 marks and therefore is an evaluative not descriptive question. Although this question still proved challenging for learners, it performed better than other questions of this type. For this response the most common way of gaining three marks was through talking about the learning approach being reductionist and does not take into account the biological/cognitive approach (again only one mark for this). They would then go on to discuss why this is a weakness i.e. it may be that a person may have an addictive personality and would gamble without reinforcement/that gambling involves decision making which is cognitive, with the final mark coming from learners then suggesting that this means it is not a complete theory.

Other responses discussed individual differences in gambling behaviours, and how some people become addicted and some don't. They could also talk about its uses in health promotion campaigns but this was not seen often. Learners could also use studies but this has to be specific rather than just suggesting that there are studies to prove that it is effective. Studies also have to relate to the question and not just describe results. Please note: there is no requirement for the use or studies in any questions but they are creditworthy if used. Again as with previous effectivness question learners can 'mix and match' the bullet points on the mark scheme as they have not been asked for ONE reason why the the learning approach may/may not be

effective, so they could discuss reductionism as an issue and then discuss individual differences within the same response and they would both gain credit. The most common error seen again for this style of question was descriptive responses which almost repeated what had been answered in part a), therefore it is worth practising this style of question for future series with learners.

This response gets 0 marks.

The idea that there are studies to prove it is too vague, the learner needs to discuss secific sutides and why they improve the effectivness of the approach in explaining gambling addiction.

(b) Explain how effective the learning approach is in understanding gambling addiction.

(3)

the learning approach is an effective approach as there are studies that prove the method.

This response gets 1 mark.

This response gets nothing for the first part of the response as it is purely descriptive. However, it does gain a mark for the idea of the approach not explaining why some people can just gamble once or twice and then walk away which is fine. For further marks we would expect the learner to talk about the concept of individual differences, or talk about how another approach could explain this better i.e. the biological approach as perhaps some people just have an addictive personality so would become addicted after one or two gambles.

(b) Explain how effective the learning approach is in understanding gambling addiction.

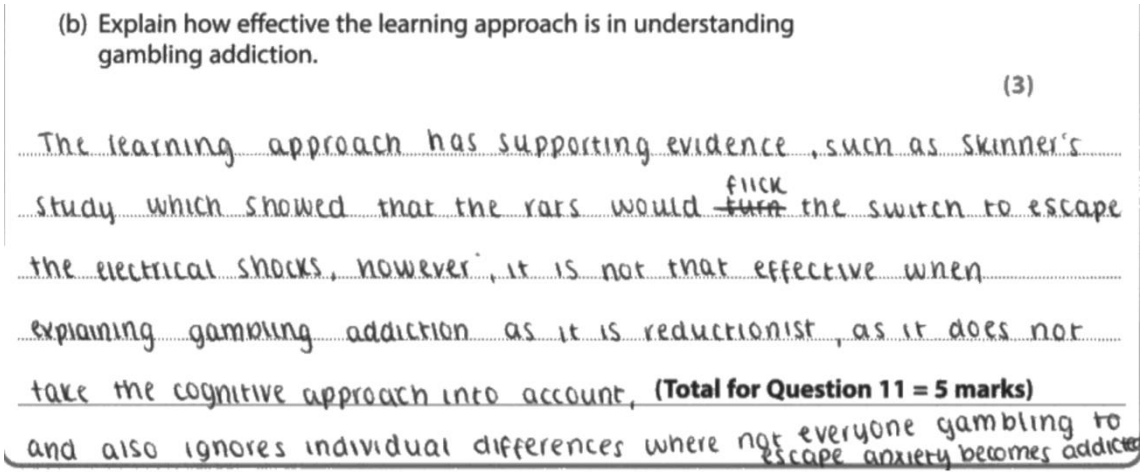
(3)

the learning approach is reasonably effective, as it describes observation and imitation in order to receive positive rewards, but it doesn't explain it for those who can gamble once or twice and then walk away from it.

(Total for Question 11 = 5 marks)

This response gets 3 marks.

This is an example of the 'mix and match' approach discussed above. This response talks about reductionism as an issue and it does not take into account the cognitive approach, which is one mark. It then goes on to discuss the idea that the learning does not take into account individual differences (second mark) which is then elaborated by discussing correctly that not every person who gambles due to anxiety becomes addicted (final mark). Note that the first part of this response does not gain credit as it is a pure description of Skinner's study and not linked to the question.



(b) Explain how effective the learning approach is in understanding gambling addiction.

(3)

The learning approach has supporting evidence, such as Skinner's study which showed that the rats would ~~turn~~ flick the switch to escape the electrical shocks, however, it is not that effective when explaining gambling addiction as it is reductionist, as it does not take the cognitive approach into account, **(Total for Question 11 = 5 marks)** and also ignores individual differences where not everyone gambling to escape anxiety becomes addicte

