GradeMax



Mark Scheme (Results)

January 2018

Pearson Edexcel International GCE In Psychology (WPS04)

Paper 4: Clinical Psychology and Psychological Skills



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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.

SECTION A: CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1 (a)	**AO1 (2 marks) AO3 (2 marks)** Credit **one** mark for accurate identification of each strength (AO1) Credit **one** mark for justification/exemplification of each strength (AO3) For example: • Suzuki et al (2014) conducted their research with inpatients during actual, real life hospitalisation due to schizophrenia (1). There is a high level of ecological validity as the setting was a real life situation making it valid to Japanese schizophrenic inpatients (1). • Reliability of the results about nutritional status of schizophrenic inpatients is increased by supporting evidence with consistent findings (1). Kitabayashi et al (2006) found similar results with a higher frequency of underweight inpatients with schizophrenia in all age groups than in the normal population (1). **Look for other reasonable marking points.**	**(4)**

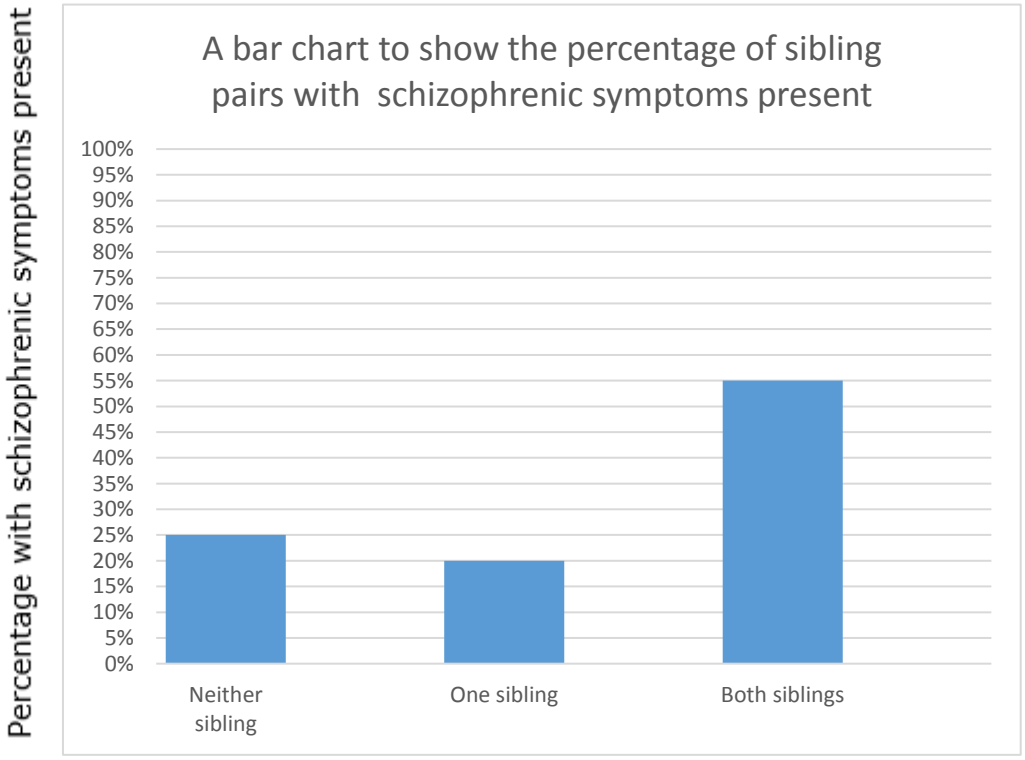
Question Number	Answer	Mark
1 (b)	**AO1 (1 mark) AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness (AO1) Credit **one** mark for justification/exemplification weakness (AO3) For example: • Suzuki et al (2014) did not control for eating behaviours and exercise in their sample of schizophrenic inpatients, both of which can affect the participant's weight (1) so there may be extraneous/confounding variables affecting underweight or obesity data that reduces the reliability of the results found about underweight schizophrenic patients (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark

