GCE A LEVEL MARKING SCHEME

SUMMER 2024

A LEVEL
PSYCHOLOGY – COMPONENT 3
A290U30-1

© WJEC CBAC Ltd.

About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

© WJEC CBAC Ltd.

GCE A LEVEL PSYCHOLOGY – COMPONENT 3

SUMMER 2024 MARK SCHEME

Question			AO1	AO2	AO3	Total
1	**(a)**	**(i)**			5	**5**
		(ii)			5	**5**
	(b)		10	5		**15**
2	**(a)**	**(i)**	10			**10**
		(ii)		5		**5**
	(b)				10	**10**
3	**(a)**				10	**10**
	(b)		10	5		**15**
4	**(a)**		10			**10**
	(b)			5		**5**
	(c)				10	**10**
5	**(a)**		10			**10**
	(b)				10	**10**
	(c)			5		**5**
6	**(a)**		10			**10**
	(b)			5	10	**15**
7				10	15	**25**
8				10	15	**25**

© WJEC CBAC Ltd.

Section A

Addictive behaviours

1. (a) (i) Briefly evaluate the ethical and social implications of agonist and antagonist substitution as a method of modifying addictive behaviours. [5]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
Credit **will** be given for: <u>Ethical implications of agonist and antagonist substitution:</u> • Methadone – side effects; where methadone may interact with drugs such as alcohol or antidepressants and may cause breathing/respiratory issues. In 2013, the Office for National Statistics stated methadone overdose was responsible for 429 deaths in the UK. In fact, some say methadone may create an extra addiction. Also, many stay on methadone for a long time and may not get support so struggle to get to the detoxification/abstinence stage. • Naltrexone – Much greater risk of overdose. If the person decides to return to taking the drug, they need more of it each time to satisfy their addiction. This can lead to overdose. Also, those taking naltrexone need careful monitoring for any changes in liver function and if they remain opioid dependent there may be an issue of withdrawal symptoms. <u>Social implications of agonist and antagonist substitution:</u> • Financial cost of methadone to society – Centre for Policy Studies (Gyngell, 2011) reported that prescribing methadone was an 'expensive failure'. It cost society money both in terms of the methadone, but also for 320,000 problem users of drugs on benefits. This cost led people to wonder if it would be more successful to fund rehabilitation units that would promote abstinence. • Problems with the Centre for Policy Studies report led to DrugScope (a charity) suggesting there was an overestimated cost for prescribing methadone (Doward, 2011). They also said the National Audit Office said drug treatment was value for money for taxpayers as those using methadone could manage their addiction and function better in/for society. • Methadone and criminality – National Treatment Agency (2009) suggests that methadone reduces criminality by half for those addicts in treatment and has a positive impact on society. However, Gyngell's 2011 report (Centre for Policy Studies) believed crime was still rising despite methadone being available as a drug treatment. Moreover, people worried about the areas methadone programmes were being set up in and thought there may be an increased link with crime. Research by Boyd *et al.* (2012) proved otherwise in Baltimore, with similar crime rates reported to surrounding areas. • Any other appropriate content. N.B. Both ethical and social implications must be included to access 5 marks.

© WJEC CBAC Ltd.

Marks	AO3
5	• Thorough evaluation of the ethical and social implications of agonist and antagonist substitution as a method of modifying addictive behaviours. • Structure is logical throughout. • Depth and range are included.
3-4	• Reasonable evaluation of the ethical and social implications of agonist and antagonist substitution as a method of modifying addictive behaviours. • Structure is mostly logical. • Depth and range, but not in equal measure.
1-2	• Superficial evaluation of the ethical and social implications of agonist and antagonist substitution as a method of modifying addictive behaviours. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

1. (a) (ii) Briefly evaluate the ethical and social implications of aversion therapy as a method of modifying addictive behaviours. [5]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.

Credit **will** be given for:

Ethical implications of using aversion therapy:

- Risk of harm – If taking Antabuse with alcohol (even mouth-wash containing alcohol) causes negative nasty side effects. Similarly, rapid smoking creates very unpleasant effects, but valid consent should have been arranged. As the treatment is unpleasant, compliance is more difficult and participants may drop out of studies, too, so the true effectiveness is hard to determine.
- More ethical alternatives – Covert sensitisation, by imagining feelings of feeling/being sick when they feel the urge to drink. Kraft (2005) said covert sensitization may be quick and effective for some and more ethical than Antabuse.

Social implications of using aversion therapy:

- Financial implications – Massive increase of Antabuse/drugs to treat alcoholics. Devlin (2008) NHS spent £2.25 million on medication, £1.17 million more than 1998. Alcohol Concern said in the long-term it was beneficial to NHS.
- Social cost of not treating addictions - Alcohol abuse costs taxpayer £21 billion a year, unemployment/benefits, NHS illness/accidents (£3.5 billion/year). Plus, breakdowns in relationships, homelessness, crime etc. Benefits of treatment=more than costs.

- Any other appropriate content.

N.B. Both ethical and social implications must be included to access 5 marks.

Marks	AO3
5	• Thorough evaluation of the ethical and social implications of aversion therapy as a method of modifying addictive behaviours. • Structure is logical throughout. • Depth and range are included.
3-4	• Reasonable evaluation of the ethical and social implications of aversion therapy as a method of modifying addictive behaviours. • Structure is mostly logical. • Depth and range, but not in equal measure.
1-2	• Superficial evaluation the ethical and social implications of aversion therapy as a method of modifying addictive behaviours. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

1. (b) Jenna's family are worried about her vaping and are concerned that she has prioritised this over other parts of her life. Jenna's moods have recently varied, and she experiences 'highs' when vaping. Jenna has found she must vape more frequently than she used to in order to satisfy her needs. Since vaping more frequently, Jenna has become more irritable and has problems sleeping and she is now worried about this affecting her performance in her new job.

