
AP Seminar Performance Assessment Task 1

Sample Student Responses and Scoring Commentary

Inside:

- ☑ Individual Research Report
- ☑ Scoring Guideline
- ☑ Student Samples
- ☑ Scoring Commentary

AP Seminar Rubric 2016-17: Performance Task 1

Component 1 of 2: Individual Research Report

		Performance Levels			Points (Max)
Row	Content Area/ Proficiency	Low	Medium	High	
1	Understand and Analyze Context	The report identifies an overly broad or simplistic area of investigation and/or shows little evidence of research. A simplistic connection or no connection is made to the overall problem or issue.	The report identifies an adequately focused area of investigation in the research and shows some variety in source selection. It makes some reference to the overall problem or issue.	The report situates the student's investigation of the complexities of a problem or issue in research that draws upon a wide variety of appropriate sources. It makes clear the significance to a larger context.	6
		2	4	6	
2	Understand and Analyze Argument	The report restates or misstates information from sources. It doesn't address reasoning in the sources or it does so in a very simplistic way.	The report summarizes information and in places offers effective explanation of the reasoning within the sources' argument (but does so inconsistently).	The report demonstrates an understanding of the reasoning and validity of the sources' arguments.* This can be evidenced by direct explanation or through purposeful use of the reasoning and conclusions.	6
		2	4	6	
3	Evaluate Sources and Evidence	The report identifies evidence from chosen sources. It makes very simplistic, illogical, or no reference to the credibility of sources and evidence, and their relevance to the inquiry.	The report in places offers some effective explanation of the chosen sources and evidence in terms of their credibility and relevance to the inquiry (but does so inconsistently).	The report demonstrates evaluation of credibility of the sources and selection of relevant evidence from the sources. Both can be evidenced by direct explanation or through purposeful use.	6
		2	4	6	
4	Understand and Analyze Perspective	The report identifies few and/or oversimplified perspectives from sources.**	The report identifies multiple perspectives from sources, making some general connections among those perspectives.**	The report discusses a range of perspectives and draws explicit and relevant connections among those perspectives.**	6
		2	4	6	

AP Seminar Rubric 2016-17: Performance Task 1

Component 1 of 2: Individual Research Report (continued)

Row	Content Area/ Proficiency	Performance Levels			Points (Max)
		Low	Medium	High	
5	Apply Conventions	The report includes many errors in attribution and citation OR the bibliography is inconsistent in style and format and/or incomplete. 1	The report attributes or cites sources used but not always accurately. The bibliography references sources using a consistent style. 2	The report attributes and accurately cites the sources used. The bibliography accurately references sources using a consistent style. 3	3
6	Apply Conventions	The report contains many flaws in grammar that often interfere with communication to the reader. The written style is not appropriate for an academic audience. 1	The report is generally clear but contains some flaws in grammar that occasionally interfere with communication to the reader. The written style is inconsistent and not always appropriate for an academic audience. 2	The report communicates clearly to the reader (although may not be free of errors in grammar and style). The written style is consistently appropriate for an academic audience. 3	3

*For the purposes of AP Seminar, “validity” is defined in the glossary of the CED as “the extent to which an argument or claim is logical.”

** For the purposes of AP Seminar, “perspective” is defined in the glossary of the CED as “a point of view conveyed through an argument.”

Additional Scores

In addition to the scores represented on the rubrics, readers can also assign scores of **0** (zero) and **NR** (No Response).

0 (Zero)

- A score of **0** is assigned to a single row of the rubric when the response displays a below-minimum level of quality as identified in that row of the rubric. For rows 1 to 4, if there is no evidence of any research (i.e. it is all opinion and there is nothing in the bibliography, no citation or attributed phrases in the response) then a score of **0** should be assigned.
- Scores of **0** are assigned to all rows of the rubric when the response is off-topic; a repetition of a prompt; entirely crossed-out; a drawing or other markings; or a response in a language other than English.

NR (No Response)

A score of **NR** is assigned to responses that are blank.