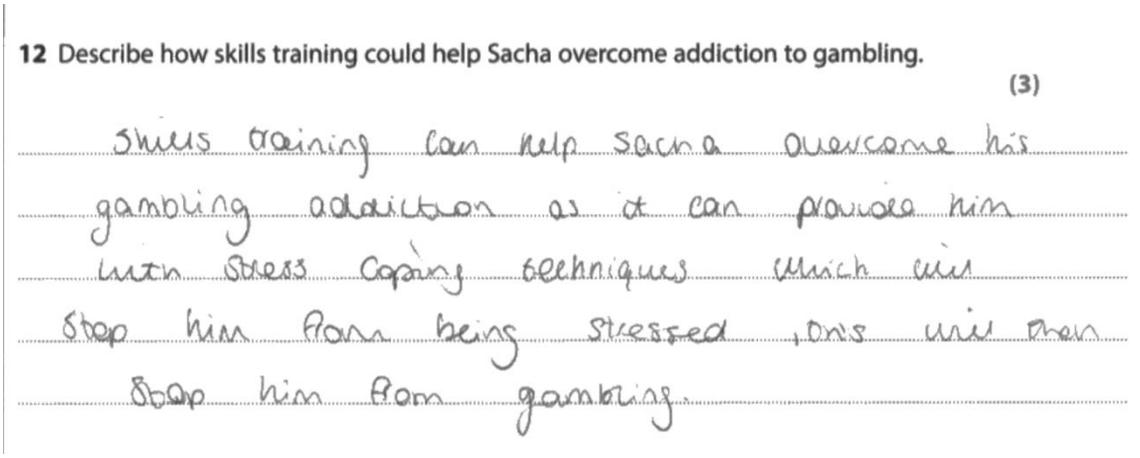
Question 12

This three mark question asked learners to describe how skills training could help Sacha overcome a gambling addiction. This question comprised of three AO2 marks therefore some link back to the scenario/Sacha needs to be present in the response for full marks to be achieved. This is the first ime skills training has been used as a stand alone question in this unit and therefore it was not surprsing that learners found this a challenge. However, it is a named part of the specification and therefore it is to be expected that it will be tested at some point in the life of the specification. Learners often talked about generic skills here such as learning a new trade, learning to exercise etc which is not relevant to skills training and therefore these achieved 0 marks. Learners often talked about Sacha saying no to his friends without linking it to a skill i.e. that he needs to be taught how to say no to his friends through improved communication skills, assertivness training, being able to resist pressure from his friends etc. Learners could also talk about increasing Sacha's self-esteem, alternative coping skills for dealing with stress, explained examples of alternative ways such as deep

breathing/relaxation techniques, use of role plays so Sacha can practice these skills.

This response achieved 1 mark.

This mark was given for the idea of Sacha being provided with stress coping techniques. This is the minimum requirement for one mark.



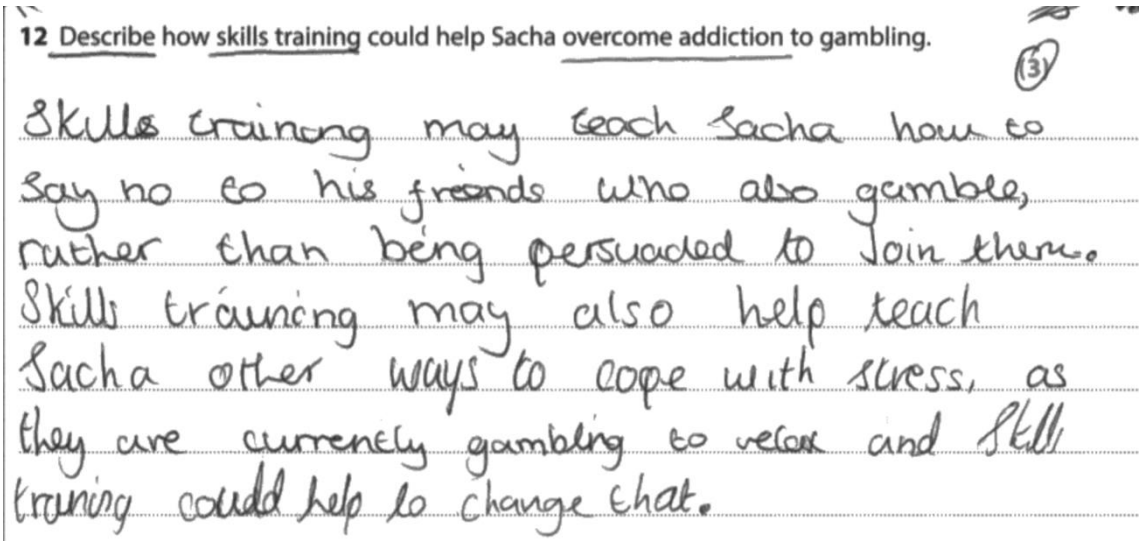
12 Describe how skills training could help Sacha overcome addiction to gambling.

(3)

Skills training can help Sacha overcome his gambling addiction as it can provide him with stress coping techniques which will stop him from being stressed, this will then stop him from gambling.

This response achieved 2 marks.

The first basic mark is for the idea that Sacha can be taught how to say no to his friends who also gamble, the second mark comes from Sacha being taught other ways to cope with his stress as he gambles to relax.



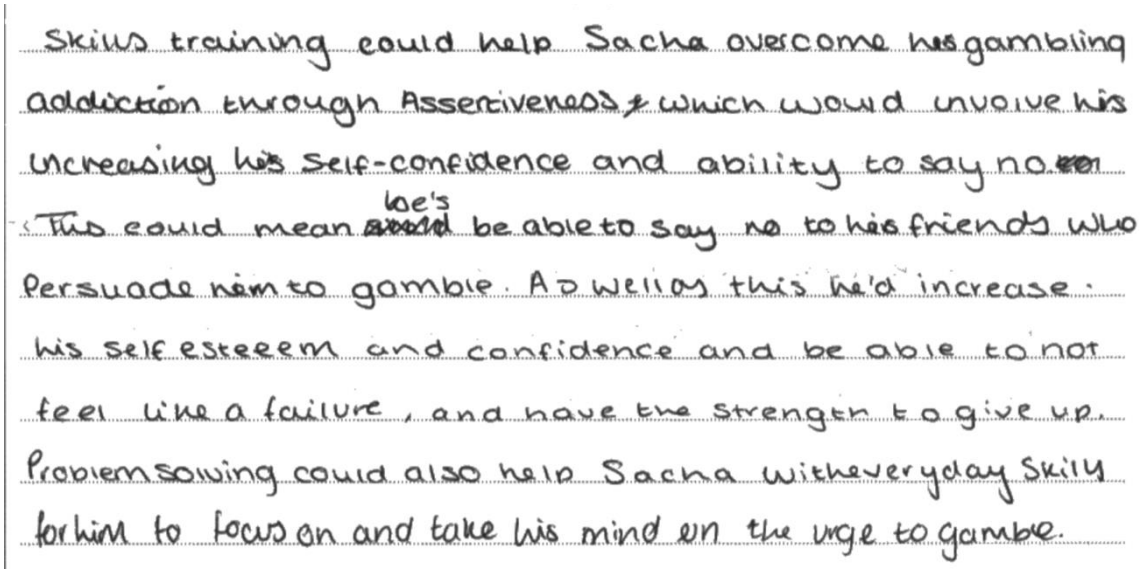
12 Describe how skills training could help Sacha overcome addiction to gambling.

