Cambridge Assessment International Education

Example Candidate Responses
Paper 4

Cambridge International AS & A Level
Psychology 9990

For examination from 2018

Cambridge Pathway

Version 2

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Contents

Introduction

The main aim of this booklet is to exemplify standards for those teaching Cambridge AS & A Level Psychology 9990, and to show how different levels of candidates' performance (high, middle and low) relate to the subject's curriculum and assessment objectives.

In this booklet candidate responses have been chosen from June 2018 scripts to exemplify a range of answers. For questions 1 and 3, part question examples have been selected from different candidate scripts and therefore total marks have not been provided for these questions.

For each question, the response is annotated with a clear explanation of where and why marks were awarded or omitted. This is followed by examiner comments on how the answer could have been improved. In this way, it is possible for you to understand what candidates have done to gain their marks and what they could do to improve their answers. There is also a list of common mistakes candidates made in their answers for each question.

This document provides illustrative examples of candidate work with examiner commentary. These help teachers to assess the standard required to achieve marks beyond the guidance of the mark scheme. Therefore, in some circumstances, such as where exact answers are required, there will not be much comment.

The questions and mark schemes used here are available to download from the School Support Hub. These files are

June 2018 Question Paper 42

June 2018 Paper 42 Mark Scheme

Past exam resources and other teacher support materials are available on the School Support Hub:

www.cambridgeinternational.org/support

How to use this booklet

This booklet goes through the paper one question at a time, showing you the high-, middle- and low-level response for a range of questions. The candidate answers are set in a table. In the left-hand column are the candidate answers, and in the right-hand column are the examiner comments.

Example Candidate Response – high	Examiner comments
Section A Answer **all** questions in this section. 1 In the study by Canli et al. (brain scans and emotions), one variable was investigated by comparing neutral and negative scenes. **(a)** Is this an independent or a dependent variable? Include a reason for your answer. 1 *independent - the change between neutral and negative* 2 *marks it independent* [1]	1 The wording of this particular question means that just answering 'independent' is correct. Beware, however, because 'independent' means different things in different contexts in psychology, so it is good practice to use the whole term. 2 Neither the concept that the independent variable is changed

Answers are by real candidates in exam conditions. These show you the types of answers for each level. Discuss and analyse the answers with your learners in the classroom to improve their skills.

Examiner comments are alongside the answers. These explain where and why marks were awarded. This helps you to interpret the standard of Cambridge exams so you can help your learners to refine their exam technique.

How the candidate could have improved their answer

- Although both parts of this answer earned full marks, it would be good practice to get into the habit of always specifying 'independent *variable*', as using just a single word could be insufficient in response to other questions. Note that an 'independent measures design' would be another case where a single word answer of 'independent' may not be adequate.
- Operationalisation is a concept that often leads to confusion. The simplest way to answer such a question would be to think 'How could I manipulate (or measure) this in practice?', then write a description.

This section explains how the candidate could have improved each answer. This helps you to interpret the standard of Cambridge exams and helps your learners to refine their exam technique.

Common mistakes candidates made in this question

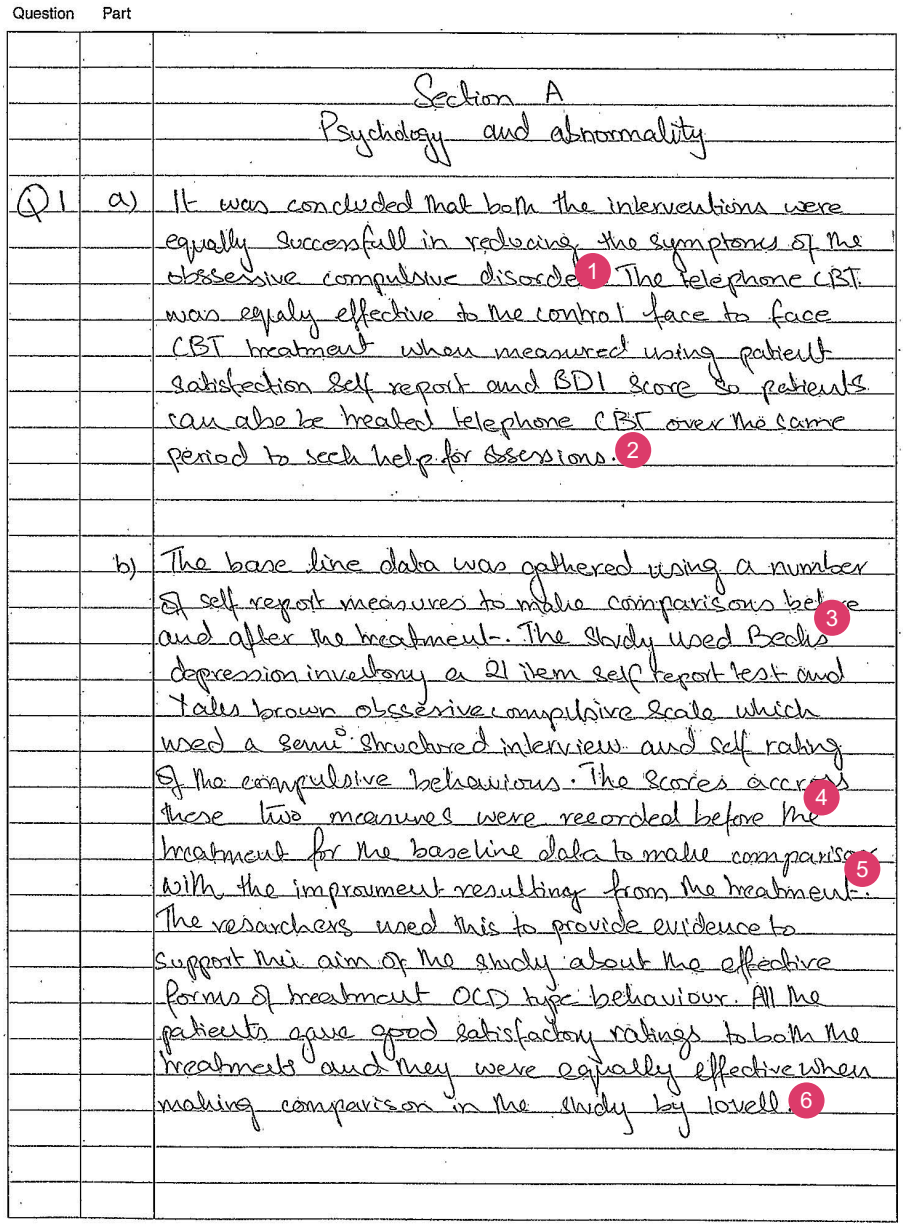
In part (a) a common mistake was to give the dependent variable in place of the independent variable. The difference between these two variables is simply one of giving them the right names. One way to remember which is which is to think 'What is the researcher **IN**vestigating?' this is their **IN**dependent variable. The **depend**ent variable is exactly what it says, changes in this variable **depend** on, i.e. are caused by, the manipulation of the independent variable.

Often candidates were not awarded marks because they misread or misinterpreted the questions.

Lists the common mistakes candidates made in answering each question. This will help your learners to avoid these mistakes and give them the best chance of achieving the available marks.

Question 1

Example Candidate Response – high



Question Part

Section A
Psychology and abnormality

Q1 a) It was concluded that both the interventions were equally successfull in reducing the symptoms of the obsessive compulsive disorder. 1 The telephone CBT was equaly effective to the control face to face CBT treatment when measured using patient satisfaction self report and BDI score so patients can also be treated telephone CBT over the same period to seek help for obsessions. 2

b) The base line data was gathered using a number of self report measures to make comparisons before and after the treatment. 3 The study used Becks depression inventory a 21 item self report test and Yales brown obsessive compulsive scale which used a semi structured interview and self rating of the compulsive behaviours. The scores across 4 these two measures were recorded before the treatment for the baseline data to make comparison with the improvement resulting from the treatment. 5 The researchers used this to provide evidence to support the aim of the study about the effective forms of treatment OCD type behaviour. All the patients gave good satisfactory ratings to both the treatments and they were equally effective when making comparison in the study by Lovell. 6

Examiner comments

1 This is a good opening sentence which is correct because Lovell et al. (2006) found that both interventions were equally successful. This part of the answer is awarded 1 mark.

2 The answer states that 'they were equally effective when measured using patient satisfaction and BDI', providing specific evidence of how the effectiveness of the treatments was measured. This additional comment means that another 1 mark is awarded.
Mark for (a) = 2 out of 2

3 The candidate addresses the 'why', when stating 'to make comparisons before and after the treatment'. This is awarded 2 marks.

4 This part of the answer addresses the 'how'. Becks Depression Inventory was used, as was the Yale-Brown scale. Identifying these two measures gains 2 marks. The answer continues to add more detail, for example, one is 'a 21 item self-report test' and the other is a 'semi-structured interview'. These few words show correct knowledge.

5 This repeats what was written above. Repetition scores no additional marks.

6 This last paragraph adds nothing in relation to the question. Stating the 'equal effectiveness' belongs in part (a) of the answer.
Mark for (b) = 4 out of 4

Example Candidate Response – high, continued

Question Part

c.) The main differences between the two types of therapy is that there was a direct contact between the therapist and the patient when using face to face and no direct contact with the telephone CBT.[7] They were both delivered for an equal amount of time[8] but the patient with telephone CBT did not had to travel to go to the doctor so access to the therapy is made easier and patients can benefit from home.[9] Also the cost of the telephone therapy may be less than that of the face to face therapy. The participants in both the groups of therapy[10] the study also differed. Iovell used randomaside control trial for the allocation of the participants and so the type of individuals being treated were different in each group.[11]

Examiner comments

7 Face-to-face has direct contact with a therapist but there is no direct contact with the telephone cognitive-behavioural therapy (CBT). This is a difference stating both 'sides' and scores 2 marks.

8 'Both delivered for an equal amount of time' is a similarity not a difference.

9 'telephone CBT did not have to travel' is one side, but the other side is 'patients can benefit from home'. This difference is too vague, and is worth only partial credit.

10 This is a third potential difference and only two can be credited.

11 This difference is in relation to the participants. The question states 'in the delivery' and the allocation of participants is not part of the delivery.
Mark for (c) = 3 out of 4

Example Candidate Response – high, continued

Question Part

1 (d) Using Telephones can reduce time spending as telephone delivery could save time values than coming in a Laboratory or so. Observations take much more time as its the Longitudinal Process. 13
Telephone is much cheaper and a quick method as the researcher can any time or at any place can perform but on the other hand it has some weaknesses aswell as the researcher cannot see the participant directly. He cannot observe the facial expressions of the participants. 14
Participants may lie on Telephone or exagerate because researcher 15 16 doesnot know the comfort Level.
According to the above debate I conclude that face-to face interviews are much more effective than Telephone delivery to control obsessive compulse disorder through cognitive behavioral Therapy. 17

Examiner comments

12 This strength 'it saves time' is compared to going to a laboratory (or the room in which therapy is conducted). If the answer was no more than 'it saves time' then it would be too vague for credit. However, there is the comparison with 'going to a laboratory' so this strength is awarded 1 mark.

13 It is unclear what this sentence is referring to.

14 The comment 'is much cheaper' is too vague for credit. 'a quick method' is equally vague. These comments are not showing psychological knowledge. However, 'at any time or any place' is a valid strength because telephone therapy could be conducted at any time and in theory, anywhere. 1 mark awarded for this comment.

15 A weakness of telephone therapy is that the therapist cannot see facial expressions. There is no expansion to explain why this is a weakness, but as the answer is not wrong, it is awarded 1 mark.

16 Patients may lie or exaggerate on a telephone so this is a weakness. However, they may do so in face-to-face therapy. As this is a possibility, that is not wrong, then 1 mark is awarded.

