GradeMax



Mark Scheme (Results)

October 2019

Pearson Edexcel International Advanced Subsidiary In Physchology (WPS04) Paper 1: 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.

CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description For example; • Disordered thinking is when a train of thought becomes muddled and confused (1) with sufferers often giving irrelevant or random points during speech (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks), AO3 (2 marks)** Credit up to **two** marks for accurate identification of function (AO1) Credit up to **two** marks mark for justification/exemplification of function (AO3) For example; • The number of neurotransmitter receptors for dopamine have been found to be higher in schizophrenic patients, increasing the reuptake of dopamine (1) supported by Wong et al. (1986) who carried out PET scans on schizophrenic patients finding an increased density of dopamine receptors (1). • Dopamine regulates perception, cognition and attention in the pre-frontal cortex with higher levels over-exciting these brain functions (1) which Kapur (2003) suggests can result in a stimulus being more noticeable/salient to the sufferer which can give it more meaning/aberrant salience resulting in delusions and hallucinations (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way (AO1) Credit **one** mark for justification/exemplification of each way (AO3) For example; • A patient with schizophrenia can attend family therapy sessions with family members and/or caregivers for support (1). Pharoah et al (2010) found a positive impact on patient recovery, a reduction in relapse and improved social functioning as a result of family therapy (1). • Family therapy can increase family members knowledge of schizophrenia which helps them understand the symptoms and reduce relapse (1). Vaughn and Leff (1976) found that the chance of relapse was 6% in a family without misunderstanding and negativity compared to 47% relapse in families with negativity (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2	**AO1 (4 marks)** Credit up to **four** marks for an accurate description (AO1) For example; • Rosenhan used a total of three women and five men, who were all sane, for the eight confederates that assumed the role of pseudo-patients which included Rosenhan himself (1). Each pseudo-patients telephoned a hospital for an appointment, and when at the admissions office they gave one symptom of hearing an unfamiliar same sex voice saying 'empty', 'hollow', and 'thud' (1). When admitted to the psychiatric ward the pseudo patients stopped simulating any symptoms of abnormality and behaved and spoke ordinarily (1). Pseudo-patients made observations while on the ward about their experiences in the mental health institutions and how the staff treated patients (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
3	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of each strength (AO3) For example; • Consideration is given to Bryony's usual daily functioning so will consider behaviour such as not washing herself within her normal context before it is determined to be abnormal (1). This allows for individual differences to be included in any judgements of behaviour, so they are a more valid determination of Bryony's functioning (1). • Indications of failure to function adequately, such as not eating for two days and going to work in pyjamas, can result in practical help regardless of how long the symptoms have been evident (1). This helps Bryony receive early intervention from her Doctor to help her function daily, which is often quicker than awaiting a full clinical diagnosis (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
4	**AO2 (6 marks)** Credit up to **six** marks for an accurate procedure in relation to the scenario (AO2) For example; • Andreas could select participants who have been diagnosed with schizophrenia but are not yet undertaking a drug treatment programme (1). He would need ethical approval to have a control group without drug treatments to measure against as this deprives patients of medical interventions (1). Andreas could review patient case histories to score the severity of symptoms prior to drug treatment as a baseline measure for improvements (1). Someone other than Andreas would randomly allocate the participants to two drug treatment groups where neither Andreas or the participants would know which drug they were taking (1). One group could receive the new drug treatment for 10 weeks and the other group could receive a placebo drug treatment for 10 weeks (1). Andreas could record the success of each drug treatment by recording the severity of symptoms in the five weeks following the end of the trials (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
5	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way (AO1) Credit **one** mark for justification/exemplification of each way (AO3) For example; • The HCPC standards require practitioners to regulate their own actions in their daily practice and contact with patients (1) so practitioners are following standards effectively at all times which ensures overall clinical practice is of a high standard (1). • The HCPC standards require practitioners to be registered with the Council and abide by the standards to remain on the register (1) so that patients can check the status and professional registration of the practitioner offering treatment to be sure they are fit to practice (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
6	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each improvement (AO2) Credit **one** mark for justification/exemplification of each improvement (AO3) For example; • We could collect more than two sources for analysis from a wider range of media outlets for a larger sample (1). This would increase the representativeness of our findings to show how other sources of media, such as television, represent attitudes to mental health (1). • We could ask individuals not involved in the practical to select the articles we would use for analysis (1). This means the source selection will not be influenced by our own understanding of mental health so increases the objectivity of source selection (1). **Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Indicative Content	Mark
7	**AO1 (6 marks), AO3 (10 marks)** **AO1** • Height and bodyweight were measured to calculate BMI. • Nutritional status was operationalised using measures such as fasting plasma glucose (FPG) levels • 333 inpatients diagnosed with schizophrenia using the DSM-IV-TR, all aged between 16 and 80 years old. • Patients were from nine psychiatric hospitals in Niigata Prefecture, Japan. • Participants were matched on age and sex with a control group of 191 healthy volunteers. • BMI and nutritional status of patients with schizophrenia and the control group was compared. • Any physical illness or changes in drug therapy were controlled for and these patients were removed from the study. **AO3** • BMI is an objective measure of nutritional status as it is calculated based on physical evidence so is not influenced by the researcher's judgement of underweight or obesity. • The use of BMI measures gives an accurate and consistent comparison point between schizophrenic inpatients and the general population to measure nutritional status increasing internal validity. • Operationalising the measurement of nutritional status by using empirically testable, objective measures gives the study credible scientific status. • The large sample of 333 inpatients with a wide age range has good representativeness of inpatients with schizophrenia in Japanese hospitals, increasing generalisability of findings to this target group. • The sample was not representative of cultural differences in nutritional status for patients with schizophrenia as it did not include patients beyond Japan. • The nine hospitals may not represent the treatment of all patients in Japan, therefore the findings of the study are limited to the hospitals in Niigata Prefecture and not all areas of Japan. • The use of a matched control group gives baseline comparisons stronger credibility as Suzuki et al. (2014) were comparing their group with similar individuals. • Controlling for variables such as drug treatment changes increases the internal validity as Suzuki et al. (2014) can be sure they are testing the link between schizophrenia and nutrition and not side effects of new drugs. • The results for underweight in schizophrenic patients are consistent with results found by Kitabayashi et al. (2006) who also found higher rates of underweight in schizophrenic patients, giving the study higher reliability. • The study has practical value for treatments and support for schizophrenic patients in Japan to improve their nutritional physical health as well as their mental wellbeing during hospital stays. **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
8(a)	**AO2 (1 mark)** Credit **one** mark for accurate identification • Independent groups design (1). **Look for other reasonable ways to express answer.**	**(1)**

