GradeMax



Mark Scheme (Results)

Summer 2017

Pearson Edexcel International GCE
In Psychology (WPS04)
Paper 4 Clinical Psychology and Psychological Skills



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May 2017
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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

WPSO4
CLINICAL PSYCHOLOGY AND
PSYCHOLOGICAL SKILLS SECTION A:
CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1 (a)	**AO1 (2 marks)** Credit up to **two** marks for description of correct points related to statistical infrequency definition of abnormality. For example: ▪ The occurrence of the behaviour in the general population would be plotted on a distribution curve (1) and anyone more than 2 standard deviations from the mean is considered abnormal (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1 (b)	**AO1 (1 mark) AO3 (1 mark)** **One** mark for identification of the strength (AO1). **One** mark for justification of the strength (AO3). For example: ▪ Statistical infrequency curves give a clear point at which a diagnosis of abnormality is made (1) this removes clinical bias so diagnosis of abnormality is a result of an objective measure so is more reliable (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1 (c)	**AO1 (1 mark) AO3 (1 mark)** **One** mark for identification of the weakness (AO1). **One** mark for justification of the weakness (AO3). For example: ▪ Having a definitive cut off point for diagnosis ignores individual differences in personality (1) so someone who falls within normal distribution is unlikely to receive help even if they need it (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2 (a)	**AO2 (2 marks)** **One** mark for each symptom identified that Carlos may experience. For example: ▪ Carlos may have hallucinations where he sees or hears things that do not exist (1) ▪ Carlos may have thought insertion where he thinks someone else is giving him his thoughts (1) **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
2 (b)	**AO1 (3 marks) AO3 (3 marks)** Credit **one** mark for each weakness identified (AO1). Credit **one** mark for justification of each weakness (AO3). For example: ▪ Drug therapy is based on reducing dopamine uptake in the brain (1) however this assumes dopamine is the cause when there is evidence from Gottesman that suggests genetics play a role in schizophrenia (1). ▪ Drug therapy only works with some patients who have schizophrenia (1) PET scans have shown that blocking dopamine does not work in patients who have had schizophrenia for over 10 years (1). ▪ Social adversity explanations would suggest schizophrenia is related to the environment (1) for example, Eaton (1980) found that schizophrenia is associated with city life rather than biological factors (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
3 (a)	**AO1 (2 marks)** Credit up to **two** marks for the description of sampling for the control group. For example: ▪ The control group was a volunteer sample (1) who were matched on age and sex to the experimental group (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3 (b)	**AO2 (2 marks)** Credit up to **two** marks for the description of improvements to patient care. For example: ▪ The conclusions could help institutions understand that they need to monitor more than just mental health of inpatients as part of their care (1) and that they should improve food services/meal times to increase the inpatients weight so they are as physically healthy as the general population (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
3 (c)	**AO1 (2 marks) AO3 (2 marks)** **One** mark for each reason identified (AO1). **One** mark for justification of each reason (AO3). For example: ▪ The sample of participants used in the study were all from Japan (1) therefore the study lacks population validity for inpatients with schizophrenia in other countries (1). ▪ The health care systems of other countries may be different (1) as patients with schizophrenia in Japan remain inpatients for a longer time period than in Europe or North America (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
4 (a)	**AO2 (4 marks)** **One** mark for accurate completion of **O-E** column to two decimal places **One** mark for accurate completion of **$(O-E)^2$** column two decimal places **One** mark for accurate completion of **$(O-E)^2/E$** column to two decimal places **One** mark for correct **chi-squared** to two decimal places **Reject all other answers.**	**(4)**

		Observed	Expected	O-E	$(O-E)^2$	$(O-E)^2/E$
Males	**More serious**	11	20.17	**-9.17**	**84.09**	**4.17**
	Less serious	34	24.83	**9.17**	**84.09**	**3.39**
Females	**More serious**	28	18.83	**9.17**	**84.09**	**4.47**
	Less serious	14	23.17	**-9.17**	**84.09**	**3.63**
					chi-squared =	**15.66**