17 This answer has a conclusion that 'face-to-face therapy is more effective'. However, this contradicts the conclusion of Lovell et al. If they had given the reasons why face-to face is more effective then credit could have been given.
Mark for (d) = 4 out of 5

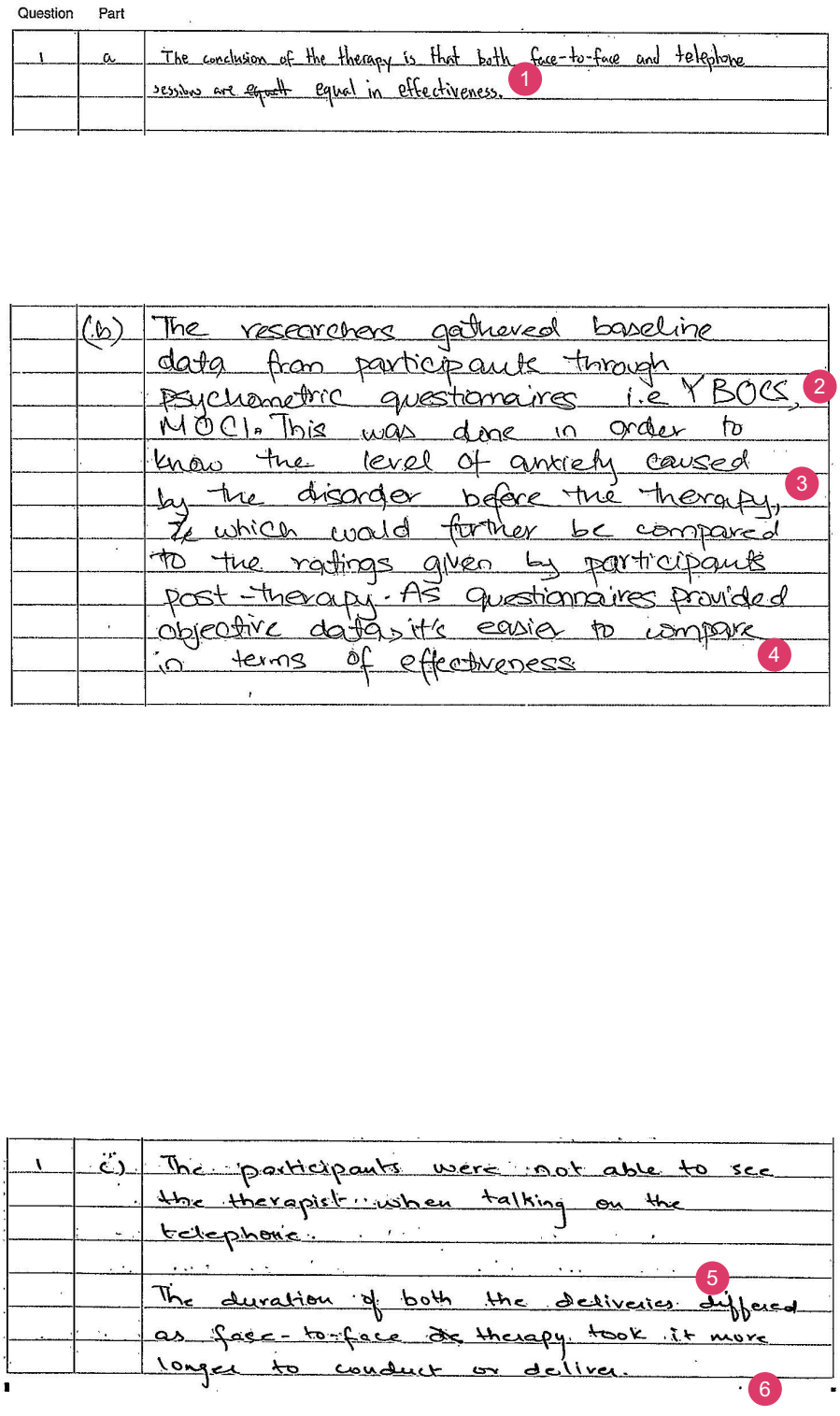
How the candidate could have improved their answer

(b) Sentences were repeated, for example the 'before and after' comment, and marks will never be awarded twice for the same information. Some parts of the answer were not relevant, for example that both treatments were equally effective, which belonged in part (a) of the answer.

(c) Two differences were required and so only two differences should have been included. In this answer, there were four different points: a 'full' difference, a 'partial' difference, a similarity and an inappropriate difference. Two differences should have been given, each with 'both sides' stated.

(d) The conclusion should have been based on the strengths and weaknesses presented in the answer using the psychological knowledge. Comments like 'it is easier/cheaper/faster' etc. are hardly psychological and without explanation will receive no credit.

Example Candidate Response – middle



Question Part

1 a The conclusion of the therapy is that both face-to-face and telephone sessions are ~~equal~~ equal in effectiveness. 1

(b) The researchers gathered baseline data from participants through psychometric questionaires i.e Y BOCS, MOCI. This was done in order to know the level of anxiety caused by the disorder before the therapy, 2 3 which would further be compared to the ratings given by participants post-therapy. As questionaires provided objective data, it's easier to compare in terms of effectiveness 4

1 c) The participants were not able to see the therapist when talking on the telephone. 5

The duration of both the deliveries differed as face-to-face therapy took it more longer to conduct or deliver. 6

Examiner comments

1 This is a correct answer because the two therapies, 'face-to-face' and 'telephone', were equally effective. However, there is no elaboration beyond the initial answer and so the additional mark is not awarded.
Marks for (a) = 1 out of 2

2 This part of the answer addresses the 'how' part of the question. The Y-BOCS is correct, but the MOCI is not. There is no elaboration regarding the Y-BOCS, so 1 mark out of 2 is awarded for the correct names.

3 This part of the answer addresses the 'why' part of the question. The answer states 'to know the level... before the therapy... compared to ratings post-therapy'. The two important elements are 'before' and 'after'. As this answer has both, 2 marks out of 2 is awarded.

4 The last sentence is an attempt to add more detail and elaboration. What is written, is correct and it is why Y-BOCS was used. Elaboration like this adds value to the answer and confirms that this is 2 out of 2 marks. The sentence does not address the 'how' part and therefore marks are not awarded
Mark for (b) = 3 out of 4

5 This is true, but there is no contrast with face-to-face therapy. 1 mark is awarded for a partial answer.

6 Face-to-face therapy did take longer to conduct, but again there is no contrast with telephone therapy and there is no awareness of how long the therapy sessions lasted. 1 mark is awarded.
Mark for (c) = 2 out of 4

Example Candidate Response – middle, continued

Question Part

(d) Delivering CBT through telephone is convenient for both the therapist & the patient. However it is likely [7] to be effected through extraneous variables like background noise, weak signals, which is why it can't be said that it's possible to conduct telephone CBT everywhere. Just like [8] normal CBT, it will also take it time, so ~~if it's worth the~~ if time is being invested it's better if it's done properly & effectively [9] therefore face to face to face CBT seems a more reasonable option. Though it might cost less than face to face therapy. The patients with OCD's involving social dysfunctioning might [10] feel more comfortable on telephone rather than face to face, as they won't have to spend hours getting ready for it & can also excuse the anxiety caused by it. Hence it might prove to more effective as the patients is more relaxed than he would have been, had it ~~was~~ being done face to face. Therefore it could be said that the the condition of the patient needs to be taken into account when [11] deciding the kind of CBT that's best for them. For instance an individual who is conscious about

Examiner comments

7 The comment that 'it is convenient' is too vague for any credit to be awarded. If this was extended to explain why it is convenient then marks could be awarded.

8 This is an appropriate weakness with an explanation. 'it [i.e. telephone therapy] is likely to be affected through extraneous variables [good psychological terminology] like background noise, meaning that it cannot be conducted anywhere' is a good point with explanation and clearly applied to the study. This part of the answer is awarded 1 mark.

9 The comment 'just like normal CBT, it will take time' does not indicate whether this a strength or a weakness. Following this, is the comment that 'if time is being invested, it's better done properly... so face-to-face is a more reasonable option'. This is a general comment, neither a strength nor a weakness. Lovell et al. found both therapies were equally effective, so this comment is wrong. No credit for these sentences.

10 The comment about 'social dysfunctioning' is appropriate and using telephone therapy would be better for such people. This is then expanded with the comment about the patient being more relaxed.

11 Here is more explanation of the same point.

Example Candidate Response – middle, continued	Examiner comments
Question Part his appearance might be more comfortable with recieving CBT at home. But an individual who is conscious about germs ie sickness might ~~get drugs~~ feel disturbed using a telephone ie letting it- so close to their face for so long.	12 The same point continues here in more detail. However, the mark scheme only allocates 1 mark to each point (strength or weakness), so this detailed explanation only receives 1 mark. 13 An individual who is 'conscious about germs' might feel disturbed about using a telephone, but as it will be their own telephone in their own home, they can clean it as much as they wish to make it germ-free. However, this is a possible weakness, and so 1 mark is awarded. 14 There is no conclusion. 15 Overall, this answer scores 3 marks: 2 marks for weaknesses and 1 mark for strength. Mark for (d) = 3 out of 5

How the candidate could have improved their answer

(a) This answer was correct, but lacked the elaboration needed to be awarded the second available mark. This elaboration could have been a further explanation or an example from the study.

(b) The answer was correct, but it lacked the elaboration needed to be awarded the second available mark. Y-BOCS was correct, but it has not be described. The candidate should have described that Y-BOCs is the Yale-Brown obsessive-compulsive scale, and should have continued with that it is administered as a semi-structured interview or that questions are asked on a five-point scale starting with 0 = none. The answer could also be improved if another measure, another 'how' was included, such as the Beck Depression Inventory.

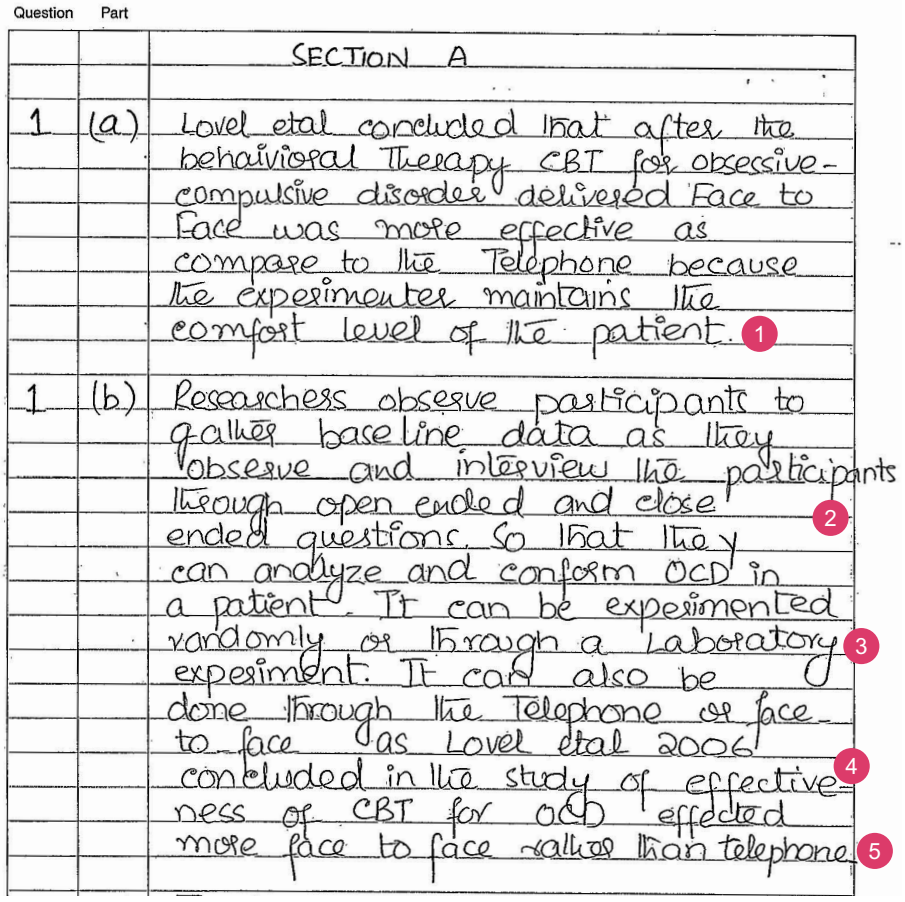
(c) The first part of the answer needed the words 'whereas for face-to-face therapy the patients can see the therapist'.

It was not clear whether the second part of the answer was referring to the overall number of sessions or to the duration of each session.

The candidate should have used psychological knowledge of the study. This would have helped to prevent repetition. For example, by stating 'the face-to-face sessions lasted for 60 minutes whereas the telephone sessions lasted for up to 30 minutes' shows a clear difference and shows correct psychological knowledge.

(d) The candidate should have given two strengths and two weaknesses and balancing each strength and weakness. The strength was explained in too much detail, whereas the weaknesses needed more explanation. Each strength or weakness is allocated 1 mark, however detailed the answer is. The conclusion was also absent from the answer.

Example Candidate Response – low



Question Part

SECTION A

1 (a) Lovel etal concluded that after the behavioral Therapy CBT for obsessive-compulsive disorder delivered Face to Face was more effective as compare to the Telephone because the expesimenter maintains the comfort level of the patient. 1

1 (b) Researchess obseve participants to galher baseline data as they obseve and interview the participants through open ended and close ended questions. So that they can analyze and conform OCD in a patient. It can be expesimented randomly or through a Laboratory expesiment. It can also be done through the Telephone or face-to-face as Lovel etal 2006 concluded in the study of effectiveness of CBT for OCD effected more face to face talkes than telephone 2 3 4 5

Examiner comments

1 The answer states that 'therapy... delivered face-to-face was more effective as compare to the Telephone ...'. Lovell et al. (2006) found that the therapies were equally effective.
Mark for (a) = 0 out of 2

2 The question asks how researchers gathered baseline data, and why they did this. The answer mentions 'observe participants' but does not elaborate on this. The answer also mentions '...and interview the participants through open and closed ended questions', but there is no elaboration.

3 It is unclear what the answer is referring to when writing: 'experimented randomly' and 'through a laboratory experiment'.

4 The therapy can be done through telephone or face-to-face, but this does not answer the question. The answer ends with a restatement of the conclusion of the study, which is question part (a) and is not relevant here.

5 The answer does not address the question. The answer shows no awareness of questionnaires that were used, and overall the answer is too vague.
Mark for (b) = 0 out of 4

Example Candidate Response – low, continued

1	(c)	In face to face conversations researcher can see the facial expressions of the participant and conclude about his feeling. 6 Participant dont lie in face to face conversations and interviews. 7 Anothes difference is that participants wont be comfortable 8 sometimes face to face as they save time.

