

# Holistic marking for AS and A-level Psychology

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# Plan for the session

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## Overview of AS and A-level assessment

- Structure of assessment
- Assessment objectives and weighting
- Question styles
- Mark schemes

## Holistic approach to marking

- Levels based marking process
- Differences between levels
- Differences between AS and A level

## Responses to frequently asked questions

# Assessment overview AS and A-level

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| Paper   | AS level                    | A-Level                                      |
|---------|-----------------------------|--|
| Paper 1 | 3 Sections each of 24 marks | 4 Sections each of 24 marks                  |
| Paper 2 | 3 Section each of 24 marks  | 3 Sections 2 of 24 marks and one of 48 marks |
| Paper 3 |                             | 4 Sections each of 24 marks                  |

# Assessment objectives and weighting

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AO1 Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures

AO2 Apply knowledge and understanding of scientific ideas, processes, techniques and procedures:

- in a theoretical context
- in a practical context
- when handling qualitative data
- when handling quantitative data

AO3 Analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues and to:

- make judgements and reach conclusions
- develop and refine practical design and procedures

# Additional assessment requirements

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## Research Methods

- At AS level there will be approximately 36 RM marks overall, 24 of which will be in the RM section on Paper 2
- At A-level there will be approximately 72 RM marks overall, 48 of which will be in the RM section on Paper 2

## Mathematical skills

- At AS level there will be approximately 15 maths overall
- At A-level there will be approximately 30 maths marks overall

# Approaches to marking

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## **Auto-marking**

### **Mark allocation mark schemes**

Identify the number of marks and AO weighting

State what is required for allocation of each mark

### **Levels of response based mark schemes**

Identify the number of marks and AO weighting

Provide levels containing descriptors for,

- Overall nature of the response

- Knowledge

- Evaluation

- Application

- Use of specialist terminology

List likely content in respect of Knowledge, evaluative or descriptive points and possible applications

# Levels descriptor – Response mark bands for AS 12 mark question

| Level | Marks | Description  |
|-------|-------|--|
| 4     | 10–12 | Knowledge of ... is accurate and generally well detailed.<br>Evaluation/discussion is effective. Minor detail and/or expansion is sometimes lacking.<br>The answer is clear and coherent.<br>Specialist terminology is used effectively.                         |
| 3     | 7–9   | Knowledge of ... is evident but there are occasional inaccuracies/omissions<br>There is some effective evaluation/discussion.<br>The answer is mostly clear and organised.<br>Specialist terminology is mostly used appropriately.                               |
| 2     | 4–6   | Limited knowledge of ... is present.<br>Focus is mainly on description. Any evaluation/discussion is of limited effectiveness.<br>The answer lacks clarity, accuracy and organisation in places.<br>Specialist terminology is used inappropriately on occasions. |
| 1     | 1–3   | Knowledge of ... is very limited.<br>Evaluation/discussion is limited, poorly focused or absent.<br>The answer as a whole lacks clarity, has many inaccuracies and is poorly organised.<br>Specialist terminology is either absent or inappropriately used.      |
|       | 0     | No relevant content.   |

# Analysis of descriptors , AS

| AS Level (12 marks 15 mins) |   | A-level (16 marks 20 mins )  |  |
|-----------------------------|---|--|--|
| Answer overall              |   |  |  |
| L4                          | The answer is clear and coherent. Minor detail and/or expansion is sometimes lacking. | The answer is clear, coherent and focused. Minor detail and/or expansion of argument is sometimes lacking. |  |
| L3                          | The answer is mostly clear and organised  | The answer is mostly clear and organised but occasionally lacks focus                                      |  |
| L2                          | The answer lacks clarity, accuracy and organisation in places                         | The answer lacks clarity, accuracy and organisation in places.   |  |
| L1                          | The answer as a whole lacks clarity, has many inaccuracies and is poorly organised    | The answer as a whole lacks clarity, has many inaccuracies and is poorly organised                         |  |
| Knowledge                   |   |  |  |
| L4                          | Knowledge of ... is accurate and generally well detailed                              | Knowledge of ... is accurate and generally well detailed.  |  |
| L3                          | Knowledge of ... is evident but there are occasional inaccuracies/omissions           | Knowledge of ... is evident but there are occasional inaccuracies/omissions                                |  |
| L2                          | Limited knowledge of ... is present.  | Limited knowledge of ... is present  |  |
| L1                          | Knowledge of ... is very limited  | Knowledge of ... is very limited   |  |
| Evaluation                  |   |  |  |
| L4                          | Evaluation/discussion is effective.   | Evaluation/discussion is thorough and effective..  |  |
| L3                          | There is some effective evaluation/discussion.  | Evaluation/discussion is mostly effective.   |  |
| L2                          | Focus is mainly on description. Any evaluation/discussion is of limited effectiveness | Focus is mainly on description. Some evaluation/discussion is present but it is of limited effectiveness.  |  |
| L1                          | Evaluation/discussion is limited, poorly focused or absent.                           | Evaluation/discussion is limited, poorly focused or absent.  |  |