Question Number	Answer	Mark
4 (b)	**AO2 (1 mark)** **One** mark for correct answer ▪ (X^2 is) 3.84 **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
4 (c)	**AO3 (1 mark)** **One** mark for correctly using data to justify a significant difference. **Credit responses where statement of significance is correctly supported with data, but values have been incorrectly calculated.** For example: ▪ The calculated value of 15.66 exceeds the critical value of 3.84 so the difference is significant (1). ▪ The calculated value of (16) exceeds the critical value of (2.71) so the difference is significant (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
5 (a)	**AO1 (1 mark) AO3 (1 mark)** **One** mark for reason identified (AO1). **One** mark for justification of reason (AO3). For example: ▪ Diagnosis may be affected because cultures may view symptoms of abnormality differently (1). Plains Indians often claim to hear their dead relatives speak to them which is considered normal and a spiritual blessing, whereas in North America this would be a symptom of schizophrenia so diagnosis in these cultures would be different (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
5 (b)	**AO1 (1 mark) AO3 (1 mark)** **One** mark for reason identified (AO1). **One** mark for justification of reason (AO3). For example: ▪ Diagnosis is unlikely to be affected by culture because the DSM has been successfully used in many different countries (1). Lee (2006) found that using the DSM in Korea for diagnosis of ADHD was as valid as using it in the USA so cultural differences had no impact on diagnosis (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **AO1** ▪ HCPC guidelines ensure clinical psychologists adhere to strict standards when treating patients with mental health issues. ▪ Diagnosis of mental health disorders has to come from clinical criteria and medical evidence. ▪ Discoveries of a biological basis to some mental health disorders has given a scientific explanation of the cause of psychological abnormalities. ▪ Culturally specific disorders may be less acceptable in other cultures or areas of the world. ▪ Behaviours that are viewed as abnormal or normal change over time as society develops and social norms shift. ▪ Mentally ill patients are no longer exhibited to others, beaten or neglected so the acceptance of mental health has increased. **AO3** ▪ The HCPC only reduces the neglect or mistreatment of people by professionals, it does not impact on the way society treats people and therefore discrimination/stigmatisation still occurs. ▪ The DSM/ICD gives objective criteria with clear symptoms and features of disorders such as unipolar depression, anxiety or schizophrenia, reducing the possibilities that a diagnosis of mental illness is based in superstitions such as possession by evil. ▪ Irmak (2014) claims there are similarities between schizophrenia and demonic possession, and claims medical and religions healers should work together to treat the disorder, showing there is still misunderstanding about abnormality. ▪ Alois Alzheimer (1906) first explained brain deterioration as a cause of senility in old age, removing the stigmatisation of insanity and reducing the uncertainty/fear of psychological abnormality. ▪ Culturally specific disorders, such as 'taijin kyofusho', a Japanese anxiety disorder about the body being offensive to others, may not be recognised in other cultures and so the patient would be less understood and not receive the care they need. ▪ Homosexuality was taken out of the DSM-II when social convention did not categorise this as a mental health disorder, so understanding and recognition of what constitutes abnormality can be flexible to meet social norms. ▪ Gender dysphoria remains in the DSM-IV which would label people as having a psychological abnormality whereas they themselves may feel that they have a biological/physical abnormality, therefore their needs are not recognised. ▪ Asylums where people were institutionalised such as 'Bedlam' no longer exist in modern society, they have been replaced with community care programmes or specialist hospitals such as Al Amal Psychiatric Hospital in Dubai. ▪ Chan (2001)/Pijl and Pijl (2001)/Korkeila et al (1998) provide evidence that mental health care is being deinstitutionalised and patients are no longer segregated from communities. ▪ Grob (1994) highlights that many community care systems fail to understand the needs of mental health patients so they often end up homeless, therefore their needs are not fully recognised. **Look for other reasonable marking points.**	**(16)**

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) **Candidates must demonstrate a greater emphasis on evaluation / conclusion vs knowledge and understanding in their answer.** **Knowledge & understanding is capped at maximum 6 marks**		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