1	d	+ CBT delivered via telephone is advantagous because of it's availability and how easy accessable the telephone can be. However, CBT via telephone may be open to social desirability, due to the patient being more likely to be lying over the phone. 9

10

Examiner comments

6 Here there is a comment about facial expressions and feelings in face-to-face therapy, but nothing to show how this is different from telephone therapy. The difference needs stating explicitly.

7 This is another comment about face-to-face therapy but nothing about telephone therapy. 'Participant don't lie in face-to-face' may or may not be true. This is anecdotal rather than based on a fact. Nothing can be awarded here.

8 The point is not clear. It is the therapy by telephone that saves time.
Mark for (c) = 1 out of 4

9 A strength is outlined here: 'availability and how accessible the telephone can be'. Although there could be much more detail and explanation, this isn't incorrect so it is awarded 1 mark.

10 'Social desirability' i.e. not telling the truth, can apply in both types of therapy. Perhaps it is more likely over a telephone. This can be a weakness and is also awarded 1 mark.
Mark for (d) = 2 out of 5

How the candidate could have improved their answer

(a) The knowledge of the study by Lovell et al. (2006) was not accurate. The candidate needed to be more accurate and detailed.

(b) The question asked why and how baseline data was gathered. This answer addressed neither of these. The knowledge from the study by Lovell et al. (2006) should have been applied to questions.

(c) If a difference between two things is required then both 'sides' must be stated. Examiners cannot assume what is not written. A correct example would be 'for face-to-face therapy the therapist can see the non-verbal communication of the patient whereas for telephone therapy the therapist cannot see any non-verbal communication'. Knowledge from the study, or appropriate psychological knowledge should have been used. This would show that the answer is based on what has been learned and understood. For example, another difference would be 'face-to-face therapy included 10 one-hour sessions whereas telephone therapy had one face-to-face session and eight telephone sessions'. This shows knowledge directly from the study that has been understood.

(d) The question required two strengths and two weaknesses and a conclusion. The answer provided only one strength and one weakness and no conclusion. Answers should always be based on psychological terminology and knowledge. The strength of 'availability' was correct, but could have been written by anyone without psychological knowledge. However, this answer did relate the strength to the study when writing 'CBT delivered by telephone'. The weakness used the term 'social desirability' which was good, but there could have been much more detail and explanation, such as what the patient might be lying about.

Common mistakes candidates made in this question

(a) The incorrect assumption is that face-to-face therapy is more effective than telephone therapy. This is a logical assumption to make for many reasons, but it is incorrect. The two therapies are equally effective. Answers which were no more than one sentence, a 'partial' answer, were unlikely to score both available marks. A little elaboration, such as an example or explanation was needed for the second available mark to be awarded.

(b)

- Not addressing the question. Answers must answer the question specifically and not provide a general description of a study.
- Not answering all components of a question. Answers must address the 'how' part, which is worth 2 marks, and also the 'why' part, also worth 2 marks. If only one of these components is answered then only half marks can be awarded.

(c)

- Not addressing the question. If a difference between two things is required then both 'sides' must be explicitly stated.
- Using anecdotal information rather than quoting knowledge directly from the study.
- Writing more than two differences. Credit can only be given for two differences and so there is no reason to include more than two.
- Not focusing on the requirements of the question.
- Writing similarities rather than differences.
- Writing about differences that do not answer the question. The question states 'delivery of therapy', so a difference of any other aspect receives no credit.

(d)

- Not addressing the question. The question required two strengths, two weaknesses and a conclusion. If four strengths or four weaknesses are given, only the best two of each will be credited. A conclusion was a 'decision reached by reasoning' and so any answer providing a summary of points already made was awarded 0 marks. Writing more than two strengths or weaknesses.
- Not focusing on the requirements of the question. The question stated: 'of telephone delivery of CBT' and so answers giving strengths and weaknesses of face-to-face therapy are awarded no marks.

Question 3

Example Candidate Response – high

Psychology and health.

Q3 a) The study by Lau was a longitudinal as he wanted to explore the effect of stability and change on the health beliefs and behaviours of the adolescent over time. 1 Over the 3 years of college he tested 947 students for changes in their health beliefs and how susceptible they are to the illness and how they get influenced. It is important to understand how these behaviours are formed in the 2 early years to understand how they change. To study development.

b) The difference between the enduring family socialisation model is that it considers the impact of the family on the child in the early years of its development when it is most influenced by the parents and parents are able to exert their 3 influence on their child. 4 The direct modelling of the behaviour is the most powerful influence on the childs health beliefs and behaviours. Where as the lifelong openess model states that the proximity to the individual is the factor affecting their perceived health beliefs. When 5 the child leaves home for college they are more influenced by their peers as surrounded by them for most of the time. This will affect their health belif accordingly. The child will most effected by those surrounding them all the time. 6 7

Examiner comments

1 This is exactly the reason Lau et al. conducted the study. 'The effect...over time' shows it is longitudinal, and 'health beliefs and behaviours of adolescents' shows knowledge of the study.

2 Here is elaboration which shows good knowledge of the study and shows understanding.
Mark for (a) = 2 out of 2

3 Difference 1: The enduring family model 'considers the impact of the family in early years'.

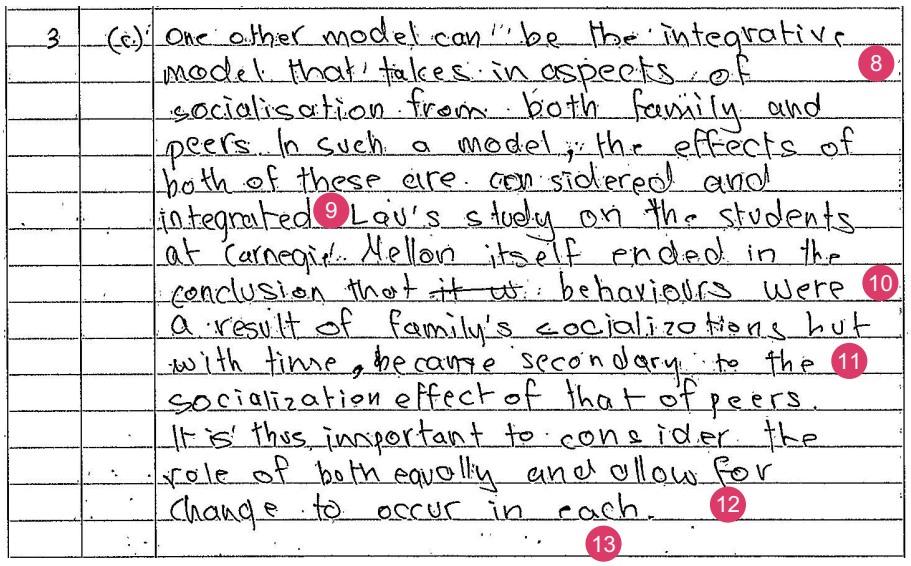
4 Difference 2: 'parents exert an influence on their child'.

5 Difference 2: 'they are more influenced by their peers'.

6 Difference 1: The lifelong model shows 'how the child is affected by those around them all the time'.

7 The two differences are there, but this answer shows how organising the answer would make it much clearer to see the differences.
Mark for (b) = 4 out of 4

Example Candidate Response – high, continued



3 (c) One other model can be the integrative model that takes in aspects of socialisation from both family and peers. In such a model, the effects of both of these are considered and integrated. Lau's study on the students at Carnegie Mellon itself ended in the conclusion that ~~it w~~ behaviours were a result of family's socializations but with time, became secondary to the socialization effect of that of peers. It is thus important to consider the role of both equally and allow for change to occur in each.

Examiner comments

8 Lau et al. do not have an 'integrative' model, but they do have the 'windows of vulnerability model' which does, generally, take into account aspects from both family and peers.

9 It isn't quite correct that both are 'considered and integrated'. Instead parental influence persists unless the person is exposed to others, for example peers, who are sufficiently influential to change health beliefs.

10 The participants were students from Carnegie Mellon so this shows knowledge from the study.

11 This is very close to being correct, because with time, others such as peers, may have an effect.

12 This is the whole point of the Lau et al. study, that health beliefs should be considered over time in relation to the influences of both family and peers.

13 This answer just needed the specific focus on the 'windows of vulnerability' model. However, much of the detail is very close. Mark for (c) = 3 out of 4

Example Candidate Response – high, continued

Examiner comments

Question Part

3 (d) Longitudinal studies are often conducted because they have the advantage of showing a transition and a change. This is especially important in studying health beliefs because in this way we can gather information that shows us the start and the end and the way things progressed as well. 14 It carries the benefit of being valid, as people will less likely to lie if they're a part of a longitudinal study and so it is of benefit. 15

Longitudinal studies show varying, developing data which is important to understanding varying health beliefs. 16

A problem however, is the fact that it does show changes but not the reasons for the changes. People might be seen to become more health conscious but it will not show why that happened. 17 Furthermore the people might not be responding to social desiribility bias knowing their data is being used for research purposes. 18 The problem of people leaving i.e sample attrition is also a genuine concern for all longitudinal studies. 19 Health Beliefs can also be a private matter of the people and the continuing longitudinal study might irritate the people who would then not give true responses. 20

In conclusion, we must keep in mind that the fact that it shows progression in health beliefs is vital and we should overcome the reasons for it problem by using qualitative (open ended) questionnaires and unstructured interviews so people can explain the change behind their reasoning, and so a longitudinal study would be an ideal way to study health beliefs. 21 22

14 This is a relevant advantage and it is supported with a 'health beliefs' example. A good start.

15 Longitudinal studies are no more or less valid than any other study. Participants are no more or less likely to lie in a longitudinal study.

16 The comment 'show varying, developing data' is too vague. This needs to be explained more, or supported with an example to receive credit.

17 This is a good point; an appropriate weakness. Again, an example from the study would be helpful.

18 The participants might 'respond to social desirability bias' but this is not known. An example would help to clarify.

19 Attrition is a weakness of longitudinal studies. But again, this isn't related to health beliefs or the Lau et al. study.

20 It might irritate people, but they could then withdraw from the study. An example would make the point clearly and unambiguously.

21 This is a relevant conclusion and it is worth credit.

22 Overall, this answer has one creditable strength, two creditable weaknesses and a conclusion. Mark for (d) = 4 out of 5

How the candidate could have improved their answer

(b) The candidate should have considered one difference, comparing the two models and then considered a second. The answer could have been thought through more, and has been less repetitive.

(c) The candidate showed good understanding, but did not focus specifically on the exact model outlined by Lau et al. which was the 'windows of vulnerability model'. Using this model would have added a little more clarity and understanding to the answer.

(d) Each strength or weakness should have followed the same style as the first strength, with an example from the study by Lau et al. or at least a comment about health beliefs. There should have been two explicit strengths and two explicit weaknesses, rather than a list of single sentences with no elaboration. Strengths and weaknesses should have been psychological and they should have related to longitudinal studies rather than to any study.

Example Candidate Response – middle

Question Part

3 (a) The study by Lau et al is Longitudinal because the unhealthy behaviours are difficult to change [1] because of lifstyles behaiviours developed over a period become habitual and they take a Long time period to study every part of life. [2]

3 (b) Enduring Family socialization model has more influence in tradional societies as they belief on the same norms and values from generation to generation as Lau etal 1990 found that understanding how these habits are formed in the early years is important to how they can be changed. [3]
Life Long openess model emphasize on the freewill of modern society as every individual spends differently in everyphase of life. [4] [5]

Examiner comments

[1] 'Unhealthy behaviours may be difficult to change' does not answer the question of why a longitudinal study was conducted. The study by Lau et al. is not about health promotion.

[2] Longitudinal studies do take a long period of time and so this answer is awarded 1 mark.
Mark for (a) = 1 out of 2

[3] The first difference is that the family affects norms and values that are formed in early life.

[4] In contrast to the above, the life-long openness model emphasises free-will and that every individual is different i.e. not determined by the family.

