GCE

Psychology

H567/03: Applied psychology

A Level

Mark Scheme for June 2025

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

MARKING INSTRUCTIONS

PREPARATION FOR MARKING
RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Online Training: OCR Essential Guide to Marking*.

2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are available in RM Assessor

3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **required number** of standardisation responses.

MARKING

1. Mark strictly to the mark scheme.

2. Marks awarded must relate directly to the marking criteria.

3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.

4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone, email or via the RM Assessor messaging system.

5. **Crossed-Out Responses**
   Where a candidate has crossed out a response and provided a clear alternative then the crossed-out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed-out response where legible.

   Rubric Error Responses – Optional Questions
   Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM Assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple-Choice Question Responses
When a multiple-choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).
When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses
When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions **(requiring only a list by way of a response, usually worth only one mark per response)**
Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions **(requiring a more developed response, worth two or more marks**)
If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space).

Longer Answer Questions **(requiring a developed response)**
Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add the annotation 'SEEN' to confirm that the work has been seen and mark any responses using the annotations in section 11.

7. There is a NR (**No Response**) option. Award NR (No Response):

   - if there is nothing written at all in the answer space
   - OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')
   - OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

   Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

8. The RM Assessor **comments box** is used by your Team Leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.**

9. *Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.*

10. For answers marked by levels of response:
    To determine the level – start at the highest level and work down until you reach the level that matches the answer
    To determine the mark within the level, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

11. **Annotations**

Annotation	Meaning	Annotation	Meaning
	Correct	L1	Level 1 (basic)
	Development/explanation/elaboration of point	L2	Level 2 (limited)
	Incorrect	L3	Level 3 (reasonable)
	Unclear	L4	Level 4 (good)
	Terminology/point/concept related to the question		
^	Missing information		
CONT	Context		
APP	Application to the source		
RES	Good use of research		
EVAL	Evaluation		
NAQ	Not answering question		
BOD	Benefit of doubt given		
IRRL	Irrelevant		
SEEN	Seen (to show content on a page has been noted, but not credited)		
	Highlighter tool		

LEVELS OF RESPONSE – LEVEL DESCRIPTORS

	AO1	AO2	AO3
Good	Response demonstrates good relevant knowledge and understanding. Accurate and detailed description.	Response demonstrates good application of psychological knowledge and understanding. Application will be mainly explicit, accurate and relevant.	Response demonstrates good analysis, interpretation and/or evaluation that is mainly relevant to the demand of the question. Valid conclusions that effectively summarise issues and argument is highly skilled and shows good understanding.
Reasonable	Response demonstrates reasonable relevant knowledge and understanding. Generally accurate description lacking some detail.	Response demonstrates reasonable application of psychological knowledge and understanding. Application will be partially explicit, accurate and relevant.	Response demonstrates reasonable analysis, interpretation and/or evaluation that is partially relevant to the demand of the question. Valid conclusions that effectively summarise issues and argument are competent and understanding is reasonable.
Limited	Response demonstrates limited relevant knowledge and understanding. Limited description lacking in detail.	Response demonstrates limited application of psychological knowledge and understanding. Application may be related to the general topic area rather than the specific question.	Response demonstrates limited analysis, interpretation and/or evaluation that may be related to topic area. Some valid conclusions that summarise issues and arguments.
Basic	Response demonstrates basic knowledge and understanding that is only partially relevant. Basic description with no detail.	Response demonstrates basic application of psychological knowledge and understanding. Responses will be generalised lacking focus on the question.	Response demonstrates basic analysis, interpretation and/or evaluation that is not related to the question. Basic or no valid conclusions that attempt to summarise issues. No evidence of arguments.

USING THE MARK SCHEME

Please study this Mark Scheme carefully. The Mark Scheme is an integral part of the process that begins with the setting of the question paper and ends with the awarding of grades. Question papers and Mark Schemes are developed in association with each other so that issues of differentiation and positive achievement can be addressed from the very start.

This Mark Scheme is a working document; it is not exhaustive; it does not provide 'correct' answers. The Mark Scheme can only provide 'best guesses' about how the question will work out, and it is subject to revision after we have looked at a wide range of scripts.

In your marking, you will encounter valid responses which are not covered by the Mark Scheme: these responses must be credited. You will encounter answers which fall outside the 'target range' of Bands for the paper which you are marking. Please mark these answers according to the marking criteria.

Please read carefully all the scripts in your allocation and make every effort to look positively for achievement throughout the ability range. Always be prepared to use the full range of marks.

INSTRUCTIONS TO EXAMINERS:
INDIVIDUAL ANSWERS

1 The indicative content indicates the expected parameters for candidates' answers, but be prepared to recognise and credit unexpected approaches where they show relevance.

2 Using 'best-fit', decide first which set of BAND DESCRIPTORS best describes the overall quality of the answer. Once the band is located, adjust the mark concentrating on features of the answer which make it stronger or weaker following the guidelines for refinement.

- **Highest mark**: If clear evidence of all the qualities in the band descriptors is shown, the HIGHEST Mark should be awarded.
- **Lowest mark**: If the answer shows the candidate to be borderline (i.e. they have achieved all the qualities of the bands below and show limited evidence of meeting the criteria of the band in question) the LOWEST mark should be awarded.
- **Middle mark(s)**: This mark should be used for candidates who are secure in the band. They are not 'borderline' but they have only achieved some of the qualities in the band descriptors.

3 Be prepared to use the full range of marks. Do not reserve (e.g.) high Band 4 marks 'in case' something turns up of a quality you have not yet seen. If an answer gives clear evidence of the qualities described in the band descriptors, reward appropriately.