Describe how the characteristics of addictive behaviours can help to explain Jenna's behaviour. [15]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures **and** on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.
AO1 Credit **will** be given for: Description of the main characteristics of addiction (AO1). These could include: Salience – The activity (addictive behaviour) takes over feelings and behaviour and becomes the most important focus in the person's life. Mood modification – The activity leads to a change in the person's moods. They could experience a 'buzz' or 'high' or a feeling of numbness or a feeling of escape. This may also change at different times. An example may be if a smoker uses nicotine as an early morning boost, but in the evening this activity is used for relaxation. They may use their addiction to self-medicate to help them cope with their problems. Tolerance – This is when more of the drug / behaviour is needed than previously to give the same effect as before, particularly with chemical addictions. Research by Griffiths (1993) also describes how some gamblers may also be affected by tolerance when their heart rates were measured. Withdrawal symptoms – Including physical symptoms (insomnia, headaches, feeling sick etc.), often in relation to chemical addictions and drug addictions, however, withdrawal symptoms can also occur with behavioural addictions, too. Conflict – often interpersonal conflict that may affect their ability to do their job, or to manage relationships. There is also intrapsychic conflict within themselves, when they know they need to stop engaging in the behaviour but are unable to do so. Relapse – Some addicts may return to the behaviour, even after a number of years or successful treatment, particularly seen with chemical addictions, such as smoking. AO2 Credit **will** be given for: Credit application to the scenario as AO2: • 'Jenna's family are worried about her vaping and are concerned that she has prioritised this over other parts of her life' = There is a suggestion here that she has salience, the most important part of her life is possibly her addiction/s. • 'Jenna's moods have recently varied, and she experiences 'highs' when vaping. Jenna has found she needs to vape more frequently than she used to, to satisfy her needs.' = mood modification and tolerance.

© WJEC CBAC Ltd.

• ‘Jenna has been worried about insomnia and irritability affecting her performance in her new job.’ = Withdrawal symptoms, such as insomnia, irritability (physical and/or psychological), which may CONFLICT (interpersonal and intrapsychic) with her job and family. • Jenna may also be worried about relapse. • Any other appropriate content.	
Marks	**AO1**
9-10	• Description of the characteristics of addictive behaviours is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description of the characteristics of addictive behaviours is reasonably detailed and accurate. • There is depth and range to the material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description of the characteristics of addictive behaviours is basic in detail and accuracy. • There is depth or range in material used. • Some use of appropriate terminology. • Reasonable structure.
1-2	• Description is superficial in detail and accuracy. • Very little use of appropriate terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.
Marks	**AO2**
5	• Clear reference to the scenario. • Details are accurate. • Evidence used is well-chosen and applied effectively to the scenario. • There is depth and range to the evidence used.
3-4	• Reasonable reference to the scenario. • Details are mostly accurate. • Appropriate evidence used and applied to the scenario. • There is depth or range to the evidence used.
1-2	• Reference to the scenario is superficial. • There may be inaccuracies throughout. • Evidence is described but not applied or has only weak links to the scenario.
0	• No attempt at application.

© WJEC CBAC Ltd.

Autistic spectrum behaviours

2. (a) (i) Describe biological explanations of autistic spectrum behaviours. [10]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
It is likely that candidates will tend to focus and choose from those identified from the specification. • Amygdala dysfunction. • Genetic predisposition. • Chloride ions at birth. **Amygdala dysfunction:** The amygdala has a powerful influence on the activity of the brain. Focus has been in two main areas: (1) Amygdala development with a focus on the way in which growth volume of the amygdala increases earlier in children with ASD compared to those without ASD. It is this very unusual developmental growth that may affect neural organisation, resulting in problems in functioning and behavioural changes. (2) Amygdala dysfunction theory – Abnormal development of the amygdala (which has many neural connections to the frontal cortex) may account for many of the characteristics social and behaviour problems often found in individuals with ASD. **Genetic predisposition:** The argument is that factors in the genetic makeup of an individual could influence the likelihood of them developing ASD. Varied research has been carried out involving family studies (e.g. Szatmari, 1999), twin studies (such as that conducted by (Bailey et al. (1995). Extending this Bernier *et al.* (2012) have focussed on slightly different influences suggesting that not all families affected by ASD are the same – he differentiates between simplex and multiplex ASD. Finally contribution to the genetic focus has also centred around syndromic and non-syndromic ASD, in the latter case it is not clear what the genetic aetiology is. **Chloride ions at birth:** The suggestion that high levels of salt in the nerve cells of new-born babies may be an important early trigger to latter ASD. Basically, high levels of chloride (a negatively charged salt ion found in nerve cells) may orientate the brain of a newborn towards autistic tendencies. While Chloride ions are kept high in the neurons of the foetus while developing in the womb. When born chloride levels of quickly lowered and controlled by oxytocin (a birth hormone released by the mother during labour). N.B. There must be at least two biological explanations described to access 6-10 marks.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description of biological explanations of autistic spectrum behaviours is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description of biological explanations of autistic spectrum behaviours is reasonably detailed and accurate. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description of biological explanations of autistic spectrum behaviours is basic in detail and accuracy. **OR** • Description of one biological explanation of autistic spectrum behaviours is thorough and accurate. • There is depth or range only in the material used. • Some use of appropriate terminology. • Reasonable structure.
1-2	• Description of biological explanations of autistic spectrum behaviours is superficial in detail and accuracy. **OR** • Description of one biological explanation of autistic spectrum behaviours is reasonably detailed and accurate. • Very little use of appropriate terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(a) (ii) Briefly explain how biological explanations could be applied to modifying autistic spectrum behaviours. [5]

This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques, and procedures.
The biological explanations of autistic spectrum behaviours identified in the specification are: • Amygdala dysfunction. • Genetic predisposition. • Chloride ions at birth. The methods of modifying autistic spectrum behaviours named on the specification. These are: • Picture Exchange Communication System (PECS) • Relationship Development Intervention. Credit **will** be given for: • A demonstration of the understanding of the way the general biological explanations could be applied to modifying autistic spectrum behaviours. • Linking the biological explanations to a broad (or specific named) method of modifying autistic spectrum behaviours (e.g. PECS and Relationship Development Intervention). • Biological differences explanations focus on amygdala dysfunction, genetic predisposition and chloride ions at birth. • Any other appropriate content. N.B. In their answer, candidates are not limited to the biological explanations of autistic spectrum behaviours and methods of modifying autistic spectrum behaviours identified in the specification. Application of any appropriate biological explanation to any appropriate method of modifying autistic spectrum behaviours can receive credit.

