



# Mark Scheme (Results)

June 2022

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

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## Unit 3: Health Psychology

### General marking guidance

- All learners must receive the same treatment. Examiners must mark the first learner in exactly the same way as they mark the last.
- Marking grids should be applied positively. Learners must be rewarded for what they have shown they can do, rather than be penalised for omissions.
- Examiners should mark according to the marking grid, not according to their perception of where the grade boundaries may lie.
- All marks on the marking grid should be used appropriately.
- All the marks on the marking grid are designed to be awarded. Examiners should always award full marks if deserved. Examiners should also be prepared to award zero marks, if the learner's response is not rewardable according to the marking grid.
- Where judgement is required, a marking grid will provide the principles by which marks will be awarded.
- When examiners are in doubt regarding the application of the marking grid to a learner's response, a senior examiner should be consulted.

### Specific marking guidance

The marking grids have been designed to assess learner work holistically. Rows in the grids identify the assessment focus/outcome being targeted. When using a marking grid, the 'best fit' approach should be used.

- Examiners should first make a holistic judgement on which band most closely matches the learner's response and place it within that band. Learners will be placed in the band that best describes their answer.
- The mark awarded within the band will be decided based on the quality of the answer, in response to the assessment focus/outcome and will be modified according to how securely all bullet points are displayed at that band.
- Marks will be awarded towards the top or bottom of that band, depending on how they have evidenced each of the descriptor bullet points.

## Mark Scheme

Question Number	Answer	Mark
1	<p>Award one <b>mark</b> for each appropriate example of a stressor from the scenario.</p> <p>Any <b>two</b> of the following, up to a maximum of <b>two</b> marks.</p> <ul style="list-style-type: none"> <li>• Talking to all staff (about possibly losing their jobs) (1).</li> <li>• Moving to a new house (1).</li> <li>• Disagreeing with Sarah about retiring (1).</li> <li>• Moving away from their brother who is ill (1).</li> <li>• Tommie's company made a big loss last year (1)</li> </ul> <p>Accept any other appropriate response.</p>	(2)

Question Number	Answer	Mark
2a)	<p>Award <b>one mark</b> for an appropriately identified feature of perceived susceptibility and one <b>further mark</b> for appropriate explanation/elaboration.</p> <ul style="list-style-type: none"> <li>• Perceived susceptibility is the extent to which a person believes they are at risk (of illness) if they do not change their behaviour (1). This means that if they believe that they have a high risk (of illness) they will change their behaviour/low risk (of illness) they won't change their behaviour /For example, Tommie believes he is not susceptible to heart attack/ does not think he is at risk of illness (1).</li> </ul> <p>Accept any other appropriate wording.</p>	(2)

Question Number	Answer	Mark
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<p>2b)</p>	<p>Award <b>one mark</b> for an appropriate concept from the health belief model and up to <b>two further marks</b> for an appropriate elaboration linked to the scenario.</p> <ul style="list-style-type: none"> <li>• Tommie may look at the perceived benefits (and barriers) (1). They believe that exercise will lower the chance of a heart attack/lower their levels of stress (1) therefore this benefit may be higher than the barrier of having to go out when they are tired, so will take up exercise (1).</li> <li>• Perceived seriousness (1). Tommie may not believe that their breathlessness is due to any major illness (and only due to them putting weight on/their diet) (1) so they do not believe the consequences of stress are serious and will not take up exercise (1).</li> <li>• Cues to action (1). Sarah reminded Tommie that their father had a heart attack at the same age (1) this may, therefore, cue Tommie to take action and take up exercise to lower their stress levels (1).</li> </ul> <p>Accept any other appropriate response.</p>	<p>(3)</p>
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Question Number	Answer	Mark
3a	<p>Award <b>one mark</b> for an appropriate feature of locus of Control, <b>and a further mark</b> for how this affects their health-related behaviour.</p> <ul style="list-style-type: none"> <li>• An internal locus of control is where an individual believes that their outcomes are determined by their own decisions/hard work (1) therefore they have the belief that they can be successful in changing their behaviour (and so become healthier) (1)</li> <li>• An internal locus of control is where an individual believes that they are in control of /responsible for their own health outcomes (1) so adopt a healthier lifestyle as they are less likely to be influenced by others (who are adopting unhealthy behaviours) (1)</li> <li>• An internal locus of control is when a person believes that outcomes are in their control (1) This leads to them adopting a healthier lifestyle (such as going to the gym) as they believe it is down to themselves to make the change (1)</li> </ul> <p>Accept any other appropriate response.</p>	(2)

