GradeMax



Mark Scheme (Results)

October 2018

Pearson Edexcel International GCE
In Psychology (WPS04 01)
Paper 4: Clinical Psychology and Psychological Skills



Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications are awarded by Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk. Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk

October 2018
Publications Code WPS04_01_1810_MS
All the material in this publication is copyright
© Pearson Education Ltd 2018

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.

Clinical Psychology

Question Number	Answer	Mark
1(a)	**AO1 (2 marks)** Credit up to **two** marks for accurate description For example; • Secondary data is data that has already been collected by other people (1) such as articles, research studies or media (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(b)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength in relation to scenario (AO2) Credit **one** mark for justification of each strength (AO3) For example; • One strength is that secondary data does not require direct involvement of the individuals with schizophrenia in the research (1) meaning there would not be ethical issues of potential distress or harm being caused from direct research of drug treatment (1). • Another strength is that a greater sample of evidence about drug treatments for schizophrenia can be gathered from a range of sources (1) increasing the representativeness of any findings about the effectiveness of drug treatments for schizophrenia (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
1(c)	**AO1 (2 marks), AO2 (2 marks)** Credit **one** mark for accurate identification of similarity/difference (AO1) Credit **one** mark for accurate application to the scenario (AO2) For example; • Randomised controlled trials and interviews can adhere well to ethical guidance as participants are often aware they are taking part in both methods (1) participants can give consent to take part in an interview about treatments or for a drug treatment trial so they can also easily exercise a right to withdraw if they felt distressed (1). • Randomised controlled trials use a baseline control to give stronger evidence of cause and effect but interviews are usually retrospective so no baseline measure can be taken (1). RCTs could measure the effect of drugs against a group without drugs rather than just asking participants if they feel their drug treatments have helped compared to their experience before drug treatment (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2	**AO1 (3 marks), AO3 (3 marks)** Credit up to **three** marks for accurate identification of findings (AO1) Credit up to **three** marks for accurate analysis (AO3) **Unipolar depression** For example; **Hans and Hiller (2013)** • Their findings suggested that routine CBT for outpatients with depression is effective (1). Therefore, clinical psychologists can provide patients with more effective treatments that will help reduce the symptoms of depression (1). • Their evidence suggested that effectiveness is maintained for at least 6 months after the completion of therapy (1) so follow-up of treatment programmes should be made within 6 months to maintain the effectiveness long term (1). • There is a high dropout rate for CBT with every fourth person on average dropping out before completion (1) which may aid practitioners in monitoring patients but does not provide an answer about why there is high dropout (1). **Ma, Quinn and Liu (2014)** • Negative core self-evaluation on aspects like self-esteem negatively affected depression (1). Therefore, it shows that treatments of depression should also target an increase in self-esteem to increase likelihood of success (1). • Positive core self-evaluation results in an increased likelihood of seeking social support (1) which would not aid treatment of depression as it does not provide evidence about why some patients have high or low self-evaluation scores (1). • They reviewed an individuals' perception of social support (1) which does not provide understandings of whether or not actual or experienced social support aids recovery in depression (1). **Cont'd**	**(6)**

2	**Cont'd** **Anorexia Nervosa** For example; **Becker et al (2002)** • A prolonged exposure to television over 3 years increased induced vomiting to lose weight (1). Therefore, this increases our understanding anorexia nervosa and possible connections to media influence (1). • 83% of participants claimed that television had influenced them or their friends to change their body shape/weight (1) which has previously been studied in psychology so adds further depth to the knowledge of TV influence on body image (1). • A reported attitude change towards diet, weight loss and body ideals was linked to Western media (1) highlighting that treatments for anorexia nervosa may need to include developing a person's understanding of media imagery not just targeting their emancipation (1). **Reichel et al (2014)** • They suggested that emancipated body images were appealing to patients with anorexia nervosa (1). However, this does not explain whether this is a cause or result of the mental health disorder so does not fully aid treatment or understanding (1). • Little difference between reactions to emancipated and ideal body images suggested that the role-model function of mass media may not be influential (1) so treatments for anorexia nervosa should focus on the desire for extreme weight loss rather than body image desire, which may increase the effectiveness of treatments (1). • Emancipated body images evoked automatic appetitive reaction in patients with anorexia nervosa, but automatic aversion reaction in others (1) suggesting that understanding of anorexia nervosa requires consideration of biological and innate responses to better explain causation (1). **Look for other reasonable marking points.**	