2 (a)	**AO1 (1 mark) AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness (AO1) Credit **one** mark for justification/exemplification weakness (AO3) For example: • One problem with using 'failure to function adequately' to determine abnormality is cultural relativism of what is normal (1). Fernando (1998) highlights that the behaviour of western cultures can often be considered typical functioning, and deviation from this is considered atypical functioning by psychiatrists (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2 (b)	**AO2 (1 mark) AO3 (1 mark)** Credit **one** mark for application of characteristic to scenario (AO2) Credit **one** mark for justification of abnormality (AO3) Candidates can justify their point in either direction. For example: • John's appearance of coloured hair/tattoos/body piercings could meet the characteristic of vividness/unconventionality (1). However, this does not make him abnormal, looking different to the other students is not sufficient to determine that John has a clinical or mental health abnormality (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3 (a)	**AO2 (1 mark)** **One** mark for correct calculation • **250** *(25% of 1000 individuals (500 pairs) siblings)* **Reject other answers.**	**(1)**

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

Question Number	Answer	Mark
3 (c)	**AO2 (1 mark), AO3 (1 mark)** **One** mark for accurate use of data from the scenario (AO2) **One** mark for an accurate conclusion stated (AO3) For example: • In 55% of the sibling pairs, both showed symptoms of schizophrenia (1) this suggests that if one sibling has schizophrenic symptoms, the other sibling is also likely to have schizophrenic symptoms (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
3(d)	**AO2 (3 marks)** **One** mark for correct one tailed direction. **One** mark for a fully operationalised IV. **One** mark for a fully operationalised DV. For example: • There will be more symptoms in siblings (1) • There will be significantly more schizophrenic symptoms recorded for both siblings in a pair (2) • There will be significantly more schizophrenic symptoms recorded for both siblings in a pair than for just one individual sibling from a pair (3) **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
4	**AO2 (2 marks)** Credit **one** mark for accurate substitution into the equation. Credit **one** mark for correct calculation of answer to **two** decimal places. • *1* - $\frac{6X4}{6(36-1)}$ • 0.89 **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
5	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength/weakness (AO1) Credit **one** mark for justification/exemplification of each strength/weakness (AO3) For example; **Unipolar depression** • One strength is that levels of monoamines can be reliably tested using objective scientific methods (1). Patients suffering unipolar depression show lower levels of the serotonin related chemical 5-H1AA in cerebrospinal fluid compared to non-depressed people (1). • One weakness is that this ignores other explanations such as the role of cognition in unipolar depression (1). Beck (1970) suggests unipolar depression has cognitive roots in negative/faulty thinking and distorted information processing rather than a biological basis (1). **Anorexia Nervosa** • One strength is the explanation achieves strong credibility from supporting evidence of a genetic predisposition for anorexia nervosa (1). Holland et al (1984) found a 55% concordance rate between MZ twins in the development of anorexia nervosa, suggesting genetic links. (1) • A weakness is the use of twin studies to support the explanation cannot eliminate environmental factors so anorexia nervosa could be nurture rather than nature (1). Becker et al (2002) found that after TV introduction, Fijian adolescent girls modelled their eating on TV characters suggesting media exposure/role models as a cause (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
6(a)	**AO2 (1 mark)** Credit **one** mark for stating an appropriate aim For example; • To investigate how different media sources report mental health issues (1). **Aim must relate to clinical practical (content analysis that explores attitudes to mental health).** **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
6(b)	**AO2 (4 marks)** Credit up to **four** marks for appropriate description of results for the practical For example; • Of the eight articles reviewed, five reported mental health issues in a negative way (1). Of these five articles, negative themes such as 'danger to others' and 'danger to self' occurred more often than positive themes (1). Two of the five negative articles were tabloid media reports of people with mental health issues committing criminal offences (1). The three articles presenting positive themes were all written by medical professionals in the last 3 years (1). **Results must relate to clinical practical (content analysis that explores attitudes to mental health).** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
6(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength of practical (AO2) Credit **one** mark for justification/exemplification of strength (AO3) For example; • One strength of a content analysis is that it has high ecological validity because the articles gathered are real life reports (1). The medical and media reports had been published for the public domain which provides an accurate picture of how mental health issues are portrayed to the public (1). **Strength must relate to clinical practical (content analysis that explores attitudes to mental health).** **Look for other reasonable marking points.**	**(2)**