Deinstitutionalization: Leaving Patients Behind

AP Seminar

2017

Word Count: 1306

Introduction

News of the deinstitutionalization movement has passed by, unnoticed since its commencement in the 1960's. However, growing concerns over poverty, prison overcrowding, and civil rights of mentally disabled patients call for recognition and deep understanding of deinstitutionalization as a major contributor to these problems. According to Lamb, a professor at University of Southern California School of Medicine, Los Angeles and Bachrach, veteran author of 41 articles on the topic of deinstitutionalization, deinstitutionalization is defined as the replacement of state or federal run psychiatric hospitals with community-based alternatives (Lamb & Bachrach, 2001). The government implemented this policy of deinstitutionalization because of "the belief that mental hospitals were cruel and inhumane, hope that new medications [opposed to the ineffective treatment from the institutions] offered a cure, and the desire to save money" (Yohanna, 2013). Overall, the government expected deinstitutionalization to improve the lives of the mentally ill. Since the commencement, the program strived to develop independence among patients by increasing employment and interaction with others. Unfortunately, these positive outcomes occur only where mental community services are well-established and maintained (Kliwer, McNally, & Trippany, n.d.). In actuality, a majority of the released patients experience unintentional, negative consequences of deinstitutionalization such as homelessness, incarceration, and isolation due to the absence of the promised community care.

Patient Homelessness

The absence and lack in quality of community-based mental programs contributes to the failure of the deinstitutionalization movement to improve the lives of mental patients. The major obstacle facing the success of deinstitutionalization is limited funding for mental centers which results in an unprofessional staff and ineffective services (Kliwer, McNally, & Trippany, n.d.).

Flory and Friedrich, co-directors of the National Alliance for the Mentally Ill Long-term Care Network, provide examples of the effects caused by limited funding through the complaints of families who have directly experienced the unsuccessful community centers. Many described the lack of 24-hour supervision when needed. They also delineate their experience with the revolving door syndrome, the frequent transportation of patients caused by the lack of adequate housing. One woman explains how her schizophrenic son had been moved in the system 62 times; thus, her son remained ill for 20 years due to lack of treatment (Flory & Friedrich 1999). Revolving door syndrome causes patient instability and leads to forced homelessness because of the brief treatment duration and forced discharge from government institutions. Madianos, president of the World Association for Psychosocial Rehabilitation and professor of general and social psychiatry at the University of Athens, delineates the direct correlation between the economic level of a country and availability of mental health programs; only 51.7% of the impoverished countries had available services while 97.4% of the wealthy countries had available services (Madianos, 2010). Thus, his study supports the concept that community services assist countries in escaping poverty by housing and treating the mental patients who make up “a third to a half of all homeless adults” (Lamb & Bachrach, 2001). The failure of the deinstitutionalization movement caused by insufficient funding of community mental centers results in increased patient homelessness after they experience the revolving door and realize they have no place to stay.

Increased Crime Rate and Prison Overflow

Patient homelessness caused by deinstitutionalization leads to increased crime rates among the mental patients. Often they resort to crime in order to purposefully go to jail where they can be fed and housed. In fact, in a survey conducted by Smith (2012), an editor of the

Sociology Compass journal, it was found that “around 40 percent of severely mentally ill people have been arrested at least once in their lives.” Additionally, patients’ untreated mental illnesses can also influence them to commit severe crimes. For example, up to 50 percent of mass homicides have been associated with people suffering from serious mental illnesses (Treatment Advocacy Center). Providing more evidence of increased crime, Wallace, Mullen, and Burgess (2004) conducted a study where they examined the frequency of offenses among schizophrenic patients over a 25-year period during the deinstitutionalization experience. They discovered that the patients’ rate of offending rose from 7.4 percent in 1975 to 11.9 percent in 1995. Therefore, deinstitutionalization set an impetus for the increase crime rate of mental patients. As a result of the increased crime rate, deinstitutionalization also contributes to the overcrowding of prisons. For example, “[m]ore than 1.8 million people with SMI [severe mental illnesses] are booked into jails every year” (Treatment Advocacy Center, n.d.). Flory and Friedrich (1999) add that there happen to be more mental patients in jail than patients receiving proper treatment. In the prevention of prison overflow and crime, deinstitutionalization should be stopped or carried out a different way.