Question Number	Answer	Mark
3(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of testing validity (AO1) Credit **one** mark for justification/exemplification of validity (AO3) For example; • The DSM has been tested for predictive validity where a diagnosis has been made and the expected symptoms have then persisted long term (1). Lahey et al. (2015) studied DSM-IV diagnosis of ADHD at 4 to 6 years old, where the symptoms and associated impairments persisted into elementary school (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(b)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of testing reliability (AO1) Credit **one** mark for justification/exemplification of reliability (AO3) For example; • The DSM has been tested for inter-rater reliability where different clinicians have consistently diagnosed the same condition in a patient (1) as shown by Brown et al. (2001) who tested the DSM-IV for mood and anxiety disorders finding that independent interviewers came to the same diagnosis (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4	**AO1 (3 marks), AO3 (3 marks)** Credit up to **three** marks for accurate identification (AO1) Credit up to **three** marks for justification (AO3) At least one similarity **and** one difference is required for full marks. For example; • Neurotransmitter explanations claim that dopamine levels cause schizophrenia whereas genetic explanations tend to just suggest an increased familial risk not direct cause (1). The dopamine hypothesis may have better application to treatments as it can help to refine drug treatments which are practical and easily administered, whereas genetic theories would require gene therapy treatments, which are not as easily administered (1). • Genetic explanations can more easily enable predictions of risk of onset for individuals than attempts to identify or monitor dopamine levels in individuals (1). Family members share the same genetics and familial medical histories are often known helping to determine initial risk factors, whereas an imbalance of the neurotransmitter dopamine is less practical to test for predicting the onset of schizophrenia (1). • Neither the role of dopamine nor the genetic explanations are conclusive, so they are not complete explanations as they do not account for the social factors affecting the onset of schizophrenia (1). Krystal et al. (2005) found that amphetamine drugs increased dopamine concentration resulting in just positive symptoms not negative one, also Gottesman and Shields (1966) did not find 100% concordance rate between twins developing schizophrenia, so neither explanation can fully explain schizophrenia (1) **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
5(a)	**AO2 (1 mark)** Credit **one** mark for a correct answer • 7:1 **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
5(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate use of the data (AO2) Credit **one** mark for justification of the conclusion (AO3) For example; • The data shows 12 participants have relapsed within three months and 7 of these are between two and three months (1) showing Jagdeep is not accurate in her conclusion as there is a higher risk of relapse between two and three months of treatment than in the first two months (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
5(c)	**AO2 (2 marks), AO3 (1 mark)** Credit up to **two** marks for accurate use of the data (AO2) Credit **one** mark for justification (AO3) For example; • The data shows that 14/16 (87.5%) participants relapsed when having drug treatment alone (1) compared to 16/25 (64%) participants who had combined drug treatment and family therapy (1). Therefore, combined therapy has a 23.5% lower relapse rate making it more successful, so it is a more effective treatment programme for schizophrenia (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(3)**