# Analysis of descriptors, AS – continued

| Specialist terminology |  |  |
|------------------------|--|--|
| L4                     | Specialist terminology is used effectively.                      | Specialist terminology is used effectively.                      |
| L3                     | Specialist terminology is <b>mostly</b> used appropriately.      | Specialist terminology is used appropriately                     |
| L2                     | Specialist terminology is used inappropriately on occasions.     | Specialist terminology is used inappropriately on occasions..    |
| L1                     | Specialist terminology is either absent or inappropriately used. | Specialist terminology is either absent or inappropriately used. |

| Application |                                      |  |
|-------------|--------------------------------------|--|
| L4          | Application is appropriate.          | Application is <b>effective</b> .            |
| L3          | There is some attempt at application | There is <b>some appropriate</b> application |
| L2          |                                      |  |
| L1          |                                      |  |

# Question styles and their mark schemes

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- Multiple choice questions
- Short answer questions
- Stem or scenario application questions
- Extended writing questions

# Extended writing / response questions

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## **AS level Extended response questions**

- Maximum of 12 marks
- the skills balance will always be equal AO1 to AO2/AO3

## **A-level Extended response questions**

- Maximum of 16 marks
- the skills balance will always be in a ratio of:  
AO1 = 6 to AO2/AO3 = 10

So for example you could have an 8 mark question (3 AO1 plus 5 AO2/3)

# Holistic level based marking process

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- Step 1 Reading through and annotate the response
- Step 2 Determine the level of the response. Focusing on the response as a whole. Compare the response with the level descriptors, working from the bottom level up till you reach the level descriptor that best matches the response
- Step 3 Decide on the actual mark, taking into account the relative weighting of the assessment objectives and standardized responses

# AS Level Student Responses Q11 - Response 1

## Response 1 - example of AS Level 2 response

- P. 1** → One behavioural therapy for phobia is systematic desensitization. The first part in systematic desensitization is that the individual must identify their phobia. For example a spider. They must then produce a higher archy which moves from least frightening to most frightening. For example; a picture of a spider, a video of a spider, a spider under a glass and eventually holding a spider. The individual must work through each stage one step at a time. At each step they must feel fully relaxed before moving on, so the psychologist must teach them relaxation techniques such as breathing. Once they feel relaxed at one stage, they will move on to the next stage until they feel fully relaxed. ← **P. 2**
- Studies show systematic desensitization does work for specific (animal) phobias but not acrophobia. ← **P. 3**  
**P. 4** But does it just treat the behaviour.

# AS Level Student Responses Q11 - Response 1

## Response 2 - example of AS Level 4 response

**P. 1** → The Behavioural approach to treating phobias is based on the idea that there is a faulty association between a stimulus and a response that has been learned, so treatment involves exposure to un-learn this association or replace the learned response. This can be done in a variety of ways.

Systematic desensitisation involves the client drawing up a hierarchy of anxiety provoking things associated with the phobia. He is taught relaxation techniques such as meditation or mental imagery. Then he is exposed (in vivo, in vitro or in virtual reality) to the least fear provoking on the hierarchy whilst relaxing. When he can remain relaxed with this stimulus they move on and he is exposed to the next stimulus in the hierarchy. Eventually the anxiety response at all levels is replaced with relaxation.

**P. 2**

**P. 3** → Variations include flooding where the CR is extinguished by the client being exposed to the CS eg a spider is actually placed on his arm. After a period of intense anxiety the client realises that the spider does not cause harm and the CR is extinguished.

**P. 4**

**P. 5** → The behavioural approach is supported by evidence that shows flooding and systematic desensitisation can be effective but not for all phobias or for all clients. Spence found CBT had longer term benefits for a group of 14 yr old children suffering from social phobia.

**P. 6**

**P. 7** → Gilroy found that compared with a control group given relaxation without exposure the group treated with systematic desensitisation showed less fear of spiders both in the short term and 3 years later.

Flooding is traumatic and so drop-out rate is higher than for systematic desensitisation.

**P. 9** → Ougrin found flooding was more effective and quicker than cognitive therapies. This may be because compared with CBT behaviourist therapies merely treat the symptoms whilst CBT focuses on the maladaptive thinking that goes with some phobias.

**P. 8**



# FAQs

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Some of your most frequently asked questions have been addressed in this presentation.

One of your most frequent questions is –

‘What is the key difference between AS and A level assessment and what will be required for 16 marks as opposed to 12 mark essays. Will it be equal knowledge and evaluation or would you be looking for more evaluation?’