Marks	AO2
5	• The way in which biological explanations could be applied to modifying autistic spectrum behaviours has been thoroughly explained. • The details are accurate.
3-4	• The way in which biological explanations could be applied to modifying autistic spectrum behaviours has been reasonably explained. • The details are mostly accurate.
1-2	• The way in which biological explanations could be applied to modifying autistic spectrum behaviours has been superficially explained. • There may be inaccuracies throughout.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(b) Evaluate the effectiveness and ethical implications of Relationship Development Intervention as a method of modifying autistic spectrum behaviours. [10]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
Credit **will** be given for: <u>Effectiveness of</u> Relationship Development Intervention<u>:</u> Support for effectiveness: • Reference to supportive research on the effectiveness of methadone. E.g. Gutstein *et al.* (2007) showing improvement in the social, cognitive functioning and educational functioning of these children. Limited support for underlying concepts: • Bayat (2007) used a questionnaire to assess how resilient families with ASD children were. The focus was on positive qualities such as personal growth, closeness to families, optimism. The results suggested that the positive interactions with family members helped people with ASD to recover more effectively from their treatment. This provides indirect support for a fundamental principle of Relationship Development Intervention. However, there are sceptics who may suggest that just because the concepts remain valid across ASD treatments (e.g. agreed core deficit, theory of mind etc.), it does not mean the treatment of Relationship Development Intervention is also valid. Design: • As it was an independent study, and the researchers were responsible for promoting Relationship Development Intervention, there may have been some bias when conducting or reporting the study. Lack of evidence: • Lack of 'gold-standard' research – lack of peer-reviews, no comparison with control groups, no random allocation, no blinded procedure etc. Gustein et al. (2007) failed to meet this criteria. Hobson *et al.* (2015) used the term 'preliminary' for research on Relationship Development Intervention. Research Autism UK cannot recommend Relationship Development Intervention due to the lack of scientific evidence. • Any other appropriate content. <u>Ethical implications of Relationship Development Intervention:</u> • Reference to the ethical benefits of Relationship Development Intervention – this focuses on the treatment being effective and reference to the idea that caregivers see this intervention as 'life changing'. Similarly, Relationship Development Intervention can benefit families by removing pressure from them and can lead to an increase in self-esteem for the clients, as well as more happy times. • Reference to the ethical limitations of Relationship Development Intervention – the issue of a conflict of interest between the cost of the programme/marketing a profitable product and conducting research. The issue is around the lack of scientific research to support Relationship Development Intervention and hence the focus on Gustein *et al.* (2007) when trying to sell the programme, with their claims that Relationship Development Intervention can reduce symptoms of ASD.

© WJEC CBAC Ltd.

The further implication surrounds the notion of offering false hope, which links to the lack of valid evidence, and this may seem morally wrong.

- Any other appropriate content.

N.B. Effectiveness **and** ethical implications must be evaluated to access 6-10 marks.

Marks	A03
9-10	• Thorough evaluation of the effectiveness **and** ethical implications of Relationship Development Intervention. • Structure is logical throughout. • An appropriate conclusion is reached based upon the evidence presented.
6-8	• Reasonable evaluation of the effectiveness **and** ethical implications of Relationship Development Intervention. • Structure is mostly logical. • A reasonable conclusion is reached based upon the evidence presented.
3-5	• Basic evaluation of the effectiveness **and** ethical implications of Relationship Development Intervention. • Structure is reasonable. • A basic conclusion is reached. **OR** • Thorough evaluation of the effectiveness **or** ethical implications of Relationship Development Intervention.
1-2	• Superficial evaluation of the effectiveness **and** ethical implications of Relationship Development Intervention. • Answer lacks structure. • There is no conclusion. **OR** • Reasonable evaluation of the effectiveness **or** ethical implications of Relationship Development Intervention.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

Bullying behaviours

3. (a) Evaluate **one** explanation of bullying behaviours. [10]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
The biological explanations of bullying behaviours identified in the specification are: • Bullying genes • Evolved gender differences • Hormones The social psychological explanations of bullying behaviours identified in the specification are: • Cultural differences • Moral disengagement • In-group/out-group The individual differences explanations of bullying behaviours identified in the specification are: • Narcissistic personality • Theory of mind • Cognitive biases • Any other appropriate content. It is likely credit could be given for: • The validity of the explanation. • The evidence for and against the explanation. • Evaluation of any studies/evidence presented. • The usefulness of the explanation. • The application of the explanation to therapy. • Comparisons with other explanations. • Cultural or other bias inherent in the explanation. • Any other appropriate content.

© WJEC CBAC Ltd.

