



*Rewarding Learning*

**ADVANCED**  
**General Certificate of Education**  
**2016**

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**Health and Social Care**

**Assessment Unit A2 12**

*assessing*

**Unit 12: Understanding Human Behaviour**

**[A6H61]**

**WEDNESDAY 25 MAY, MORNING**

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**MARK**  
**SCHEME**

## General Marking Instructions

### Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

### The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

- 1 (a) Identify the psychological perspectives being used to explain stress in the table below. (AO1, AO2)

Explanation of stress	Perspective
Stress is caused by unconscious processes	Psychoanalytic [1]
Stress runs in families because children inherit their parents' genes	Biological [1]
Stress is a learned response to stimuli in an individual's environment	Behaviourist [1]
Stress runs in families because children copy their parents' behaviours	Social/Social learning [1]

(4 × [1]) [4]

- (b) Write down four symptoms of stress. (AO1)

Answers may include four of the following:

- Periods of irritability or anger.
- Apathy or depression.
- Constant anxiety.
- Irrational behaviour.
- Loss of appetite/weight loss.
- Comfort eating/weight gain.
- Lack of concentration.
- Loss of sex drive.
- Increased dependence on substances, e.g. smoking, drinking, or taking recreational drugs.
- Excessive tiredness.
- Skin problems, such as eczema.
- Aches and pains resulting from tense muscles, including neck ache, backache and tension headaches.
- Heart palpitations.
- Sleep problems.
- Feeling nauseous.
- Hypertension.
- Stomach problems.
- For women, missed periods.
- Health problems in longer term due to lowered immunity.

All other valid responses will be given credit.

(4 × [1]) [4]

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- (c) Describe how beta blockers work to reduce stress. (AO1, AO2, AO3)

Answers may include the following:

Beta blockers work by blocking the action of the neurotransmitter noradrenaline at receptors in arteries and the heart muscle, causing arteries to widen and slow the action of the heart, resulting in falling blood pressure and reduced work by the heart, and thus reducing the physiological experience of stress.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion

(1 × [3])

[3]

- (d) Describe how biofeedback can be used to reduce stress. (AO1, AO2, AO3)

Answers may include the following:

Biofeedback involves individuals using a machine that provides information about autonomic functions, such as heart rate and blood pressure. The client is then taught to use a technique such as relaxation to reduce the readings on the machine. The improved readings can be regarded as positively reinforcing the relaxation behaviour.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion

(1 × [3])

[3]

- (e) Discuss how Meichenbaum's Stress Inoculation Training (SIT) can be used to treat stress. (AO1, AO2, AO3)

Answers may include the following points:

- Meichenbaum believed that stress was due to individuals failing to instruct themselves successfully – they tend to say negative things (self-instructions) to themselves.
- Stress Inoculation Training (or Self-Instruction Training) aims to stop individuals thinking in catastrophic ways about stressful situations and to bring about behaviour change. It consists of three stages.
- Stage 1 – cognitive preparation – the therapist and client explore the ways stressful situations are thought about and dealt with.
- Stage 2 – skill acquisition and rehearsal – attempts to replace negative self-statements with coping statements, which are learned and practised.
- Stage 3 – application and follow through – the therapist guides the client through progressively threatening situations that have been rehearsed in actual stress producing situations.

All other valid responses will be given credit.

[0] is awarded for a response not worthy of credit.

**Level 1 ([1]–[2])**

Overall impression: basic

- Displays limited knowledge of how Meichenbaum's Stress Innoculation Training (SIT) can be used to treat stress.
- There is limited discussion.

**Level 2 ([3]–[4])**

Overall impression: adequate

- Displays adequate knowledge of how Meichenbaum's Stress Innoculation Training (SIT) can be used to treat stress.
- There is adequate discussion.

**Level 3 ([5]–[6])**

Overall impression: competent

- Displays good to excellent knowledge of how Meichenbaum's Stress Innoculation Training (SIT) can be used to treat stress.
- There is competent discussion.

[6]

- (f) Analyse how an individual's occupation, family, education and poverty might contribute to stress. (AO1, AO2, AO3, AO4)

Answers may include some of the following:

- Occupation – many individuals who suffer from stress cite work related stress as a contributory factor. Some jobs are particularly associated with high levels of stress, e.g. working in the emergency services where workers often deal with traumatic incidents.
- Family – family breakdown is stressful, e.g. individuals undergoing divorce often report problems with stress. Other problems within families can also cause stress, e.g. looking after a family member who needs care can be very stressful or addiction to alcohol or drugs in a family member can be very stressful for others in the family.
- Education – some people have very stressful experiences in their education, e.g. suffer exam stress or are unhappy at school or university. They may feel under a great deal of pressure to achieve high grades or struggle to meet deadlines.
- Poverty – poor living conditions and financial problems, e.g. about paying bills can increase the likelihood of suffering from stress. There is evidence that the highest levels of stress occur in areas with high levels of unemployment and dependence on state benefits. Where there is child poverty, parents may worry about the welfare of their children, e.g. about being able to afford enough food or healthy foods.