4 Consideration should be given to the weightings of the assessment objectives within a question, these are clearly stated for each question and care should be taken not to place too much emphasis on a particular skill.

Section A: Issues in mental health

Question			Answer	Marks	Guidance
1			**Outline the biochemical explanation of mental illness.** **AO1 (5 marks)** Answers could relate to biochemical explanation of a single mental illness (e.g. depression) or more than one mental illness (e.g. depression and schizophrenia). References to the roles played by serotonin, dopamine, noradrenaline and/or GABA are most likely, but other relevant responses should be credited.	5	**1 mark** for each of the following (depth approach): • Reference to named neurotransmitter/hormone/chemical • Action of the neurotransmitter in maintaining stasis • Reference to imbalance/too little/too much • Consequences of imbalance i.e. synaptic gap/excitation of neuron/ specific symptom • Reference to specific named disorder Alternatively, candidates may address the question using breadth approach: • Reference to named neurotransmitter/hormone/chemical (max 2) • Reference to imbalance/too little/too much (for each) • Reference to specific named disorder (for each) **NB**. No credit for treatment e.g. medication and its impact. However, the explanation may be hidden within an outline of the treatment. If candidate draws a picture to support their answer, it can be credited.

Question			Answer	Marks	Guidance
2	(a)		**Describe <u>one</u> way mental disorders can be categorised.** **<u>AO1 (4 marks)</u>** Candidates will demonstrate knowledge and understanding by referring to any way of categorising mental disorders. DSM or ICD are likely to be referred to, although other appropriate responses should be credited (including other countries' diagnostic manuals). Any edition of a way of categorising disorders can be referred to (i.e. it does not need to be the most recent edition); however, if a particular edition is specified then subsequent details should relate accurately to that particular edition. Answers that reference to ways of defining abnormality should **<u>not</u>** be credited (NAQ).	**4**	**<u>1 mark</u>** <u>for the following features of categorisation:</u> • Identify one form of categorisation (e.g. diagnostic tool) • Who would use it (e.g. psychiatrist) OR where (e.g. USA) • Sections/chapters/categories i.e. psychotic • Contents – specific symptoms/duration Alternatively, candidates may address the question with details of the categories - marks could be awarded for: • Identify one form of categorisation (e.g. diagnostic tool) • Categories e.g. psychotic, affective and anxiety • Identification of at least one disorder from one category. • Symptoms – specific example from at least one category. **NB.** If more than one way is outlined, then it is the first one that should be credited.

Question			Answer	Marks	Guidance
2	(b)		**Outline <u>one</u> problem a clinical psychologist might have when categorising mental disorders. Use an example of a mental disorder to support your answer.** **<u>AO2 (4 marks)</u>** Candidates could consider: • The overlap of symptoms causing misdiagnosis – comorbidity and lack of pathognomic symptoms • Cultural bias of the tool or clinician • Gender bias • Misinterpretation of symptoms • Subjective interpretation of symptoms leading to lack of reliability and/or validity. • Clarity of definitions/symptoms listed in the DSM/ICD • Patient's self report (e.g. inaccurate description of symptoms, omission of symptoms, inability to describe them or lying about them like in Rosenhan's study). • Other appropriate responses should be credited. <u>Example answer:</u> One problem a clinical psychologist might have is that they have only got the patient's description of their symptoms (1). They have to then compare these to the list of symptoms in a tool such as DSM/ICD (1) and the patient's description of their symptoms may not accurately match the symptom list in the tool / they may forget some symptoms / they may lie about their symptoms. (1) For example, Rosenhan's pseudopatients lied about hearing voices but were diagnosed with schizophrenia. (1)	4	<u>**1 mark** for each of the following:</u> • Identification of one relevant problem a clinical psychologist might have. • Some elaboration or explanation as to why this is a problem. • An example of a disorder is used **to support the point** being made. • Elaboration of the example (e.g. through the use of research evidence, comparison of two disorders, etc.) **NB.** If more than one problem is outlined, then it is the first one that should be credited.

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>3</td><td>(a)</td><td></td><td>Outline <u>one</u> conclusion that can be drawn from these findings.

<u>AO3 (3 marks)</u>
Candidates are likely to refer to:
• How requests for information made by a patient in a psychiatric hospital tend to be ignored whereas requests for information made by a person in a university setting will be responded to by the lecturer stopping and chatting.
• Emphasis could be placed on the setting, the type of person making the request for information, or both the setting and the type of person making the request. Equally, conclusions could be drawn in relation to the person being asked for information.
• Plausible explanations could centre on judgements being made about how important the person making the request is seen as being, or about how helpful the people are who are giving the information, etc.
• Other appropriate responses should be credited.</td><td>3</td><td>
<table>
<tr><th></th><th>Percentage of hospital staff in a psychiatric hospital doing each action (based on 1283 attempted interactions)</th><th>Percentage of teaching staff at a university doing each action (based on 14 attempted interactions)</th></tr>
<tr><td>Moves on, head averted</td><td>88</td><td>0</td></tr>
<tr><td>Makes eye contact</td><td>10</td><td>0</td></tr>
<tr><td>Pauses and chats</td><td>2</td><td>0</td></tr>
<tr><td>Stops and talks</td><td>0.5</td><td>100</td></tr>
</table>

<u>1 mark</u> <u>for each of the following:</u>

• Relevant evidence is provided (numbers are not necessary).

• A conclusion is drawn.

• Providing a possible reason for the conclusion, i.e. ‘plausible speculation’.