[5] There is only one difference here, and the second half is not clearly stated.
Mark for (b) = 2 out of 4

Example Candidate Response – middle, continued

Question Part

(c) ~~Beckers health belief model states~~
Bandurds self efficacy model states 6
on individuals health beliefs
depend upon his beliefs regarding 7
his control on his life. And
whether the individual has an
illusion of invulnerability or not. 8
Other factors & include social
norms & beliefs towards the importance
of good health. 9

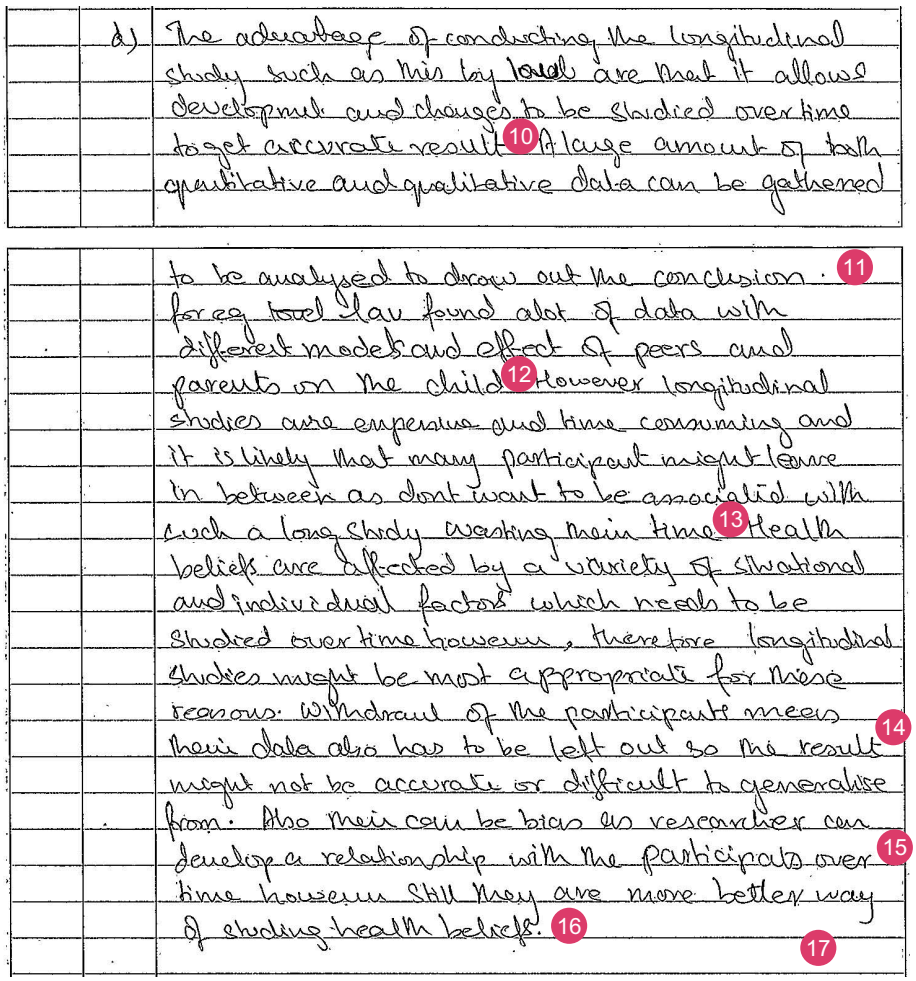
Examiner comments

6 The most logical answer to this question would be Lau et al.'s 'windows of vulnerability' model as a continuation of parts (a) and (b).

7 There is nothing wrong with an alternative proposal, such as this which uses Bandura's self-efficacy. What is written here is correct about an individual's control.

8 The individual may have an illusion of invulnerability and ignore external factors. Alternatively, that control can be influenced by 'other factors' and an individual may have such as 'social norms and beliefs'.

9 This is an interesting answer because it applies information from a different topic area to answer the question. To a certain extent this is successful, but the question states '... to explain the influence of family and peers on health beliefs' and this answer does not address that aspect at all.
Mark for (c) = 2 out of 4

Example Candidate Response – middle, continued	Examiner comments
	10 This is exactly what a longitudinal study does. A relevant advantage. 11 Another relevant advantage. 12 Here is the example to support the advantage. 13 Here is a relevant disadvantage of longitudinal studies. But, this needs a supporting example. 14 This is the continuation of the point about participant attrition. It still needs an example from the study or about health beliefs. 15 There could be bias from a researcher, but why? This could happen in any study, not just longitudinal. Again there is not an example. 16 This answer has no conclusion. 17 There are advantages and a disadvantage here that are relevant to longitudinal studies. However, there are very few supporting examples and there is no conclusion. Mark for (d) = 3 out of 5

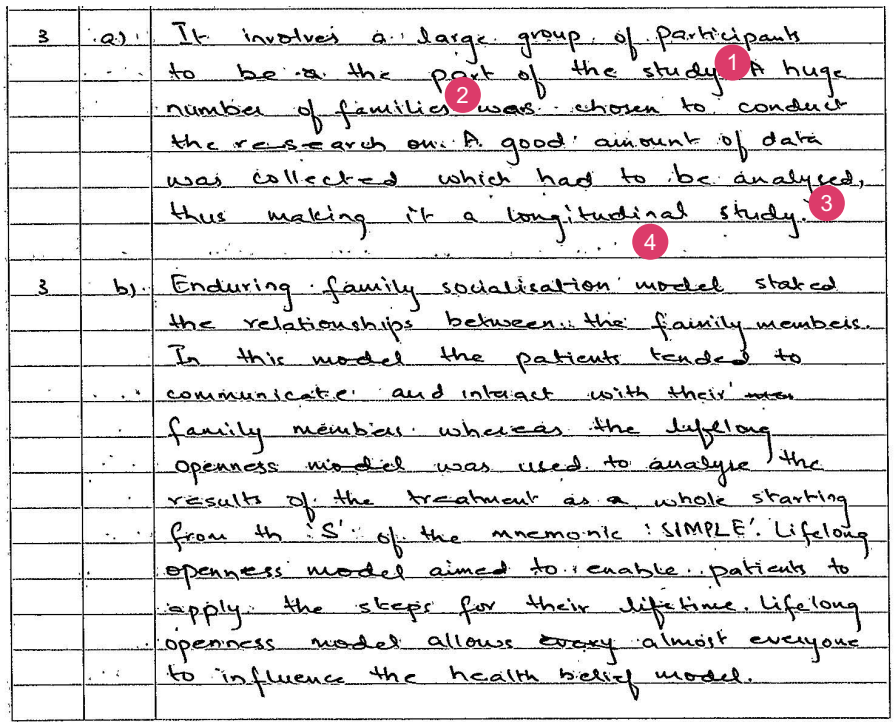
How the candidate could have improved their answer

(a) The answer commented on behaviours being difficult to change which did not answer the question. The candidate should have used knowledge from the study by Lau et al. as the question required in relation to longitudinal studies.

(b) The candidate should have included two differences rather than just one. The answer should have made the difference more explicit rather than more of a description of the two models.

(c) More explanation should have been provided to explain further or clarify many of the advantages and disadvantages. Many more examples should have been used to support the advantages and disadvantages either in relation to health beliefs or from the study by Lau et al. There was no conclusion.

Example Candidate Response – low



3 a) It involves a large group of participants to be a the part of the study. A huge number of families was chosen to conduct the research on. A good amount of data was collected which had to be analysed, thus making it a longitudinal study.

3 b) Enduring family socialisation model stated the relationships between the family members. In this model the patients tended to communicate and interact with their family members whereas the lifelong openness model was used to analyse the results of the treatment as a whole starting from th 'S' of the mnemonic 'SIMPLE'. Lifelong openness model aimed to enable patients to apply the steps for their lifetime. Lifelong openness model allows ~~every~~ almost everyone to influence the health belief model.

Examiner comments

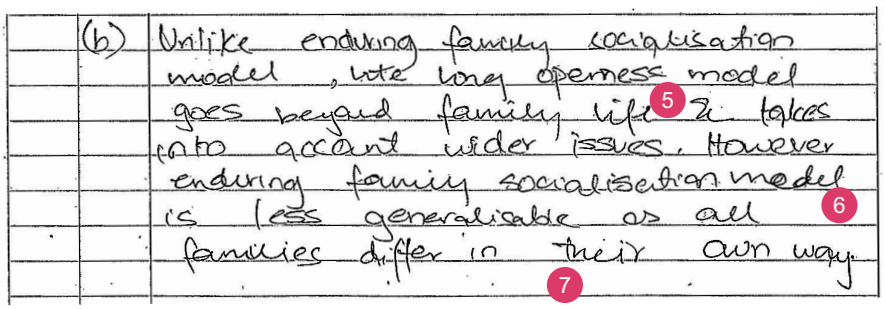
1 A longitudinal study does not require a large number of participants. This does not explain why it was longitudinal.

2 Same comment. This is still not answering the question.

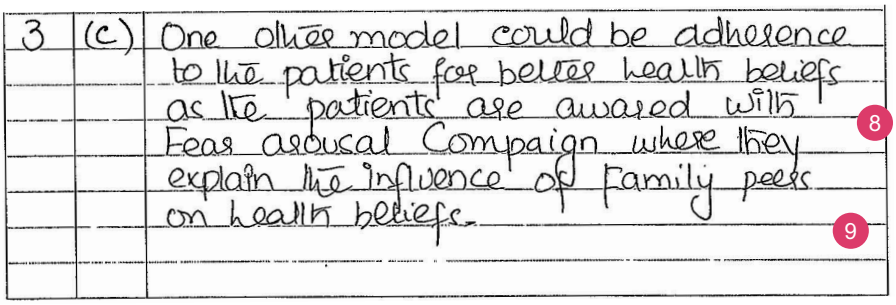
3 'A good amount of data' does not make the study longitudinal. A good amount of data could be gathered from any study.

4 This answer does not answer the question and so cannot be awarded any marks.
Mark for (a) = 0 out of 2

Example Candidate Response – low, continued



(b) Unlike enduring family socialisation model, life long openness model goes beyond family life 5 it takes into account wider issues. However enduring family socialisation model 6 is less generalisable as all families differ in their own way. 7



3 (c) One other model could be adherence to the patients for better health beliefs as the patients are awared with Fear arousal Compaign where they explain the influence of family peers on health beliefs. 8 9

Examiner comments

5 The life-long openness model does go beyond family life, so the answer receives credit for this. 'takes into account wider issues' is too vague and it is unclear what this means. There is a statement here, but no contrast of both models.

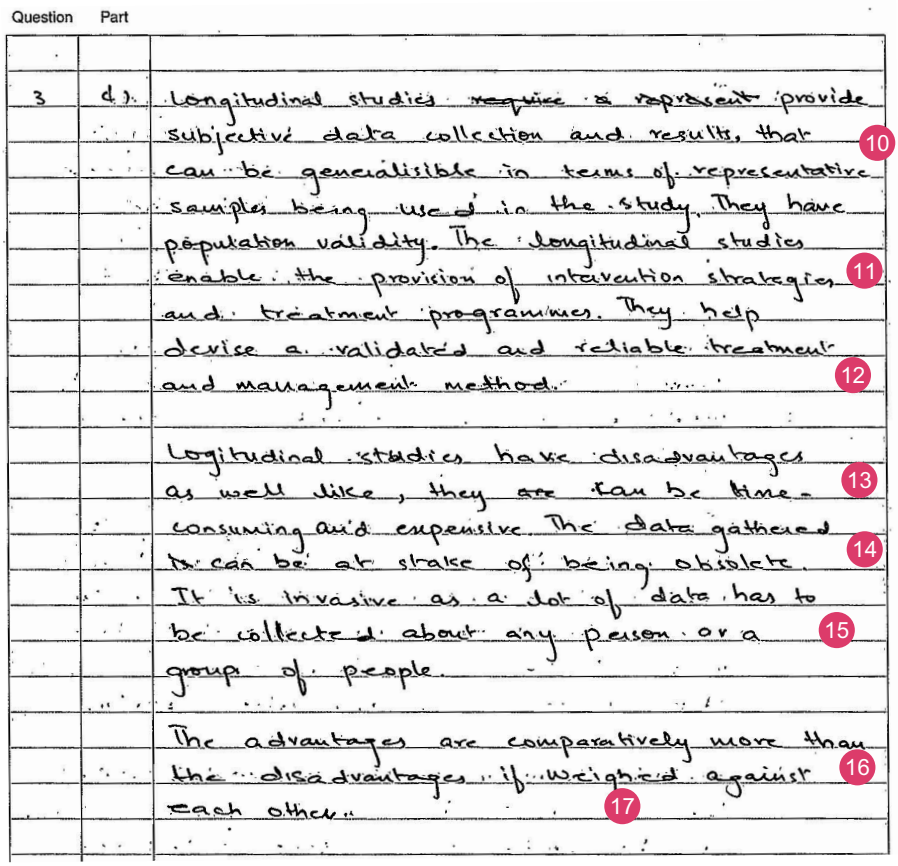
6 'is less generalisable' is too vague. Families might differ, but so would the effect of peers in the life-long model. There is not enough explanation here for the difference to be credited.

7 There is a vague difference of one side here, but nothing more.
Mark for (b) = 1 out of 4

8 It is unclear what is meant here: '…adherence to the patients for better health beliefs'. Does this mean that if a patient adheres to medical requests they will be more healthy?

9 The second part of the answer is also unclear. '...patients made aware using a fear arousal campaign...where the influence of family and peers is explained' is too vague to be awarded any credit.
Mark for (c) = 0 out of 4

Example Candidate Response – low, continued



Question | Part

3 d) Longitudinal studies ~~require~~ a ~~represent~~ provide subjective data collection and results, that can be generalisible in terms of representative samples being used in the study. They have population validity. The longitudinal studies enable the provision of intervention strategies and treatment programmes. They help devise a validated and reliable treatment and management method.

Logitudinal studies have disadvantages as well like, they are can be time-consuming and expensive. The data gathered is can be at stake of being obsolete. It is invasive as a lot of data has to be collected about any person or a group of people.

The advantages are comparatively more than the disadvantages if weighed against each other.