All other valid responses will be given credit.

[0] is awarded for a response not worthy of credit.

**Level 1 ([1]–[3])**

Overall impression: basic

- Displays limited knowledge of how the four socio-economic factors can contribute to stress – may only discuss one or two.
- There is limited analysis.
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

### **Level 2 ([4]–[6])**

Overall impression: adequate

- Displays adequate knowledge of how at least two of the four socio-economic factors can contribute to stress.
- There is adequate analysis.
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

### **Level 3 ([7]–[9])**

Overall impression: competent

- Displays good knowledge of how three or four of the four socio-economic factors can contribute to stress.
- There is competent analysis – there may be some variation in the quality of analysis across factors where all four factors have been discussed.
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

### **Level 4 ([10]–[12])**

Overall impression: highly competent

- Displays very good to excellent knowledge of how all four socio-economic factors can contribute to stress.
- There is highly competent analysis of all four factors at the top of this level.
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [12]

- 2 (a) Describe symptoms and behaviours that would suggest an individual is depressed. (AO1, AO2, AO3)

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Answers may include some of the following:

- Feeling sad most of the time and frequently tearful.
- Losing interest in life and not enjoying anything, e.g. giving up hobbies.
- Finding it hard to make decisions.
- Feeling of not being able to cope with things that weren't a problem before, e.g. challenges at work or family responsibilities.
- Feeling utterly tired and/or feeling restless and agitated.
- Changes in appetite and weight – some people find they have little appetite while others overeat and put on weight.
- Changes in sleep patterns – taking a long time to get off to sleep, and then waking up earlier than usual or for some people oversleeping.
- Losing interest in sex.
- Losing self-confidence, feeling useless, inadequate and hopeless.
- Avoiding other people.
- Irritability, e.g. may have little patience with family members or colleagues.
- Feeling worse at a particular time each day, usually in the morning.
- Thinking of or talking about suicide.
- Self-medicating with drugs or alcohol.
- Self-harming.

All other valid responses will be given credit.

**Level 1 ([1]–[2])**

Overall impression: basic

- Displays limited knowledge of behaviours and symptoms that would suggest an individual is depressed.
- There is limited discussion.

**Level 2 ([3]–[4])**

Overall impression: adequate

- Displays adequate knowledge of behaviours and symptoms that would suggest an individual is depressed.
- There is adequate discussion.

**Level 3 ([5]–[6])**

Overall impression: competent

- Displays good to excellent knowledge of behaviours and symptoms that would suggest an individual is depressed.
- There is competent discussion.

[6]

- (b) (i)** Define the following concepts from the humanistic perspective.  
(AO1, AO2, AO3)

**Self actualisation**

This is Roger’s “force for life” or what he called the actualising tendency – the built-in motivation present in every life form to develop its potential to the fullest extent possible. Also accept reference to the top level of Maslow’s hierarchy of needs.

[1] for key phrase/s [2] for full explanation  
(1 × [2])

[2]

**Conditional positive regard**

Positive regard is the love and respect of others – it is a basic human need. This is described as conditional when it is not given freely but depends on the individual’s behaviour.

[1] for key phrase/s [2] for full explanation  
(1 × [2])

[2]

**Conditions of worth**

These are the behaviours an individual has to produce in order to gain positive regard when given conditional positive regard as opposed to unconditional positive regard.

[1] for key phrase/s [2] for full explanation  
(1 × [2])

[2]

- (ii)** Discuss how these concepts can be used to explain depression.  
(AO1, AO2, AO3)

Answers may include the following:

- Individuals who are depressed are failing to achieve self-actualisation/to self-actualise because they only receive conditional positive regard rather than unconditional positive regard.
- They are influenced by conditions of worth – they get love and affection only if they behave as others want them to.
- Over time, they develop conditional positive self-regard – like themselves only if they meet the standards others have applied to them, rather than if they are truly self-actualising, making it difficult to maintain self-esteem and so depression sets in.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion  
(1 × [3])

[3]

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MARKS

- (c) Describe the use of client-centred therapy in treating depression. (AO1, AO2, AO3)

Answers may include the following:

- In client-centred therapy the role of therapist is to provide unconditional positive regard for the client as depression is associated with a lack of unconditional regard, usually from parents as an individual grows up.
- Need for warmth, genuineness and empathy in the therapeutic relationship.
- Focus on dealing with the present rather than the past.
- Therapy is non-directive – clients should decide how to work towards self-actualisation so that behaviour becomes congruent with the self-concept, reducing feelings of depression.
- Therapist aims to improve self esteem and help clients develop a realistic ideal self.