0 marks – no creditworthy response

NB. Conclusions need to involve some sort of inference being made from a finding. If more than one conclusion is drawn, then it is the first one that should be credited.</td></tr>
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<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>3</td><td>(b)</td><td></td><td>Outline <u>one</u> suggestion a psychologist might make about how these findings could be used.

<u>AO2 (3 marks)</u>
Suggestions are likely to focus on:
• Training nurses and attendants in psychiatric hospitals to stop and talk to patients when they make polite requests for relevant information, rather than just ignoring them.

• Using these findings in teaching contexts to illustrate points about the stickiness of psychodiagnostic labels, how behaviour can be affected by situational factors, prejudice, etc.

• Using these findings as a platform for further research (e.g. to see whether the same pattern of results would be found in other countries).

• Using these finding to understand the patient care (i.e. theoretical usefulness).

• Other appropriate responses should be credited.

Suggestions must be ones that psychologists might plausibly make (i.e. they must respect legal and ethical guidelines).</td><td>3</td><td><table><tr><th></th><th>Percentage of hospital staff in a psychiatric hospital doing each action (based on 1283 attempted interactions)</th><th>Percentage of teaching staff at a university doing each action (based on 14 attempted interactions)</th></tr><tr><td>Moves on, head averted</td><td>88</td><td>0</td></tr><tr><td>Makes eye contact</td><td>10</td><td>0</td></tr><tr><td>Pauses and chats</td><td>2</td><td>0</td></tr><tr><td>Stops and talks</td><td>0.5</td><td>100</td></tr></table>
<u>1 mark</u> <u>for each of the following:</u>

• Appropriate suggestion is stated (e.g. teaching/training).

• Some elaboration on this suggestion (e.g. who would be taught/trained and by whom, or what the focus of the teaching/training would be).

• Relevant supporting evidence – the evidence must be used to support the suggestion made. (e.g. why do these findings relate to this suggestion. NB. this may be implicit in the answer given rather than explicitly stated, e.g. conversations and queries).

0 marks – no creditworthy response

NB. Suggestion has to be specific to the medical setting.

If more than one suggestion is made, then it is the first one that should be credited.</td></tr>
</table>

Question			Answer	Marks	Guidance
3	(c)		**Assess the reliability of these findings.** **AO2 (2 marks)** Candidates should apply their knowledge and understanding of reliability to this quantitative data. Reference to these findings alone is sufficient to potentially access maximum marks for AO2. **AO3 (4 marks)** Candidates could refer to: • The **consistent pattern** that emerges regarding polite requests for help being largely ignored in the hospital but responded to positively on the university campus. • The number of attempts made at requesting information and how the large number in the hospital setting **meant it was less vulnerable to being distorted by anomalous findings** and, therefore, more capable of revealing a trend in the data. **OR** • Only 14 responses in control condition, which make is more likely that anomalies disorted results = less consistency when replicated. • Points made could also centre on the **difficulties of replicating a study** which would involve gaining access to mental hospitals under the guise of being a patient. • The extent to which the requests for information were made in a **fully standardised** way, or whether they might vary depending upon characteristics of the person making the request, their tone of voice, etc. • Other appropriate responses should be credited. Points made need to relate to reliability to be creditworthy (e.g. if they are essentially about another issue, such as validity, they are not creditworthy).	6	**Level 3 - 5-6 marks** – The response demonstrates good application of knowledge and understanding of reliability. There is good assessment of the reliability of these findings. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **Level 2 - 3-4 marks** – The response demonstrates reasonable application of knowledge and understanding of reliability. There is reasonable assessment of the reliability of these findings. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **Level 1 - 1-2 marks** – The response demonstrates limited application of knowledge and understanding of reliability. There is limited assessment of the reliability of these findings.. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **0 marks** – no creditworthy response For the top band, it can be expected that more than one point about the reliability of these findings will be explored. **Annotations** Level to be annotated on the left hand side.

Question			Answer	Marks	Guidance
4		*	**Discuss the validity of definitions of abnormality.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of validity. Validity in of definitions of abnormality would be related to the accuracy of diagnosing disorders based on those definitions. **AO3 (8 marks)** Candidates should analyse, interpret and evaluate definitions of abnormality in relation to validity. Any relevant definition of abnormality can be referred to, the question suggests plurality but in fact it could be taken as a topic from the spec and so will not need more than one definition identified. Answers may refer to: Statistical infrequency • High validity due to objective and quantitative data. • Low validity as some statistically infrequent behaviours are not considered disorders (high IQ) and some disorders may in fact be more frequent (e.g. depression). • Statistics are still affected by cultural norms, i.e. whether disorders are reported/diagnosed (e.g. people in some cultures might not report symptoms that may be frowned upon or they may be worried about persecution etc). Deviation from social norms • Changes over time and place (e.g. homosexuality removed in 1973 from DSM but still considered a disorder in some parts of the world). Deviation from ideal mental health • Concepts within definition (e.g. self-actualisation) may be difficult to operationalise. Comparisons • Low validity is likely to be linked to subjective definitions such as cultural norms, deviation from ideal mental health and failure to function adequately. These all require some subjective judgment of how much this behaviour is deviant, and whether the individual considers their functioning to be adequate. • Hearing voices but dealing with it (deviation vs functioning adequately) • Other appropriate responses should be credited.	10	**Level 4 - 9–10 marks –** The response demonstrates **good** knowledge and understanding of validity. There is a **good** analysis of validity in relation to definitions of abnormality. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **Level 3 - 6–8 marks –** The response demonstrates **reasonable** knowledge and understanding of validity. There is a **reasonable** discussion of validity in relation to definitions of abnormality. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **Level 2 - 3–5 marks –** The response demonstrates **limited** knowledge and understanding of validity. There is a **limited** discussion of validity in relation to definitions of abnormality. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **Level 1 - 1–2 marks –** The response demonstrates **basic** knowledge and understanding of validity. There is a **basic** discussion of validity in relation to definitions of abnormality. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks –** No creditworthy response. Candidates can take either a 'depth' or 'breadth' approach (e.g. focusing on a single way of defining abnormality in depth or referring to more than one way of defining abnormality). Either approach is equally creditworthy. **NB.** IQ test being standardised (and similar) is not creditworthy. What is more, ecological validity is unlikely to gain more than AO1 (knowledge) marks as all definitions are applied to real life behaviour/symptoms. **Annotations** Level to be annotated on the left hand side. Use RES to credit definition, however no credit for definition unless candidate has identified relevant evaluation point.