Marks	AO3
9-10	• Thorough evaluation of one explanation of bullying behaviours. • Structure is logical throughout. • Depth and range are included. • An appropriate conclusion is reached based upon the evidence presented.
6-8	• Reasonable evaluation of one explanation of bullying behaviours. • Structure is mostly logical. • Depth and range, but not in equal measure. • A reasonable conclusion is reached based upon the evidence presented
3-5	• Basic evaluation of one explanation of bullying behaviours. • Structure is reasonable. • Depth or range. • A basic conclusion is reached.
1-2	• Superficial evaluation of one explanation of bullying behaviours. • Answer lacks structure. • There is no conclusion.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(b) Gareth is a headteacher in a secondary school. A lot of his time is spent dealing with bullying behaviours, such as rude gestures and spreading rumours or lies. He believes that bullying is a school-wide problem and should not just focus on the bully/victim relationship. Gareth wants to educate the pupils, their parents/caregivers, and staff about the risk factors of bullying. He is hoping that he can create an environment that is safe and friendly for all.

With reference to the above scenario, describe how Olweus Bullying Prevention Programme could be used to modify bullying behaviours. [15]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures **and** on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.
AO2 Credit **will** be given for: **<u>Olweus Bullying Prevention Programme.</u>** The candidate needs to describe the basis of the OBPP (evidence-based, an understanding of the risk factors for bullying), components of the Olweus Bullying Prevention Programme (at an individual level, class level, school level, and community level). • This programme was developed in Norway by Olweus (1983) in response to the suicide of three boys who had been bullied. Its aim is to improve the relationship between peers within the school environment and to make schools safer places. • Olweus bullying prevention programme: all students and staff take part; individual intervention for possible victims and those bullying others, • Social Skills Training: emphasising cognitive aspects of relations and emotions; teaching pro-social skills as well as how to identify negative perceptions and behaviours. • It takes a 'whole school' approach and starts from the premise that bullying at four different levels: i) The individual level: punishments for bullies and support for victims. Individual interventions always involve parents and referrals to specialists may follow. ii) The class level: a crucial element of the programme is the weekly meeting. These promote anti-bullying norms and establish anti-bullying rules. iii) The school level: This involves the use of the Olweus Anti-bullying questionnaire completed anonymously by all students, a school wide training day, a bullying prevention coordinating committee and a system of monitoring 'hot-spots' around the school where bullying is most likely to occur. iv) Community level: Posters, leaflets and events for the wider community are used to involve people beyond the school. • Any other appropriate content. AO1 Credit **will** be given for: Credit application to the scenario as AO2 - such as: Any application to Gareth, his school, rude gestures and spreading rumours or lies, using the Olweus Bullying Programme as a possible means of modifying the bullying behaviour in his school environment/community, specifically linked to the pupils, their parents/caregivers and staff. • Any other appropriate content.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description is reasonably detailed and accurate. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description is basic in detail and accuracy. • There is depth or range only in material used. • Some use of appropriate terminology. • Reasonable structure.
1-2	• Description is superficial in detail and accuracy. • Very little use of appropriate terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

Marks	AO2
5	• Clear reference to the scenario. • The evidence used is well-chosen and applied effectively to the scenario. • Details are accurate. • There is depth and range to the evidence used.
3-4	• Reasonable reference to the scenario. • Appropriate evidence used and applied to the scenario. • Details are mostly accurate. • There is depth or range to the evidence used.
1-2	• Reference to the scenario is superficial. • Evidence is described but not applied or has only weak links to the scenario. • There may be inaccuracies throughout.
0	• No attempt at application.

© WJEC CBAC Ltd.

Criminal behaviours

4. (a) Describe social psychological explanations of criminal behaviours. [10]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
The social psychological explanations of criminal behaviours identified in the specification are: • Differential association theory. • Gender socialisation. • Normalisation theory. however, any appropriate social psychological explanation of criminal behaviours can be used. Credit **will** be given for: • The Differential Association theory basically suggests that criminal behaviour can be explained in terms of processes of social learning (observation and imitation of behaviour). By mixing with people who have favourable / similar attitudes as you, you are more likely to be influenced by them, and therefore show similar (criminal) behaviours. • Gender socialisation explains criminality in terms of the process by which we learn norms, customs and behaviours that allow us to function in society. Through observational learning of (same sex) role models gendered behaviours result. Differences in the freedom surrounding male and female social movement also places more restraint on females than males offering them a greater potential (than females) to participate in criminal activity. • Normalisation theory suggests that if a (criminal) behaviour is shown by a majority within a group – those that do not show that behaviour become the "deviants". • Any other appropriate content. N.B. There must be at least two social psychological explanations described to access 6-10 marks.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description of social psychological explanations of criminal behaviours is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description of social psychological explanations of criminal behaviours is reasonably detailed and accurate. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description of social psychological explanations of criminal behaviours is basic in detail and accuracy. • There is depth or range only in the material used. • Some use of appropriate terminology. • Reasonable structure. **OR** • Description of **one** social psychological explanations of criminal behaviours is thorough and accurate.
1-2	• Description of social psychological explanations of criminal behaviours is superficial in detail and accuracy. • Very little use of appropriate terminology. • Answer lacks structure. **OR** • Description of **one** social psychological explanations of criminal behaviours is reasonably detailed and accurate.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(b) Outline how **one or more** individual differences explanations could be applied to modifying criminal behaviours. [5]

This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.

The individual differences explanations of criminal behaviours identified in the specification are:

- Eysenck's criminal personality.
- Intelligence factors.
- Psychopathic personality.

The two methods of modifying criminal behaviours named on the specification are:

- Anger management
- Restorative justice

Credit **will** be given for:

- A demonstration of the understanding of the way the general individual differences explanations could be applied to modifying criminal behaviours.
- Linking the individual explanations to a broad (or specific named) method of modifying criminal behaviours (anger management and restorative justice).
- Individual differences explanations focus on Eysenck's criminal personality, intelligence factors and psychopathic personality.
- Any other appropriate content.