# A-level Level Descriptors for 16 mark question

| Level | Marks | Description   |
|-------|-------|---|
| 4     | 13-16 | Knowledge of the behavioural approach to treating phobias is accurate and generally well detailed. Evaluation is <b>thorough</b> and effective. The answer is clear, coherent <b>and focused</b> . Minor detail and/or expansion <b>of argument</b> is sometimes lacking. Specialist terminology is used effectively. |
| 3     | 9-12  | Knowledge of the behavioural approach to treating phobias is evident but there are occasional inaccuracies/omissions. Evaluation is <b>mostly effective</b> . The answer is mostly clear and organised <b>but occasionally lacks focus</b> . Specialist terminology is used appropriately.                            |
| 2     | 5-8   | Limited knowledge of the behavioural approach to treating phobias is present. Focus is mainly on description. <b>Some</b> evaluation is present but it is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.       |
| 1     | 1-4   | Knowledge of the behavioural approach to treating phobias is very limited. Evaluation/discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.                           |
|       | 0     | No relevant content.  |



# A-level Level Descriptors for 16 mark question continued...

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## **Outline – possible content:**

- aims to replace a faulty association between CS and CR that has resulted in a phobic response
- gradually using systematic desensitisation – relaxation technique, anxiety hierarchy, exposure stages, imagined and or real/in vivo
- suddenly using flooding – no relaxation, visualisation, intensive exposure in vivo or in vitro
- virtual reality exposure therapy as an in vitro form of systematic desensitisation
- detail of studies illustrating aspects of behavioural therapies, eg Lang & Lazovik

Credit other relevant aspects of the behavioural approach to treating phobias.

## **Evaluation – possible content:**

- issues related to suitability and effectiveness for different types of phobia
- success outside the clinical situation and long-term effectiveness
- ethical problems, eg with flooding
- side effects such as nausea for VRET
- assumptions underpinning treatment
- comparison with alternative treatments
- use of evidence to support or refute effectiveness.

Credit other relevant evaluation points

# Example of A-level Level 3 response to 16 mark question

## Q11 Outline and evaluate the behavioural approach to treating phobias. [16 marks]

- The Behavioural approach to treating phobias is based on the idea that there is a faulty association between a stimulus and a response that has been learned, so treatment involves exposure to un-learn this association and replace the learned response. This can be done in a variety of ways.
- P. 1**
- Systematic desensitisation involves the client drawing up a hierarchy of anxiety provoking things associated with the phobia. He is taught relaxation techniques such as meditation or mental imagery. Then he is exposed (in vivo, in vitro or in virtual reality) to the least fear provoking on the hierarchy whilst relaxing. When he can remain relaxed with this stimulus they move on and he is exposed to the next stimulus in the hierarchy. Eventually the anxiety response at all levels is replaced with relaxation.
- P. 2**
- Variations include flooding where the CR is extinguished by the client being exposed to the CS eg a spider is actually placed on his arm. After a period of intense anxiety the client realises that the spider does not cause harm and the CR is extinguished.
- P. 3**
- The behavioural approach is supported by evidence that shows flooding and systematic desensitisation can be effective but not for all phobias or for all clients. Spence found CBT had longer term benefits for a group of 14 yr old children suffering from social phobia.
- P. 4**
- Gilroy found that compared with a control group given relaxation without exposure the group treated with systematic desensitisation showed less fear of spiders both in the short term and 3 years later. Flooding is traumatic and so drop out rate is higher than for systematic desensitisation.
- P. 5**

Ougrin found flooding was more effective and quicker than cognitive therapies. This may be because compared with CBT behaviourist therapies merely treat the symptoms whilst CBT focuses on the maladaptive thinking that goes with some phobias.

# Example of A-level Level 4 response to 16 mark question

## Q11 Outline and evaluate the behavioural approach to treating phobias. [16 marks]

**P. 1** → The Behavioural approach to treating phobias assumes that phobias are learned through classical conditioning and maintained through avoidance behaviour and operant conditioning. A faulty association between a conditioned stimulus and a conditioned response can be treated by applying the principles of classical conditioning and exposing the patient to the fear provoking stimuli. Exposure therapies can be in vivo, in vitro or using computer simulations. ← **P. 2**

← **P. 3**

Flooding is based on extinguishing the CR. The patient is exposed to the CS but in a “safe environment” eg being placed in a room with snakes. After an often long period of intense anxiety the patient’s bodily arousal is exhausted and he realises that the snakes have not harmed him and the CR is extinguished. ← **P. 4**

Systematic desensitisation is a process of counterconditioning. Anxiety and relaxation cannot be experienced at the same time (reciprocal inhibition) so the patient is taught to use relaxation techniques to replace the fear. The patient and therapist create a hierarchy of anxiety provoking things associated with the phobia. The patient is taught relaxation techniques, eg deep breathing, mental imagery, then exposed to the least fear-provoking thing on the hierarchy whilst relaxing. When able to remain relaxed at this level in the hierarchy the patient is exposed to the next level. Over a series of sessions the anxiety response to the phobic stimuli is replaced by relaxation. ←

**P. 5**

*Continues on next page ....*



## Example of A-level Level 4 response to 16 mark question continued...

The behavioural approach has been found to be particularly effective in treating specific phobias. Gilroy found that compared with a control group given relaxation without exposure, the systematic desensitisation group given relaxation training and progressive exposure to spiders showed less fear after treatment. The counterconditioning worked.