Question Number	Answer	Mark
3b	<p>Award <b>one mark</b> for an appropriate explanation of whether locus of control (LOC) is a good predictor and a <b>further one mark</b> for an appropriate elaboration.</p> <ul style="list-style-type: none"> <li>• Locus of control (LOC) may not predict behaviour well as it assumes behaviour is the result of rational thinking (1). This may not be true as it could be merely habit/past experiences (1)</li> <li>• Locus of control assumes that if you are an internal/external it can predict that you will behave in a certain way (1) this may not be the case as individuals have free will/LOC may vary according to situation (1)</li> <li>• Health education programmes have been designed to encourage individuals to take responsibility for their actions (1) suggesting that locus of control is a good predictor of health-related behaviour (1)</li> </ul> <p>Accept any other appropriate response.</p>	(2)

Question number	Indicative content
4	<p>Answers will be credited according to the learner’s demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.</p> <ul style="list-style-type: none"> <li>• The immune system consists of billions of cells including white blood cells (leucocytes), which defend the body against foreign bodies.</li> <li>• Some immune cells produce antibodies that bind to foreign bodies and destroy them, protecting people from ill health and disease.</li> <li>• Cortisol helps protect against viruses and ill health in the short term</li> <li>• Sustained production of cortisol in situations of chronic stress reduces the function of the immune system as its ability to fight off antigens is reduced, and colds/ infection becomes more likely.</li> <li>• Tommie’s headaches/colds and high stress levels may be related due to the effects stress may have on the immune system.</li> <li>• Tommie stated that work has made a big loss over the last year, suggesting their stress is chronic and therefore immunosuppression may occur.</li> <li>• Tommie’s continued stress levels do not actually cause infections and ill health but reduce the body’s ability to fight infections/disease off due to reduced immune function.</li> <li>• Tommie may increase bad habits such as drinking alcohol/lack of sleep. These habits will increase the frequency of illnesses</li> <li>• Tommie has become breathless/has chest pains, which may suggest that he may be suffering from cardiovascular disease (CVD).</li> <li>• The greater the number of life events the more likely an individual will suffer from stress-related ill health.</li> <li>• Tommie has had many events high on the life events scale, so it is likely stress is the reason for his ill health.</li> <li>• Some stress is actually beneficial for the immune function, so it cannot be said that all stress is linked to Tommie’s ill health.</li> <li>• Personality type may also affect the relationship between Tommie’s stress and ill health. As Type A personalities are more competitive and demanding of themselves and are more likely to suffer from CVD.</li> <li>• Tommie has social support from his partner Sarah so this may reduce the impact of stress and ill health.</li> </ul>

<b>Mark scheme (award up to 9 marks)</b> refer to the guidance on the cover of this document for how to apply levels-based mark schemes*.		
<b>Level</b>	<b>Mark</b>	<b>Descriptor</b>
Level 0	0	No rewardable material
Level 1	1-3	<ul style="list-style-type: none"> <li>• Demonstrates isolated knowledge and understanding, there be major gaps or omissions</li> <li>• Few of the points made will be relevant to the context in the question</li> <li>• Limited assessment which contains generic assertions rather than considering the factors or events and their relative importance, leading to a conclusion which is superficial or unsupported.</li> </ul>
Level 2	4-6	<ul style="list-style-type: none"> <li>• Demonstrates some accurate knowledge and understanding, with few minor omissions/any gaps or omissions are minor</li> <li>• Some of the points made will be relevant to the context in the question, but the link will not always be clear</li> <li>• Displays a partially developed assessment which considers some of the factors or events and their relative importance leading to a partially supported conclusion.</li> </ul>
Level 3	7-9	<ul style="list-style-type: none"> <li>• Demonstrates mostly accurate and thorough/detailed knowledge and understanding</li> <li>• Most of the points made will be relevant to the context in the question, and there will be clear links</li> <li>• Displays a well-developed and logical assessment which clearly considers the factors or events and their relative importance, leading to a supported conclusion.</li> </ul>