N.B. In their answer, candidates are not limited to the individual differences explanations of criminal behaviours and methods of modifying criminal behaviours identified in the specification. Application of any appropriate individual differences explanation to any appropriate method of modifying criminal behaviours can receive credit.

Marks	AO2
5	• The way in which **one or more** individual differences explanations could be applied to modifying criminal behaviours has been thoroughly outlined. • The details are accurate.
3-4	• The way in which **one or more** individual differences explanations could be applied to modifying criminal behaviours has been reasonably outlined. • The details are mostly accurate.
1-2	• The way in which **one or more** individual differences explanations could be applied to modifying criminal behaviours have only been superficially outlined. • There may be inaccuracies throughout.
0	• No evidence included. • No attempt at application.

© WJEC CBAC Ltd.

(c) Evaluate **one** biological explanation of criminal behaviours. [10]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.

The biological explanations of criminal behaviours named on the specification are:

- Disinhibition hypothesis
- Inherited criminality
- Role of the amygdala

however, any appropriate biological explanation of criminal behaviours can be used.

Credit **will** be given for:

- The validity of the explanation.
- The evidence for and against the explanation.
- Evaluation of any studies/evidence presented.
- The usefulness of the explanation.
- The application of the explanation to therapy.
- Comparisons with other explanations.
- Cultural or other bias inherent in the explanation.

- Any other appropriate content.

Marks	AO3
9-10	• Thorough evaluation of **one** biological explanation of criminal behaviours • Structure is logical throughout. • Depth and range included. • An appropriate conclusion is reached based upon evidence presented.
6-8	• Reasonable evaluation of **one** biological explanation of criminal behaviours. • Structure is mostly logical. • Depth and range, but not in equal measure. • A reasonable conclusion is reached based upon the evidence presented.
3-5	• Basic evaluation of **one** biological explanation of criminal behaviours. • Structure is reasonable. • Depth or range. • A basic conclusion is reached.
1-2	• Superficial evaluation of **one** biological explanation of criminal behaviours. • Answer lacks structure. • There is no conclusion.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

Schizophrenia

5. (a) Describe individual differences explanations of schizophrenia. [10]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
The individual differences explanations of schizophrenia identified in the specification are: • Psychodynamic approach/schizophrenic mother. • Cognitive approach/thought disorder. • Sex differences. however, any appropriate individual differences explanation of schizophrenia can be used. Credit **will** be given for: • Schizophrenogenic mother. The views of Fromm-Reichmann (1948), influenced heavily by her Psychodynamic roots, implicated the importance of early childhood experience or a mother figure that was overprotective and controlling but also rejecting and distant. This combination of overprotection, twinned with emotional distance, limits the security of a child's needs. • Thought disorder. Developed after the Psychodynamic approach, (to rectify the Psychodynamic approaches' lack of scientific rigour), the idea of thought disorder emanates from the cognitive approach. The fundamental argument suggesting that the difficulties experienced by the schizophrenic can be explained in terms of problems/ malfunctions in processing information. This could be via lack of pre-conscious filters or a compromised theory of mind. • Sex differences. A view that acknowledges that, in the case of schizophrenia, important differences between men and women have been shown. In particular: age of onset, prem-morbid functioning symptomology characteristics, as well as course of illness. (Leung, 2000; Goldstein, 1988) • Any other appropriate content. N.B. There must be at least two individual differences explanations described to access 6-10 marks.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description of individual differences explanations of schizophrenia is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description of individual differences explanations of schizophrenia is reasonably detailed and accurate. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description of individual differences explanations of schizophrenia is basic in detail and accuracy. • There is depth or range only in the material used. • Some use of appropriate terminology. • Reasonable structure. **OR** • Description of **one** individual differences explanation of schizophrenia is thorough and accurate.
1-2	• Description of individual differences explanations of schizophrenia is superficial in detail and accuracy. • Very little use of appropriate terminology. • Answer lacks structure. **OR** • Description of **one** individual differences explanation of schizophrenia is reasonably detailed and accurate.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(b) Evaluate the effectiveness of antipsychotic drugs and cognitive behavioural therapy as methods of modifying schizophrenia. [10]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.

Antipsychotic drugs

Credit **will** be given for:

- Research that supports/refutes the effectiveness.
- Comparison to other methods.

- Examples of the effectiveness of conventional antipsychotics: *Cole et al.* (1964) - results showed psychiatry could treat mental disorders in the same way physical disorders were treated, i.e. via drugs. Cole's results showed 75% given conventional antipsychotics were 'much improved'. The comparison with a placebo = 25%, so a 50% difference. However, none of those given the antipsychotic drug got worse, but 48% given a placebo did. This showed schizophrenia was treatable by conventional antipsychotics.
- Comparison of conventional and atypical antipsychotics: The results of *Ravanic et al's.* (2009) research suggested that atypical antipsychotics are a better option for treating schizophrenia. However, some clients will respond better to the older conventional antipsychotics, and this highlights their continued importance.
- Difficulty assessing the effectiveness of antipsychotics: Non-compliance – particularly with chronic schizophrenia (lack insight into their condition) and don't believe they have a problem so they have a knock-on effect of not taking medication. Also, *Rettenbacher et al.* (2004) suggested that 'in the real world' findings might differ from the clinical trial results. This may affect the validity of the results.

- Any other appropriate content.

Cognitive Behavioral Therapy

Credit **will** be given for:

- Research that supports/refutes the effectiveness.
- Comparison to other methods.

- Examples of supporting evidence for CBT: Kuipers *et al.* (1997); Tarrier *et al.* (2004). Kuipers (1998) cost effective alternative to antipsychotics.
- Examples of refuting evidence: Jauhar *et al.* (2014), Morrison *et al.* (2014) – contradictory findings. Royal College of Psychiatrists (2014) – unequal access to treatment. Tarrier (2004) short but not long-term benefits. Most effective forms of treatment involve a combination of CBT and antipsychotic medication.