Section B

	(a)	*	**Outline the key research by Gibson and Walk (1960) <u>and</u> use it to show the extent to which depth can be perceived by infants.** **<u>AO1 (5 marks)</u>** Candidates must refer to the key study by Gibson and Walk. Candidates will demonstrate knowledge and understanding of this key study through describing the psychological evidence of the key study appropriately and effectively. A good (L4) response will typically include details of at least 3 of following features: - Why the study was done (e.g. background, aim or hypotheses) - Who was the study done on (e.g. details of sample) - How the study was done (e.g. research method used, method or procedure including materials) - What was found (e.g. the results or conclusions) A reasonable (L3) response will typically include 2-3 of the above features. A limited (L2) response will typically include 1-2 of the above features. A basic (L1) response will typically include 1 of the above features. **<u>AO2 (5 marks)</u>** Candidates should *apply* their knowledge and understanding of the study by Gibson and Walk to show what it tells us about the extent to which depth can be perceived by infants. Answers can be expected to refer to: • How preference for the shallow side of the visual cliff suggests an ability to perceive depth. • How all of the 27 human infants who moved were prepared to crawl over the shallow side but only 3 of them would crawl over the deep side. • How many of the infants crawled away from the mother when she called them to the cliff side, however they would also back up onto the deep side before setting off towards their mother across shallow side suggesting that some aspects of visual perception appear to precede the development of physical movement. Less detailed answers or answers that simply describe the study without using it to show the extent to which depth can be perceived by infants will only gain marks in the lower bands.	**10**	PLEASE REFER TO APPENDIX 1 **<u>Annotations</u>** Level to be annotated on the left hand side. √ Ticks for any feature (AO1). APP for what it tells us about how depth can be perceived by infants. **<u>Key features of the study:</u>** **AIM:** To investigate depth perception in infants and young animals and to support suggestion that both humans' and other species' depth perception is innate. **RM**: 36 infants aged from 6 to 14 months. Second part of the study involved behaviour of chicks, turtles, rats, lambs, kids, pigs, kittens and dogs. **SAMPLE**: Lab experiment with repeated measures design (IV – the cliff side or the shallow side; DV – whether or not child would crawl to his mother). Quasi element for animal species. **PROCEDURE:** The visual cliff consisted of a board laid across a large sheet of heavy glass which is supported approx. a foot above the floor. On one side of the board a sheet of patterned material is placed flush against the under-surface of the glass. On the other side a sheet of the same material is laid upon the floor; this side of the board thus becomes the visual cliff. Each child was placed on the centre board, and his mother called him from the cliff side and the shallow side successively. Similarly, chicks, and other animals were placed on the visual cliff apparatus and the subsequent behaviour was observed.

5	**(b)**	*	**Discuss the reliability of research into perceptual development.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of the reliability. **AO3 (13 marks)** Candidates should analyse, interpret and evaluate research into perceptual development in relation to the reliability. As well as referring to the key research, candidates can refer to research investigating perceptual development in children and how this can be studied in babies and animals. Any relevant research is creditworthy. Answers may refer to: • Reliability in terms of objective standardised procedures, or the subjective nature of observations of particularly non-human participants. • Replication as a means to assess reliability. • Sample size (which must be considered in light of the ability to deal with anomalous data, rather than just a point which could easily be related to validity.) • The reliability of extrapolating from non-human behaviour. Points about reliability need to be discussed, rather than simply identified and illustrated. Other appropriate responses should be credited.	**15**	PLEASE REFER TO APPENDIX 2 **Annotations** Level to be annotated on the left hand side. **NB.** Blakemore and Cooper's study is creditworthy. Answers need to be focused on the research.

5	**(c)**	*	**Outline at least one play strategy a psychologist might suggest to Nina to use with the children at her playgroup to help develop their perception.** **AO2 (10 marks)** Candidates need to apply their knowledge and understanding of at least one play strategy to develop perception in young children. Suggestions may refer to: • Application of sensory integration therapy, developing visual form constancy (e.g. through use of shape sorters or structured block play) or auditory perceptual constancy (e.g. through listening to music), etc. • Social learning theory, classical conditioning or operant conditioning (positive and/or negative reinforcement) could be applied. Answers could focus in depth on one suggestion or refer to a range of suggestions. It is important that suggestions are **related to the context of the question** and are suggestions that a psychologist might potentially make (so should therefore be within ethical and legal guidelines). Other appropriate responses should be credited.	**10**	PLEASE REFER TO APPENDIX 3 **Annotations** Level to be annotated on the left hand side.