Examiner comments

10 Some longitudinal studies provide 'subjective' data collection, but some provide 'objective' data collection. There is no further explanation on this point and no reference to health beliefs or the study by Lau et al.

11 It is unclear what this is referring to. Longitudinal studies are conducted for many purposes; in this case to measure health beliefs over time and has nothing to do with either intervention or treatment.

12 'validated and reliable treatment...' is a vague sentence that is not related to the question.

13 Longitudinal studies are conducted over time, but they can consist of a 30-minute questionnaire done once per year, which would not be considered time consuming.

14 There is no elaboration here to explain why longitudinal studies are expensive. However, if it involves a questionnaire these are hardly expensive compared to a study using a MRI scanner.

15 Data is collected in any study, and it is not invasive.

16 It is assumed that this is the conclusion. It is too vague and says nothing at all.

17 This answer is too vague; it is not related to health beliefs and has nothing on the study by Lau et al. It cannot be awarded any marks.
Mark for (d) = 0 out of 4

How the candidate could have improved their answer

(a) The answer had no evidence of knowledge about a longitudinal study.

(b) The knowledge of the study by Lovell et al. (2006) was not accurate. The candidate should have provided two clear differences both sides presented.

(c) The candidate should have used knowledge of the study by Lau et al. (2006); the best answer to the question appeared as part of that study and was the windows of vulnerability model. The answer could have more detail to try and provide a clear explanation.

(d) Both advantages and disadvantages needed much more explanation. Examples from health beliefs should have been used to support the advantages and disadvantages, even better would be examples from the longitudinal study by Lau et al.

Common mistakes candidates made in this question

(a) The answer must show knowledge and understanding of longitudinal studies. The answer must also show knowledge and understanding of the study by Lau et al. Answers which are no more than one sentence, a 'partial' answer, are unlikely to score both available marks. Elaboration, such as an example or explanation was needed for the second available mark to be awarded.

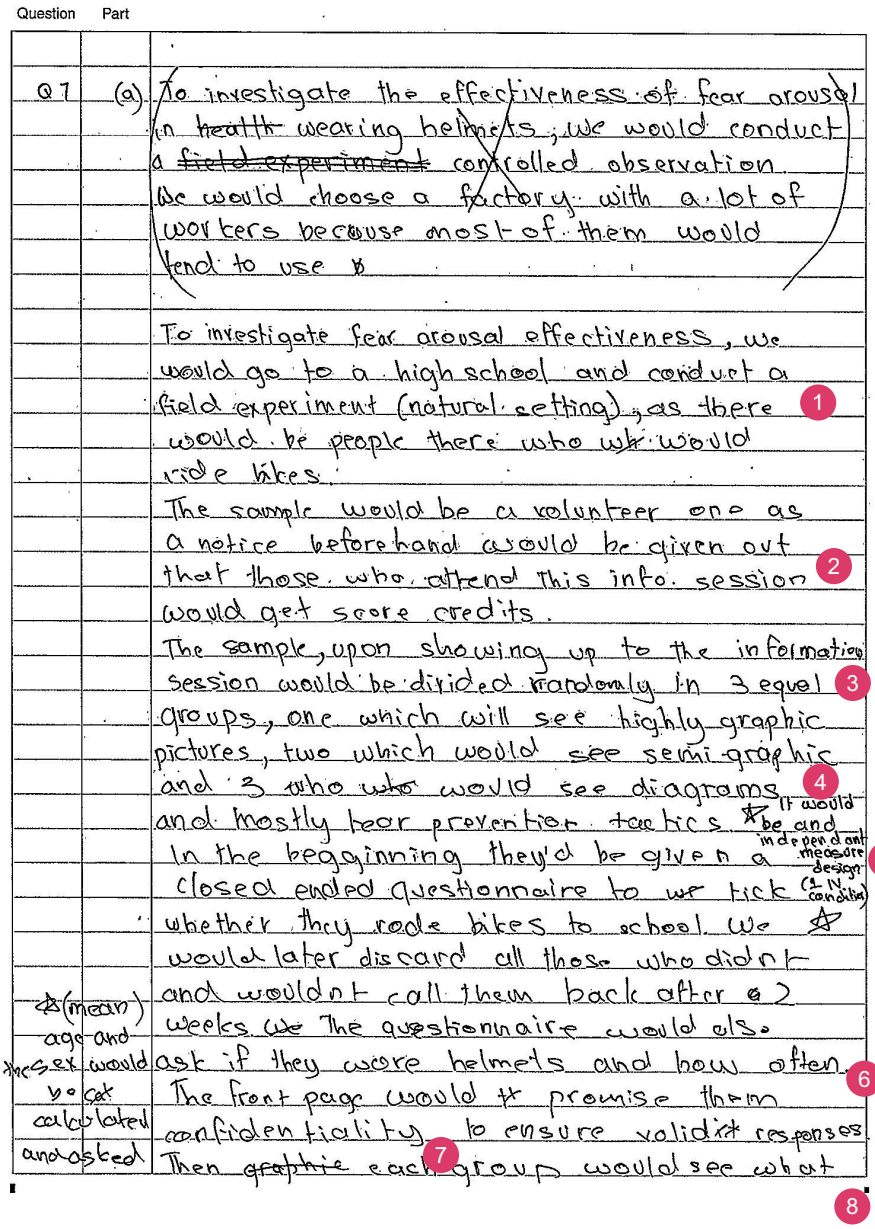
(b) Not addressing the question. This question does not ask for a description of the two models. If a difference between two things is required then both 'sides' must be explicitly stated. Writing more than two differences or giving a similarity. Credit could only be given for two differences and so there was no reason to include more than two. There was no credit for any similarity.

(c) Answering the question incorrectly by writing about incorrect 'made-up' models or models that have been applied that do not really fit. The best answer is the 'windows of vulnerability model' outlined in the study by Lau et al. Writing too little detail. Answers which were no more than one sentence, a 'partial' answer, was unlikely to score all the available marks. Elaboration, such as an example or explanation was needed for the full four marks to be awarded.

(d) Not addressing the question. The question required two strengths and two weaknesses and a conclusion. A conclusion is a 'decision reached by reasoning' and so any answer providing a summary of points already made was awarded 0 marks. Some candidates gave more than two strengths or weaknesses. Four strengths or four weaknesses is imbalanced and the best two of each will be credited. Writing more than required is poor examination technique. The question stated: 'of telephone delivery of CBT' and so answers giving strengths and weaknesses of face-to-face therapy were awarded no marks.

Question 7

Example Candidate Response – high



Question Part

Q7 (a) ~~To investigate the effectiveness of fear arousal in health wearing helmets, we would conduct a field experiment controlled observation. We would choose a factory with a lot of workers because most of them would tend to use ✗~~

To investigate fear arousal effectiveness, we would go to a high school and conduct a field experiment (natural setting), as there would be people there who would ride bikes. 1

The sample would be a volunteer one as a notice beforehand would be given out that those who attend this info. session would get score credits. 2

The sample, upon showing up to the information session would be divided randomly in 3 equal groups, one which will see highly graphic pictures, two which would see semi-graphic and 3 who ~~who~~ would see diagrams 3 4 and mostly hear prevention tactics ★ It would be an independent measure design (3 IV conditions) In the beggining they'd be given a closed ended questionnaire to ~~we~~ tick whether they rode bikes to school. We ★ would later discard all those who didn't and wouldn't call them back after 6 5 weeks. ~~We~~ The questionnaire would also ask if they wore helmets and how often. 6 The front page would ~~t~~ promise them confidentiality to ensure validity responses. 7 Then ~~graphic~~ each group would see what 8

★ (mean) age and ~~the~~ sex would be ~~sat~~ calculated and asked

Examiner comments

1 The chosen method is a field experiment, presumably conducted in a school, a natural environment for the participants.

2 A volunteer sample is an appropriate sampling technique and how this would be obtained is added: a notice given out and those wishing to participate attend later.

3 Participants who arrive are divided randomly into three equal groups. How this is done is not stated. Is this done randomly by putting 'names in a hat' giving every participant an equal chance or any of the three groups, or is it incorrectly 'random' by choosing who is in which group? This should be stated.

4 This is good detail of the procedure. Logically, these are the three conditions of the IV, but it is not stated in the answer.

5 Because there are three groups and as participants perform in only one condition, then this independent measures design.

6 The use of closed questionnaires is good. This gives a measure of helmet use before the intervention and helmet use after it. This is the DV, but that is not stated in the answer.

7 There is a mention of confidentiality, but there is no mention that this is an ethical guideline to be maintained. There is no mention of any other ethical guidelines.

8 Confidentiality does not ensure validity.

Example Candidate Response – high, continued

Question Part

it was planned to. IV is the intensity of fear in pictures 9 shown and DV is the change in helmet wearing habbits. 10 The session would last 20 mins and pre-rated 'fearful' pictures would be used for group 1. We would then let 11 them go and return two weeks later to for session 2 in which all bike riders were would be called again and asked to fill out a questionnaire (open ended / closeended) that would ask them if the how often they wore helmets and why they changed. In our study, privacy would be maintained and the right to withdraw ensured. 12 2 raters would score the second questionnaire for reliability and a computer 13 would analyse the first one (close ended). Group 3 is ofcouse the control group in this condition. This will show us if fear arousal 14 is effective and to what extent.

Examiner comments

9 It would be clearer to include this earlier where the three conditions were explained in detail.

10 This should go earlier, not here, to avoid repetition.

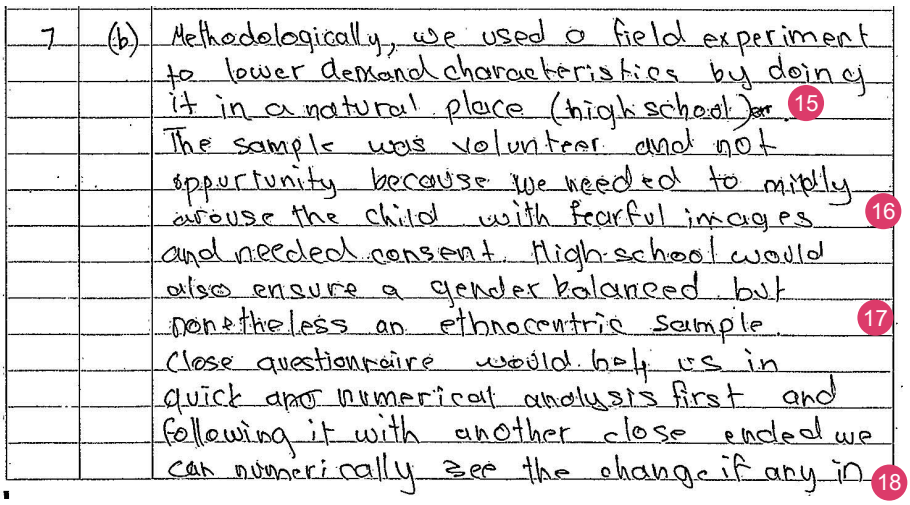
11 It would be clearer to include this earlier in the answer when it was first mentioned.

12 Here is more of the DV.

13 This is not appropriate. Two raters are not needed to score a closed questionnaire. A simple addition of numbers does not require two people (or even a computer, as the answer states). Inter-rater reliability is not needed with closed questionnaires. It can be used with open-ended.

14 This is a generally coherent answer that has many appropriate design features. There are some ambiguities, and some things need more explanation. More opportunity could have been taken to include other features, such as ethics. Some aspects mentioned are inappropriate, such as two raters.
Mark for (a) = 8 out of 10

Example Candidate Response – high, continued



7 (b) Methodologically, we used a field experiment to lower demand characteristics by doing it in a natural place (high school) [15]. The sample was volunteer and not opportunity because we needed to mildly arouse the child with fearful images [16] and needed consent. High school would also ensure a gender balanced but nonetheless an ethnocentric sample [17]. Close questionnaire would help us in quick and numerical analysis first and following it with another close ended we can numerically see the change if any in [18]

Examiner comments

15 This is a correct comment because participating in a laboratory can cause demand characteristics, whereas conducting a field experiment, where participants do not know they are in a study, removes demand characteristics. However, the participants in this design looked at pictures so knew they were in a study, and there might be demand characteristics.

16 This is exactly the way to answer this question. 'The sample was volunteer and not opportunity because...' is the beginning of an explanation of why the sampling technique was chosen. However, whether volunteer or opportunity both techniques need the informed consent of participants before exposing them to fear.

17 Why would a high school ensure gender balance? There are schools just for boys and just for girls. Why is it an ethnocentric sample? There is no explanation and this is evaluation.

18 This is a methodological decision explaining the reason why a closed questionnaire was used.

Example Candidate Response – high, continued

Question Part

wearing helmets. The open ended questionnaire would show us the reasoning the children used. 2 raters would rate so it'll be reliable. Mild fear is ofcouse wrong but the ends justify the means in most cases so the deception and fear was needed. There will ofcouse always be the problem of social desiribility and lying and ideally we should have backed up results by ∞ hidden observations to confirm them (ensure students weren't lying), and this would put validity at risk.