**Section B**

Question Number	Answer	Mark
5	<p>Award <b>one mark</b> for an appropriate definition of genetic predisposition.</p> <ul style="list-style-type: none"> <li>• An increased likelihood of an addiction due to your genetic make-up (1).</li> <li>• An increased chance of developing an addiction due to genes that have been inherited (1).</li> <li>• An inherited likelihood to develop an addiction (when triggered by an external factor) (1).</li> </ul> <p>Accept any other appropriate wording.</p>	(1)

Question Number	Answer	Mark
6	<p>Award <b>one mark</b> for each of the following linked points up to a total of <b>three marks</b>.</p> <ul style="list-style-type: none"> <li>• Nicotine activates the reward pathways in Dembe's brain (by attaching to neurons) (1). This releases dopamine producing feelings of pleasure for Dembe (1) these effects are short-lived so Dembe would need to continue to take in nicotine to get the pleasurable feeling (leading to repeated use) (1).</li> <li>• When Dembe continues to smoke, levels of dopamine will be high (1). Sensitivity to the effects of dopamine are changed within the brain leading to tolerance (1) so Dembe needs to smoke more cigarettes to achieve the same results (maintaining the addiction) (1).</li> </ul> <p>Accept any other appropriate response</p>	(3)

Question Number	Answer	Mark
7a	<p>Award <b>one mark</b> for appropriate knowledge of the effects of fear arousal and <b>up to two marks</b> for an appropriate linked explanation/elaboration of whether this would persuade Dembe to give up smoking.</p> <ul style="list-style-type: none"> <li>• Strong/high fear arousal may restrict (long term) behavioural change (1). Dembe is showing signs of a strong/high feelings of fear (such as saying images were really horrible) (1) meaning they will no longer pay attention/be able to cope with to the image (and will not persuade Dembe to give up smoking) (1).</li> <li>• Medium levels of fear arousal are suggested to be the most effective at changing behaviour (1) However, dembe shows signs of strong fear arousal as they said that images were horrible and made them worried at night (1) meaning that Dembe will not pay attention to/cope with the image and will not give up smoking (1).</li> <li>• Medium levels of fear arousal are suggested to be the most effective (1) Dembe has only she said she was worried so she is showing medium levels of fear (1) This suggests these will be more effective in the long term and Dembe will give up (1)</li> <li>• Medium levels of fear arousal are the most effective (1) As Dembe only felt worried this would suggest she is experiencing medium levels of fear (1) if the poster has used too little fear then Dembe may have just forgot about it/too much fear than Dembe may have avoided looking at it (and not stop smoking) (1).</li> </ul> <p>Accept any other appropriate response.</p>	(3)

Question Number	Answer	Mark
7b	<p>Award <b>one mark</b> for identification of an appropriate point about effectiveness and <b>one mark</b> for an appropriate elaboration.</p> <ul style="list-style-type: none"> <li>• The theory may be effective as it is still widely used as part of health campaigns (1) this means that the theory can be applied to real life situations to improve public health (1).</li> </ul>	(2)

	<ul style="list-style-type: none"> <li>• The theory may not be effective as it only focuses on emotional responses (1) but does not give any practical advice of how to change their behaviour (1).</li> <li>• The theory may not be effective as it does not consider individual differences (1). For some people low/strong fear arousal may be more effective than medium fear (1).</li> </ul> <p>Accept any other appropriate response.</p>	
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Question Number	Answer	Mark
8	<p>Award <b>one</b> mark for identification of an appropriate communicator to the group and <b>one mark</b> for an appropriate linked explanation/justification.</p> <ul style="list-style-type: none"> <li>• The message at the stop smoking sessions should be communicated by a doctor/ex-smoker who talks about the dangers of smoking (1) because someone Dembe sees as highly credible/believable is more likely to persuade Dembe to quit than a person with no medical/previous knowledge (1).</li> <li>• The stop smoking sessions should bring in a popular (local) celebrity who has quit smoking (1) because to be persuasive to Dembe the person giving the message should be seen as attractive/popular/successful (1).</li> <li>• The person communicating the message at the stop smoking sessions should be someone who speaks quickly (1) as it is suggested that those who speak quickly appear to know what they are talking about more than those who talk slowly (and are therefore more persuasive) (1).</li> </ul> <p>Accept any other appropriate response.</p>	(2)

