GradeMax



Mark Scheme (Standardisation)

June 2018

GCE PSYCHOLOGY (WPS04)
PAPER 4: CLINICAL PSYCHOLOGY AND PSYCHOLOGICAL SKILLS

WPSO4 January 2018

Question Number	Answer	Mark
1	**AO1 (2 marks)** Credit up to **two** marks for accurate description. For example; • Fitness to practise is having high standards of personal and professional conduct (1) and ensuring skills and knowledge are up to date (1) **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate reason in relation to the scenario (AO2) Credit **one** mark for justification of the reason (AO3) For example; • Melissa's paper will be reviewed by several people who will give a critique of the quality of her work on schizophrenia drug treatments before publication (1) this helps to determine whether Melissa's investigation into drug treatment of schizophrenia sufficiently contributes to furthering psychological knowledge and understanding in the field (1) **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
3	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for accurate identification each strength/weakness (AO1) Credit **one** mark for justification/exemplification of each strength/weakness (AO3) **Hans and Hiller (2013)** • Hans and Hiller (2013) fully operationalised their search criteria using terms such as 'nonrandomised' (1) this increased the validity of the data gathered to ensure it was accurate for the purpose of the meta-analysis (1). • During the selection of secondary research studies of effectiveness, the criteria for depressive disorders was used to eliminate studies deemed irrelevant (1) however the use of secondary data can still be flawed as the original purpose of the data may not match the objectives of Hans and Hiller (2013) (1). • Interrater reliability for the coding of clinical representativeness and methodological quality of the studies was assessed using Cohen's kappa score (1) which increases the reliability of the data gathered as it eliminated researcher bias and give quantitative data to support reliability (1). **Ma, Quan and Liu (2014)** • A large sample of 538 undergraduates was used in the study (1) this increases the representativeness of the sample and allows for generalisation to undergraduates (1). • Participants completed a series of questionnaires designed to measure self-evaluation, depression, and social support (1) which increases reliability of the data gathered as questionnaires are standardised and the same questionnaire is completed by all participants, making data comparable (1). • Participants may have shown social desirability when completing the questionnaire about their depression and social support (1) which will reduce the validity of the data gathered as answers may not reflect real life (1) Cont'd	**(6)**

Question Number	Answer	Mark
3	**Becker et al (2002)** • 63 respondent participants in the 1995/first wave of the study a month after television was introduced (1) this is a low sample size and reduces the representativeness of the results, limiting generalisation (1). • A standardised 26-item eating attitudes test was used to assess the eating behaviours of the girls (1), however self-reported data can be subjective, especially with sensitive issues such as eating behaviours, so the data may be unreliable (1). • An unstructured interview was used to gather qualitative data from the girls about their experiences of television (1). This would increase the validity of the conclusions as it reflects how the television and eating behaviours affect the participant as a whole (1) **Reichel et al (2014)** • 72 female adolescents and young adults were selected for the study (1) this is a good sample size for representativeness of females in the age range and allows generalisability to female adolescents and young adults (1). • All participants were informed about the voluntary nature of the experiment (1) which enabled participants to understand their right to withdraw, ensuring ethical considerations were upheld (1). • 36 pictures were selected from a total of 8,000 body photographs to present to a pilot sample of 100 volunteers for scoring (1) which reduces researcher bias in the final selection of the 16 photographs for the study (1). **Look for other reasonable marking points.**	

Question Number	Answer	Mark
4	**AO1 (2 marks)** Credit **one** mark for each accurate feature given. For example; • Images are generated from FDG concentration/levels in the brain (1). • PET scans can produce 3-dimensional images of the brain (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
5	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification in relation to scenario (AO2) Credit **one** mark for justification/exemplification of reliability (AO3) For example; • If Daichi's second diagnosis is also for schizophrenia, then it can be considered more reliable (1) because another clinician using the same ICD criteria and reaching the same diagnosis indicates his schizophrenia symptoms have been accurately assessed (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
6(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	$(O-E)^2$	$(O-E)^2/E$
Schizophrenia pseudo-patient	**Aggressive**	41	30.45	**10.55**	**111.30**	**3.66**
	Non-aggressive	13	23.55	**-10.55**	**111.30**	**4.73**
Anxiety disorder pseudo-patient	**Aggressive**	12	22.55	**-10.55**	**111.30**	**4.94**
	Non-aggressive	28	17.45	**10.55**	**111.30**	**6.38**
					chi-squared =	**19.71**