Isolation and Suicide

Patients who avoid homelessness or imprisonment often experience isolation from society which could eventually lead to suicide. Successful recovery and functioning of mental patients depend on the material assistance and emotional support provided by the community as stated by Bachrach (1976) in her book *Deinstitutionalization: An analytical review and sociological perspective* published by the National Institute of National Health. However, when mental patients are forced into community settings, they often experience isolation from others. Bachrach (1976) explains how there seems to be a “consensus that society has difficulty in

dealing with the presence of mental patients in their midst.” Although the book was published in the 1970’s, Bachrach provides an accurate reaction of the community to the mental patients since the repercussions of the deinstitutionalization movement became prominent around this time period. Additionally, Kliewer, McNally, and Trippany support Bachrach’s claim by suggesting that “the community at large is frequently afraid of people with mental illness, believing them to be dangerous. This belief often cause[s] rejection” of the patients through victimization and harassment (Kliewer, McNally, & Trippany, n.d.). Bachrach continues to give examples of the methods many use to isolate the patients such as city ordinances, zoning codes, and unnecessary police arrests (Bachrach, 1976). In a majority of the cases, isolation serves as an impetus for suicide. In fact, “[u]p to 50% of those with schizophrenia or bipolar disorder attempt suicide” (Treatment Advocacy Center, n.d.) and one in ten are successful in completing suicide (Flory & Friedrich, 1999). Suffering from societal rejection and abandonment, mental patients resort to suicide to “solve” their afflictions. As a solution, Richan and Eidelman (1975) propose that “[w]e must not, however, spend a lot of time in talking, writing, and holding conferences and seminars on deinstitutionalization. . . . We must concentrate our efforts in [the] direction” of becoming more active in improving and participating in community mental services. Richan and Eidelman, journalists for the National Association of Social Workers, call for action to improve the community services in order to prevent the suffering of mental patients because this journal emphasizes the importance of social work in all different types of dire situations.

Conclusion

Despite the positive intentions of the deinstitutionalization programs, the commencement has been followed by a majority of unintentional negative consequences. To prevent ostracization of patients, wider understanding of mental illnesses should be implemented through

educational programs for a higher chance of the social acceptance of the mentally disabled patients. As a solution to the increased crime rates of mentally ill people and prison overpopulation, Smith (2012) offers the plan of diverting some of the funds used by the criminal justice system to handle the mentally ill people to the community mental services. With a majority of the crime and inmate sources diverted towards community centers for treatment, the criminal justice system would not need the full funds to manage its tasks. However, this plan must be executed gradually as immediate transportation of the money would result in the collapse of the criminal justice system. Thus, the responsibility is now in the hands of those who are aware of this crisis to find a solution for these patients to live with the greatest degree of life, liberty, and their pursuit of happiness.

References

- Bachrach, L. L. (1976). *Deinstitutionalization: An analytical review and sociological perspective*. Retrieved from <https://archive.org/details/deinstitutionali00bach>
- Flory, C., & Friedrich, R. M. (1999). Half a million liberated from institutions to community settings without provision for long-term care. Retrieved from <http://mentalillnesspolicy.org/imd/deinstitutionalization-flory.html>
- Kliwer, S. P., McNally, M., & Trippany, R. L. (n.d.). Deinstitutionalization: Its impact on community mental health centers and the seriously mentally ill. *The Alabama Counseling Association Journal*, 35, 40-45. Retrieved January 24, 2017, from <http://files.eric.ed.gov/fulltext/EJ875402.pdf>
- Lamb, H. R., & Bachrach, L. L. (2001). Some perspectives on deinstitutionalization. *Psychiatric Services*, 52(8), 1039-1045. doi:10.1176/appi.ps.52.8.1039
- Lombrozo, T. (2015). Belief that mental illness can be contagious contributes to isolation. Retrieved January 25, 2017, from <http://www.npr.org/sections/13.7/2015/08/17/432541935/belief-that-mental-illness-can-be-contagious-contributes-to-isolation>
- Madianos, M. (2010). Deinstitutionalization [Article]. Retrieved January 24, 2017, from <http://cirrie.buffalo.edu/encyclopedia/en/pdf/deinstitutionalization.pdf>
- Richan, W., & Eidelman, S. (1975). Deinstitutionalization. *Social Work*, 20(3), 254-255. Retrieved from <http://www.jstor.org/stable/23711310>
- Smith, C. (2012). Deinstitutionalization and the criminal justice system: An unfortunate

DEINSTITUTIONALIZATION: LEAVING PATIENTS BEHIND

Correlation [Article]. Retrieved January 24, 2017, from

<https://thesocietypages.org/sociologylens/2012/07/03/deinstitutionalization-and-the-criminal-justice-system-an-unfortunate-correlation/>

Treatment Advocacy Center. (n.d.). SMI & violence [Article]. Retrieved January 23, 2017, from