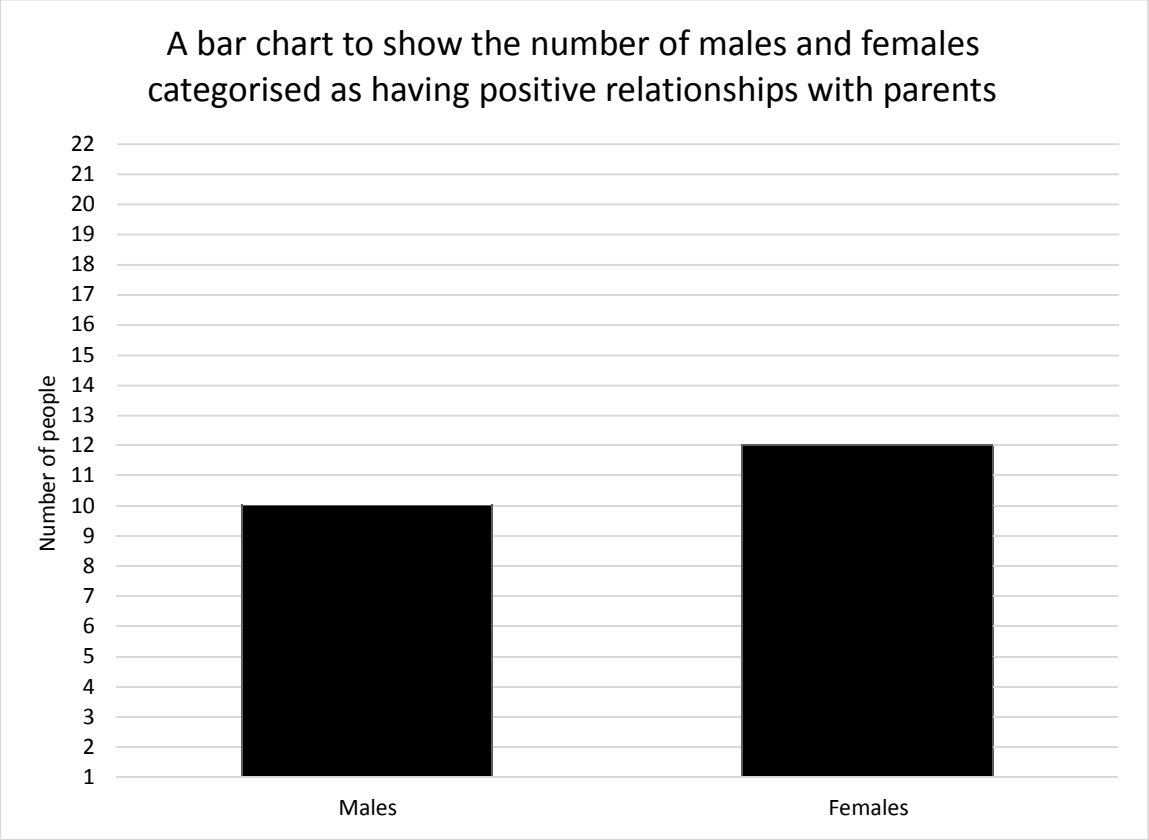
Question Number	Answer	Mark
7 (a)	**AO2 (1 mark) AO3 (1 mark)** **One** mark for identification of reason related to study (AO2) **One** mark for justification of this reason (AO3) For example: ▪ A naturalistic observation allows the researchers to observe the babies at home in a familiar environment for the baby (1) this makes the study more ethical as it reduces any distress that may have been caused if the baby were observed somewhere unfamiliar (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7 (b)	**AO2 (1 mark) AO3 (1 mark)** **One** mark for identification of weakness (AO2). **One** mark for justification of weakness (AO3). For example: ▪ Demand characteristics may mean mothers lied in their diary to portray their children/themselves in a positive way (1) this means the data would be flawed, reducing the validity of conclusions about attachment (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
7 (c)	**AO2 (2 marks)** **One** mark for each accurate **open** question given For example: ▪ If your baby is left alone in a room, what is their reaction? (1) ▪ What happens to the behaviour of your baby when a stranger is present? (1) **Look for other reasonable marking points.** **Do not credit questions that would illicit closed responses.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
7 (d)	**AO2 (2 marks) AO3 (2 marks)** **One** mark for each accurate ethical consideration relevant to context (AO2) **One** mark for justification of each ethical consideration (AO3) For example: ▪ Tahseen should include a statement of right to withdraw at the start of her questionnaire (1) this will make sure that participants are fully aware they can stop if they become upset by the questions and their data will be removed from the study (1). ▪ The questionnaire could be kept anonymous so Tahseen doesn't know who the responses relate to (1) this would facilitate respecting the participants confidentiality and increase the likelihood that identity would never be known (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
7 (e)(i)	**AO2 (1 mark)** **One** mark for correct answer ▪ **21** 8+25=33 total participants with negative relationship with parents So total minus half the females 33-12=**21** **Reject other answers.**	**(1)**