Question Number	Answer	Mark
6 (b)	**AO2 (1 mark)** **One** mark for correct answer • **2.71** **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
6 (c)	**AO3 (1 mark)** Credit **one** mark for correctly using data to justify significance. For example: • The calculated value of 19.71 exceeds the critical value of 2.71 so the difference is significant (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
7	**AO3 (3 marks)** Credit **one** mark for each accurate improvement suggested. For example: • To improve the ethics of the study Rosenhan could have gained consent from the management within the hospitals (1). • Rosenhan could have used hospitals in different countries to increase the generalisability of the results (1). • Observations could have been made of pseudo-patient experiences rather than just self-reported diaries to triangulate the data (1). **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
8(a)	**AO2 (4 marks)** Credit up to **four** marks for accurate description of practical procedure. For example: • Each member of the class found two sources of information about schizophrenia (1). One source was an article from a newspaper about schizophrenia the other was from a support organisation (1). The content was coded to identify common themes within the sources, such as 'negative stereotype' (1) and these tallied as quantitative data to show the dominant themes of the articles (1). **Procedure must relate to clinical practical (content analysis that explores attitudes to mental health).** **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
8(b)	**AO2 (2 marks)** Credit up to **two** marks for suitable conclusion(s). For example: • Personal accounts from people with schizophrenia issues emphasise feeling misunderstood by others (1) which newspaper articles reinforce by portraying negative attitudes towards schizophrenia (1). • Support group sources present a positive attitude to mental health issues (1). Popular media emphasises the negative stereotypes of mental health issues (1). **Conclusion(s) must relate to clinical practical (content analysis that explores attitudes to mental health).** **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
9(a)	**AO2 (1 mark)** Credit **one** mark for correct answer. • Combined therapy/drug and family therapy combined (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
9(b)	**AO2 (2 marks)** Credit up to **two** marks for accurate description. For example: • They may have believed this because for the first three weeks the patients with drug therapy and combined therapy both made the same level of progress (1) with the reduction of schizophrenic symptoms scores paralleling each other by decreasing by the same amount each week (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