- Any other appropriate content.

N.B. Evaluation not related to effectiveness will not receive credit.

N.B. Evaluation of the effectiveness of antipsychotic drugs *and* cognitive behavioural must be present to access 6-10 marks.

© WJEC CBAC Ltd.

Marks	A03
9-10	• Thorough evaluation of the effectiveness of antipsychotic drugs **and** cognitive behavioural therapy. • Structure is logical throughout. • An appropriate conclusion is reached based upon the evidence presented.
6-8	• Reasonable evaluation of the effectiveness of antipsychotic drugs **and** cognitive behavioural therapy. • Structure is mostly logical. • A reasonable conclusion is reached based upon the evidence presented.
3-5	• Basic evaluation of the effectiveness of antipsychotic drugs **and** cognitive behavioural therapy. • Structure is reasonable. • A basic conclusion is reached. **OR** • Thorough evaluation of the effectiveness of antipsychotic drugs **or** cognitive behavioural therapy.
1-2	• Superficial evaluation of the effectiveness of antipsychotic drugs **and** cognitive behavioural therapy. • Answer lacks structure. • There is no conclusion. **OR** • Reasonable evaluation of the effectiveness of antipsychotic drugs **or** cognitive behavioural therapy.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(c) Briefly explain how biological explanations could be applied to modifying schizophrenia. [5]

This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.
The biological explanations of schizophrenia identified in the specification are: • Dopamine hypothesis. • Structural abnormalities/enlarged ventricles. • Cannabis influence on brain chemistry. The two methods of modifying schizophrenia identified in the specification are: • Antipsychotic drugs. • Cognitive behavioral therapy. Credit **will** be given for: • A demonstration of the understanding of the way the general biological explanations could be applied to modifying schizophrenia. • Linking the biological explanations to methods of modifying schizophrenia antipsychotic drugs and cognitive behavioural therapy). • Biological differences explanations may focus on dopamine hypothesis, structural abnormalities and cannabis influence on brain chemistry. • Any other appropriate content. N.B. In their answer, candidates are not limited to the biological explanations of schizophrenia and methods of modifying schizophrenia identified in the specification. Application of any appropriate biological explanation to any appropriate method of modifying schizophrenia can receive credit.

Marks	AO2
5	• The way in which biological explanations could be applied to modifying schizophrenia has been thoroughly explained. • The details are accurate.
3-4	• The way in which biological explanations could be applied to modifying schizophrenia has been reasonably explained. • The details are mostly accurate.
1-2	• The way in which biological explanations could be applied to modifying schizophrenia have only been superficially explained. • There may be inaccuracies throughout.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

Stress

6. (a) Describe **one** individual differences explanation of stress. [10]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
The individual differences explanations of stress identified in the specification are: • hardiness • self-efficacy • type A, type B personalities however, any appropriate individual differences explanation of stress can be used. Credit **will** be given for: • Hardiness: Some individuals are said to have a hardy personality, they unlike others might be able to deal with stressors. They might tend to stressful experiences as opportunities for personal growth. • Self-efficacy: Based upon Bandura's work this view suggests that high levels of self-efficacy act to decrease people's potential for experiencing negative stress feelings by increasing their sense of being in control of the situations they encounter. • Type A and B Personalities: This explanation suggests certain individuals (Type A) who are often very ambitious, target driven and often very impatient will experience greater physiological response to the stress they are under and thus be more likely to experience poor health condition, unlike other (Type B) who's more laid-back attitude results in lower physiological response to stressful situations. • Any other appropriate content.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description of one individual differences explanation of stress is thorough and accurate. • There is depth and range to the material included. • Effective use of terminology throughout. • Logical structure.
6-8	• Description of one individual differences explanation of stress is reasonably detailed and accurate. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description of one individual differences explanation of stress is basic in detail and accuracy. • There is depth or range only in material used. • Some use of appropriate terminology. • Reasonable structure.
1-2	• Description of one individual differences explanation of stress is superficial in detail and accuracy. • Very little use of appropriate terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

(b) Meera works as a trainee solicitor and feels under pressure to perform well in her assessments. In her spare time, Meera has taken part in swimming competitions and singing in concerts for several years. However, recently these activities have left Meera with unpleasant symptoms such as sweating, heart palpitations, anxiety and difficulty in sleeping. This is affecting her confidence.

With reference to the above scenario, evaluate the effectiveness of beta blockers and stress inoculation training as methods of modifying Meera's stress. [15]

This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures **and** on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
Betablockers AO3 Credit **will** be given for: • Research that supports/refutes the effectiveness. • Comparison to other methods. • Varieties of evidence to show the effectiveness of beta blockers such as Neftel *et. al.* (1982), in addition to *Schwabe et. al.* (2011) illustrating avoidance of stress induced habit behaviour. • Limited effectiveness in long term especially if there are other non-psychological causes of stress (psychological / emotional). • As with any medication there are side effects – especially if stopped suddenly. Not a cure for anxiety, simply relieving symptoms in the short term. • Any other appropriate content. *Stress inoculation training* AO3 Credit **will** be given for: • Research that supports/refutes the effectiveness. • Comparison to other methods. • May be more appropriate at giving individuals a long-term coping strategy. • Benefit of use can be seen in multiple contexts (Saunders et. al. 1996; Sheehy *et. al.* (2004). Foa *et al.* (1991, 1999) effective at reducing symptoms, similarly to prolonged exposure. • Meichenbaum (2007) emphasising how useful stress inoculation training is given the modern days' wider range of potential stressors. • Foa *et al.* (1991, 1999) suggested that over prolonged periods of time little difference between stress inoculation training and prolonged exposure. • Stress inoculation training can be time consuming, although Meichenbaum has shown that it can be effective in short bursts. • Any other appropriate content. N.B. Evaluation not related to effectiveness will not receive credit. N.B. Evaluation of the effectiveness of betablockers and stress inoculation training must be present to access 6-10 marks

© WJEC CBAC Ltd.