<http://www.treatmentadvocacycenter.org/key-issues/violence>

Wallace, C., Mullen, P. E., & Burgess, P. (2004). Criminal offending in schizophrenia over a 25-year period marked by deinstitutionalization and increasing prevalence of comorbid

substance use disorders. *American Journal of Psychiatry*, *161*(4), 716-727.

doi:10.1176/appi.ajp.161.4.716

Yohanna, D. (2013). Deinstitutionalization of people with mental illness: Causes and

consequences. *AMA Journal of Ethics*, *15*, 886-891. Retrieved from

<http://journalofethics.ama-assn.org/2013/10/pdf/mhst1-1310.pdf>

What Changes Can Be Made to Animal Testing for Pharmaceuticals: The Political Considerations

Animal testing has been used since 384 BC to explore medicines and procedures not yet ready for human testing or use. An alternative, in vitro, has recently become more available in replacing animal testing however the effectiveness is not fully known. For the well-being of society, testing experimental medicines is necessary. While government has taken steps such as creating regulations and reducing toxic medical animal testing to appease many social groups against it, since there are not many alternatives as effective as animal testing, the government has incentive to continue in vivo, testing on whole living organisms. Animal testing's history and its current reliability shows no alternative will replace it any time soon.

The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) already have regulations created to protect animals, give them a feasible living environment and ensure the testing is for a viable reason, including the Good Laboratory Practice for Nonclinical Laboratory Studies (FDA). This law verifies the treatment of animals is proper and tests are being rendered for purposes that discover new information about medical products or diseases (FDA). Performing tests on animals is needed to know how a medicine is broken down chemically in the body, how quickly it is metabolized, how it is absorbed into the blood, and much more. By establishing regulations, the government can continue research while reassuring opposing groups that the top priority is for the animals and their safety. Ultimately, the FDA supports efforts to find alternatives to animal testing however, animal testing is necessary because other options have yet to be proven effective (FDA). The U.S. Government has explored alternatives including in vitro toxicology which is tests derived from cultured

human skin cells and in stimulus which is a detectable change in the internal or external environment, but have not found any as accurate and easily available as in vivo. In 1937 before testing drugs on animals was required, a medicine containing elixir sulfanilamide was created not knowing it was poisonous, causing the deaths of over 100 people. In response the 1938 Federal Food, Drug, and Cosmetic Act was created which given required the testing of the safety of a drug before its distribution (NIH). The government created this act and began testing medicines before human use after these deaths to prevent any future catastrophes. Testing is vital and without the protection of the rights to do so given by the government, people can contract diseases or unknowingly take lethal drugs.

Social and scientific groups that defend medical animal testing have helped contribute to the public's understanding of why in vivo is so vital. The Foundation for Biomedical Research (FBR) promotes the public's knowledge of the past and present medical and scientific research and its importance to society. Frankie Trull, a graduate of Tufts and Boston university, and the President of the FBR acknowledges alternatives but by comparing all the milestones in vivo has made that nothing has yet come close to completely replacing animal testing (Trull).

Immunizations for polio and hepatitis were founded by researching on animals and helped save millions since. The American Cancer Society has also been public about their use of animal testing, acknowledging the accuracy when it comes to how medicines are digested within a body system (ACS). Groups like the FBR and Speaking of Research, support animal testing for its necessity to medical advancement and the finding of treatments including penicillin, insulin, blood transfusions, and many more that have saved millions of lives. The cell culture testing alternative was explored and was successful, leading to the belief of more and better options

available. However, there is more to consider including the economics of switching to the use of in vitro and in stimulus, its practicality, and the accuracy of alternatives. After centuries of animal testing, changing of these processes can be done but is not needed because animal testing has worked before and is still successful.

Some argue that animal testing is not more effective than alternatives and it costs much more. Many social groups, including People for the Ethical Treatment of Animals (PETA) and New England Anti-Vivisection Society (NEAVS) primarily use ethics and morals to convince society that animal's rights are being violated by the government. The public's support of these groups lead to protests, wavers, and congress votes. PETA is one of the most well-known groups opposed to the testing of animals, among other issues, with more than 5 million members and supporters. The organization supports many other alternatives, including in vitro to test a medicine's effect on the body (PETA). According to a cost comparison done by the Humane Society International (HSI), the costs of in vitro testing is thousands of dollars less than testing on animals (RSS). The costs are much lower but the effectiveness of these alternatives have had no conclusive results yet on its comparisons to animal testing. The risks of a treatment's accuracy being taken over paying more money is a risk animal rights groups are trying to convince society is practical. NEAVS supports alternatives to animal testing and advancement of science education of animals. Their website lists benefits of alternative options, including saving money, having more precise information in some cases, and generating a more eco-friendly environment through the non-disposability of hazardous waste of animals that died due to testing (NEAVS). The linking of glass fibers and cancer was researched on animals in a 1991 study by the Occupation Health and Safety Administration (OSHA) and no link was found between the