Question number	Indicative content
9	<p>Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.</p> <ul style="list-style-type: none"> <li>• Cognitive behavioural therapy could be used to tackle negative thought processes.</li> <li>• Dembe and the therapist would identify environmental cues which heighten the urge to smoke such as with their friends/after work.</li> <li>• They would then work on coping strategies which help Dembe avoid/deal with these situations, such as asking their friends not to smoke around them or not visiting a club/bar for a while.</li> <li>• The therapist could help Dembe change using smoking to relax to going the gym to relax at the end of the day.</li> <li>• Dembe's partner could give them emotional support by providing reassurance when Dembe is feeling anxious about their attempts to stop smoking.</li> <li>• Mindfulness allows Dembe to become aware of the immediate effects of smoking, such as not tasting nice, burning feelings, coughing more.</li> <li>• When Dembe pays attention to their smoking, they may realise they are coughing more when having a cigarette.</li> <li>• Cognitive Behavioural Therapy (CBT) gets to the root cause of Dembe's addiction rather than just alleviating symptoms.</li> <li>• CBT/mindfulness has no physical side effects like you may get with other treatments.</li> <li>• Social support requires far less time and commitment by Dembe than CBT.</li> <li>• CBT requires motivation from Dembe to give up as practicing and homework outside of the therapy is key to its effectiveness.</li> <li>• Social support does not consider individual differences. Dembe may find that social support causes them more anxiety about them trying to stop smoking than it relieves.</li> <li>• Mindfulness is a fairly new technique so long-term effectiveness of the technique has not been established.</li> </ul>

<p><b>Mark scheme (award up to 9 marks)</b> refer to the guidance on the cover of this document for how to apply levels-based mark schemes*.</p>		
Level	Mark	Descriptor
Level 0	0	No rewardable material
Level 1	1-3	<ul style="list-style-type: none"> <li>• Demonstrates isolated knowledge and understanding, there be major gaps or omissions</li> <li>• Few of the points made will be relevant to the context in the question</li> <li>• Limited assessment which contains generic assertions rather than considering the factors or events and their relative importance, leading to a conclusion which is superficial or unsupported.</li> </ul>
Level 2	4-6	<ul style="list-style-type: none"> <li>• Demonstrates some accurate knowledge and understanding, with few minor omissions/any gaps or omissions are minor</li> <li>• Some of the points made will be relevant to the context in the question, but the link will not always be clear</li> <li>• Displays a partially developed assessment which considers some of the factors or events and their relative importance leading to a partially supported conclusion.</li> </ul>
Level 3	7-9	<ul style="list-style-type: none"> <li>• Demonstrates mostly accurate and thorough/detailed knowledge and understanding</li> <li>• Most of the points made will be relevant to the context in the question, and there will be clear links</li> <li>• Displays a well-developed and logical assessment which clearly considers the factors or events and their relative importance, leading to a supported conclusion.</li> </ul>

### Section C

Question Number	Answer	Mark
10	<p>Award <b>one mark</b> for identification of an appropriate example of low self-efficacy from the scenario.</p> <ul style="list-style-type: none"> <li>• Sacha feels like a failure as he cannot give up gambling. (1)</li> </ul>	(1)

	<ul style="list-style-type: none"> <li>• Sacha feels that he does not have the strength to give up gambling. (1)</li> <li>• Sacha is easily persuaded to gamble by his friends. (1)</li> </ul> <p>Accept any other appropriate wording.</p>	
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Question Number	Answer	Mark
11a	<p>Award <b>one</b> mark for identification of an appropriate <b>feature from the learning approach</b> and <b>one mark</b> for an appropriate explanation/elaboration.</p> <ul style="list-style-type: none"> <li>• Maintenance is due to variable reinforcement schedules (which means you do not win every time) (1) as the person gambling believes that they will win next time /never knows when they will win next (so the behaviour is resistant to extinction). (1)</li> <li>• Maintenance is due to the excitement of any early wins on the fruit machines (1) these act as positive reinforcers (which makes the person more likely to want to gamble again). (1)</li> </ul> <p>Accept any other appropriate response.</p>	(2)