AO2 Credit **will** be given for:
Credit application to the scenario as AO2 – such as, the use of Meera to give examples of the evaluative aspects of the therapy:

- E.g. 'Meera has taken part in swimming competitions and singing in concerts for several years'. 'However, recently these activities have left Meera with unpleasant symptoms such as sweating, heart palpitations, anxiety and difficulty in sleeping.'=Long-term effectiveness of feeling anxious is criticised for long-term effect of beta blockers as they only help symptoms, not cause. Stress inoculation training maybe more appropriate. But beta blockers good for stage performances.
- Evidence on performance and self-reported levels of stress from Neftel (1982) = less stage fright, lower heart rates, more able to play more complex parts more accurately, so would hopefully transfer to singing/reading music cues.
- E.g. 'This is affecting Meera's confidence'. In the daytime, Meera works as a trainee solicitor and feels under pressure to perform well in her assessments'. = In the workplace (Saunders *et al.* (1996) conclude SIT reduced anxiety. Sheehy and Horan (2004) looked at SIT and anxiety of law students – helped them cope.
- Issue= which 3 elements is effective? Moses/ Hollandsworth (1985) researched dental phobics, education (stage 1) not enough to overcome stress in a practical context. However, found that application most important.
- Schwabe et al. (2011) suggests that people with stress may get addictions rather than focusing on goals. Evidence for beta blockers to prevent the stress for those showing habit behaviours. Could this happen for Meera?

- Any other appropriate content.

© WJEC CBAC Ltd.

Marks	AO3
9-10	• Thorough evaluation of the effectiveness of beta blockers and stress inoculation training. • Structure is logical throughout. • Depth and range included. • An appropriate conclusion is reached based upon evidence presented.
6-8	• Reasonable evaluation of the effectiveness of beta blockers and stress inoculation training. • Structure is mostly logical. • Depth and range but not in equal measure. • A reasonable conclusion is reached based upon the evidence presented.
3-5	• Basic evaluation of the effectiveness of beta blockers and stress inoculation training. • Structure is reasonable. • Depth or range. • A basic conclusion is reached. **OR** • Thorough evaluation of the effectiveness of beta blockers or stress inoculation training.
1-2	• Superficial evaluation of the effectiveness of beta blockers and stress inoculation training. • Answer lacks structure. • There is no conclusion. **OR** • Reasonable evaluation of the effectiveness of beta blockers or stress inoculation training.
0	• Inappropriate answer given. • No response attempted.
Marks	**A02**
5	• Clear reference to the scenario. • The evidence used is well-chosen and applied effectively to the scenario. • Details are accurate. • There is depth and range to the evidence used.
3-4	• Reasonable reference to the scenario. • Appropriate evidence used and applied to the scenario. • Details are mostly accurate. • There is depth or range to the evidence used.
1-2	• Reference to the scenario is superficial. • Evidence is described but not applied or has only weak links to the scenario. • There may be inaccuracies throughout.
0	• No attempt at application.

© WJEC CBAC Ltd.

Section B

7. ‘Non-human animals should be used as a therapeutic device and in any psychological research that benefits humans.’

To what extent do you agree with the statement? Justify your answer using psychological knowledge.

This question is synoptic, and therefore the material use by candidates in this debate can be drawn from any area of psychology. Examiners should expect candidates to draw on psychological concepts, research, evidence, studies or theories from any approach studied in their course.

AO2 Credit **will** be given for:

A clear and consistent reference to the quotation through:

- Establishing if all research using non-human animals should be carried out if it benefits humans. BPS Guidelines for Psychologists Working with Animals should also be referred to here.
- Develop commentary which illustrates that non-human animal research in psychology is acceptable/unavoidable if it provides informative insights into human behaviour such as those identified through comparative and ethological research.
- Develop commentary that illustrates that the use of non-human animals in psychology has clear benefits for human patients with conditions (e.g. animals as therapeutic devices).
- Examine research / drawing reference to research which illustrates that non-human animal investigations in psychology should be avoided at all costs since they are problematic (e.g. anthropomorphism and speciesism).
- Examine / draw reference to the impact of such research in wider society.
- Any other appropriate content.

© WJEC CBAC Ltd.

Mark	AO2
9-10	• Evidence used is well-chosen. • Details are accurate throughout. • There is depth and range to material included. • Effective use of terminology. • Clear reference to the statement.
6-8	• Evidence used is appropriate. • Details may have some minor inaccuracies. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Reasonable reference to the statement.
3-5	• Evidence is not always relevant. • There may be significant inaccuracies. • There is depth or range only in material used. • There is some use of appropriate terminology. • References to the statement are basic and/or superficial.
1-2	• Little credit-worthy evidence given. • Application of the evidence is inappropriate. • There is very little use of appropriate terminology. • No reference to the statement.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

AO3 Credit **will** be given for:

Supporting Argument

- Such research can be useful especially given the very clear structures set out by the BPS with regard non-human animal testing. Legislation (Animal Act) provide a safe and clear structured set of rules and regulations meaning that needless experiments are avoided.
- Research involving animals to better human life experience e.g. animals as a therapeutic device. (for example Allen (2003))
- Research involving animals can lead to benefit humans in terms of their experience of psychopathological disorders (e.g. depression, schizophrenia). Research can identify possible causes and establish if treatments can reduce the severity of symptoms and thus reduce the impact of the disorder.
- Ethological study research involving non-human animals has limited impact on animals being observed e.g. Lorenz (1935).