(3)

Skills training may teach Sacha how to say no to his friends who also gamble, rather than being persuaded to join them. Skills training may also help teach Sacha other ways to cope with stress, as they are currently gambling to relax and Skill training could help to change that.

This response achieved 3 marks.

The first mark is given for the idea of assertiveness training, with a further mark for this increasing Sacha's confidence and self-esteem. The final mark was gained for suggesting that these skills will enable Sacha to be able to say no to friends when they try to make Sacha gamble.


Skills training could help Sacha overcome his gambling addiction through Assertiveness which would involve his increasing his self-confidence and ability to say no. This could mean he's be able to say no to his friends who persuade him to gamble. As well as this he'd increase his self esteeem and confidence and be able to not feel like a failure, and have the strengeh to give up. Problem solving could also help Sacha with everyday skily for him to focus on and take his mind on the urge to gambe.

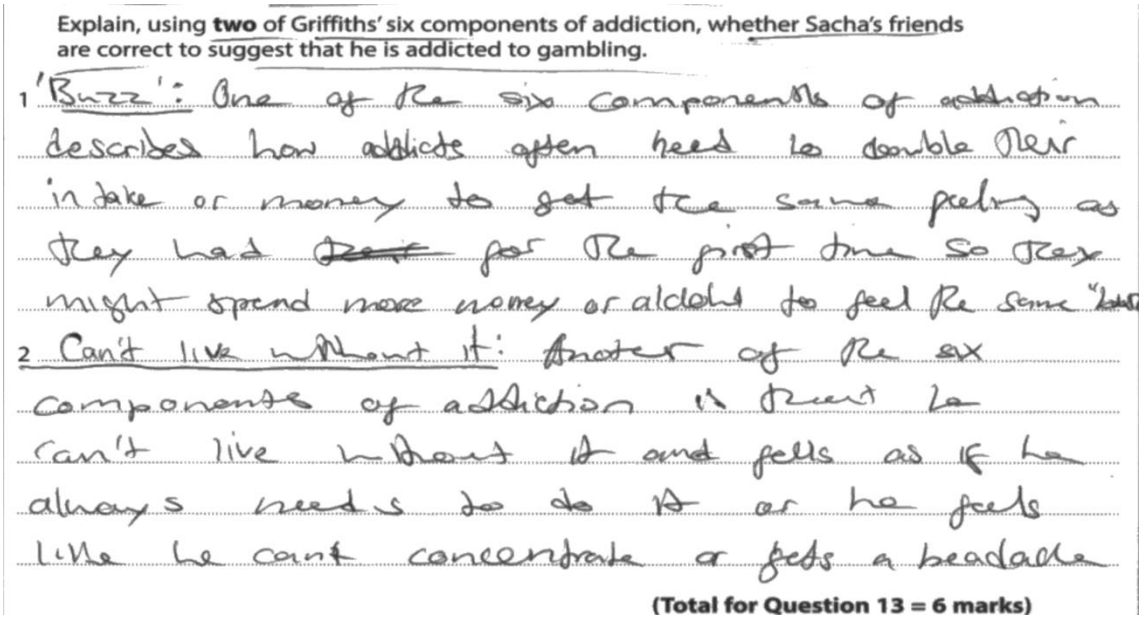
Question 13

This six mark question asked learners to explain, using two of Griffiths six components of addiction, whether Sacha's friends are right in suggesting he is addicted. This question comprises of two AO2 and three AO3 marks therefore each response needs to be linked to Sacha to achieve full marks. For this question learners had to, for each response, name a correct component, elaborate what this component actually means and then link this to Sacha's situation. Learners were not penalised if they did not explicitly say 'this means that the friends are correct'. Specifying a relevant component and linking it to Sacha in some way is showing enough understanding that this is the case.

Most learners who knew Griffiths components gained 4-6 marks, whereas those who did not invariably got 1 or 2 for linking a relevant part from scenario. Responses tended to uses the full variety of components although conflict did not come up frequently, perhaps due to it being the only one that suggested that Sacha wasn't addicted. One error was not showing any understanding of the concept, just naming, with a further error being that the elaboration had nothing to do with the component named. These errors were in the minority however, and this question was answered well.

This response gained 2 marks.

The first response talks about tolerance but does not name it, therefore can only get one mark. No real link to the scenario for any further marks. The second response is similar, talking about salience without really naming it. The headaches in the elaboration really links to withdrawal symptoms not salience so only one mark here as well.



Explain, using **two** of Griffiths' six components of addiction, whether Sacha's friends are correct to suggest that he is addicted to gambling.

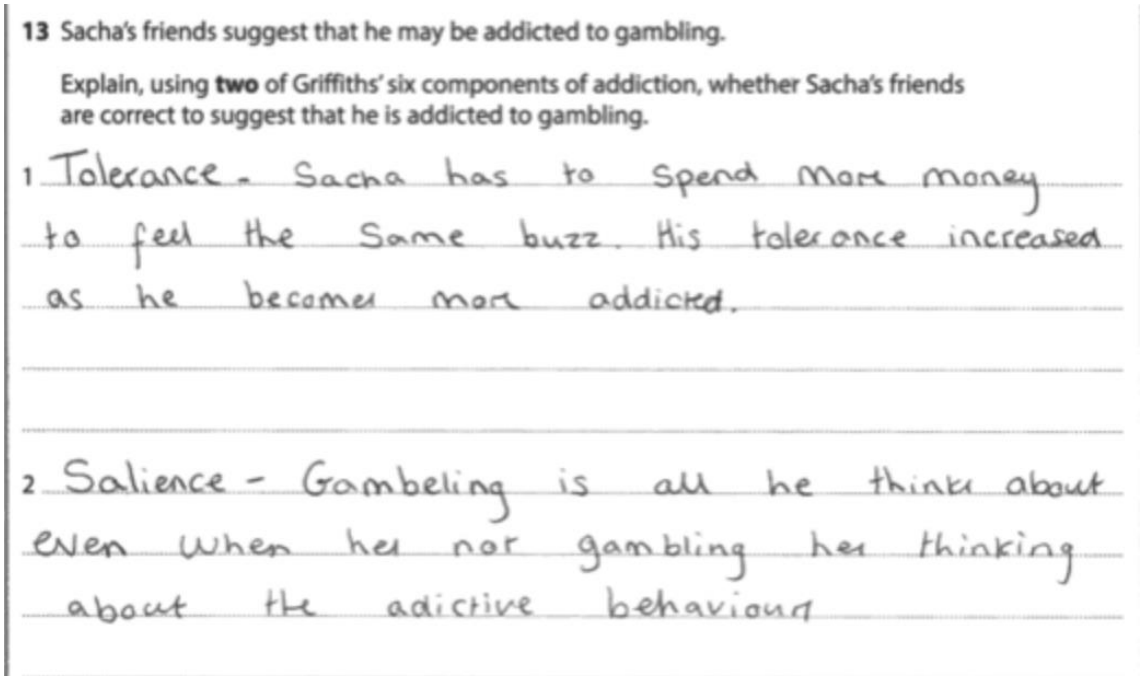
1 'Buzz': One of the six components of addiction describes how addicts often need to double their intake or money to get the same feeling as they had ~~their~~ for the first time so they might spend more money or alcohol to feel the same "buz