SECTION B: CLINICAL PSYCHOLOGY

Question Number	Indicative content	Mark
7	**AO1 (6 marks), AO3 (10 marks)** **Drug Therapy** **AO1** • Drug therapy is based on biological explanations of schizophrenia, such as dopamine hypothesis. • Drug therapy consists of anti-psychotic medication which supresses hallucinations and delusions, and can be used with anti-depressants. • Some drugs can have side effects such as dry mouth, weight gain or low blood pressure. **AO3** • Phenothiazine drugs such as Chlorpromazine block dopamine receptors and according to Ban (2007) patients show positive signs of improvement and a reduction in schizophrenic symptoms. • Bustillo et al (2001) found that Assertive Community Treatment's (ACT) have clear effects on the prevention of psychotic relapse and rehospitalisation, so drug therapy based on biological explanations is not sufficient on its own. • Meltzer et al (2004) found patients using haloperidol had reduced symptoms of schizophrenia and showed improvements in day to day functioning. • Emsley (2008) found that risperidone injections reduced both positive and negative symptoms of schizophrenia, with 64% of patients having no symptoms two years on. • Adityanji and Kaizad (2005) found that in 0.05% of patients, antipsychotic drugs lead to neuroleptic malignant syndrome which causes nausea, high blood pressure, confusion, coma, and in 10% of cases, death. **Family Therapy** **AO1** • A patient with schizophrenia will attend counselling/therapy sessions with their family members and/or designated caregivers. • Family therapy addresses environmental, social and emotional issues of the patient. • The therapy is not a physically invasive treatment programme. **AO3** • Pharoah et al (2010) found a positive impact on patient recovery, reduction in relapse and improved social functioning as a result of family therapy. • Magliano et al (2005) found improved social functioning of caregivers of family members with schizophrenia, so treating a wider impact of schizophrenia. • Psychoeducation (part of family therapy) can increase family knowledge of the illness which helps them support the patient in medication routines. • Vaughn and Leff (1976) found patients in families with high levels of negative attitudes, there was a 48% chance of relapse compared to 6% in families without negativity, supporting using family therapy to tackle emotions. • Effective family therapy usually runs alongside a drug based therapy, therefore it is not a therapy that can be used alone. **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)

SECTION C: PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
8 (a)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1) Credit **one** mark for justification/exemplification of each weakness in relation to human memory (AO3) For example; • Case study patients are unique meaning the investigation of the impact of brain damage in specific individuals and isolated cases may lack representativeness (1). Cases like Clive Wearing cannot be generalised to the wider population of all brain damaged patients (1). • Case studies may not meet ethical codes of practice, such as informed consent if the participant is unable to process the information about the study (1) such as in the case of HM who was unable to commit information to LTM so would not be fully aware of the research or remember his agreement to be studied (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
8(b)	**AO3 (2 marks)** Credit up to **two** marks for justification in relation to increased credibility (AO3) For example; • Expert researchers not directly involved in the case study can provide objective, scientific scans/images of the internal functions of the human brain (1) so they can use methodological triangulation by evidencing brain functioning to support the observed behaviours recorded by researchers (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8(c)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • A PET scan uses radioactive materials that can be traced instead of radio waves in a magnetic field (1). • A PET scan uses an injection of radioactive materials into the blood stream that can be traced in the brain whereas fMRI scans use radio waves within a magnetic field (2). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8(d)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description. For example; • Caleb could control the extraneous variables in the room such as light and sound that may affect participants ability to rehearse (1) and a standardised task where participants try to remember items while rehearsal is either prevented or not (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
9 (a)	**AO1 (1 mark)** Credit **one** mark for accurate definition of participant observation For example; • A participant observation is when the researcher is part of the situation they are observing (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
9 (b)	**AO1 (1 mark)** Credit **one** mark for accurate definition of structured observation For example; • Structured observations are controlled conditions set up by a researcher using a standardised procedure (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
9 (c)	**AO2 (2 marks), AO3 (2 marks)** Credit up to **two** marks for application of covert observations to socially sensitive research topics in psychology (AO2) Credit up to **two** marks for analysis of covert observations (AO3) For example; • When researching socially sensitive issues such as prejudice it is important to observe naturally occurring behaviours and real life situations (1) using covert observations means the participants are not aware of the researcher's presence so studies are more valid (1). Participants in studies of sensitive topics may be particularly vulnerable, such as patients with mental health issues, so it important not to cause distress (1), but covert observations lack ethical consent to be observed thus participants may feel more distressed and vulnerable when they discover that their behaviours have been watch unknowingly (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
9 (d)	**AO2 (1 mark)** Credit **one** mark for stating correct level of measurement. • (The level of measurement for this data is) **nominal**. **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
9 (e)(i)	**AO2 (1 mark)** Credit **one** mark for correct calculation. ○ **9** *(10-1)=9* **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
9 (e)(ii)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • The range only provides the difference between the highest and lowest scores of 10 and 1 (1), it does not eliminate the extreme score for Child C of 10 which would decrease the accuracy of the measurement (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