two. OSHA then tested the study on cultured human skin cells finding results that connected the two and found the fibers to be carcinogenic. Hazard labels were planted on fiberglass being sold to be able to warn people about the potential risks (OSHA). If only animal testing was relied on and the effects on human cells was not looked at preventative action would not have taken place. Changing what is being tested and on what can gather more accurate information. Looking at all the alternatives is beneficial however due to all the good it has done animal testing should be the main source of testing experimental pharmaceuticals.

It is apparent when looking at how much animal testing has helped in the past and the government's continued use that it is vital to medical research. Other options still should be considered but it is impossible to replace testing on a body that has very similar organ systems and functions similar to that of a human's. With advances in science, alternatives to animal testing are developing but to safely and effectively understand the effects of medical procedures and experimental medicines, animal testing is an accurate choice that has been and can be relied on.

Word Count: 1119

Works Cited

- "Alternatives to Animal Testing." *PETA*. People for the Ethical Treatment of Animals, 2017. Web. 30 Jan. 2017.
- "Animal Research Saves Lives." *Animal Research Saves Lives*. Web. 15 Feb. 2017.
- "Costs of Animal and Non-Animal Testing : Humane Society International." *RSS*. Web. 15 Feb. 2017.
- "Look at the Science behind the Prevention Method." *American Cancer Society*. Web. 15 Feb. 2017.
- "Medical Benefits." *Speaking of Research*. 06 Apr. 2016. Web. 15 Feb. 2017.
- National Institutes of Health*. U.S. Department of Health and Human Services. Web. 15 Feb. 2017.
- "New EPA Guidance for Testing Pesticides Will Reduce Animal Testing." *EPA*. Environmental Protection Agency, 29 Nov. 2016. Web. 15 Feb. 2017.
- Society, New England Anti-Vivisection. "Alternatives to Animals in Science." *In Testing*. Web. 15 Feb. 2017.
- "Sulfanilamide Disaster." *Sulfanilamide Disaster*. Web. 15 Feb. 2017.
- "UNITED STATES DEPARTMENT OF LABOR." *11/19/1991 - Fiberglass and the HCS Standard | Occupational Safety and Health Administration*. United States Department of Labor, 19 Nov. 1991. Web. 30 Jan. 2017.
- "Why Are Animals Used for Testing Medical Products?" *Why Are Animals Used for Testing Medical Products?* Web. 15 Feb. 2017.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder, also known as PTSD, is a mental health problem where people have suffered through something terrible in their life. Anyone of any age can develop PTSD. Mainly focusing on what causes teens to become diagnosed with PTSD, the history of PTSD, what other countries are doing to solve the problem, and why does it affect teens so much. There are things people can do to help anyone that is diagnosed with PTSD.

To begin with, what causes the teen develop PTSD? There are many causes of PTSD. One is that the teen is being neglected. Study shows that sixty-five percent of teens are being neglected. Also, teens are being abused in different ways. Another eighteen percent are being physically abused, ten percent is being sexually abused, and seven percent are being mentally abused. All this abuse can be triggered by something so simple and can hurt them. Teen are still basically children and abuse isn't the right thing to do. The abuser may have been the one to experience it before, therefore he/she wants someone to feel the pain they are feeling or have felt. Disasters can also cause people to develop PTSD. These disasters could be earthquakes, hurricanes, or war that has gotten out of hand. Teens and children who experienced the most horrific traumas are more likely to be diagnosed with PTSD. Statistics show that females are more likely to have a higher risk of PTSD than males. Statistics show that fifteen to forty-three of girls go through at least one trauma throughout their life. Fourteen to forty-three of boys go through at least one trauma. Three to fifteen percent of girls are most likely to be diagnosed while one to six percent of boys develop PTSD.