[0] is awarded for a response not worthy of credit.

#### Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of the use of client-centred therapy in treating depression.
- There is limited discussion.

#### Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of the use of client-centred therapy in treating depression.
- There is adequate discussion.

#### Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of the use of client-centred therapy in treating depression.
- There is competent discussion. [6]

- (d) Evaluate ‘talking therapies’ such as psychoanalysis by outlining **two** advantages and **two** disadvantages of treating depression this way. (AO1, AO4)

Answers may include two of the strengths and two of the weaknesses below:

#### Strengths

- Well established therapy that is still popular and widely used – there are lots of published case studies to help therapists in their own development.
- Clients are able to express their feelings and conflicts in a safe environment, so gets to the root cause of the problem.

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- It is a one-to-one, idiographic approach designed to address problems at an individual level.
- Recognises that earlier/childhood experiences can negatively affect an individual's ability to cope with life.
- Can be applied to children as well as adults – play therapy can help children who may find it difficult to explain how they are feeling.

### Weaknesses

- Expensive as it is a one-to-one approach and can take a lot of sessions before progress is evident.
- The childhood conflicts that are uncovered may be very distressing for clients.
- Memories may be inaccurate – these are referred to as false memories.
- An analyst's interpretations may be inaccurate, e.g. of dreams or of what a client says during free association.
- It may be difficult to establish a therapeutic relationship – clients may be very resistant to exposing their thoughts and feelings.

All responses relevant to other talking therapies, e.g. client-centred therapy and cognitive therapies will be accepted

[0] is awarded for a response not worthy of credit.

### Level 1 ([1]–[3])

Overall impression: basic

- Displays limited understanding of the strengths and weaknesses of using 'talking therapies' such as psychoanalysis to treat depression.
- Points may be listed or only one or two strengths and/or weaknesses may be addressed.
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

### Level 2 ([4]–[6])

Overall impression: adequate

- Displays adequate understanding of the strengths and weaknesses of using 'talking therapies' such as psychoanalysis to treat depression.
- Answers which address only two points (two strengths/two weaknesses/ one strength and one weakness) can be awarded a maximum of 4.
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 ([7]–[8])**

Overall impression: competent

- Displays very good to excellent understanding of the strengths and weaknesses of using ‘talking therapies’ such as psychoanalysis to treat depression.
- Two strengths and two weaknesses must be included to achieve at this level.
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[8]

- (e) Analyse how the biological perspective contributes to understanding and treating depression. (AO1, AO2, AO3, AO4)

Answers may include the following:

**Understanding**

- There is some evidence of increased risk of depression for first-degree biological relatives (parents, siblings, children). This suggests there may be a genetic explanation. The genetic component may be a predisposing factor.
- Eysenck argues that depression is an inherited personality characteristic of an unstable introvert.
- Depression is linked to the disturbance of brain chemistry/ neurochemistry – this involves chemicals called neurotransmitters, some of which regulate mood. When they are not available in sufficient quantities, depression can result. Serotonin is a monoamine neurotransmitter that is believed to play an important role in the regulation of mood, with low levels associated with depression. Noradrenaline and dopamine have also been shown to be involved. The brain’s response to stressful events may alter the balance of neurotransmitters and result in depression.
- Sometimes, a person may experience depression without any particular sad or stressful event that they can point to. People who have a genetic predisposition to depression may be more prone to the imbalance of neurotransmitter activity that is part of depression.
- Hormones may be involved – sufferers have high levels of cortisol linked to over-activity of the hypothalamus – also accounts for pre-menstrual, post-natal and menopausal depression – an oestrogen-progesterone imbalance has been suggested (oestrogen dominance). Also low levels of testosterone in both men and women.
- Depression can be linked to substance abuse that affects brain chemistry, e.g. alcohol.

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**Treating**

- Anti-depressants of which there are 3 main types:
  - Monoamine Oxidase Inhibitors (MAOIs) – block the action of the enzyme monoamine oxidase which normally breaks down the neurotransmitters noradrenaline and serotonin – therefore increases levels of serotonin and noradrenaline, making the individual feel happier.
  - Tricyclics (TCAs) – prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the available levels of these neurotransmitters, making the individual feel happier.
  - Selective Serotonin Reuptake Inhibitors (SSRIs) – increase the level of the neurotransmitter serotonin, making the individual feel happier.
- Electro-convulsive therapy (ECT) – this involves the passage of an electrical current through the brain producing unconsciousness and seizure – used for severe depression.