2 Can't live without it: Another of the six components of addiction is when to can't live without it and feels as if he always needs to do it or he feels like he can't concentrate or gets a headache

(Total for Question 13 = 6 marks)

This response gets 4 marks.

The first response identifies tolerance and links to the scenario but does not show any understanding of the term so two marks. The same with Salence which is identfied and linked to scenario. Therefore four marks in total.



13 Sacha's friends suggest that he may be addicted to gambling.

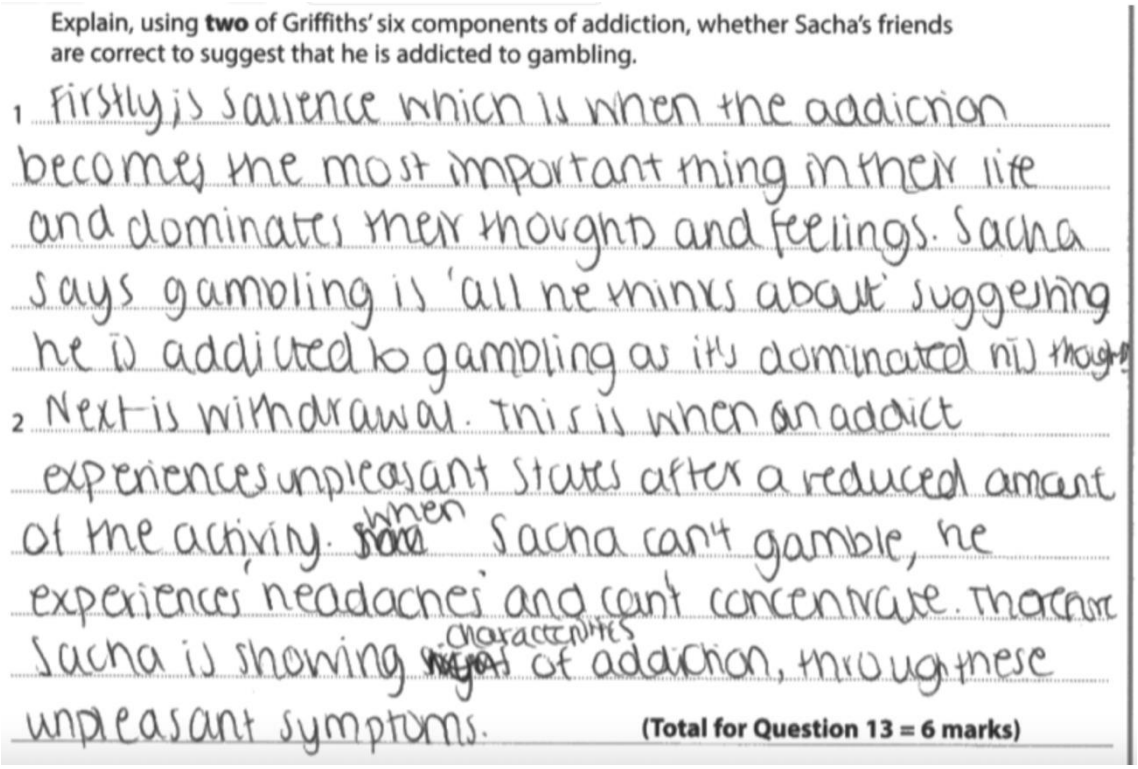
Explain, using **two** of Griffiths' six components of addiction, whether Sacha's friends are correct to suggest that he is addicted to gambling.

1 Tolerance - Sacha has to spend more money to feel the same buzz. His tolerance increased as he becomes more addicted.

2 Salience - Gambeling is all he thinks about even when her nor gambling her thinking about the adictive behaviour

This response gets 6 marks.

The first response names salience and then elaborates well to show understanding of the term. There is also a relevant link to the scenario therefore this gets 3 marks. The second response is similar, first identifying withdrawal, then showing good understnading about what this means, and again a link to context (headaches and cannot concentrate), therefore 3 marks. Therefore, this response gets 6 marks in total.



Explain, using **two** of Griffiths' six components of addiction, whether Sacha's friends are correct to suggest that he is addicted to gambling.

1 Firstly is salience which is when the addiction becomes the most important thing in their life and dominates their thoughts and feelings. Sacha says gambling is 'all he thinks about' suggesting he is addicted to gambling as it's dominated his thoughts

2 Next is withdrawal. This is when an addict experiences unpleasant states after a reduced amount of the activity. When Sacha can't gamble, he experiences headaches and can't concentrate. Therefore Sacha is showing characteristics of addiction, through these unpleasant symptoms.