Question Number	Answer	Mark
11b	<p>Award <b>one</b> mark for identification of an appropriate <b>link to effectiveness</b> and a <b>further two marks</b> for an appropriate justification.</p> <ul style="list-style-type: none"> <li>• The learning approach ignores individual differences (1) because it does not explain why some people are more susceptible to gambling addiction than others even when they are all exposed to the same</li> </ul>	(3)

	<p>stimuli/models (1). These differences are better explained by the cognitive approach (1).</p> <ul style="list-style-type: none"> <li>• The learning approach does not take into account cognitive factors (which cause an addiction)/is reductionist (simplistic) as it only looks at factors such as reinforcement (1). Some forms of gambling involve a large amount of decision making (1) making it an incomplete theory for understanding gambling addiction (1).</li> <li>• Concepts such as positive reinforcement/association are used to encourage gambling on an everyday basis (1) For example advertisements on TV show gambling as exciting/something you do with your friends/show people winning at gambling (1) this means that the learning approach is an effective explanation of why people gamble (1).</li> </ul> <p>Accept any other appropriate response.</p>	
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Question Number	Answer	Mark
12	<p>Award <b>one mark</b> for each of the following linked points up to a total of <b>three marks</b>.</p> <ul style="list-style-type: none"> <li>• Skills training will include Sacha being taught how to lower stress and tension in differing situations. (1) Relaxation training would include breathing exercises and meditation to relieve stress when it happens. (1) These skills can then be used by Sacha instead of turning to gambling to help relieve his stress/when withdrawal symptoms such as anxiety occur when he does not gamble (1).</li> <li>• Skills training can include assertiveness training to help Sacha stop gambling (1). This would include Sacha learning skills (through role play) to help say no to friends when they pressure Sacha to gamble/in situations that may trigger a need for him to gamble (1). This would include the ability to communicate confidently and use the right type of body language (1).</li> </ul> <p>Accept any other appropriate response</p>	(3)

Question Number	Answer	Mark
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13	<p>Award <b>one mark</b> for each linked identified feature of Griffith's six components of addiction which shows whether Sacha is addicted or not and up to <b>two marks</b> for an appropriate linked elaboration/justification for each one, up to a maximum of <b>six marks</b>.</p> <ul style="list-style-type: none"> <li>• (Friends are correct because) Sacha is showing tolerance (1) this is where an individual needs greater amount of a behaviour to get the same effect (1). Sacha is spending more and more money to get a buzz from gambling. (1)</li> <li>• (Friends are correct because) Sacha is showing withdrawal (1). These are the symptoms individuals show when they do not perform the gambling behaviour (1). Sacha cannot concentrate and gets headaches when he does not gamble. (1)</li> <li>• (Friends are not correct as) No conflict is shown by Sacha (1). This is where performing a behaviour can cause problems in relationships with others (1). Sacha suggests that there are no problems at work or home. (1)</li> </ul> <p>Accept any other appropriate response.</p>	(6)
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Question Number	Answer	Mark
14	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the	(6)

	<p>indicative content but should be rewarded for other relevant answers.</p> <ul style="list-style-type: none"> <li>• Non-adherence could mean Sacha not attending therapy.</li> <li>• Rational non-adherence is where Sacha would refuse to continue with a treatment intentionally.</li> <li>• Sacha could perform a cost/benefit analysis to see whether the costs of attending treatment would be more than the benefits.</li> <li>• Sacha may see therapy as time consuming/expensive so would stop going.</li> <li>• Sacha may not be able to get the time off work to attend therapy therefore would not attend.</li> <li>• Sacha cannot see any benefits from it as he said it does not work.</li> <li>• Sacha's relationship with his doctor could also be a reason he will not adhere.</li> <li>• Sacha believed that his doctor did not listen to him when he said therapy did not work so he is less likely to adhere.</li> <li>• An individual's understanding/memory of a consultation with a doctor directly correlates with their levels of satisfaction and adherence.</li> <li>• Sacha's memory/understanding of the doctor's consultation is poor so he is unlikely to follow the doctor's advice.</li> </ul>	
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Level	Mark	Descriptor
Level 0	0	No rewardable material
Level 1	1-2	<ul style="list-style-type: none"> <li>• Demonstrates isolated elements of knowledge and understanding, with major gaps or omissions</li> <li>• Few of the points made will be relevant to the context in the question</li> <li>• Limited discussion which contains generic assertions rather than considering different aspects and the relationship between them.</li> </ul>
Level 2	3-4	<ul style="list-style-type: none"> <li>• Demonstrates some accurate knowledge and understanding, with only minor gaps or omissions</li> <li>• Some of the points made will be relevant to the context in the question, but the link will not always be clear</li> </ul>