Then, what is the history of PTSD? History shows that PTSD was first diagnosed as a medical issue in the year of 1980 by the American Psychiatric Association. The years of 1968-1980, there wasn't an official diagnosis for PTSD. Then after the 1980's, it was known to be the third Diagnostic and Statistical Manual of Mental Disorders. There are also other severe traumas that caused PTSD back in the 1980's. Like, the Nazi Holocaust, the atomic bombings of Hiroshima and Nagasaki, and torture. It is terrible to have to see people go through these horrible disaster that never should've happened. There are many different stages of PTSD. For example, DSM- 5 is a stage of the Diagnostic and Statistical Manual of Mental Disorder that specifically affects people who receive death threats or has witnessed a family member being hurt. Since the 1980's, PTSD has gotten the attention that it needed. It was once an anxiety disorder, but now isn't. It affects veterans because of their past experiences in wars including World War II and World War I. Also some recent wars in Afghanistan can trigger a memory.

Afterward, how do people in other countries deal with PTSD? In other countries that include the US, the UK, Germany, and France, PTSD can be dealt with in different ways or in the same ways. For example, in the US, there is a solution called the Psychological First Aid/ Crisis Management. This is used in schools and they comfort and support the people that have to go through PTSD. Meanwhile, in other countries like the UK, Germany, and France have the highest prevalence in PTSD and their solution to this is to try and solve the problem on their own by using methods such as self-enhancement, conservation, self-transcendence, and an openness to change. There is a goal to have for each solutions using methods such as self-enhancement that has a goal of developing power and conservation, here is a category that involves security. Meaning

they try to keep themselves in order. In the openness to change has a small category of self-direction. Meaning that they have a path for themselves. In self-transcendence, there is also a small category on universalism. This can mean to interact with people or be involved in things such as clubs at school, on campus activity, and off campus activities. Countries such as Spain and Switzerland have the lowest prevalence, but of all countries, Croatia is an outlier. Meaning that it is not like the other countries. These other countries may have been in war a while back or has recently gone through wars. There are veterans that suffer with this condition because of everything that they had witnessed from the war. They develop a condition called Traumatic Brain Injury. TBI is when something has happened and it affects that person in a negative way and also cause them to change. When they hear something as small as a balloon popping, it triggers a horrible memory. Also there are homeless veteran in this world. It is hard for them to get jobs because anything they do can trigger memories. It is also known as a mental disorder, war trauma, and a cross-cultural assessment. Studies show that the European countries haven't been involved in any type of wars for the last 72 years. Meaning that there shouldn't be many people experiencing PTSD. There is still a chance of this diagnosis in the future. Meaning that there may be a war in the future which leads into people joining the army and an even higher risk of being diagnosed with PTSD effects. There are many ways that people are trying to deal with this diagnosis and its great knowing how caring some people can be to one another.

Finally, why does this affect teens so much? Statistics shows that this affects much more because they are still young, but are also slowly maturing into adulthood. Between the ages of twelve to eighteen are affected a lot because they are much more vulnerable.

All this adds on even more stress than they have due to school. There can also be athletes in sports and that adds another thing to their stress. Teens can be going through things with their personal lives and something can be going on throughout social media. In the future, this can cause them to become aggressive and may have behavioral problems. It causes teens to feel alone like no one can help them. It is horrible to feel useless and worthless. Also they feel like they can't trust anyone and trust is a really important. Without trust, people can't be friends and feel alone. Teen who are already diagnosed with depression and anxiety have a higher tendency of also being diagnosed with PTSD. There are many things that people are doing to help. Not only are teens being diagnosed, but so are children and adults. It is horrible to know that young kids are having to go through something so terrible. They should be healthy kids having fun, but the fact that they are being neglected and abused is wrong. Nobody should have to go through abuse and no future children shouldn't have to. There are treatments that must involve a psychiatrist. It is important about interaction with other people. Knowing teens are not so fond of opening up.

In conclusion, teens deal with PTSD roughly. It is horrible to know that people have to go through with this for their entire life. The causes of becoming diagnosed is terrible, but it is good to know that there are people out there helping. PTSD occurs all around the world and not just in one area. This is a serious matter that can be handled and is being handled. It is important that people know about this PTSD because anyone can be diagnosed at any time. All anyone has to do is to check up on their children often and make sure they are fine. Small talks can change make a difference and sometimes the smallest things are the most helpful/important.