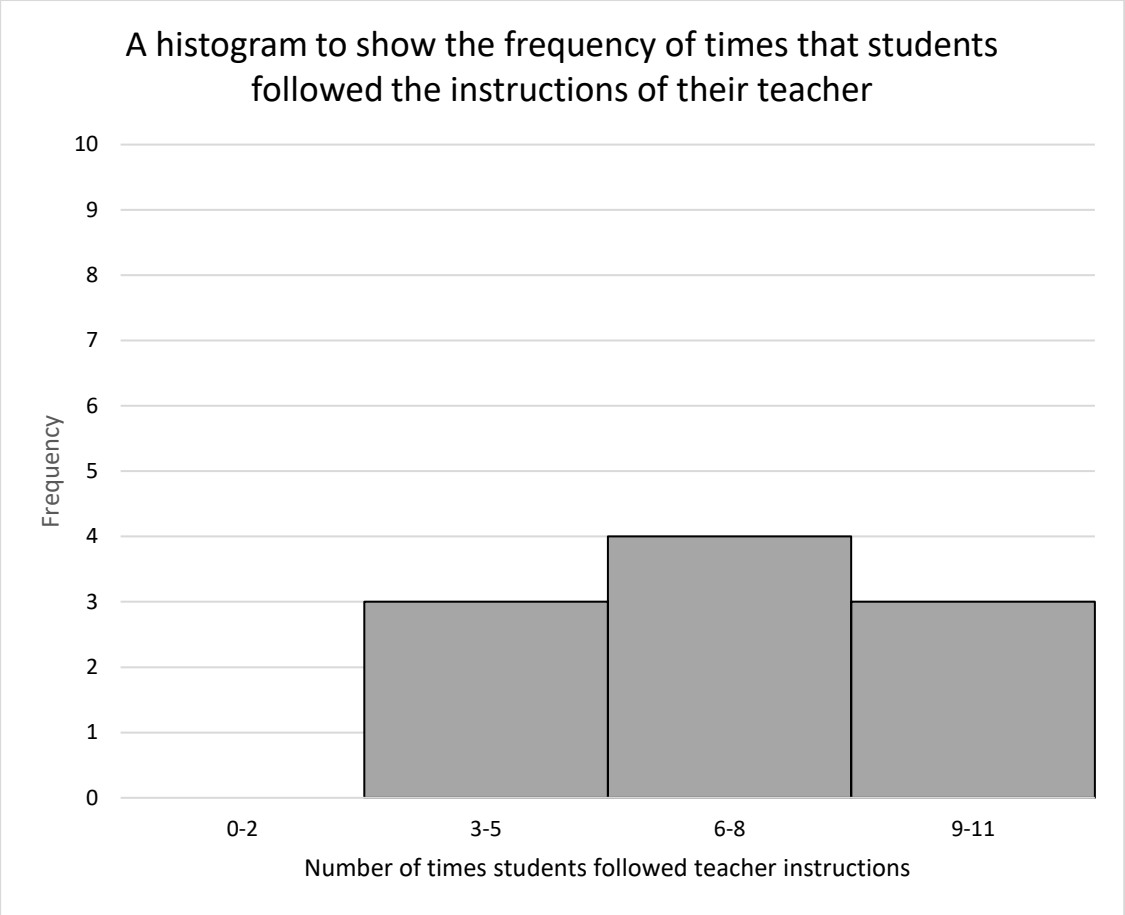
Question Number	Indicative Content	Mark
10	**AO1 (6 marks), AO3 (10 marks)** **AO1** • Criterion validity is when the DSM and ICD are used and diagnose the same disorder. • Predictive validity would mean that the outcome and progress of a disorder, such as response to treatments, can be predicted. • Construct validity is how well the operationalised diagnostic criteria can represent the nature of a disorder as a whole. • Cultural issues reflect the norms and values of different people and lifestyles that can account for how behaviours are viewed by others. • There are cultural differences in how disorders are perceived, for some religious groups hearing voices is a sign of speaking to god. • Cultural ideals and values can result in a greater likelihood of a particular disorder, such as anorexia nervosa. **AO3** • Cooper et al (1972) found New York psychiatrists twice as likely to diagnose schizophrenia than London psychiatrists, when shown the same video-taped clinical interviews, suggesting cultural difference. • Rosenhan (1973) found that all pseudo-patients were diagnosed with schizophrenia, however the pseudo-patients gave specific schizophrenia symptoms so indicates criterion validity. • Andrews et al (1999) assessed 1500 people with the DSM-IV and ICD-10, finding agreement in diagnosis for depression, substance dependence and anxiety, highlighting good criterion validity. • Kim-Cohen et al (2005) reviewed DSM-IV diagnosis of conduct disorder using several data collection methods and found the diagnosis was a valid representation of the children's experiences. • Lopez (1989) claims that trying to take cultural beliefs into account in diagnosis can lead to misdiagnosis if symptoms are considered to be cultural norms rather than symptoms. • Cultures view mental health differently, the Plains Indians may claim to hear dead relatives speak to them a be considered normal but in North America this would be a symptom of schizophrenia. • 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. • Malgady et al (1987) found linguistic and cultural differences in diagnosis, with clinicians of non-Hispanic origin rating symptoms as of Hispanic people less severe than Hispanic clinicians would do. • Eating disorders such as bulimia nervosa are more prevalent in western culture (up to 7.2% females) than in non-western cultures (up to 3.2% females), so culture affects more than just the diagnosis (Makino et al, 2004). **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
11(a)	**AO2 (2 marks)** Credit up to **two** marks for accurate description in relation to scenario. For example: • Elijah could have prepared specific closed questions to ask the interviewees about their experiences of flying, such as 'how many times have you flown?' (1) and also designed open-ended questions or prompts to encourage interviewees to give more detail about their experiences of flying, such as 'how do you feel as the plane takes off?' (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
11(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for identification of strength in relation to scenario (AO2) Credit **one** mark for justification of strength (AO3) For example: • Qualitative data can give a personal viewpoint of fear of flying such as a bad flight or seeing a plane crash on television (1) so qualitative data allows this in depth, more complex detail to be gathered about individual flying experiences making data more valid (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
11(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate suggestion. For example: • Elijah could categorise the content of each of the interviewee responses into common flying themes, such as 'being nervous' (1) he could then tally the occurrences of each theme in each interview to compare the data numerically for fear of flying (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
12	**AO2 (3 marks)** Credit **one** mark for appropriate **title**. Credit **one** mark for appropriate **labelling of axes**. Credit **one** mark for correct **plots**.  **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
13	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate comparison identified (AO1) Credit **one** mark for exemplification/justification of comparison (AO3) The answer must include at least one similarity and one difference. For example; • One difference is that field experiments are more reflective of real-life contexts than artificial laboratory experiments (1) as they are undertaken in a natural environment for participants rather than controlled, artificial settings where the context may be unnatural (1) • A similarity between field and laboratory experiments is they enable the researcher to establish cause and effect relationships (1) because in both the researcher can establish strong levels of control when they manipulate the independent variable and measure its effect on the dependent variable (1). • Participants in field experiments are less likely to know show demand characteristics than in controlled laboratory experiments (1) because they are usually unaware of the study whereas in laboratory setting participant are aware and this may lead to a change in behaviour to meet perceived aims of a researcher (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
14(a)	**AO1 (1 mark), AO2 (1 mark)** Credit **one** mark for an accurate reason identified (AO1) Credit **one** mark for application to the scenario (AO2) For example; • One reason is so participants only take part in one condition of the IV to reduce order effects (1), so the children only read the list of words once preventing them practising the word recall task (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.**	**(2)**