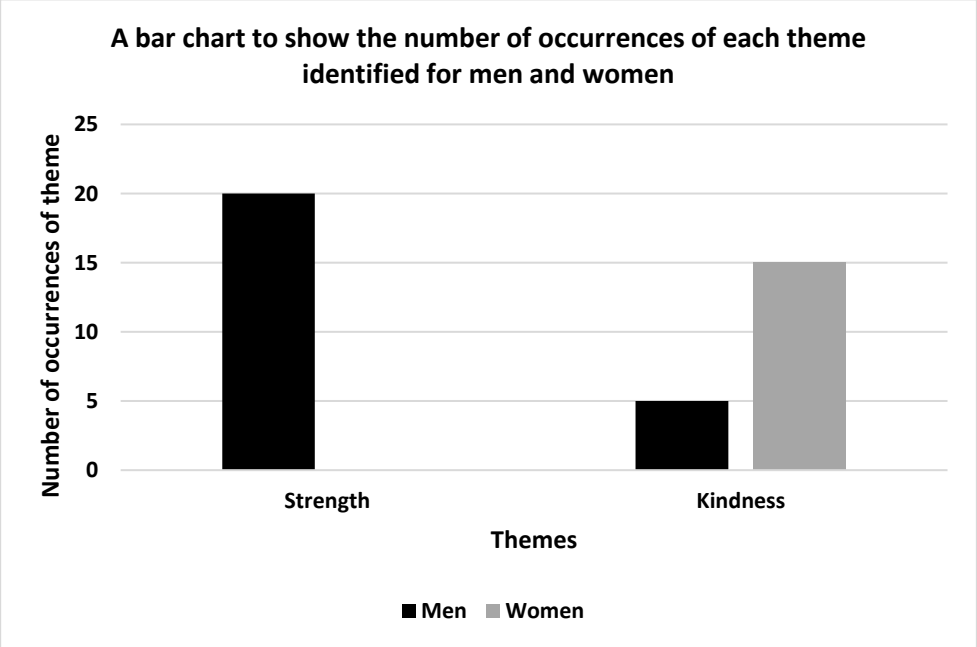
Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **AO1** • A volunteer sample of eight sane people were used as confederate observers and contained a total of three women and five men. • The pseudo-patients included a psychology graduate student, three psychologists, a paediatrician, a psychiatrist, a painter, and a 'housewife'. • The study was conducted in 12 hospitals in several states of the USA, including state and private care facilities. • The hospitals and staff who did not know that pseudo-patients were in the hospital, except for when Rosenhan was a pseudo-patient. • The pseudo-patients made notes of their observations in written records and diaries that documented their experiences on the psychiatric wards. • Findings showed pseudo-patients experienced depersonalisation and powerlessness, and a lack of privacy. **AO3** • There is a lack of generalisability to the experiences of the wider population of patients in psychiatric institutions because the confederates did not represent those with mental health conditions. • There could have been specific/bias reasons for the psychologists volunteering to take part which decreases the objectivity of their data about institutions and patient experiences. • The study is generalisable to other psychiatric hospitals of the era as it suitably represents a variety of psychiatric care in the USA at that time. • There is high ecological validity as the hospitals were real life settings and represented how psychiatric care took place for real patients. • There was a lack of informed consent from hospital staff as they did not know they were participating in a study and being observed. • Hospitals/staff were deceived by pseudo-patients but this was necessary to prevent demand characteristics so data is reliable and valid. • The pseudo-patient reports could have been affected by their emotions so the data gathered would have been subjective and could be unreliable. • Detailed notes by the pseudo-patients gives validity to the data about experiences as they documented how they were treated and how they felt. • Findings could be applied to hospital procedures in 1970's to improve the treatment of patients in psychiatric institutions, such as maintaining dignity and privacy. • The findings were important in highlighting the role of the context as a factor that should be considered in schizophrenia diagnosis/ treatment. **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)

Psychological Skills

Question Number	Answer	Mark
7(a)	**AO2 (1 mark)** Credit **one** mark for a correct answer • 75% **Reject all other answers.**	(1)

Question Number	Answer	Mark
7(b)	**AO2 (1 mark)** Credit **one** mark for a correct answer • ¼ **Reject all other answers.**	(1)

Question Number	Answer	Mark
7(c)	**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
7(d)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength in relation to scenario (AO2) Credit **one** mark for justification of each strength (AO3) For example; • Ferdinand's thematic analysis will use actual sports reports that have been written about sports men and women (1) so the findings will have high generalisability to representations of men and women, and gender bias in media sports reports (1). • Sports reporters would not be aware that their articles were going to be used in a thematic analysis so will be writing about men and women in their usual way (1) which means the data analysed has not been confounded by any social desirability of the writer (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
7(e)	**AO2 (4 marks)** Credit up to **two** marks for each accurate description in relation to scenario For example; • Ferdinand could use inter-coder reliability by asking another researcher to code the articles (1) to compare the gender bias themes identified in the content of the media articles (1). • Ferdinand can use a single-blind technique for article selection (1) and ask other researchers to select sports articles for him to code (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
8(a)	**AO2 (1 mark)** Credit **one** mark for a correct answer • 18 **Reject all other answers.**	(1)

Question Number	Answer	Mark
8(b)	**AO2 (1 mark)** Credit **one** mark for a correct answer • 2 **Reject all other answers.**	(1)