(Total for Question 13 = 6 marks)

Question 14

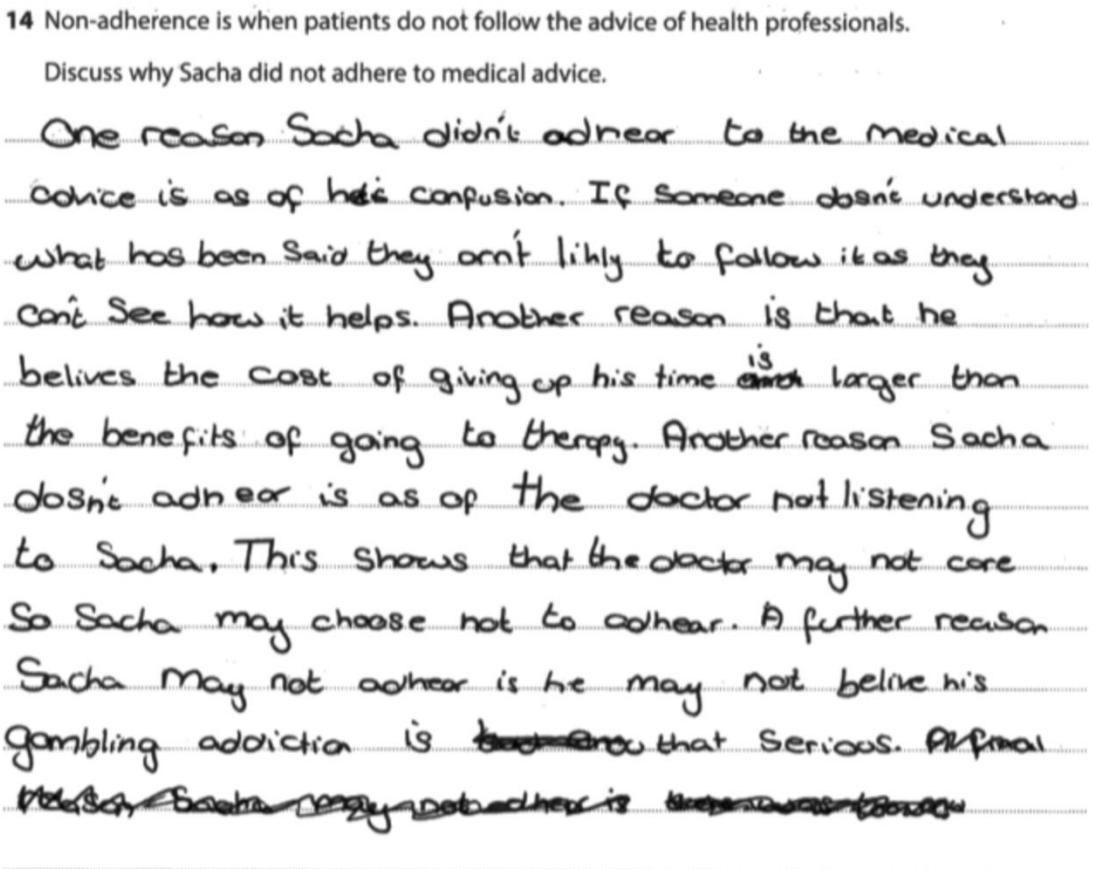
This six mark levels based discuss question asked learners to discuss why Sacha did not adhere to medical advice. This question is comprised of two AO1 and four AO2 marks. This questioned asked learners to discuss a number of different reasons why Sacha did not adhere, and how they interlink with each other, coming to some judgements about the most important/relevant reasons in Sacha's non adherence. As is often the case with discuss questions, responses tended to be slightly 'list like' with many learners showing good understanding of the different reasons for non-adherence without linking them to Sacha, and discussing which reason may be more important in Sacha's non adherence, or why one factor was particularly relevant in Sacha's situation.

Level 1 responses tended to just briefly describe one or more general aspects of non-adherence such as the doctor not listening to them, the response will be very generic often on using a name rather than the context. Discussion is rarely present. In level 2 there will be more than one point presented with some accurate knowledge about non adherence. They may make a few generic assertions but they have used the context slightly better linking phrases to the improvements suggested i.e. rational non adherence, cost-benefit analysis etc but does still tend to be list like. Level 3 responses were

not seen often but would discuss such aspects as: Rational non adherence, Cost-benefit analysis, Patient-practitioner relationship, lack of understanding, confusion and some may mention research. There will be some discussion about how these interlink with each other, and linked to context well.

This response achieved level 1 and 2 marks.

This response shows isolated knowledge and understanding. There are a lot of statements here without any detail. The response, for example, just names cost-benefit, confusion, listening, but does not give any further information. In terms of application, there are a few superifical references but nothing to take it out of level 1. This is just a list of possible reasons, therefore no discussion is present. This means that this response is restricted to level 1 and as some terminology is present even if not elaborated on, with some reference to context, it goes to the top of level 1 and 2 marks.