Question Number	Answer	Mark
8(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of strength in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of strength (AO3) For example; • A random sample of employees would ensure every employee in the workplace had an equal chance of selection (1). This can eliminate researcher bias as Marco could not select employees whom he knew the characteristics of to skew the findings to meet the aim of his investigation (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
8(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of each weakness (AO3) For example; • The operationalisation of helping and not helping is subjective as each manager may interpret this differently (1). This reduces the accuracy of the findings as they may not represent a valid test of positive reinforcement or positive punishment on helping behaviour at work (1). • Marco would not be able to be present to observe every time an employee helped another employee and tally the behaviour (1). This decreases the reliability of his results as not every incident of helping or not helping is being recorded for analysis (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

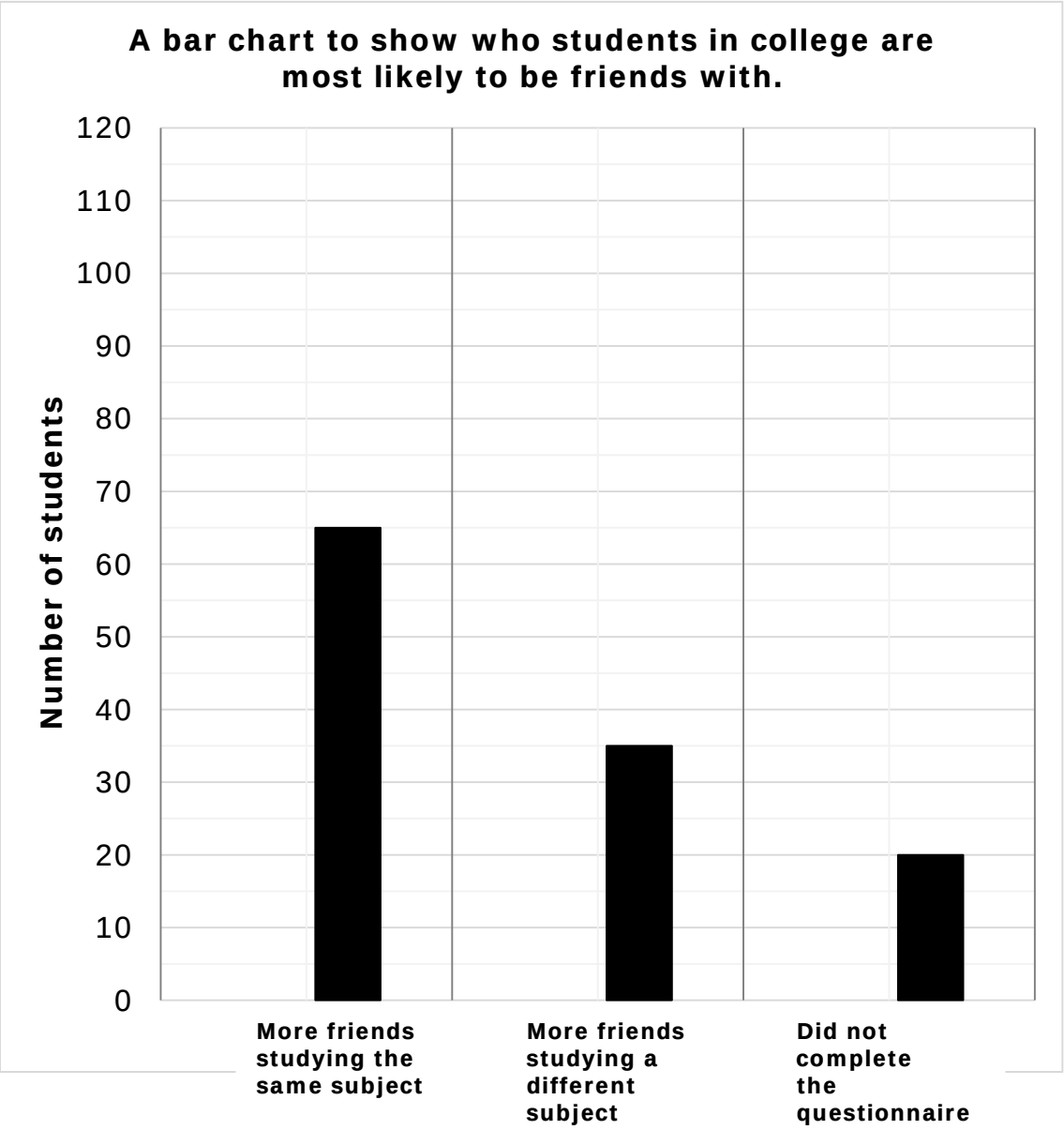
Question Number	Answer	Mark
9(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate suggestion in relation to the scenario For example; • A correlation method can look for a relationship between violent video games and behaviour in adulthood by sampling adults at just one point in time (1) which is less time consuming than following participants over a longitudinal time frame from childhood to adulthood to look at their violence as adults (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
9(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 justification/exemplification of weakness (AO3) For example; • A correlation will only show Kathryn if there is a relationship between video games in childhood and aggressive behaviour as an adult (1) but her findings will not show whether one causes the other as there could be other variables influencing aggressive behaviour (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
9(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario For example; • A spearman's rank would be used because the number of recorded offences and games played is at least ordinal data (1) and there are related scores of violent video games and aggressive offences from the same individuals (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
10(a)	**AO2 (1 mark)** Credit **one** mark for a correct answer • 16.67% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
10(b)	**AO2 (1 mark)** Credit **one** mark for a correct ratio • 13:7 (1). **Look for other reasonable ways to express answer.**	**(1)**

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

Question Number	Answer	Mark