Question Number	Answer	Mark
8(c)(i)	**AO2 (4 marks)** Credit **one** mark for correct completion of **difference** Credit **one** mark for correct completion of **ranked difference** Credit **one** mark for a correct calculation of **sum of both ranks** Credit **one** mark for a correct answer for **T=**	(4)

Participant	Condition A	Condition B	Difference	Ranked Difference
A	5	8	**-3**	**4.5**
B	9	11	**-2**	**2.5**
C	11	10	**+1**	**1**
D	6	10	**-4**	**6**
E	4	9	**-5**	**7**
F	11	11	**0**	**-**
G	8	10	**-2**	**2.5**
H	6	9	**-3**	**4.5**

- **Sum of positive ranks = 1; Sum of negative ranks = 27**
- **T=1**

Look for other ways of expressing correct answer.

Question Number	Answer	Mark
8(c)(ii)	**AO2 (1 mark)** Credit **one** mark for a correct answer For example; • The calculated value of T=1 is less than then the critical value of 3 so the result is significant. **Look for other reasonable marking points.**	**(1)**

Question Number	Indicative Content	Mark
9	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Aggression more often occurs in males than females, which is usually attributed to the male sex hormone testosterone. • Prejudice is making a negative judgement of another person based on a perceived difference or characteristic. • Social learning theory suggests that aggression can be learned through the imitation of role models. • Social power theory suggests that leaders of groups may have a coercive or referent power over their groups. **AO2** • Football crowds tend to consist of mostly males, understanding testosterone helps explain behaviour but not prevent it, so aggression cannot be reduced. • Football matches encourage competition between teams for material gain, such as a trophy, so Sherif et al. (1954/1961) can explain how each team's fans form prejudiced in-groups and out-groups, but aggression cannot be reduced unless the competition is removed. • Crowds may see other fans as role models and imitate their behaviour and join in the aggressive behaviour for vicarious reinforcement of status or respect, so aggression can be reduced by increasing positive role models at football matches. • Crowds of football fans may see one other fan as having authority so behave aggressively due to the leader's power or status, therefore police presence is likely to be seen as more authoritative and reduce aggressive crowds. **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), AO3 (12 marks)** **AO1** • Social control is regulating other people's behaviour so they comply to social norms/values/beliefs/rules. • Social control can be a conscious decision by those in power to elicit behaviours they see or feel are desirable. • Understanding factors affecting obedience can help reduce atrocities like genocide, but can also give insight into how to control others. • Determining what behaviour is acceptable in society can remove individual decision making from those in vulnerable positions. • Some biological explanations see behaviour as pre-determined, which categorises individuals as inherently different. • Holism in psychology would suggest that individual behaviours are a result of many factors and all these cannot be socially controlled. • Psychology has contributed to treatments for mental health which has helped individuals and given them more individual control. • Understanding the media role in aggressive behaviour enables positive control in media content such as PEGI age restrictions on games. **AO3** • Skinner claimed that operant conditioning increases desirable behaviours and decreases undesirable behaviour, this gives control to those who know how to use rewards and punishments. • Milgram (1963) showed that authority figures can elicit control over others to commit actions they would not normally do, leading to individuals following the orders of those in power. • Moscovici (1969) showed that a minority could influence a majority, so those in power may not have full social control over individuals where there is dissent from a consistent few. • Mental health disorders such as drapetomania could be considered a way to control slaves through diagnosis of abnormality if they had a desire to escape, legitimising control over a vulnerable group. • Rosenhan (1973) found that a diagnosis of schizophrenia led to pseudo-patients losing their basic rights and being controlled in psychiatric institutions, resulting in unwanted behavioural constraint. • Zimbardo (1989) found guards became violent and prisoners became more damaged and withdrawn, so role conformity can explain exerting social control over powerless groups by those in positions with control. • The effect of neurotransmitters has reduced misunderstandings of mental health so patients can lead better lives instead of being locked away or mistreated, so this gives control to the person not clinician. • Bastian et al. (2011) highlight how violent video games reduce humanity in individuals which helps control and censor video game content and age ratings as a benefit to society to reduce aggression. • Social learning theory suggests that positive role models in the media, for example showing helping behaviours or altruism, could motivate others to behaviour in ways that are considered acceptable or beneficial to society, as such is using knowledge for positive outcomes not control. **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)

Pearson Education Limited. Registered company number 872828
with its registered office at 80 Strand, London, WC2R 0RL, United Kingdom