Bibliography

<http://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-7-407>

<http://www.ptsd.va.gov/public/family/ptsd-children-adolescents.asp>

<http://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp>

http://www.brainline.org/content/2011/01/posttraumatic-stress-disorder-a-history-and-a-critique_pageall.html

word count: 1313

AP[®] SEMINAR 2017 SCORING COMMENTARY

Performance Task 1 Individual Research and Reflection

Overview

This task assessed students' ability to:

- Investigate a particular approach, range of perspectives, or lens of the team's research project
- Conduct academic/scholarly research relevant to the issue or topic
- Produce an evaluative, analytic report about research on the chosen academic or real-world problem or issue
- Analyze reasoning within the research literature
- Analyze the relevance of evidence and credibility of sources

Sample: A

1 Understand and Analyze Context Score: 6

2 Understand and Analyze Arg Score: 6

3 Evaluate Sources and Evidence Score: 6

4 Understand and Analyze Persp Score: 6

5 Apply Conventions Score: 3

6 Apply Conventions Score: 3

HIGH SAMPLE RESPONSE

Row 1: Understand and Analyze Context

The report earned a score of 6 points in this row because it situates the subject of “deinstitutionalization” in the research literature, focusing on the results of 1960s policy. The report draws upon a wide variety of sources including academic journals from the fields of mental health, social work, and ethics; as well as literature from professional organizations and news sources. The introduction effectively places the investigation of the topic within the complex context of the research literature and signifies the importance of the issue, namely, the significant challenges faced by mentally ill patients who no longer have institutionalized places in which to live.

Row 2: Understand and Analyze Argument

The report earned a score of 6 points in this row because it successfully creates a critical narrative that sufficiently analyzes the lines of reasoning in the research literature and clearly demonstrates an understanding of the reasoning and validity of the arguments presented. There are numerous examples throughout the report, but to take just one: The report looks at research by Flory & Friedrich and traces the argument that “Revolving door syndrome **causes** patient instability and **leads to** forced homelessness **because of** the brief treatment duration and forced discharge from government institutions.”

AP[®] SEMINAR
2017 SCORING COMMENTARY

Performance Task 1
Individual Research and Reflection

Row 3: Evaluate Sources and Evidence

The report earned a score of 6 points in this row because there are numerous examples of the purposeful use of well-selected evidence from the research sources. Descriptive commentary is present as well, which serves to clearly establish an understanding of the credibility and strength of the evidence presented. For example, the report draws on work by “Flory and Friedrich, co-directors of the National Alliance for the Mentally Ill Long-term Care Network” to detail complaints by families subjected to “unsuccessful community centers.”

Row 4: Understand and Analyze Perspective

The report earned a score of 6 points in this row because there are numerous examples of complex arguments placed in conversation with one another. Indeed, this is a major strength of this report. Throughout, the writer skillfully uses transitions (e.g., “Providing more evidence of increased crime, Wallace, Mullen, and Burgess (2004). . .”

Row 5: Apply Conventions (Attribution)

The report earned a score of 3 points in this row because sources are accurately and consistently cited in the bibliography. While there are some missing elements on the reference page (the internal text identifies the Bachrach source as a book, but there is no press information; it’s unclear from the reference page or the text that the Madianos source is a specialized encyclopedia) the numerous journals referenced do have complete citations, and internal citations link clearly and consistently to the bibliographic items.

Row 6: Apply Conventions (Style)

The report earned a score of 3 points in this row because it is clearly written, in spite of the challenge posed by the multisyllabic “deinstitutionalization”. Although not free of flaws, errors do not significantly interfere with communication of the ideas. The style is appropriate for an academic report.

AP[®] SEMINAR
2017 SCORING COMMENTARY

Performance Task 1
Individual Research and Reflection

Sample: B

1 Understand and Analyze Context Score: 4

2 Understand and Analyze Arg Score: 4

3 Evaluate Sources and Evidence Score: 4

4 Understand and Analyze Persp Score: 4

5 Apply Conventions Score: 2

6 Apply Conventions Score: 2

MEDIUM SAMPLE RESPONSE

Row 1: Understand and Analyze Context

The report earned a score of 4 points for this row because the title signals a focus that is not sustained in the report. The introduction to the report does signal the complexity and significance of the issue: “While government has taken steps...the government has incentive...” And the report contains some variety of sources relevant to a political lens, including sources like PETA as well as what might be reports from government agencies. Missing from the bibliography are relevant academic sources. Moreover, the introduction moves the discussion away from politics to the topic of “history,” and the first body paragraph jumps to a focus on regulations and laws. This pattern of broad shifting continues. The second paragraph is organized around on the contributions made by “social and scientific groups.” In sum, the focus is adequate though not sharp, and the research shows some variety, the markers of a medium score.