Question Number	Answer	Mark
7 (e)(ii)	**AO2 (3 marks)** **One** mark for appropriate **title**. **One** mark for appropriate **labelling of axes**. **One** mark for correct plots in **two bars**. For example:  **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
8	**AO2 (3 marks) AO3 (3 marks)** **One** marks for each accurate reason for using laboratory experiments in memory research (AO2). **One** mark for justification of each reason (AO3). For example: ▪ The experimental method is good for testing human memory as allows researchers to standardise the instructions they give, such as reading identical digit lists to participants in a test of working memory (1). This increases the reliability of the study because it can be replicated and then compared to the retest data for reliability (1). ▪ The use of case studies of brain damaged patients, such as HM or Clive Wearing, lack generalisability because they are cases of unique individuals (1) whereas an experiment can be done with a larger, more representative sample of participants, which increases the generalisability of the results to a larger population (1). ▪ A laboratory experiment allows researchers to control extraneous variables when testing memory, such as preventing noise distraction in a test of STM rehearsal (1) so they can be confident that the outcome of the experiment is the direct result of manipulating the IV and therefore the experiment has high internal validity and is a good way to test human memory (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Indicative content	Mark
9	**AO1 (4 marks) AO2 (4 marks)** **AO1** ▪ A role model is someone that a person can identify with. ▪ Rates of conformity in women are higher than in men. ▪ People do not always identify with role models of the same gender. ▪ Psychodynamic explanations suggest that gendered behaviours are a result of Oedipus/Electra complex. **AO2** ▪ The female participants were more positively affected by female role models because they identified with them more strongly due to their shared gender similarity. ▪ Female participants may show more preference to female role models because they are conforming to socially expected behaviours of supporting other women/empathise with the female role model/attribute status hierarchy cue to female and male role model. ▪ The study shows that males had no preference for same gender role models, only the women, suggesting that the gender of the role model was not significant to everyone. ▪ The females in the study may perceive the role model as a maternal figure and so they are more positively affected due to Electra complex. ▪ Some of the males in the study may not have successfully passed through Oedipus complex and so may see the female role model as a maternal figure and identify with them more because of this. ▪ The female participants may see that their female role models have been rewarded for their hard work with a good career, therefore identify with them in the hope of similar reinforcement. **Look for other reasonable marking points.**	**(8)**

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative content	Mark
10	**AO1 (8 marks) AO2 (4 marks) AO3 (8 marks)** **AO1** ▪ Animal research is governed by the Scientific Procedures Act (1986) so it is conducted with consideration for the animals. ▪ Research with people has to meet the Code of Ethics and Conduct (2009) so people are safe. ▪ Respect must be shown to human participants during research so their needs should always be met. ▪ Animals are given good conditions to live in so they do not suffer and are well looked after. ▪ Human participants should not be caused distress or harm in research. ▪ Informed consent can be gained from human participants before they take part. ▪ Human participants have the right to withdraw from research. ▪ Some early psychology did cause unnecessary distress to people/animals. **AO2** ▪ Intentional damage to the brains of the rats is more ethical than damaging the brain of a human to test memory. ▪ The brain damage caused to the rats shows that memory is located in more than one area of the brain, so has added to psychological knowledge. ▪ The brain damage caused to the rats did not provide conclusive evidence of memory stores, so the harm caused was not outweighed by any benefit to the 'greater good'. ▪ There is not a need to harm rats' brains as there are case studies of humans that can be used instead.	

	AO3 ▪ Milgram (1963) caused distress to participants but without this he would not have been able to explain obedience to authority, so the distress was outweighed by the benefit to society. ▪ Harlow (1958) was criticised for cruelty to monkeys in his research into attachment, this was unnecessary but did generate a public awareness of animal cruelty in society, so raised awareness. ▪ Rats have been used to study symptoms and treatments of schizophrenia by causing brain lesioning or dopamine imbalances intentionally, this has led to successful drug treatments for people with schizophrenia, so the benefit to human society has outweighed the way the animals have been treated. ▪ Skinner studied pigeons and attempted to train them to carry missiles during WWII, this is unethical as the animals would have been sent to their deaths, however during the time of war it was considered acceptable to attempt to use animals in this way. ▪ The case of HM can be considered unethical as he would never have fully understood his role in research due to his memory failure, therefore he was studied over his entire lifetime without ever providing fully informed consent, although the outcomes have given society a better understanding of the functions of human memory. ▪ Bowlby (1944) studied maternal deprivation using a case study of juveniles, this was ethical as he did not create any artificial condition to cause deprivation, therefore research can take place without the need to cause any harm to participants, so outcomes can be achieved alongside ethical considerations. ▪ Watson and Rayner (1920) created a situation whereby Little Albert developed a phobia, this was highly unethical and the outcome does not outweigh ethical consideration as the theory could have been tested with animals. ▪ Pavlov studied salivation in dogs to theorise that people and animals could be conditioned to behave in certain ways, this study is unlikely to have caused distress to the dogs and has led to systematic desensitisation therapy, so research can take place without harm to create outcomes that still benefit our understanding of behaviour. **Look for other reasonable marking points.**	**(20)**

Level	Mark	Descriptor
AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs judgement/conclusion in their answer. Application to the scenario is capped at maximum 4 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Arguments developed using mostly coherent chains of reasoning leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced and well-supported judgement/decision. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the skills of integrating and synthesising knowledge with linkages to psychological concepts and/or ideas. (AO2) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates throughout the skills of integrating and synthesising relevant knowledge with consistent, accurate linkages to psychological concepts and/or ideas. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to an effective nuanced and balanced judgement/decision. (AO3)

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