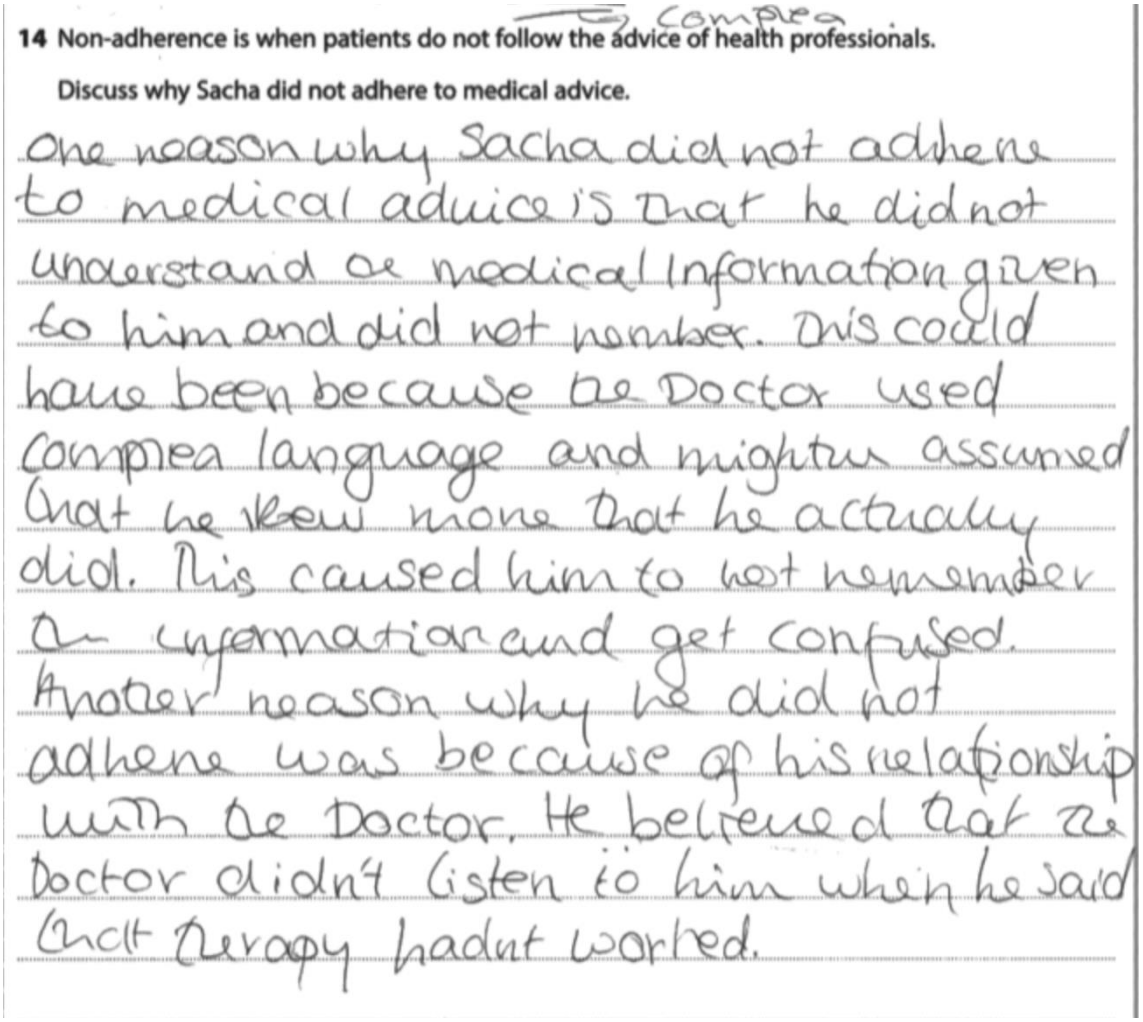
14 Non-adherence is when patients do not follow the advice of health professionals.

Discuss why Sacha did not adhere to medical advice.

One reason Sacha didn't adhear to the medical advice is as of her confusion. If someone doesn't understand what has been said they arn't likly to follow it as they can't see how it helps. Another reason is that he belives the cost of giving up his time is larger than the benefits of going to therapy. Another reason Sacha dosn't adhear is as of the doctor not listening to Sacha. This shows that the doctor may not care So Sacha may choose not to adhear. A further reason Sacha May not adhear is he may not belive his gambling addiction is that Serious. A final

This response achieved level 2 and 3 marks.

This reaponse shows some accurate knowledge and understanding of the role of understanding, comprehension and doctor-patient relatioships in adherence, but it is fairly superifical so just level 2. There is some reference to Sacha at the end which just tips into level 2. The discussion element is not really present in any detail except for a little bit of discussion about why understanding is impotant, and why it may not have happened for Sacha, so again level 2. Therefore this is clearly a level 2 response but lack of context and fairly basic knowledge keeps it at the bottom end and 3 marks.



14 Non-adherence is when patients do not follow the advice of health professionals.

Discuss why Sacha did not adhere to medical advice.

One reason why Sacha did not adhere to medical advice is that he did not understand the medical information given to him and did not remember. This could have been because the Doctor used complex language and might've assumed that he knew more that he actually did. This caused him to not remember the information and get confused. Another reason why he did not adhere was because of his relationship with the Doctor. He believed that the Doctor didn't listen to him when he said that therapy hadn't worked.

This response achieved level 3 and 6 marks.

This is a nice response. We have thorough knowledge about different factors of non adherence, with a discussion about rational non-adherence, the link between stress and non adherence etc. Application to the scenario is good, with a number of references throughout the response. The one thing this response does which many others do not is discuss the different reasons in general, and in relation to Sacha, and their relative importance, inlcuding research. Good response which fully achieves 6 marks.

14 Non-adherence is when patients do not follow the advice of health professionals.

Discuss why Sacha did not adhere to medical advice.

Rationale non-adherence could explain why Sacha did not adhere to medical advice and this is when a person gives up a therapy for reasons that they feel are justifiable. In Sacha's case the reason is that the treatment wasn't working quick enough. This is shown by "attends two sessions but then stops going as he does not feel therapy is working. Another reason for non-adherence is stress and this is when the person feels like they are too stressed to understand the therapy. Evidence for this is that when we are stressed we forget 40-80% of medical information. In Sacha's case this is shown by "but he could not remember it all and got confused" therefore he is unlikely to get the other help that is available.

(Total for Question 14 = 6 marks)

Question 15

This 9-mark extended open response asked learners to evaluate how effective the cognitive approach is in understanding Sacha's gambling addiction. As usual with this type of question it is comprised of three AO1 knowledge, three AO2 context, and three AO3 assessment marks. This question required learners to show their knowledge and understanding of the cognitive approach to gambling, apply it to Sacha's situation and then evaluate the approach as an explanation for Sacha's gambling addiction. This extended open response was the one that learners found the most challenging. Learners' knowledge of the cognitive approach to gambling was not as expected and more often than not learners would discuss the cognitive approach in general making statements about the brain being like a computer, and brief statements about faulty cognitions.

This is the first time this approach has been used in an extended open response since the amendments to the specification and therefore it may well be the loss of the Griffith's study which has caused knowledge to be slightly lower than expected. Again, there is absolutely no expectation to teach this study as part of the approach but teachers must ensure that understanding of the approach is sound, and that learners understand concepts such as cognitive bias, illusion of control, overestimation of success in order for learners to be successful in this style of question. If learners are struggling to understand these concepts, then the use of the Griffiths study may help understanding. In terms of common errors, many learners used the learning approach to mean the cognitive approach, with many suggesting that negative reinforcement and conditioned cues are part of the cognitive approach. Those learners who did have an understanding of the cognitive approach are showing good knowledge but it still tended to be fairly basic with some confusion about terminology such as recall bias, illusion of control. Most learners applied their response to the scenario well, with most achieving at least level 2 for AO2 marks.