All other valid responses will be given credit.

[0] is awarded for a response not worthy of credit.

**Level 1 ([1]–[4])**

Overall impression: basic

- Displays limited knowledge of how the biological perspective contributes to understanding and treating depression.
- There is limited analysis.
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

**Level 2 ([5]–[8])**

Overall impression: adequate

- Displays adequate knowledge of how the biological perspective contributes to understanding and treating depression.
- Answers which address only one part of the question (understanding or treating) cannot achieve more than 6 marks.
- There may be variation in the quality of the two parts of the answer (understanding and treating).
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

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**Level 3 ([9]–[12])**

Overall impression: competent

- Displays very good to excellent knowledge of how the biological perspective contributes to understanding and treating depression.
- There is competent analysis.
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[12]

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- 3 (a) Complete the table below to identify the two theorists in the behaviourist perspective. (AO1)

Theory	Name of theorist
Classical conditioning	Pavlov [1]
Operant conditioning	Skinner [1]

(2 × [1]) [2]

- (b) Describe how behaviour modification can be used to reduce a child's aggressive behaviour. (AO1, AO2, AO3)

Answers may address the following points:

- Behaviour modification involves measuring/quantifying the behaviours to be reduced – observing and counting acts of aggression.
- Aggressive acts are ignored where possible or punished using time out.
- Non-aggressive behaviour is positively reinforced, e.g. by attention or use of star charts.
- This approach must be consistently applied by teachers and parents
- Behaviour is measured to check for change.

[0] is awarded for a response not worthy of credit.

#### Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of how behaviour modification can be used to change a child's aggressive behaviour.
- There is limited discussion.

#### Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how behaviour modification can be used to change a child's aggressive behaviour.
- There is adequate discussion.

#### Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of how behaviour modification can be used to change a child's aggressive behaviour.
- There is competent discussion. [6]

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- (c) Analyse how the behaviourist perspective contributes to understanding and treating phobias. (AO1, AO2, AO3, AO4)

Answers may include the following points:

### Understanding

- Any phobia is a learned response to the feared stimulus.
- This happens through classical conditioning of physiological reflexes – an unconditioned stimulus becomes paired with a conditioned stimulus so that a conditioned response develops – so a phobia is a learned association between a conditioned stimulus (the feared object) and the conditioned response (fear).
- Watson and Raynor’s Little Albert experiment may be used to illustrate this.
- The focus is on the learned behaviour rather than what the client is thinking or feeling. Fear is not extinguished because the stimulus is avoided.
- From the perspective of operant conditioning – avoidance is reinforced by reduced anxiety.

### Treating

- Behaviour therapy focuses on changing responses as opposed to trying to understand reasons for them – the aim is to replace the fear response with a more appropriate response i.e. a more relaxed response.
- Systematic desensitisation – the client draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation and gradually working up the hierarchy.
- Implosion therapy and flooding – clients required to remain with the feared stimulus despite high levels of anxiety – it is physiologically impossible to maintain anxiety state so it subsides and fear is extinguished as a result. With implosion therapy the feared stimulus is imagined whilst with flooding the stimulus is present, e.g. taking an individual with a phobia of cars out driving until the fear subsides.

All other valid responses will be given credit.

[0] is awarded for a response not worthy of credit.

### Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge of how the behaviourist perspective contributes to understanding and treating phobias.
- There is limited analysis.
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

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**Level 2 ([5]–[8])**

Overall impression: adequate

- Displays adequate knowledge of how the behaviourist perspective contributes to understanding and treating phobias.
- There is adequate analysis.
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 ([9]–[12])**

Overall impression: competent

- Displays good knowledge of how the behaviourist perspective contributes to understanding and treating phobias.
- There is competent analysis – there may be some variation in the quality of analysis between the two parts to the question, understanding and treating.
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

**Level 4 ([13]–[15])**

Overall impression: highly competent

- Displays very good to excellent knowledge of how the behaviourist perspective contributes to understanding and treating phobias.
- There is highly competent analysis.
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [15]

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- (d) Explain two advantages of using behaviour therapies to treat phobias.  
(AO1, AO4)

Answers may include two of the following points:

- There is evidence from outcome studies that behaviourist techniques do work, especially for specific phobias, e.g. of a particular animal.
- Flooding, where the feared stimulus is actually presented, has proven very successful for all types of phobia including less specific ones like agoraphobia.
- The use of imagination/visualisation allows quite abstract fears to be addressed, e.g. fear of criticism.
- These techniques usually get results quicker than talking therapies as there is no need to spend time getting clients to understand the source of their fears, so are cost effective.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for explanation  
(2 × [2])

[4]

27

**Total**

**100**

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