SECTION D: PSYCHOLOGICAL SKILLS

Question Number	Indicative Content	Mark
10	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Bartlett (1932) claims confabulation explains why a person adds information to prior experiences. • Schema are blueprints/mental representations of knowledge that help people interpret events. • According to Freud, memories can be in our unconscious mind and we may not consciously be aware of early childhood experiences. • Atkinson and Shiffrin (1968) claim that LTM is a storage system that is unlimited and can last a lifetime. **AO2** • Participants in the study are likely to have prior memories of a shopping mall and the stories from relatives were confabulated into their existing memory of that experience. • The participants may have heard reports of children lost in shopping malls and so have an existing schema for the event and the story had been assimilated into the schema. • The story of being lost may have triggered an unconscious memory of being lost in another context so the 25% recalling the story may have been partly true recollections not wholly false memories. • 68% of the participants did not recall false memories of being lost, showing that memories in LTM are accurate, so the false recall may be down to experimenter effects. **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)

SECTION E: PSYCHOLOGICAL SKILLS

Question Number	Indicative content	Mark
11	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Science is the empirical study of observable physical evidence. • Science requires an unbiased, value-free analysis of data gathered. • Many psychologists test their theory using falsification. • Some psychological theories are introspective and lack empirical testing. • Standardised controls and laboratory experiments allow replication to test for reliability. • Science reduces human behaviour to smaller components to study. • Universal laws can fail to account for the holism of human behaviour. • Generalisations can be difficult due to the artificiality of scientific methods. **AO3** • Bandura applied falsification to studies into SLT developing them into Social Cognitive Theory after he found his research did not fully explain how people learn behaviour making his theories more scientific. • Psychoanalysis is introspective which means concepts cannot be falsified, but neither can evolutionary theory therefore falsification may not be necessary to determine scientific status. • Milgram (1963) used standardised procedures in his studies of obedience which allowed him and others such as Burger (2009) to replicate them. • Bartlett (1932) did not use strict controls in his studies of reconstructive memory reducing the scientific evidence for his work. • Loftus and Palmer (1974) have conducted structured laboratory experiments into reconstructive memory which has added credibility to the theory. • Gathering qualitative data, such as naturalistic observations, is considered less scientific than qualitative data as it is not as objective, however is often describes human behaviour in more depth that qualitative data does. • The use of a double-blind technique increases the objectivity of research methods as it eliminates researcher bias from data collection. • Reductionism, such as the monoamine hypothesis, excludes the complexities of interactions between individuals and the environment which is unrealistic to be ignored from human nature. • Artificiality of theories occurs when psychologists attempt to explain isolated aspects of human functioning, such as Atkinson and Shiffrin (1968) model of memory as three distinct stores. • Nomothetic approaches, such as cognitive and biological psychology, attempt to establish universal laws of human behaviour and ignore the idiographic/personal/uniqueness of human beings. **Look for other reasonable marking points**	**(20)**

Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. 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 generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

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