Against Argument

- Animals are animals - and not humans - so experimental research findings are only limited to the animal being tested - generalisation to humans is difficult if not impossible. Meaning that the importance of such findings are reduced and the pain / suffering the animal has endured is needless. Candidates can inform this view by reference to research studies that have been conducted on animals: e.g. research into dopamine hypothesis in schizophrenia (e.g. Randrup and Munkvad (1966) etc.
- Pure issue of animal rights. Is it ethically appropriate to make use of animals in research simply because there are less complex species than ourselves? Some would argue e.g. Tom Regan (1984) that there is no circumstance in which an animal should be tested - even if it is for the betterment of human life.
- Some research has been ethically questionable - and seen as detrimental to the animals concerned. Is the long-lasting impact of such studies worthwhile? For example - Harry Harlow's research into attachment of young monkeys.
- Varied research that illustrates the distress, harm, and limited protection given to non-human animals in research in varied aspects of psychology. Examples can be used across different topics in Psychology - (E.g. Stress - Executive Monkey Study - Brady 1957) etc.

- Any other appropriate content.

N.B. An overall conclusion is expected. The points above are indicative of content, but any other points that appropriately add to the discussion should be credited appropriately.

© WJEC CBAC Ltd.

Marks	AO3
13-15	• A sophisticated and articulate interpretation of the issue. • Thoroughly well-developed and balanced arguments. • There is depth and range to the material. • Evaluative comments are evidently relevant to the context. • Excellent structure. • An appropriate conclusion is reached based on the evidence.
10-12	• A good interpretation of the key issue. • Arguments made are thorough and balanced. • There is depth and range to the material (not necessarily in equal measure). • The evaluative comments are clearly relevant to the context. • Good structure. • An appropriate conclusion is reached.
7-9	• A reasonable interpretation of the key issue. • Arguments are reasonable but may be one-sided. • There is depth or range to the material. • The evaluative comments made tend to be generic and not contextualised. • Coherent structure. • A basic conclusion is made.
4-6	• May be some misinterpretation regarding the key issue. • Arguments made are basic but creditworthy. • There is depth or range to the material. • Answer does not move beyond assertions. • Clear structure. • Any conclusion may be contradictory with flow of the answer.
1-3	• There is no engagement with the issue beyond simple rewording. • There is no conclusion. • Answer lacks clarity. • Answer does not move beyond assertions.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

8. ‘Ethnocentrism is a problem in psychology.’
Using your knowledge of psychology, discuss the extent to which this statement is true. [25]

This question is synoptic, credit should therefore be given for content from across the range of concepts, theories, research and approaches studied in the course. Furthermore, it is important for examiners to ensure that the evidence used by candidates is used appropriately and linked to the statement made. The important factor here is that the evidence used is appropriate and linked to the comment made.

AO2 Credit **will** be given for:

A clear and consistent reference to the quotation through:

- Examining research that is ethnocentric and considering the effect of alpha bias and beta bias.
- Examining the counter-argument to ethnocentrism, namely, cultural relativism.
- Examining the impact of cultural bias on the psychological explanations.
- Examining the change in historical attitudes towards culture.
- Judging if psychology is culturally biased through comparison to other disciplines.
- Other relevant examples that contribute to this debate from different areas of study.

- Any other appropriate content.

Mark	AO2
9-10	• Evidence used is well-chosen. • Details are accurate throughout. • There is depth and range to material included. • Effective use of terminology. • Clear reference to the statement.
6-8	• Evidence used is appropriate. • Details may have some minor inaccuracies. • There is depth and range to material used, but not in equal measure. • Good use of terminology. • Reasonable reference to the statement.
3-5	• Evidence is not always relevant. • There may be significant inaccuracies. • There is depth or range only in material used. • There is some use of appropriate terminology. • References to the statement are basic and/or superficial.
1-2	• Little credit-worthy evidence given. • Application of the evidence is inappropriate. • There is very little use of appropriate terminology. • No reference to the statement.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

AO3 Credit **will** be given for:

Supporting Argument:

- The fact that research represents particular historical or social contexts.
- Clear evidence of beta bias in theories / explanations in Psychology.
- The range of research conducted in psychology that is ethnocentric.
- The relative cost of cross-cultural research making such techniques not possible in every instance.

Against Argument:

- Is psychology biased – or does it simply show that differences exist between cultures?
- Reference to and analysis of studies / research that have been conducted cross culturally.
- The notion of cultural relativism.
- Researchers are more aware of biases in research and thus utilise procedures that reduce bias and become culture free. Increasingly, non-western societies, now contribute towards the academic discipline of psychology, gradually the participant is becoming less ethnocentric.

- Any other appropriate content

N.B. An overall conclusion is expected. The points above are indicative of content, but any other points that appropriately add to the discussion should be credited appropriately.

© WJEC CBAC Ltd.

Marks	AO3
13-15	• A sophisticated and articulate interpretation of the issue. • Thoroughly well-developed and balanced arguments. • There is depth and range to the material. • Evaluative comments are evidently relevant to the context. • Excellent structure. • An appropriate conclusion is reached based on the evidence.
10-12	• A good interpretation of the key issue. • Arguments made are thorough and balanced. • There is depth and range to the material (not necessarily in equal measure). • The evaluative comments are clearly relevant to the context. • Good structure. • An appropriate conclusion is reached.
7-9	• A reasonable interpretation of the key issue. • Arguments are reasonable but may be one-sided. • There is depth or range to the material. • The evaluative comments made tend to be generic and not contextualised. • Coherent structure. • A basic conclusion is made.
4-6	• May be some misinterpretation regarding the key issue. • Arguments made are basic but creditworthy. • There is depth or range to the material. • Answer does not move beyond assertions. • Clear structure. • Any conclusion may be contradictory with flow of the answer.
1-3	• There is no engagement with the issue beyond simple rewording. • There is no conclusion. • Answer lacks clarity. • Answer does not move beyond assertions.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.