Row 2: Understand and Analyze Argument

The report earned a score of 4 points for this row because it shows markers of analysis of reasoning, but that evaluation is general and inconsistent. For example, the analysis of the information about the sulfanilamide disaster and the 1938 Act consists of an obvious statement that connects the creation of the act to the prevention of “future catastrophes.” In another example, the report (somewhat unclearly) traces the logic of the HIS argument showing how cost comparisons of in vitro testing have not translated into concrete results or changes in animal testing routines.

Row 3: Evaluate Sources and Evidence

The report earned a score of 4 points for this row because credibility of sources is assumed rather than made clear through direct explanation or purposeful use. While there is some language addressing credibility, it tends to be vague or descriptive (e.g., PETA and NEAVS use “ethics and morals” to advance their platform, or the FDA and EPA adhere to the “Good Laboratory Practice” law, or Trull is a “graduate of Tufts and Boston university.”)

Row 4: Understand and Analyze Perspective

The report earned a score of 4 points for this row because a number of perspectives were included in the report, namely existing laws protect animals, organizations support the development of alternatives, and animal testing has been useful. These perspectives, however, are not placed in conversation with each other, except through broad groupings (e.g., “the US government,” “Social and scientific groups,” or “Many social groups”) or broad claims, e.g., “Some argue...”

AP[®] SEMINAR
2017 SCORING COMMENTARY

Performance Task 1
Individual Research and Reflection

Row 5: Apply Conventions

The report earned a score of 2 points for this row because the Works Cited section is inconsistent in style (an all caps entry, missing dates on some entries while other entries list dates). There is an internal citation to OSHA, but OSHA is not an entry on the Works Cited page.

Row 6: Apply Conventions

The report earned a score of 2 points for this row because several flaws interfere with communication. For example, the second and fourth sentences of the first paragraph contain errors that disrupt the flow of the language used to contextualize the issue. These kinds of errors recur in places throughout the report.

Sample: C

1 Understand and Analyze Context Score: 2

2 Understand and Analyze Arg Score: 2

3 Evaluate Sources and Evidence Score: 2

4 Understand and Analyze Persp Score: 2

5 Apply Conventions Score: 1

6 Apply Conventions Score: 1

LOW SAMPLE RESPONSE

Row 1: Understand and Analyze Context

The report earned a score of 2 points for this row it identifies an overly broad area of investigation, shows little evidence of research, and makes simplistic connections to the overall problem or issue. The title signals a broad topic with no clear lens (simply “Post-Traumatic Stress Disorder”). The introduction begins with a definition and a list of what may be the quite diverse areas that the report will cover. The second paragraph appears to narrow the focus to PTSD caused by abuse of teens, but the treatment is quite general. The next paragraph shifts back to a general history.

Row 2: Understand and Analyze Argument

The report earned a score of 2 points for this row because it does not locate information or arguments in any particular source. In some cases there is an oblique reference to information and poor analysis, such as “Studies show that European countries haven't been involved in any type of wars for the last 72 years. Meaning that there shouldn't be many people experiencing PTSD.”

Row 3: Evaluate Sources and Evidence

The report earned a score of 2 points for this row because there are no references to credibility of sources or evidence. The line “Statistics shows that this affects much more because they are still young ...” is an example of supplied evidence without linkage to a credible source.

Row 4: Understand and Analyze Perspective

The report earned a score of 2 points for this row because there are few perspectives presented and little connection between them. Perspectives are not anchored in specific sources. There is a loose connection between the stress of PTSD and the stress that teens face.

AP[®] SEMINAR
2017 SCORING COMMENTARY

Performance Task 1
Individual Research and Reflection

Row 5: Apply Conventions

The report earned a score of 1 point for this row because there are many errors in attribution and citation, beginning with the URLs that substitute for a bibliography and reinforced by the lack of internal citation.

Row 6: Apply Conventions

The report earned a score of 1 point for this row because the writing contains many flaws that interfere with communication (an abundance of sentence fragments), and the style is not adequate to the task (overgeneralized language, e.g., “There are things people can do to help anyone that is diagnosed with PTSD”; “Nobody should have to go through abuse and no future children shouldn’t have to”).