~~Phy~~ Psychologically we have Leventhal's study which tells us fear was important to arouse in smokers to urge them to leave it and also have Janis who concluded that while fear caused an immediate reaction it was not responsible for a long term change in health behaviour, brushing teeth in her case. She believed giving information was vital and so we ensured we did it across all three groups. In the end the open ended questionnaire would tell us which ~~fear~~ factor caused them to wear helmets more often if they started doing it. Lewin urged to give information too and that is ~~how~~ something we'd taken into account as well.

Examiner comments

19 An open-ended questionnaire would show reasoning, so this is a good explanation of why it was used.

20 Having two raters does not make anything reliable. Two raters may make completely different judgements and so there is no reliability. Inter-rater reliability is to test reliability, which may or may not be good.

21 A reference here to ethics, but there was no mention of ethics in the part (a) suggestion. Is the answer now evaluating rather than explaining?

22 The answer is referring to the study by Leventhal and although this study is not listed on the syllabus, it is a legitimate alternative.

23 The study by Janis (and Feshbach) is also used here.

24 This is a description of both studies. What is needed is a sentence linking this information with the design suggested in part (a).

25 'she believed it was vital, which is why we did it' is the crucial link.

26 It is unclear who Lewin is.

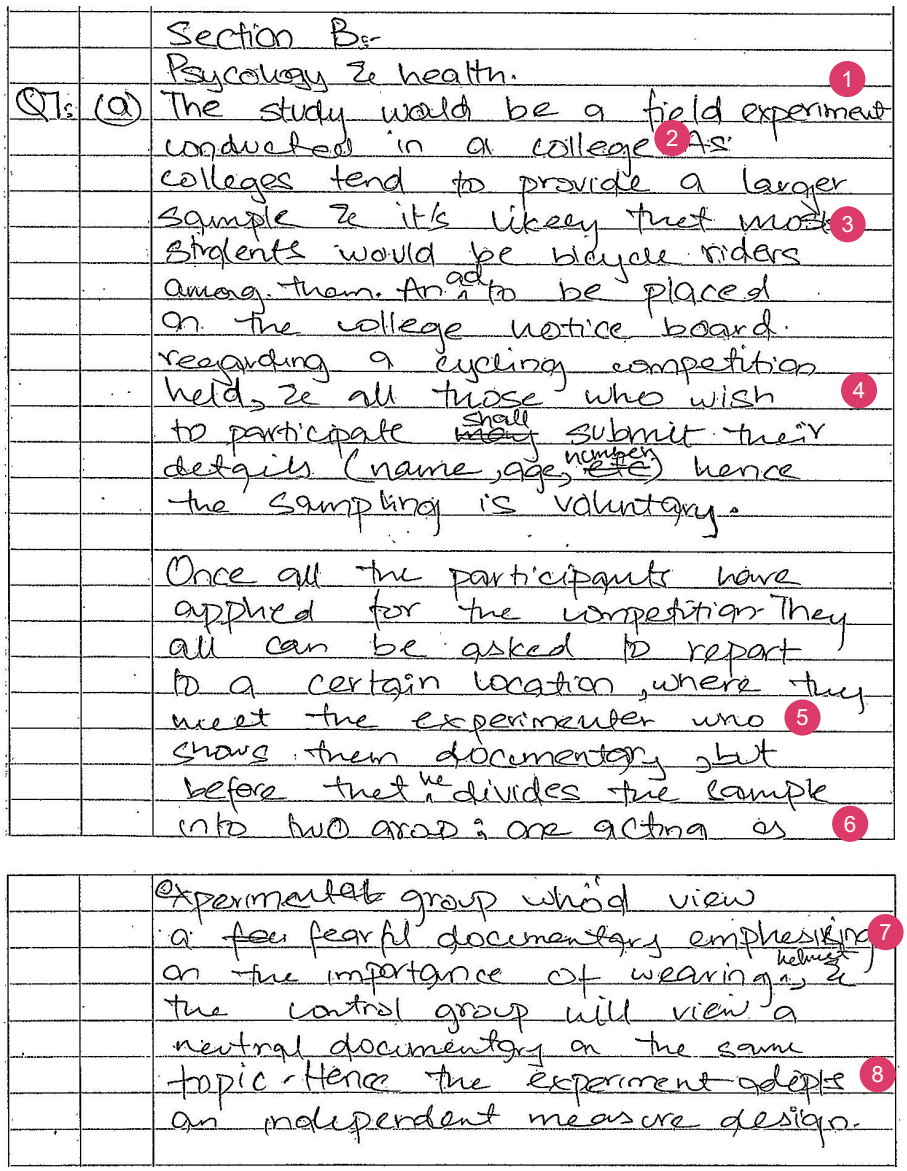
27 This answer has a number of explanations of methodological decisions. Whilst some need more explanation, some are ambiguous and some are wrong. Relevant psychological evidence is quoted and in places it is linked to the design.
Mark for (b) = 7 out of 8

How the candidate could have improved their answer

(a) The candidate should have developed further what they had suggested. For example, the candidate stated 'dividing the sample randomly' without explaining how this would have been done. Explanations for IV and DV were provided, but the terms were not actually identified. The same applied to ethics. The IV and DV appeared later in the answer but they should have been presented in the logical place, not as an after-thought. Ideas were half explained and then returned to later in the answer. For example, the DV was mentioned in three different places.

(b) The candidate should have thought through more carefully about their answer. For example, what method was actually used, and would the design create demand characteristics or not? Fewer explanations in more detail would be better than more in less detail.

Example Candidate Response – middle



Section B:-
Psycology & health.

Q1: (a) The study would be a field experiment conducted in a college as colleges tend to provide a larger sample & it's likely that most students would be bicycle riders among them. An ad to be placed on the college notice board regarding a cycling competition held, & all those who wish to participate shall submit their details (name, age, number etc) hence the sampling is voluntary.

Once all the participants have applied for the competition they all can be asked to report to a certain location, where they meet the experimenter who shows them documentary, but before that he divides the sample into two groups; one acting as experimental group which'd view a ~~few~~ fearful documentary emphasising on the importance of wearing helmet & the control group will view a neutral documentary on the same topic. Hence the experiment adopts an independent measure design.

Examiner comments

1 The choice of method is a field experiment and this is an appropriate choice. Specific features of this method should follow.

2 'conducted in a college' is rather vague. Is this a laboratory experiment?

3 The reason for the choice of method appears to be because colleges provide a larger sample and most are bicycle riders. The sample size depends on how many people are asked to participate.

4 At the end of this paragraph it is stated 'the sampling is voluntary' and before this, it is stated 'an ad on a notice board'. The sampling technique is now known and how this will be acquired is now known. Credit awarded for this design feature.

5 The participants are asked to report to a location where they are shown a documentary. This suggests a specific room and so this is a laboratory rather than a field experiment. There is ambiguity here regarding the exact method.

6 This is an appropriate thing to do, but there is no explanation of how it is done. Random allocation would be logical.

7 There is an experimental group and a control group. This is good, but these are the two conditions of the IV. The answer does not show any awareness of this.

8 The answer states correctly that there is a control group and an experimental group so the design must be independent measures.

Example Candidate Response – middle, continued

The fearful documentary will show statistics of no. of accidents/deaths caused due to no helmet worn on bicycle, along with pictures of those scenes. The neutral documentary on the otherhand will just show a slide indicating relevant statistics & general importance. After that both groups will be told the venue of the competition held on the other day. 9 10

The IV ~~was~~ is the documentary shown to both the groups 11 & the DV would be if the subjects wore a helmet or during the competition or not 12 Regular students who use bicycles to travel will also be checked through a follow up study after 6 months, to see if the habit of wearing helmet continues or not. The experiment is a snapshot study. 13

Examiner comments

9 This paragraph describes the procedure, which is also an important design feature. Crucially, it is stated how fear arousal will be applied.

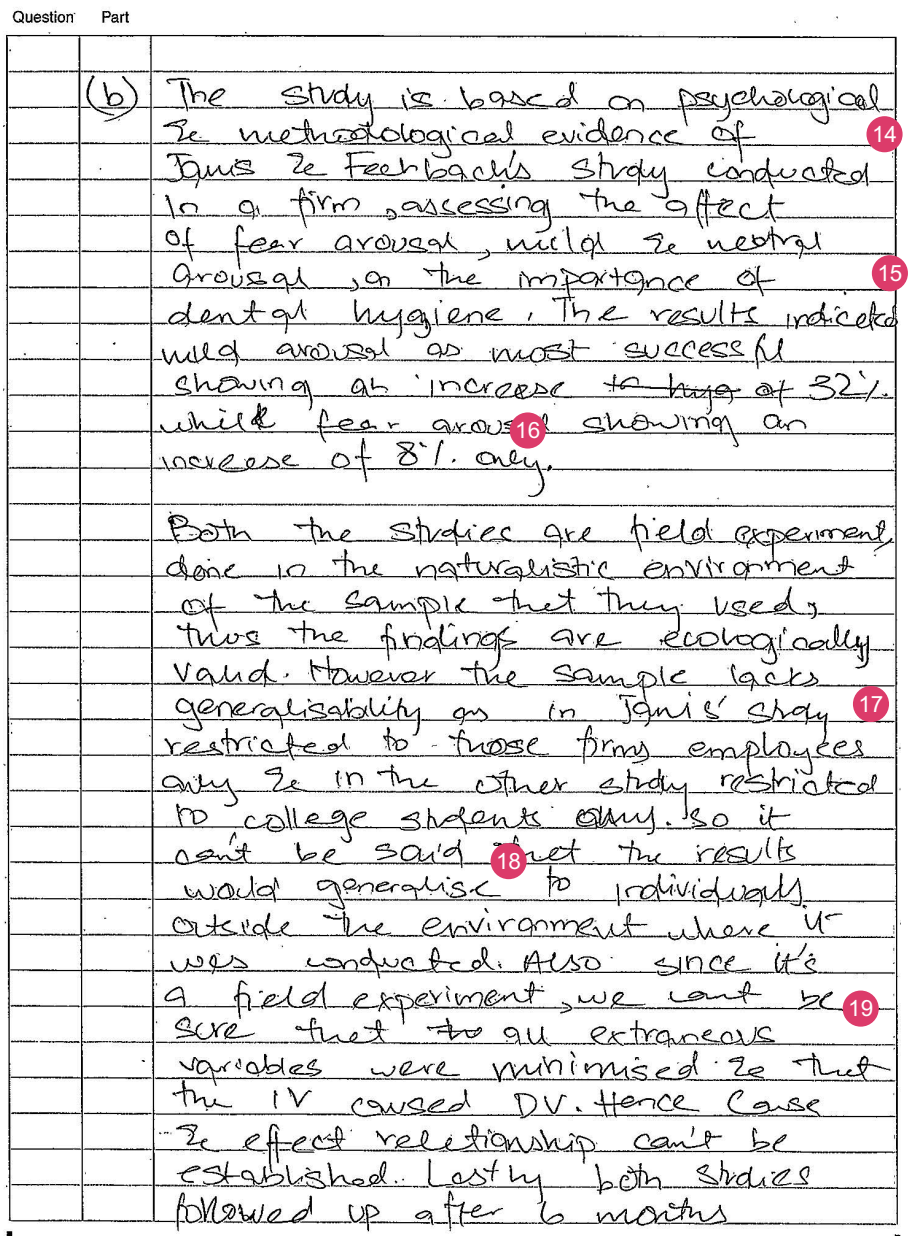
10 It is unclear what the sentence 'The venue of the competition on the other day' is referring to. Is this the DV?

11 Here is the IV, but it is not 'the documentary shown to both groups'.

12 The DV is correct as this could be measured.

13 The answer has a number of design features included, such as IV, DV; experimental and control groups; experimental design and sampling technique. However, some of these are incorrect or not fully explained. Whether this is a laboratory or a field experiment is ambiguous.
Mark for (a) = 5 out of 10

Example Candidate Response – middle, continued



Question Part

(b) The study is based on psychological & methodological evidence of Janis & Feshbach's study conducted in a firm, assessing the affect of fear arousal, mild & neutral arousal, on the importance of dental hygiene. The results indicated mild arousal as most successful showing an increase of 32% whilst fear arousal showing an increase of 8% only.

Both the studies are field experiment done in the naturalistic environment of the sample that they used, thus the findings are ecologically valid. However the sample lacks generalisability as in Janis' study restricted to those firms employees only & in the other study restricted to college students only. So it can't be said that the results would generalise to individuals outside the environment where it was conducted. Also since it's a field experiment, we can't be sure that the all extraneous variables were minimised & that the IV caused DV. Hence cause & effect relationship can't be established. Lastly both studies followed up after 6 months

Examiner comments

14 The opening sentence is correct because the design of part (a) was based on this study. There is then a description of the Janis and Feshbach study and the three conditions of fear arousal, mild and neutral arousal are outlined. There needs to be a statement to fully relate the psychological evidence of Janis and Feshbach to the design of this study.