6	(a)	*	**Outline the key research by Hall and Player (2008) <u>and</u> use it to show the extent to which bias affects the collection and processing of forensic evidence.** **<u>AO1 (5 marks)</u>** Candidates must refer to the key study by Hall and Player. Candidates will demonstrate knowledge and understanding of this key study through describing the psychological evidence of the key study appropriately and effectively. A good (L4) response will typically include details of at least 3 of following features: - Why the study was done (e.g. background, aim or hypotheses) - Who was the study done on (e.g. details of sample) - How the study was done (e.g. research method used, method or procedure including materials) - What was found (e.g. the results or conclusions) A reasonable (L3) response will typically include 2-3 of the above features. A limited (L2) response will typically include 1-2 of the above features. A basic (L1) response will typically include 1 of the above features. **<u>AO2 (5 marks)</u>** Candidates should apply their knowledge and understanding of the study by Hall and Player to show the extent to which bias affects the collection and processing of forensic evidence. Answers can be expected to refer to: • How emotional context (murder vs forgery scenario) did not affect the decision-making of fingerprint experts. • How half of participants in the murder scenario thought that their judgements had been affected by the emotional context, i.e. perceived effect • How a number of participants (19%) did not read the crime scene report, so bias could not have affected their judgements. • 17% of those given the high context and 20% of those given the low-context scenario were sufficiently confident to present the mark as a positive identification to the court. • Professionals are less likely to be affected by bias. Less detailed answers or answers that simply describe the study without using it to show the extent to which bias affects the collection and processing of forensic evidence will only gain marks in the lower bands.	**10**	PLEASE REFER TO APPENDIX 1 **<u>Annotations</u>** Level to be annotated on the left hand side. √ Ticks for any feature (AO1). APP for what it tells us about how bias can affect the collection and processing of forensic evidence. **<u>Key features of the study:</u>** **AIM: T**o see whether the written report of a crime affect a fingerprint expert's interpretation as well as to see if the fingerprint experts are emotionally affected by the circumstances of the case. **RM**: A field setting with an independent measures design. IV - low-context (forgery) or the high-context group (murder – firing two shots at the victim). Three DVs were: crime scene report read or not; analysis of the fingerprint (a match, not a match, not enough detail to make a comparison, some detail in agreement but not enough to individualise) and whether the participant would be confident to present the fingerprint as evidence at court. **SAMPLE**: Self-selected sample. 70 fingerprint experts from the MET Police. Their experience ranged from less than 3 months to over 30 years, with a mean length of experience of 11 years. **PROCEDURE:** A £50 note was digitally superimposed with a scan of a volunteer's right forefinger, which had been inked. The participants were given an envelope containing one of the test marks, the relevant 10-print fingerprint form, the relevant scene examiner's examination report and a sheet of paper advising participants of the contents which also stated that the mark was made by the right forefinger. The participants completed: - a demographic information sheet - fingerprint analysis – i.e. whether mark was a match/not a match etc. including how and why they have made their decision. - a feedback sheet - have they read the crime scene report? If so, did it affect them and how.

6	(b)	*	**Discuss to what extent research into the collection and processing of forensic evidence is scientific.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of psychology as a science. **AO3 (13 marks)** Candidates should analyse, interpret and evaluate research into the collection and processing of forensic evidence in relation to the psychology as a science debate. As well as referring to the key research, candidates can refer to research relating to motivating factors and bias in the collection and processing of forensic evidence. Any relevant research is creditworthy. Answers may refer to features of science such as: • Replicability • Objectivity • Falsifiability • The use of controls • Manipulation of variables • Collection of quantitative data • Cause and effect • Standardisation • Hypothesis testing • Induction/Deduction • Empiricism/empirical evidence Candidates may suggest the research is scientific, or equally, they may argue that it is not (e.g. research in the field creating extraneous variables). Points about whether the research is scientific need to be discussed, rather than simply identified and illustrated. Other appropriate responses should be credited.	**15**	PLEASE REFER TO APPENDIX 2 **Annotations** Level to be annotated on the left hand side. Answers need to be focused on the research (rather than techniques for example).

6	**(c)**	*	**Outline at least one strategy a psychologist might suggest to the experts to reduce bias in the collection and processing of forensic evidence.** **AO2 (10 marks)** Candidates need to apply their knowledge and understanding of **at least one strategy** for reducing bias in the collection and processing of forensic evidence. Suggestions may refer to: • Application of the principles behind the ACE-V approach to fingerprint identification and/or Linear Sequential Unmasking (LSU). • A 'line-up' approach could be suggested (and this could be linked to the filler-control method and/or Miller's 'six-pack' approach). • Only using experienced analysts and/or to withhold crime scene information from them (from the key research). • 'Blind testing' in which information about judgements made by other handwriting analysts is withheld (especially if the judgements are from someone more senior). • Training experts in their own biases. • Comparing latent and comparison print separately. Answers could focus in depth on one suggestion or refer to a range of suggestions. It is important that suggestions are **related to the context of the question** and are suggestions that a psychologist might potentially make (so should therefore be within ethical and legal guidelines). Other appropriate responses should be credited.	**10**	PLEASE REFER TO APPENDIX 3 **Annotations** Level to be annotated on the left hand side.