P. 6

P. 7 → However behavioural therapies have been less effective in treating phobias that involve irrational thinking or are partly due to poor social skills. CBT has been found to work better for those with fear of public speaking. Ougrin found although flooding was more effective and quicker than cognitive therapies for specific phobias it was not better for social phobias. Compared with CBT behaviourist therapies merely treat the symptom whilst CBT focuses on the thinking that underpins the phobia.

P. 8

P. 9

The appropriateness of flooding has been debated. If the patient cannot endure prolonged exposure and exits the process before the anxiety level falls to baseline level, the fear is not extinguished and may even become stronger. Although flooding is more traumatic and dropout rate is higher than for systematic desensitisation Choy also reported drop out as a problem with in vivo systematic desensitisation when a patient exits before working through the full hierarchy.

P. 10

P. 11

The effectiveness of systematic desensitisation depends on the type of phobia and type of systematic desensitisation eg virtual reality systematic desensitisation seems to be effective for height and flying phobias but less effective for animal phobias. Also a patient's ability to learn and use relaxation skills and imagine fear situations will influence the effectiveness of systematic desensitization

P. 12

# FAQs

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A second frequently asked questions –

‘How to decide on the level and mark when a student only does AO1 and no evaluation, or does a brilliant evaluation no outline ?

- Outline only response
- Evaluation only response

# Example 'outline only' response

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## **Q11 Outline and evaluate the behavioural approach to treating phobias. [16 marks]**

The Behavioural approach to treating phobias assumes that phobias are learned through classical conditioning and maintained through avoidance behaviour and operant conditioning. A faulty association between a conditioned stimulus and a conditioned response can be treated by applying the principles of classical conditioning and exposing the patient to the fear provoking stimuli. Exposure therapies can be in vivo, in vitro or using computer simulations.

Flooding is based on extinguishing the CR. The patient is exposed to the CS but in a safe environment eg being placed in a room with snakes. After an often long period of intense anxiety the patient's bodily arousal is exhausted and he realises that the snakes do not cause harm and the CR is extinguished.

Systematic desensitisation is a process of counterconditioning based on the idea that anxiety and relaxation cannot be experienced at the same time (reciprocal inhibition). If the patient is taught to use relaxation techniques to replace the fear, the phobia will be cured. The process involves the patient and therapist creating a hierarchy of anxiety provoking things associated with the phobia. The patient is taught relaxation techniques, eg deep breathing, mental imagery, then exposed to the least fear-provoking thing on the hierarchy whilst relaxing. When able to remain relaxed at this level in the hierarchy the patient is exposed to the next level. Over a series of sessions the anxiety response to the phobic stimuli is replaced by relaxation.

# Example 'evaluation only' response

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## Q11 Outline and evaluate the behavioural approach to treating phobias. [16 marks]

The behavioural approach has been found to be particularly effective in treating specific phobias. Gilroy found that compared with a control group given relaxation without exposure the systematic desensitisation group given relaxation training and progressive exposure to spiders showed less fear after treatment. The counterconditioning worked.

However behavioural therapies have been less effective in treating phobias that involve irrational thinking or are partly due to the patient's poor social skills. CBT has been found to work better for those with fear of public speaking. Ougrin found although flooding was more effective and quicker than cognitive therapies for specific phobias it was not better for social phobias. Compared with CBT behaviourist therapies merely treat the symptom whilst CBT focuses on the thinking that underpins the phobia.

The appropriateness of flooding has been debated. If the patient cannot endure prolonged exposure and exits the process before the anxiety level falls to baseline level the fear is not extinguished and may even become stronger. Although flooding is more traumatic and drop out rate is higher than for systematic desensitisation Choy also reported drop out as a problem with in vivo systematic desensitisation when a patient exits before working through the full hierarchy.

The effectiveness of systematic desensitisation depends on the type of phobia and type of systematic desensitisation eg virtual reality systematic desensitisation seems to be effective for height and flying phobias but less effective for animal phobias. Also a patient's ability to learn and use relaxation skills and imagine fear situations will influence the effectiveness of systematic desensitisation