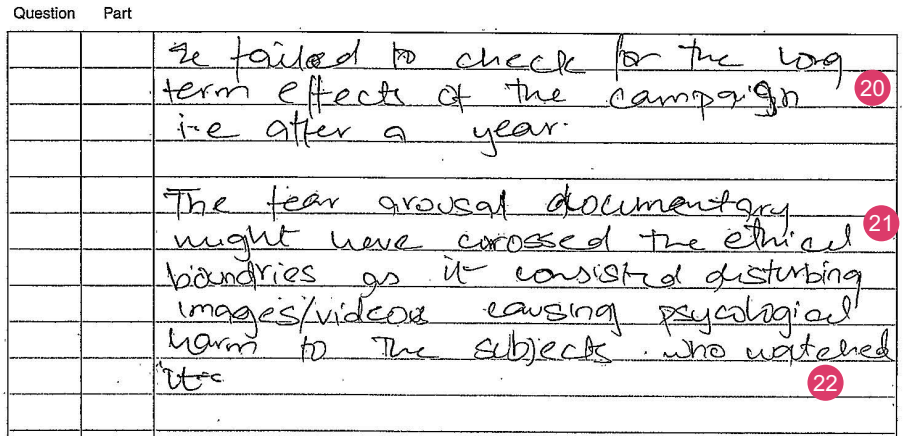
15 The second half of this paragraph, describing the results of that study is a correct piece of information, but needs to relate it to the design of this study. Describing a piece of psychological evidence does not answer the question set.

16 It is not clear whether 'Both the studies' means the study by Janis and Feshbach and the design in part (a). The study by Janis and Feshbach was a laboratory experiment not a field experiment. If a study is conducted in a natural environment, it does not automatically make it valid.

17 It is not clear what sample the candidate is referring to. This is not answering the question set.

18 This is evaluation of the design suggested in part (a). The question does not ask for evaluation of what was done; it asks for an explanation of why it was done.

19 Both Janis and Feshbach and the suggested study in part (a) involved watching 'documentaries' and so are laboratory experiments where extraneous variables can be controlled. The answer provides no examples of what these variables might be, so this is hard to assess.

Example Candidate Response – middle, continued	Examiner comments
	20 This is a fair comment, but it is evaluation. 21 This is also evaluation. 22 There is no distinction between psychological and methodological evidence in this answer. There is a lot of evaluation. Some relevant points are made. Mark for (b) = 3 out of 8

How the candidate could have improved their answer

(a) The answer should have developed what was suggested. The candidate should have included relevant terminology wherever possible, such as stating the IV when describing the control and experimental groups. The answer was not coherent throughout. For example, the IV and DV were mentioned at the end of the answer, rather than in more suitable places.

(b) The psychological evidence of the study by Janis and Feshbach should have been related to the design suggested in part (a) rather than described. The candidate should have made a clear distinction between psychological evidence and methodological evidence.

Example Candidate Response – low

Question Part

SECTION B

7 (a) Despite many campaigns, people still suffer serious head injuries because they donot wear a protective helmet when riding a bicycle.

To reduce accidents and head injuries we should promote fear arousal campaigns. [2]

In my Experiment I would take people who ride bicycle through road side volunteers [3] A group of people can be gathered in a Laboratory [4] where they are going to be shown some serious injuey videos and head injuey pictures and [5] Tell about some real road accidents and self reports [6] where people are going to be feared about horrible accidents and deaths. Here my Independent variable would be some real life & devastating videos. and [7] dependent variable would be the people who are going to be influenced.

Similarly riders are going to be warned & and fined if they're [8] not gonna wear the helmet.

A heavy fine would be charged when a rider wont wear a helmet. Thats how firstly The people were told about the rules and [9] they were given a task that they have to pass the same

Examiner comments

1 These two opening sentences set the scene, but are paraphrasing the question, rather than answering it. No credit for these sentences.

2 The choice of method is an experiment, so a range of different aspects that apply to this method should follow.

3 The participants are 'road-side volunteers' and no other comment is made about the sampling technique or the sample (male/female/gender neutral; ages; sample size, etc.).

4 The method is a laboratory experiment, so the type of experiment is mentioned.

5 There is no comment about the participants giving consent to participate.

6 The participants will be told about 'horrible' accidents, which is correct, but it appears all participants receive the same thing, rather than a control group.

7 Comments about IV and DV are vague. The DV is the measure of the IV. The comment here is in relation to the participants.

8 It is unclear how this comment relates to the design of the experiment.

9 It is not clear how the comment about 'a heavy fine' fits with the design of the laboratory experiment.

Example Candidate Response – low, continued

Examiner comments

Question Part

road where researches observed through cameras. while sitting in a Laboratory. Cyclists who would not be wearing a helmet 10 their pictures would be taken and fined. This resulted effectively as people started to wear helmets regularly. They who were like part of experiments they spreaded the message all over the world. 11 More advertisment was played on Television. people got awared and head injuries got reduced. So I concluded that through a fear arousing campaign 12 a large decreased who observed in serious head injuries. when I checked the hospital records aswell.

10 This same point has not been explained in relation to the design. Answers should be coherent.

11 The participants now spread the message all over the world. Is this part of the study?

12 These are general comments that do not add to the design of the study.
Mark for (a) = 2 out of 10

Example Candidate Response – low, continued

Examiner comments

Question Part

7 (b) People got mentally feared of serious head injuries when they were showed the videos as the daily life videos directly influenced a psychological change in the individuals mind. They saw people with little kids dying and blood shedding injuries It directly effected the mind.
The method of adults who use to pay fine reduced as adults knew how to hard work and earn money ₹ so it was difficult to pay fine.
This method was not Longitudinal as people who were above 18 were administered. so they got better understanding on the children.

13 It is unclear what is meant in this paragraph. It this a methodological or a psychological feature? It appears to be a comment about psychological harm that causes 'serious head injuries' to participants. Do the participants 'see people with little kids dying' as part of the design of the study? If so, why design a study like this? This answer is too ambiguous to receive any credit.

14 This sentence is also ambiguous.

15 This comment is correct because the design was not longitudinal. However, the explanation does not relate to longitudinal at all. The answer states: 'people were above 18...' which has nothing to do with being longitudinal or not.

16 There is nothing in this answer that can receive credit. What is written does not answer the question.
Mark for (b) = 0 out of 8

How the candidate could have improved their answer

(a) The candidate should have ensured that five design features were included comprising either specific features or general methodological features or a combination of both (see 'common mistakes', below). Then the candidate should have explained the design features identified. The candidate stated 'I would have volunteers' without explanation of how the volunteers would be obtained. The answer also lacked an introduction and a conclusion.

(b) A clear distinction should have been made between methodological and psychological evidence. Methodological evidence should have explained design decisions; why a particular method was chosen or why an independent rather than a related design was chosen. The candidate should have quoted appropriate psychological evidence, such as aspects of fear arousal.

Common mistakes candidates made in this question

(a) Some candidates did not include the five design features. These are of two types: specific features are those related to the chosen method (in this instance a laboratory experiment) and include: the setting, independent variable (IV), dependent variable (DV), controls, experimental design and any other appropriate feature and general features are any method such as: a hypothesis/null hypothesis, the sample and sampling technique, ethical guidelines, the type of data gathered, how the data can be analysed, reliability and any other methodological feature.

Some answers did not explain design features. For example 'I would have a random sample' without explanation of how this would be achieved.

Some answers were not coherent throughout. What was suggested at the start of the design should be consistent with what is suggested in the middle and at the end of the answer. A design feature should be mentioned once rather than added to in different places as the answer progresses.

(b) Some candidates did not make a clear distinction between methodological and psychological evidence. A paragraph on each would be optimal. In some answers there was an imbalance between methodological and psychological evidence. Each aspect carried the same number of marks, so the amount written on each should have balanced.

Some candidates failed to explain design decisions. For example, not explaining why a particular method was chosen or why an independent rather than a related design was chosen.

Some answers failed to explain the psychological evidence on which the design was based. For example, this question required the use of fear arousal and so the study by Janis and Feshbach, as listed on the syllabus, should be used.

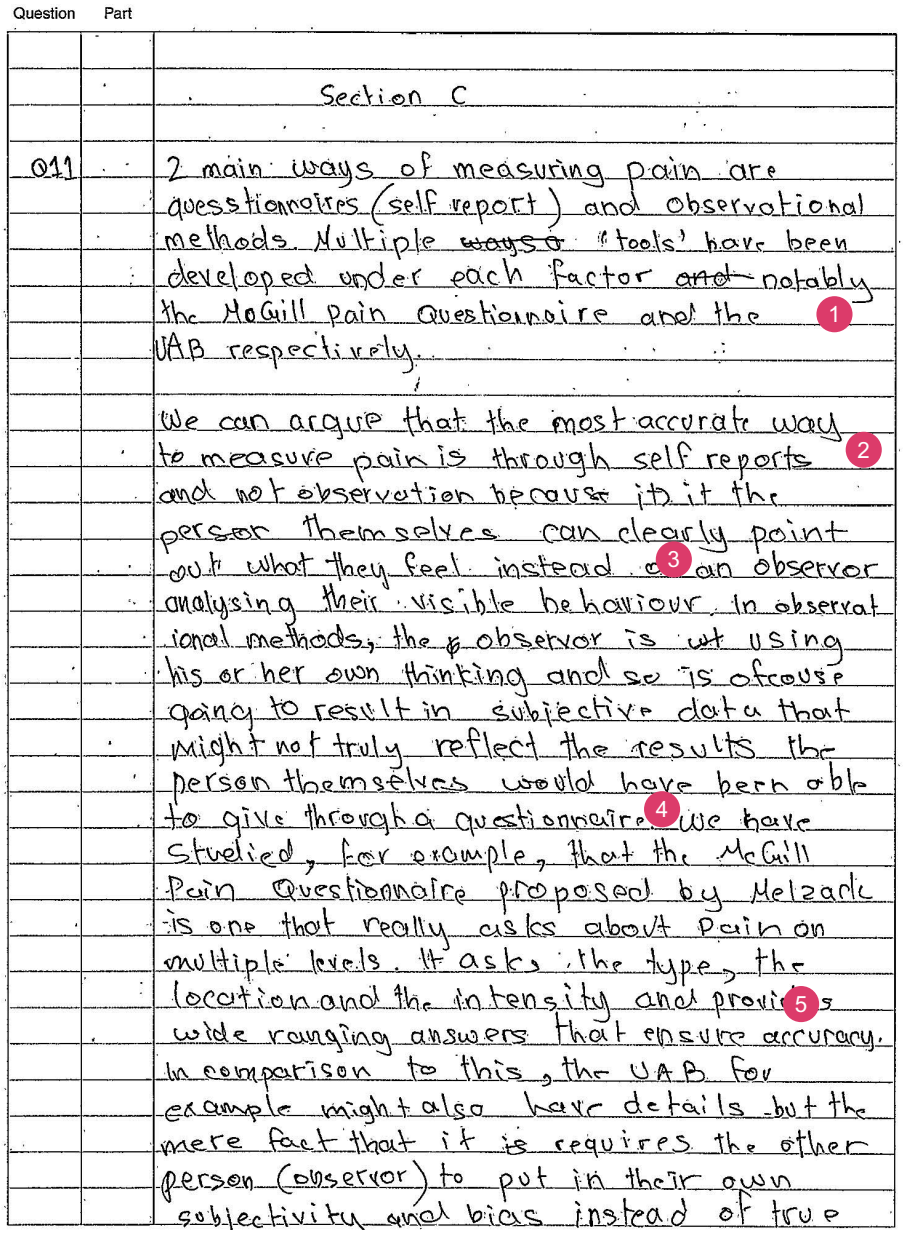
Some described psychological evidence rather than explaining how the evidence was used in the suggested design of part (a).

The question required explanation and evaluation but few candidates only evaluated the psychological evidence.

Few candidates listed many points, when a few quality points in detail with full explanation was a better strategy.

Question 11

Example Candidate Response – high



Question Part

Section C

011 2 main ways of measuring pain are quesstionnaires (self report) and observational methods. Multiple ~~ways~~ 'tools' have been developed under each factor ~~and~~ notably the McGill pain Questionnaire and the UAB respectively. 1

We can argue that the most accurate way to measure pain is through self reports 2 and not observation because it it the person themselves can clearly point out what they feel instead of an observor 3 analysing their visible behaviour. In observational methods, the observor is ~~at~~ using his or her own thinking and so is ofcouse going to result in subjective data that might not truly reflect the results the person themselves would have been able to give through a questionnaire. 4 We have studied, for example, that the McGill Pain Questionnaire proposed by Melzack is one that really asks about pain on multiple levels. It asks the type, the location and the intensity and provides 5 wide ranging answers that ensure accuracy. In comparison to this, the UAB for example might also have details but the mere fact that it is requires the other person (observor) to put in their own subjectivity and bias instead of true

Examiner comments

1 This is a good introduction because it outlines what is to be included in the answer and straight away indicates the evidence on which the answer will be based.

2 Good sentence outlining that this paragraph will be the case in favour of self-reports. A sentence telling the examiner what is going on is a good strategy to adopt.

3 A good point.

4 This is true and creditable. However, just for information, although the person observing is giving a subjective view, they are 'neutral'; the actual person is also giving a subjective view and may exaggerate their pain perhaps to get treated sooner. The observer has no need to exaggerate the person's pain.

5 The McGill pain questionnaire (MPQ) is a relevant questionnaire to include at this point, supporting the argument. Importantly there isn't a full (and unnecessary) description of the MPQ, instead the answer states what the MPQ does to support the point being made.