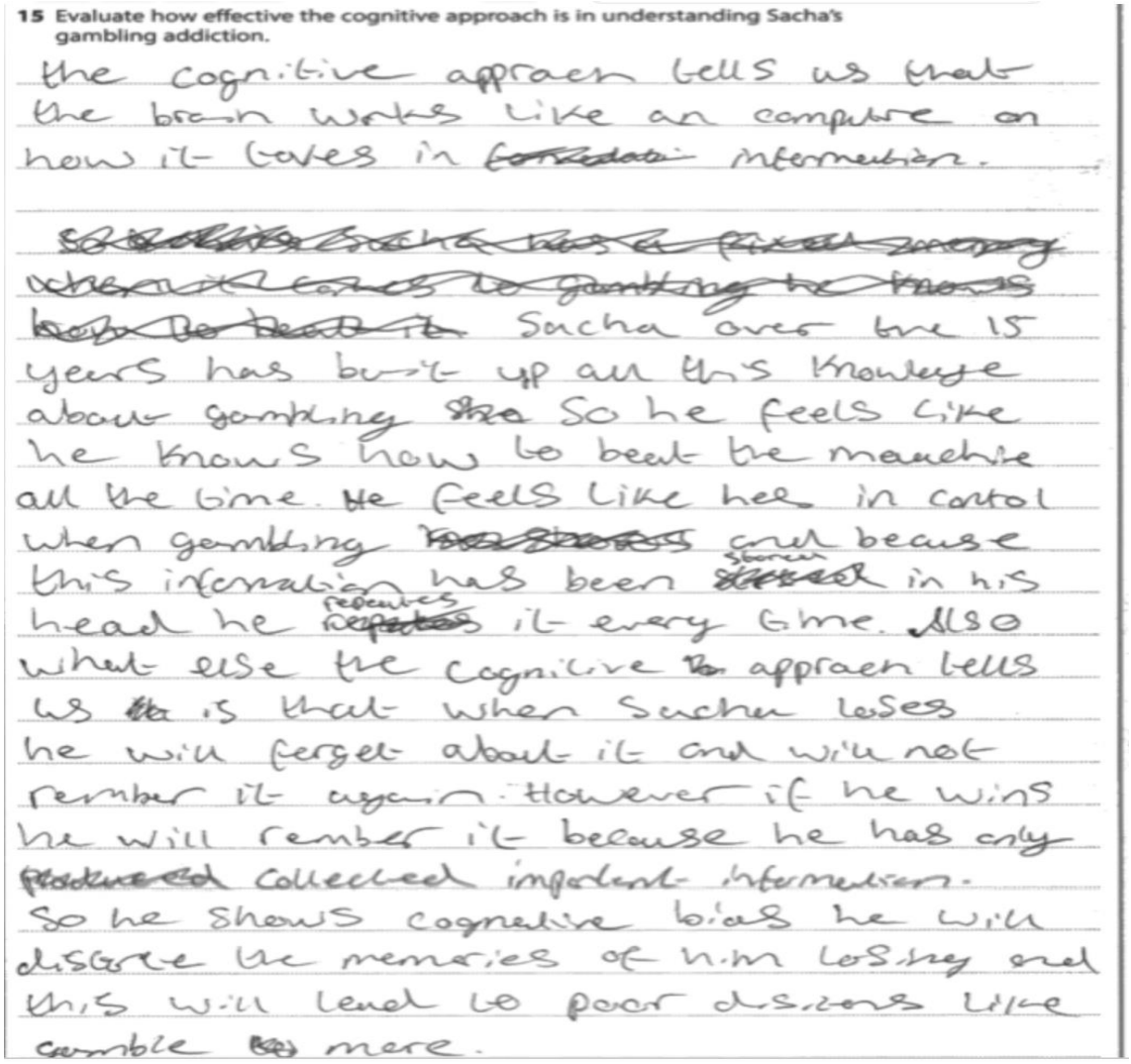
Evaluation was weaker but there were some nice points based around:

- Griffith's study
- alternative approaches i.e., learning put into context, evidence
- Reductionism/determinism
- Practical application: for example, the treatments that have come

out of the cognitive approach for gambling
- Social approach as an alternative.

This response achieved level 1 and 3 marks.