7	(a)	*	**Outline the key research by Ulrich (1984) <u>and</u> use it to show the extent to which the view through a window may influence recovery from surgery.** **<u>AO1 (5 marks)</u>** Candidates must refer to the key study by Ulrich. Candidates will demonstrate knowledge and understanding of this key study through describing the psychological evidence of the key study appropriately and effectively. A good/Level 4 response will typically include details of at least 3 of following features: - Why the study was done (e.g. background or aim or hypotheses) - Who was the study done on (e.g. details of sample) - How the study was done (e.g. identification of the research method used; methodological details/procedure including materials) - What was found (e.g. the results or conclusions) A reasonable/Level 3 response will typically include 2-3 of the above features. A limited/Level 2 response will typically include 1-2 of the above features. A basic/Level 1 response will typically include 1 of the above features. **<u>AO2 (5 marks)</u>** Candidates should *apply* their knowledge and understanding of the study by Ulrich to show the extent to which the view through a hospital window may influence recovery from surgery. Answers can be expected to refer to: • How patients with views of trees spent less time in hospital following surgery than patients with views of a brick wall. • Other aspects of recovery from surgery – namely, use of painkillers, use of anti-anxiety drugs, post-operative complications, and/or comments made by nurses (e.g. about the patients' moods) Less detailed answers or answers that simply describe the study without using it to show the extent to which the view through a hospital window may influence recovery from surgery will only gain marks in the lower bands.	**10**	PLEASE REFER TO APPENDIX 1 **<u>Annotations</u>** Level to be annotated on the left hand side. √ Ticks for any feature (AO1). APP for what it tells us about how the view from the window may influence recovery from the surgery. **AIM:** To investigate whether having a view of a natural scene form a hospital window would have positive effects on the recovery of patients. **RM**: Matched pairs design - 23 patients were in the 'tree view' group and 23 were in the 'wall view' group. Use of secondary data. **SAMPLE**: 46 patients who had undergone cholecystectomy (a common type of gall bladder operation) in a suburban Pennsylvania hospital. Patients were matched on sex, age (within 5 years), being a smoker/non-smoker, obese/within normal weight limits, general nature of previous hospitalisation, year of surgery (within 6 years) and floor level. **PROCEDURE:** Records of patients were obtained. The same nurses had been assigned to the rooms on a given floor. The rooms were all for double occupancy and were nearly identical in terms of dimensions, window size, and arrangement of beds, furniture and other major physical characteristics. Recovery data was extracted from patients' records by a nurse with extensive surgical floor experience. The nurse did not know which scene was visible from a patient's window. Five types of information were taken from each record: (i) Number of days of hospitalisation (ii) Number and strength of analgesics each day (iii) Number and strength of doses for anxiety, including tranquillisers and barbiturates, each day (iv) Minor complications , such as persistent headache and nausea requiring medication – symptoms which are considered to result frequently from conversion reactions (v) All nurses' notes relating to a patient's condition or course of recovery

7	(b)	*	**Discuss the usefulness of research into the psychological effects of the built environment.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of usefulness. **AO3 (13 marks)** Candidates should analyse, interpret and evaluate research into psychological effects of the built environment in relation to usefulness. As well as referring to the key research, candidates can refer to research investigating the impact of the built environment and urban renewal on our wellbeing. Any relevant research is creditworthy. Answers may refer to: • Usefulness in terms of practical applications of research. • The influence on social policy, or as a starting point for further research. • How useful or not the research is in relation to its methodology, lacking validity (population, ecological) could reduce its usefulness, as could self-report or observations. • Factors such as scientific rigour. • Benefits to society vs social sensitivity. Candidates may suggest the research is highly useful, or equally, they may argue that it is not. Points about usefulness need to be discussed, rather than simply identified and illustrated. Other appropriate responses should be credited.	**15**	PLEASE REFER TO APPENDIX 2 **Annotations** Level to be annotated on the left hand side. Answers need to be focused on the research.

7	**(c)**	*	**Outline at least one strategy a psychologist might suggest for how Sam can design apartments that will improve the health/wellbeing of the people choosing to live there.** **AO2 (10 marks)** Candidates need to apply their knowledge and understanding of at least one example of environmental design used to improve health/wellbeing. Suggestions could refer to: • Creating balconies so that residents can have plants in pots • Building in good soundproofing (either from one apartment to another or from all apartments to external sources of noise such as roads). • Addressing overcrowding (e.g. via the size of the apartments) • Addressing privacy (e.g. through not making apartments completely open-plan). • Application of defensible space principles, such as through restricting access to the building, separating apartments into smaller clusters (e.g. as opposed to all being accessed from a single long corridor), not having any 'unowned' spaces, etc. Answers could focus in depth on one suggestion or refer to a range of suggestions. It is important that suggestions are **related to the context of the question** and are suggestions that a psychologist might potentially make (so should therefore be within ethical and legal guidelines). Other appropriate responses should be credited.	**10**	PLEASE REFER TO APPENDIX 3 **Annotations** Level to be annotated on the left hand side.