		<ul style="list-style-type: none"> <li>Displays a partially developed discussion which considers some different aspects and some consideration of how they interrelate, but not always in a sustained way.</li> </ul>
Level 3	5-6	<ul style="list-style-type: none"> <li>Demonstrates mostly accurate and detailed knowledge and understanding</li> <li>Most of the points made will be relevant to the context in the question, and there will be clear links</li> <li>Displays a well-developed and logical discussion which clearly considers a range of different aspects and considers how they interrelate, in a sustained way.</li> </ul>

Question number	Indicative content
15	<p>Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.</p> <ul style="list-style-type: none"> <li>• Gambling addiction occurs because of irrational beliefs/cognitive distortions/faulty thought processes.</li> <li>• Problem gamblers focus on the positive outcomes of gambling (winning) rather than the negative outcomes (losing money).</li> <li>• Gamblers have the irrational belief that the odds are not stacked against them, and they can affect the outcome.</li> <li>• Sacha suggested that he was in control of the machine when he got on it, and that he knew how to beat it and win.</li> <li>• Cognitive biases are patterns of thinking that allow people make quick decisions based on past experiences, which are often biased and false.</li> <li>• Sacha said that he was in control of the machine and knew how to beat it, showing he had an illusion of control bias.</li> <li>• Problem gamblers often believe that they are naturally lucky/perform ritualistic behaviours during gambling to shorten the odds on them winning.</li> <li>• Sacha will not gamble on a Sunday as they believe the machines are against him, suggesting ritualistic behaviour.</li> <li>• Gamblers' fallacy is where they believe that events will even themselves out over time.</li> <li>• Sacha had not had a win for a few days so he would believe he would win soon.</li> <li>• Does not explain why the cognitive biases occur in the first place/why some people are more at risk of them.</li> <li>• It may be that cognitive biases are just a symptom of the addiction rather than cause of the addiction.</li> <li>• Gambling can be explained through operant conditioning as winning is a positive reinforcer.</li> <li>• The cognitive approach can be applied to treatments such as cognitive behavioural therapy, which help change irrational</li> </ul>

		<p>beliefs to rational ones.</p> <ul style="list-style-type: none"> <li>• It may be that some people may be more predisposed to addiction.</li> <li>• May only apply in situations of fruit machine gambling where there is a perception of skill needed.</li> <li>• Relapse may be explained by Cue reactivity where Sacha would associate certain people/situations with gambling, and these can trigger a relapse.</li> <li>• It may be that Sacha's low levels of self-efficacy cause addiction as high self-efficacy is related to the ability to change a behaviour.</li> </ul>
<p><b>Mark scheme (award up to 9 marks)</b> refer to the guidance on the cover of this document for how to apply levels-based mark schemes*.</p>		
Level	Mark	Descriptor
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Level 1	1-3	<ul style="list-style-type: none"> <li>• Demonstrates isolated knowledge and understanding, with major gaps or omissions</li> <li>• Few of the points made will be relevant to the context in the question</li> <li>• Limited evaluation which contains generic assertions leading to a conclusion that is superficial or unsupported.</li> </ul>
Level 2	4-6	<ul style="list-style-type: none"> <li>• Demonstrates some accurate knowledge and understanding, with few minor omissions.</li> <li>• Some of the points made will be relevant to the context in the question, but the link will not always be clear</li> <li>• Displays a partially developed evaluation that considers some different competing points, although not always in detail, leading to a conclusion which is partially supported.</li> </ul>
Level 3	7-9	<ul style="list-style-type: none"> <li>• Demonstrates mostly accurate and thorough/detailed knowledge and understanding</li> <li>• Most of the points made will be relevant to the context in the question, and there will be clear links</li> <li>• Displays a well-developed and logical evaluation that clearly considers different aspects and competing points in detail, leading to a conclusion that is fully supported.</li> </ul>



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