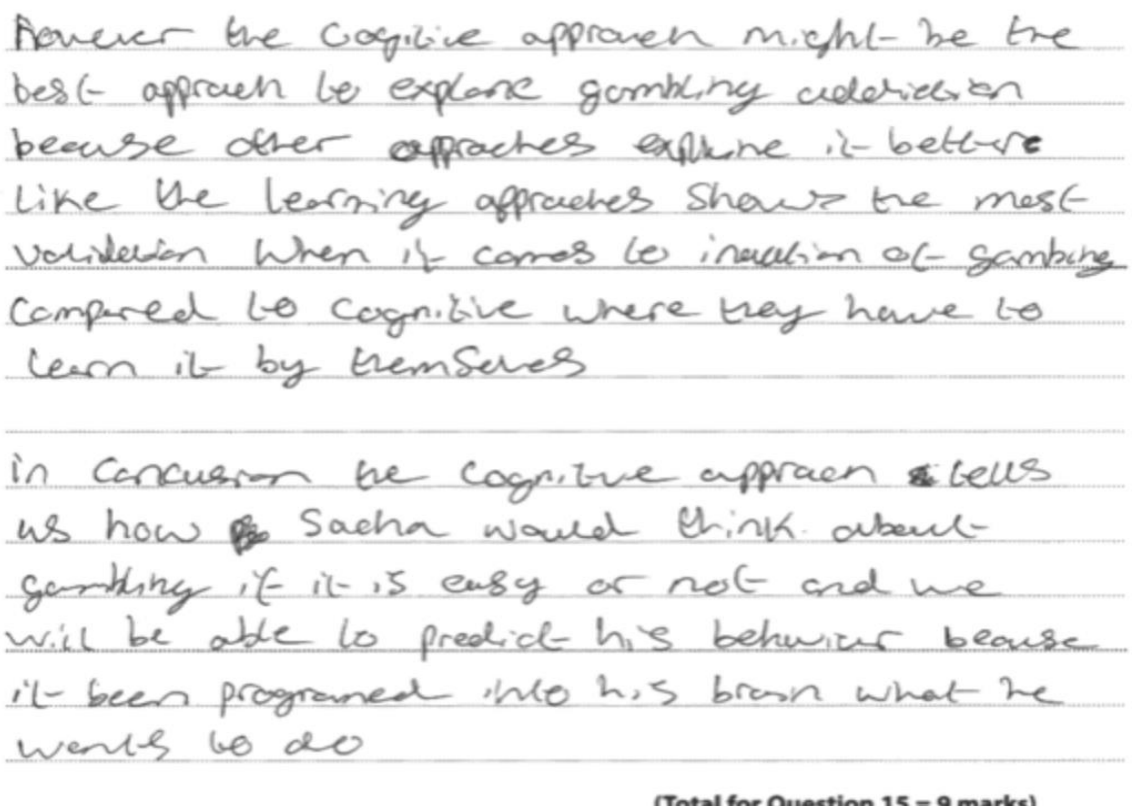
This shows some accurate knowledge and understanding about the cognitive approach in terms of 'beating the machine' and overestimation of success (forgetting losses and remembering wins) but it is fairly basic and is probably bottom level 2 for AO1 marks. There are a few references to context but often it is just names that are used, with one brief mention of gambling for 15 years so this would be top level 1 AO2 marks. AO3 evaluation was limited with one brief mention of an alternative theory but this is not really explained which restricts it to level 1. This is, therefore, a level 1 response but the slightly better AO1 knowledge means it is top level 1 and 3 marks.



15 Evaluate how effective the cognitive approach is in understanding Sacha's gambling addiction.

the cognitive approach tells us that the brain works like an computer on how it takes in information.

Sacha over the 15 years has built up all this knowledge about gambling so he feels like he knows how to beat the machine all the time. He feels like he's in control when gambling and because this information has been stored in his head he remembers it every time. Also what else the cognitive approach tells us is that when Sacha loses he will forget about it and will not remember it again. However if he wins he will remember it because he has only collected important information. So he shows cognitive bias he will discrete the memories of him losing and this will lead to poor decisions like gamble more.


However the cognitive approach might be the best approach to explain gambling addiction because other approaches explain it better like the learning approaches shows the most validation when it comes to initiation of gambling compared to cognitive where they have to learn it by themselves

In conclusion the cognitive approach tells us how Sacha would think about gambling if it is easy or not and we will be able to predict his behaviour because it been programed into his brain what he wants to do

(Total for Question 15 = 9 marks)

This response achieved level 2 and 6 marks.

This response shows accurate knowledge and understanding and is top of level 2. There is a discussion of cost-benefit analysis for initiation which is explained well, irrational thoughts for maintenance which is briefer and recall bias for relapse which again is accurate brief. This response just does not quite have the depth, especially on maintenance and relapse, to achieve level 3. The AO2 application to context is excellent and is sustained throughout and is definitely level 3 but the AO3 evaluation is level 2. This response does talk about rationality, and also brings in research support although this is a little descriptive. This is more than limited evaluation but certainly not well-developed and logical and therefore is level 2. Holistically, therefore, this is a level 2 response but the excellent application to context means it is top level 2 and 6 marks.

15 Evaluate how effective the cognitive approach is in understanding Sacha's gambling addiction.

Initiation in the cognitive approach is a cost-benefit analysis. An individual who is considering gambling will first ~~out~~ weigh up their perceived barriers and benefits of gambling. If the benefits outweigh the barriers, then they will start to gamble. Irrational thoughts cause an individual to maintain gambling. A gambler will also use gambling as an escape from reality, with it preventing any withdrawal symptoms they are already suffering. Relapse for gambling is explained through recall bias, which is where the individual only remembers the winnings of gambling, exaggerating how substantial they were.

Sacha's initiation would be that it relieves stress and she can win lots of money - the only perceived barrier is that he may lose money, but for him, the perceived benefits heavily outweigh the barriers. Sacha's irrational thoughts, such as 'I do not gamble on Sundays as I know the machines are against me', show that he is experiencing gambler's fallacy, causing him to believe that he decides the outcome of the machine. Finally, Sacha may relapse by forgetting that she has spent £150,000 on gambling, and only recall when she won big.

A weakness of using the cognitive approach to explain gambling is the initiation. It is explained that we

something, when really, we don't. This disproves the explanation as how we initiate gambling, showing that the cognitive approach is reductionist.

A strength of the approach however is that there is research support for irrational thoughts. A study showed that when asking gamblers to speak out loud, their thoughts resulted in them continuing to gamble, as they believed that they were in control. This is a strength as it shows we can use the cognitive approach to explain maintenance of gambling.

Summary

- Once again, an 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.

- Using terms such as validity/reliability/generalisability alone will not achieve marks without a learner explicitly stating why an approach/model/treatment is not reliable etc. It is important that understanding of these terms is shown within all responses.

- Ensure learners know what is expected from effectiveness questions. Remember these are questions which are testing evaluation skills and not AO1 knowledge skills. These can be broader than traditional strengths/weakness questions as often learners can argue either way, but in essence similar skills can be used.

- Ensure that learners answer the question properly, whether this is a 2- and 3-mark questions or an extended open response. Too often have learners lost marks due to not reading the question properly. This was clear in question 9 where many learners wrote about physiological rather than psychological treatments.

- The use of evidence in essays is and often helps in the understanding of a topic area and give learners more scope/breadth for answering evaluation questions. This was very noticeable in some of the essays where some appropriate evidence was used for evaluation/assessment. This was especially true for the cognitive approach to gambling essay where use of the Griffith's study meant that learners showed higher level of understanding.

- Similar to the above, if learners do use research evidence in a response make sure it is linked to the question being asked. Learners will not

receive credit for responses where procedure and/or results is just described.

- Learners performed 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.

- 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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