8	(a)	*	**Outline the key research by Lewis et al (2014) <u>and</u> use it to show the extent to which dance can improve mental health.** **<u>AO1 (5 marks)</u>** Candidates must refer to the key study by Lewis et al. Candidates will demonstrate knowledge and understanding of this key study through describing the psychological evidence of the key study appropriately and effectively. A good (L4) response will typically include details of at least 3 of following features: - Why the study was done (e.g. background, aim or hypotheses) - Who was the study done on (e.g. details of sample) - How the study was done (e.g. research method used, method or procedure including materials) - What was found (e.g. the results or conclusions) A reasonable (L3) response will typically include 2-3 of the above features. A limited (L2) response will typically include 1-2 of the above features. A basic (L1) response will typically include 1 of the above features. **<u>AO2 (5 marks)</u>** Candidates should *apply* their knowledge and understanding of the study by Lewis et al to show the extent to which dance can improve mental health. Answers can be expected to refer to: • A connection between mood and mental health, albeit noting that the reduction in mood disturbance over the long-cycle time (10-week dance intervention) was experienced by both the participants in the Parkinson's Disease group and the control group. • Results for the short-cycle time as well as the long-cycle time and/or to the POMS subscales (e.g. referring to reductions in anger in general, and to reductions in fatigue for participants high in depression). • Depression subscale did not reach significance in the short cycle • Other findings from the study. Less detailed answers or answers that simply describe the study without using it to show the extent to which dance can improve mood will only gain marks in the lower bands.	**10**	PLEASE REFER TO APPENDIX 1 **<u>Annotations</u>** Level to be annotated on the left hand side. √ Ticks for any feature (AO1). APP for what it tells us about how dance can improve mental health. **<u>Key features of the study:</u>** **AIM:** To examine the effect of dance on mood in the elderly, more specifically in a group of people with PD, across a long cycle of 12 weeks and a short cycle of 1 hour. **RM**: Experiment, IV 1 (PD vs control group, matched pairs design), IV2 (Long vs Short cycle (repeated measures), DV (mood scores) **SAMPLE**: self-selected; 37 participants (aged between 50–80 years), 22 ps (12 m, 10 f) diagnosed with PD, 15 ps (7 m, 8 f). Many participants in the control group were also carers for the people taking part with PD. **PROCEDURE:** <u>Week 1</u> – informed consent, demographics questionnaire, POMS and MMSE at baseline. <u>Weeks 2-11</u> – a weekly dance class (50 minutes). Each class was based on rhythmic dancing to a strong beat with the style of dancing changing every 2 weeks (i.e. Bollywood). In the ninth week, participants were asked to complete the BRUMS, according to how they felt 'right now', before and after the dance class (short cycle). <u>Week 12</u> - POMS for a second time a few days later (long cycle).

8	**(b)**	*	**Discuss the validity of research into exercise and mental health.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of validity within research. **AO3 (13 marks)** Candidates should analyse, interpret and evaluate research into exercise and mental health in relation to validity. As well as referring to the key research, candidates can refer to any research investigating exercise and mental health. Any relevant research is creditworthy. Answers may refer to: • Ecological validity - methodology, setting. • Population validity – aged, gender, sports, ethnicity, sampling technique. • Validity of measures – self report, observation. • Internal validity – extraneous and confounding variables. • Impact of bias – researcher, interpretation of subjective data. • Impact of demand characteristics, social desirability. Answers can be critical but can also defend the research (e.g. for reasons of control, or because of practical considerations such as availability of participants). Points about validity need to be discussed, rather than simply identified and illustrated. Other appropriate responses should be credited.	**15**	PLEASE REFER TO APPENDIX 2 **Annotations** Level to be annotated on the left hand side. Answers need to be focused on the research.

8	**(c)**	*	**Outline at least one strategy a psychologist might suggest to Amit for how exercise could be used to improve the mental health of the school pupils.** **<u>AO2 (10 marks)</u>** Candidates need to apply their knowledge and understanding of at least one exercise strategy to improve mental health. Suggestions could refer to: • Introduction of a dance intervention, and candidates may develop this suggestion to specify the number of sessions, type of dance, etc. • Yoga • Aerobic exercise (whether involving dance or not) • Green exercise (e.g. conservation work in the school grounds, or going for a walk in the nearby countryside). Answers could focus in depth on one suggestion or refer to a range of suggestions. It is important that suggestions are **related to the context of the question** and are suggestions that a psychologist might potentially make (so should therefore be within ethical and legal guidelines). Other appropriate responses should be credited.	**10**	PLEASE REFER TO APPENDIX 3 **<u>Annotations</u>** Level to be annotated on the left hand side.

APPENDIX 1

Generic mark scheme for Section B PART (a) QUESTIONS

AO1: Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures (5 marks)

AO2: Apply knowledge and understanding of scientific ideas, processes, techniques and procedures (5 marks)

Level	Marks	Generic mark scheme (Part a)	Guidance
4	9 – 10	Response demonstrates good relevant knowledge and understanding. Accurate and reasonably detailed description. There is appropriate selection of material to address the question. Response demonstrates a good application of psychological knowledge and understanding to the question. Application will be explicit, accurate, and relevant to the question. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.	Answers in this band go beyond what might be expected of a standard, accurate response. For example, the answer may contain detailed knowledge of the study (e.g. a number of accurate fine details) and/or detailed understanding of how to apply it (e.g. making a number of different, relevant application points, rather than just one application point). Alternatively, answers may 'go beyond' by bringing in additional supporting research (i.e. use more than just the key study to address the question) where the wording of the question permits this.
3	6 – 8	Response demonstrates reasonable relevant knowledge and understanding. Generally accurate description lacking some detail. There is some evidence of selection of material to address the question. Response demonstrates a reasonable application of psychological knowledge and understanding to the question. Application will be clear and focused on the question. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.	A standard response will sit in the middle of this band (i.e. be awarded 7 marks). The answer is essentially accurate. There is adequate description of the key study and it is applied in the way that the question requires. Broadly speaking, the candidate is correct in what they are saying. However, their answer lacks the extension (detailed knowledge of the study and/or detailed understanding of how to apply it) that typifies answers in the top band.
2	3 – 5	Response demonstrates limited relevant knowledge and understanding. Limited description lacking in detail. There is some evidence of selection of material to address the question. Response demonstrates a limited application of psychological knowledge and understanding to the question. Application may be related to the general topic area rather than the specific question. The information has some relevance and is presented with limited structure. The information is supported by limited evidence.	Answers can be limited for a number of reasons. For example, description of the study may lack the detail (or accuracy) that can be expected of a standard response; the key study may be described but not actually applied in the way that the question requires; the examiner may not be convinced of the candidate's understanding.
1	1 – 2	Response demonstrates basic knowledge and understanding. Description is basic. There is little evidence of selection of material to address the question. Response demonstrates a basic application of psychological knowledge and understanding to the question. Knowledge will be only partially relevant to the question: responses will be generalised; lacking focus on the question. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.	Answers in this band contain some creditworthy material but essentially are wrong/flawed in what is being said.
0		No creditworthy response.	Answers in this band contain no creditworthy material.