Example Candidate Response – high, continued

Examiner comments

Question Part

responses from the patient themselves it will always be less accurate as the observer no matter how trained as can never know the exact type intensity and location of pain self reports would have given. Also that Not all pain shows in behaviours. 6

However, this claim can be contested, we can say that there are instances when observations are infact even more accurate than self reports. This is especially the case of young children who are too young to fully understand questionnaire's intricasies, like the Pedriatic Pain Questionnaire. 8 Varni and Thompson made a detailed questionnaire that would have yielded accurate data but the mere inability of it to be used for very young children makes it useless and observational methods the only method available that can be used. 9 10

We can also argue that the observational methods are even more accurate because they have a trained person who is filling it out. In most cases, these nurses and other trained people can better understand pain than the person themselves as pain might make their judgement cloudy and makes them unable to accurately answer through self reports. 11 12

6 This is a repetition of what was written earlier with a few additional comments.

7 It is good technique to use paragraphs to make each argument distinct. And, the answer again states what is now being written about.

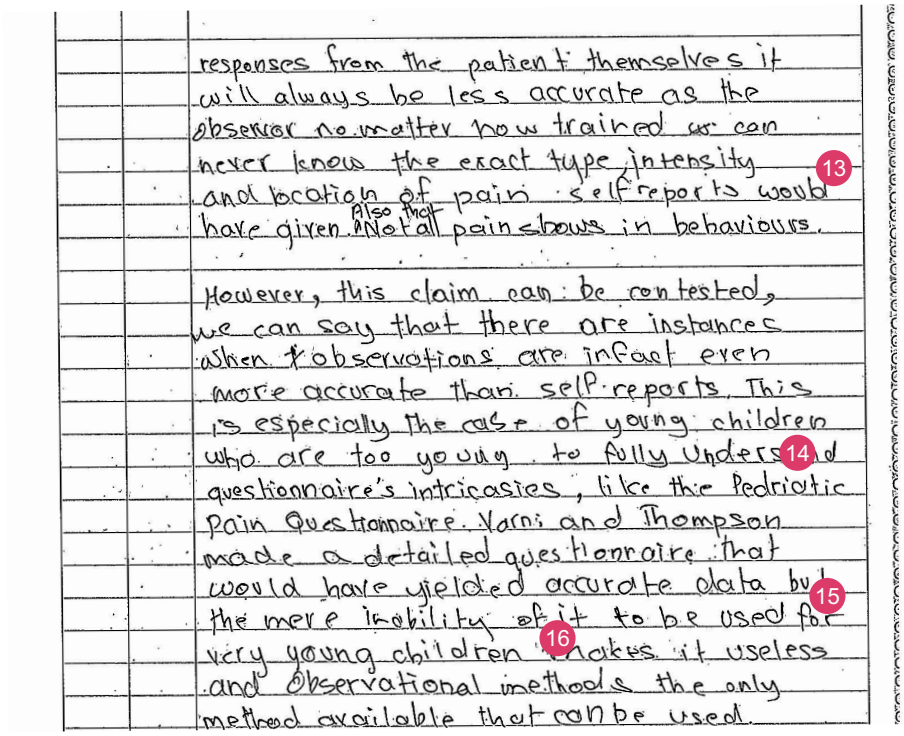
8 A good point.

9 Here is an example to support that point. Good technique here.

10 Here is a point in favour of observations.

11 Another good point.

12 Correct.

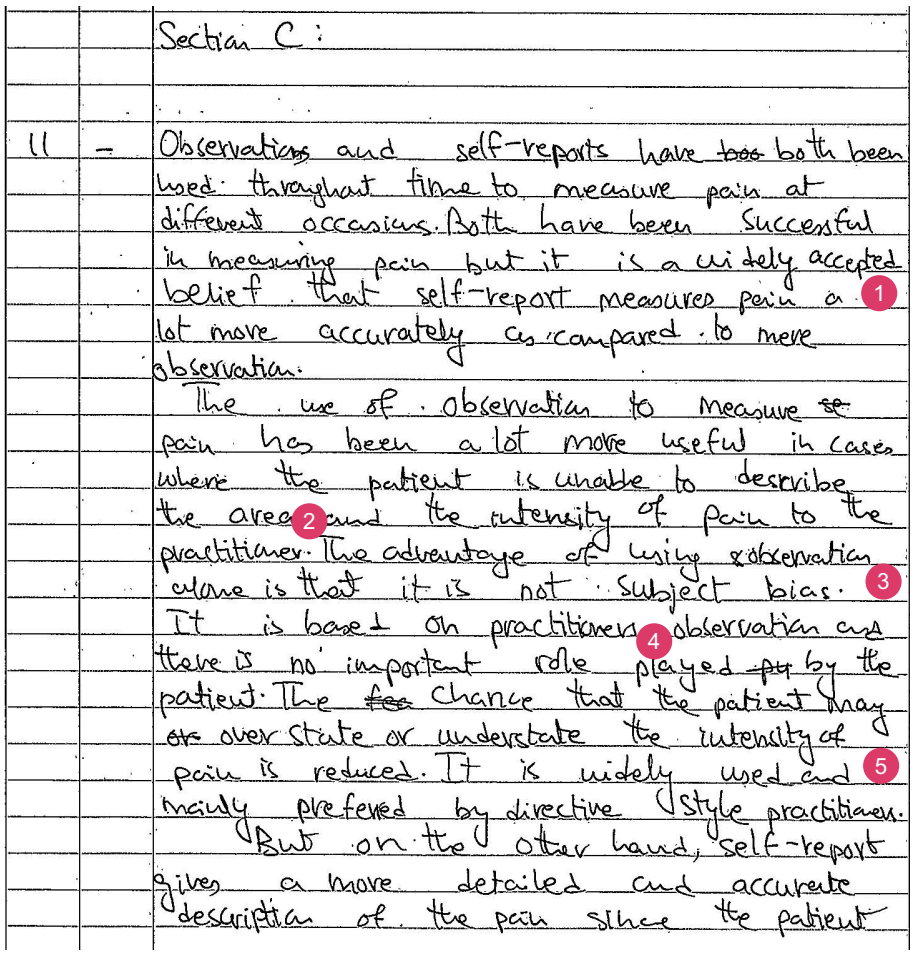
Example Candidate Response – high, continued	Examiner comments
	13 Another paragraph and this is now the conclusion of this argument. Good technique again. 14 This is a relevant point to make, but there are no supporting examples. Perhaps the answer should write about electromyography (EMG) because muscle tension increases during pain, or electroencephalogram (EEG)? An example is needed. 15 A good conclusion but it could have been improved. 16 This answer is well structured and organised which is good technique. There are arguments for both sides, the answer is balanced, and some evidence is presented with reasonable detail. However, there could be a wider range of arguments and there should be more evidence: the UAB scale isn't mentioned at all. This answer is level 3 and scores 9 marks. It is not top band because the UAB is missing, and this is crucial to this question. The reference to the mark scheme contents will clarify why. **Total mark awarded = 9 out of 12**

How the candidate could have improved their answer

This very good answer was level 3 rather than top band because it needed to:

- present a wider range of arguments with more detailed discussion
- include a wider range of examples. Crucially there was no mention at all of the UAB pain scale.

Example Candidate Response – middle



Section C:

11 – Observations and self-reports have ~~too~~ both been used throughout time to measure pain at different occasions. Both have been successful in measuring pain but it is a widely accepted belief that self-report measures pain a lot more accurately as compared to mere observation.

The use of observation to measure pain has been a lot more useful in cases where the patient is unable to describe the area and the intensity of pain to the practitioner. The advantage of using observation alone is that it is not subject bias. It is based on practitioners observation and there is no important role played by the patient. The ~~fea~~ chance that the patient may ~~ov~~ over state or understate the intensity of pain is reduced. It is widely used and mainly prefered by directive style practitioners.

But on the other hand, self-report gives a more detailed and accurate description of the pain since the patient

Examiner comments

1 The inclusion of an introduction is good and sets the scene. The answer states the conclusion before beginning the debate. 'It is widely accepted' isn't the case. Indeed, many believe observations are better.

2 This is why observations are sometimes considered to be better, and here is a good point made in favour of observations.

3 Here is another point in favour of observations: there is no patient bias who may exaggerate their pain.

4 The practitioner has experience, and can make a judgement about pain intensity by observing behavioural features. Turk (1985) outlines 'pain behaviours' that can be observed. This is another argument in favour of observations.

5 There are two weakness of this answer so far. Firstly, the arguments are single sentences without any explanation. Secondly, there are no supporting studies, no psychological or methodological evidence.

Example Candidate Response – middle, continued

Question Part

is fully able to describe it themselves. 6
Melzack in his 'gate control theory' claimed that pain is both physiological and psychological process. So to understand it fully, the person suffering from needs to give a detailed description about the location of the pain, the intensity and the quality of the pain. 7
For that, Melzack designed the McGill pain questionnaire. ~~objects~~ In this questionnaire the patient describe the ~~*~~physical intensity of the pain, the emotional ~~sad~~ state ~~it~~ it put the patient in, how unbearable it was. This questionnaire helped the practitioner understand the pain better and treat 8
the patient accordingly.
Paediatric pain questionnaire was also designed for the same reason 9 by Varni and Thompson. It was designed for children where they would use different colours to express the intensity of pain. Wong baker scale was also a self report method 10
wit in which the patient ticked one of the 10 faces which best described what they were feeling according to the intensity of pain.
In conclusion, the preference of psychologists who has been more towards self-reports rather than observations. I agree with the statement that using observation to measure pain will never be as accurate as a self-report. More research has been done in

Question Part

11
self-report methods and it has so far been very successful. 12

Examiner comments

6 The case against observations is now presented. The patient is able to describe their pain.

7 This is true, but it is unclear how the gate control theory is relevant.

8 The MPQ does help the practitioner to understand better, often giving a score to various aspects allowing the practitioner to judge how bad the pain is in comparison with others.

9 This is a second example.

10 A third example.

11 The answer ends with a conclusion, as was stated at the outset.

12 The answer presents both sides of a debate. There are a number of arguments in favour of observations, but fewer for self-reports. There are no examples for observations, but three examples supporting self-reports. In relation to the mark scheme, this is level 3 and 7 marks would be awarded.

Total mark awarded = 7 out of 12

How the candidate could have improved their answer

- The candidate explained arguments in more detail in relation to observations and included relevant psychological evidence. In relation to observations, there was no mention of the UAB scale for example.
- The answer should have had a balance between the arguments and evidence for each side of the debate. There were many arguments for observations, fewer for self-reports. There was no evidence for observations, but three examples for self-reports.

Example Candidate Response – low

Question Part

SECTION C

11 To measure pain will never be as accurate as a self report because the patient would emotionally and psychologically explains its condition of mind and the degree of pain. A patient's self report explains the level of pain. As the study of Sarafino explains the level of physical pain through has a physical as well as psychological effect on person. Lew otal ~~adminstered~~ interviewed a group of people who expressed their physical pain more clearly than the people whose pain was measured through a Likert Scale. In the study of Siyle he gathered information through questionaires and self reports where he concluded better. So In conclusion I would conclude that self reports are more accurate as the person itself explains its degree of pain. rather than measuring it through a measure scale.

Examiner comments

1 The start of this answer is good because it addresses the question right at the start rather than incorrectly describing information. However, the statement 'to measure pain will never be as accurate as a self-report' is ambiguous because a self-report can be a measure of pain.

2 Now there is more explanation; this is a relevant point. The answer is suggesting that in a clinical interview the words used by the patient, the 'self-report' will be better than any 'measure' because the patient knows their own pain.

3 This is an example of a study supporting the above suggestion. The study by 'Lew et al.' may not be known to the examiner, as it is not on the syllabus, but credit is given for a genuine example to support the suggestion. Further detail/explanation here would help the answer.

4 The study by...Siyle? or Syle? A Google scholar search reveals no academic study by Syle or Siyle. Occasionally answers include made up names of studies and examiners check to see if such studies are genuine. It is not advisable to adopt this strategy. It is always better to quote studies on the syllabus, or well-known alternatives.

5 The comment adds nothing more to the answer, making the point that self-reports are better than questionnaires.

6 The conclusion repeats what has been stated a number of times.

7 Overall, this is a poor answer. It lacks detail, examples, and it doesn't address the question because there is no mention of observation.

Total mark awarded = 3 out of 12

How the candidate could have improved their answer

- The debate should have been developed much more, and evidence for both sides presented. There was no mention of observations or any measure of observations such as the UAB scale at all.
- Self-report was defined by this candidate as the 'words used by a patient' and whilst this is appropriate, it could have been widened out to include self-report questionnaires such as the McGill pain questionnaire (MPQ). This question carried 12 marks, and answers should be reasonably detailed; this answer was quite brief.

Common mistakes candidates made in this question

- Describing information and studies rather than using such information and studies to address the debate presented in the question.
- Not considering both sides of the debate; presenting the argument 'for' but not the argument 'against'. The answer is then imbalanced.
- Not using a range of relevant studies to support the argument presented in the debate. Not taking the opportunity to bring in evidence, either methodological or psychological.

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