Question Number	Answer	Mark
14(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of weakness in relation to the scenario (AO2) Credit **one** mark for suggesting how/why this is a weakness (AO3) For example; • The sample of children were all from his local primary school so likely to come from the same location (1) which makes it unrepresentative of children in different areas and different cultures (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
14(c)	**AO3 (1 mark)** Credit **one** mark for appropriate improvement to task (AO3) For example; • Interference task could be over 30 seconds because the duration of short term memory is considered to be 15-30 seconds (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.**	**(1)**

Question Number	Indicative Content	Mark
15	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Social learning theory suggests learning occurs through the observation of others. • Role models are usually high status/admirable/similar to observer. • Individual differences in personality such as extroversion may better explain risk behaviours. • Biological explanations suggest smoking/alcohol use stimulates neurotransmitters. **AO2** • Movie star role models are consistently observable for adolescents to be able to pay attention and retain the behaviours they observe. • Movie stars are of high status to their fans which can encourage the modelling of their smoking behaviour. • Puberty may account for a biological trait for risk-taking, which is why most adolescents 'grow out of it'. • A predisposition to addictive behaviours may mean a role model is a trigger for increasing risky behaviour such as smoking. **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
16	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Reductionism means looking at the parts of something when studying it. • To test behaviour, it should be measurable, and smaller parts of the whole are measurable. • Holism is looking at the whole person which is the opposite of reductionism. • Reductionism provides explanations of parts of human behaviour ignoring the interactions between these parts. • Neurotransmitters are easily isolated for studies of the brain. • Holism considers the influences of experience/culture/socialisation on human behaviour. • Reductionism uses scientific methods such as PET scans. • Reductionism is a focus on the function of thought and behaviour, such as the function of monoamine as an explanation of depression. **AO3** • Brain scanning techniques can help explain human behaviour, such as Raine et al's (1997) brain scans of murders. • Atkinson and Shiffrin (1971) reduced human memory to an input output process, ignoring experiences and simplifying memory. • Bartlett (1932) viewed memory as a reconstructive process, accounting for a more holistic view of human memory processes. • Bandura, Ross and Ross (1961) claim aggression is learned therefore reducing it to biological hormones is an insufficient explanation. • Pavlov reduced human behaviours, such as phobias, to a stimulus-response pairing, ignoring other experiences. • Bowlby (1944) explained that attachment is an innate process necessary for emotional and social development that relies on complex interactions with carers. • Genetic explanations of schizophrenia reduce behaviour hereditary parts of biology, but evidence from Gottesman and Shields (1966) shows genetics are not the only factor. • Holistic views such as a psychodynamic approach have given rise to successful therapies that treat a person as a whole, suggesting holism reflects the complexity of behaviour better. • Successful drug treatments for mental health disorders come from studies of parts of the brain, so reductionist studies can still lead to effective treatment. **Look for other reasonable marking points.**	**(20)**

Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on evaluation/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) 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)
Level 5	17–20 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 and presents a balanced response, leading to an effective nuanced and balanced conclusion. (AO3)