APPENDIX 2

Generic mark scheme for Section B PART (b) QUESTIONS

AO1: Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures (2 marks)

AO3: Analyse, interpret and evaluate scientific information, ideas and evidence (13 marks)

Level	Marks	Generic mark scheme (part b)	Guidance
4	12–15	Response demonstrates good relevant knowledge and understanding. Response demonstrates many points of analysis, interpretation and evaluation covering a range of issues. The argument is competently organised, balanced and well developed. The answer is explicitly related to the context of the question. Effective use of examples where appropriate. Valid conclusions that effectively summarise issues and argument is highly skilled and shows good understanding. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.	Answers in this band go beyond what might be expected of a standard, accurate response. For example, the candidate may present intellectually surprising arguments, their arguments may centre on well-informed comparisons of evidence, or they may explore (quantitatively) more arguments than a 'standard' response will.
3	8–11	Response demonstrates reasonable relevant knowledge and understanding. Response demonstrates a reasonable number of points of analysis, interpretation and evaluation covering a range of issues. The argument is well organised, but may lack balance or development, and is related to the context of the question. Reasonable use of examples where appropriate. Valid conclusions that effectively summarise issues and arguments are competent and understanding is reasonable. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.	A standard, accurate response will sit in the middle of this band (i.e. be awarded 9-10 marks).Answers in this band are evaluative rather than descriptive, and points made are backed up with relevant supporting evidence. If one evaluative point is explored (with relevant supporting evidence) then it is likely to be awarded 8 marks. If two evaluative points are explored (with relevant supporting evidence) then it is likely to be awarded 9-10 marks. If three evaluative points are explored (with relevant supporting evidence) then it is likely to be awarded 10-11 marks.
2	4–7	Response demonstrates limited knowledge and understanding. Response demonstrates a limited number of points of analysis, interpretation and evaluation which are limited in range. Argument and organisation is limited, and some points are related to the context of the question. Some valid conclusions that summarise issues and arguments. Demonstrates some understanding. The information has some relevance and is presented with limited structure. The information is supported by limited evidence.	Answers can be limited for a number of reasons. For example, they may be essentially descriptive (rather than evaluative); the examiner may not be convinced that the answer is discussing the relevant concept (e.g. in a question about validity, the candidate's answer may seem to be more about reliability); the response may raise appropriate evaluative points but these may lack relevant supporting evidence.
1	1–3	Response demonstrates basic knowledge and understanding. Response demonstrates a few basic points of analysis, interpretation and evaluation. No evidence of argument. Points are not organised, and are of peripheral relevance to the context of the question. Sparse or no use of supporting examples. Basic or no valid conclusions that attempt to summarise issues and arguments show little understanding. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.	Answers in this band contain some creditworthy material but it is not used effectively (e.g. in a question about discussion of ethical considerations, ethical guidelines are named but they are not then related to the topic in the question).
0		No creditworthy response.	Answers in this band contain no creditworthy material.

APPENDIX 3
GENERIC MARK SCHEME FOR SECTION B PART (c) QUESTIONS
AO2: Apply knowledge and understanding of scientific ideas, processes, techniques and procedures (10 marks)

Level	Marks	Generic Mark Scheme (part c)	Guidance
4	**9 – 10**	Response demonstrates a good application of psychological knowledge and understanding to the question. Application will be explicit, accurate, and relevant to the question. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.	Answers in this band go beyond what might be expected of a standard, accurate response. This might be because the advice comprises a range of different suggestions (e.g. three or more explained in context and with appropriate psychological rationale for them). Alternatively, if taking a 'depth' approach, the answer would contain application and rationale beyond that seen in standard, accurate responses.
3	**6 – 8**	Response demonstrates a reasonable application of psychological knowledge and understanding to the question. Application will be clear and focused on the question. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.	A standard, accurate response will sit in the middle of this band (i.e. be awarded 7 marks). Advice put forward by the candidate will be related to the scenario in the question and there will be explicit and appropriate psychological rationale for the advice (e.g. named psychological research, concepts or theories). It is clear what is being suggested (i.e. it is specific) and why it is being suggested. Candidates can take either a 'breadth' or 'depth' approach (e.g. the advice may comprise two or possibly even three suggestions, but it could equally well centre on one suggestion explained in detail).
2	**3 – 5**	Response demonstrates a limited application of psychological knowledge and understanding to the question. Application may relate to the general topic area rather than the specific question. The information has some relevance and is presented with limited structure. The information is supported by limited evidence.	Answers can be in this band for a number of reasons. For example, the advice offered may not be related to the scenario in the question (i.e. it may be generic) or it may lack appropriate psychological rationale. It is unclear what is being suggested (i.e. what the precise advice is) or why it is being suggested.
1	**1 – 2**	Response demonstrates a basic application of psychological knowledge and understanding to the question. Knowledge will be only partially relevant to the question: Responses will be generalised; lacking focus on the question. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.	Answers in this band contain some creditworthy material but it is not used effectively (e.g. advice is offered but it is generic and has no psychological rationale behind it).
0		No creditworthy response.	Answers in this band contain no creditworthy material.

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