10(d)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate use of the data (AO2) Credit **one** mark for appropriate conclusion (AO3) For example; • Over half (65%) of the 100 college students who responded have friends studying the same subjects (1) therefore college students show a preference for friendships with students who have similar interests (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Indicative Content	Mark
11	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Working memory consists of the phonological loop where auditory information is processed, such as words and sounds. • The central executive is responsible for delegation of tasks to different subsystems and any deficit results in delayed processing. • Evidence for the components of working memory has come from PET scanning suggesting specific brain locations for processing. • Skinner claimed language develops because of operant conditioning during conversational attempts. **AO2** • Interventions suggested by Alloway et al. (2009) can improve capacity in the phonological loop for auditory information so they could help children with dyslexia. • The central executive has limited evidence so interventions to improve processing speed and capacity may not work. • Findings about brain functioning by Boets et al. (2012) link to PET scanning evidence found for working memory, so interventions would not help with dyslexia. • Interventions that reward and praise children's use of language, such as a token economy, may work better to encourage children with dyslexia in developing their reading and writing skills. **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
12	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Practical issues focus on the methodology used in psychological research. • When designing research, the researcher should consider if the research is to explore a topic descriptively or to test a hypothesis. • Researchers must consider the variables they are testing and operationalise these in the research design. • Researchers have to consider the participant sample in relation to what they are studying and how to access representative participants. • Psychologists need to consider whether to gather quantitative or qualitative data about their research aim. • When implementing their research psychologists should follow the appropriate ethical requirements for human or animal participants, such as the BPS or Scientific Procedures Act. • The generalisability of animal research into human behaviour should be considered in the design of research that uses animal participants. • To avoid researcher bias they can plan for single-blind or double-blind procedures if this can be met in the implementation of the study. **AO3** • The nature of research can determine methodology decisions, such as an experimental method to look for cause and effect, this is an important practical issue as it increases the validity of the research. • Bartlett (1932) used stories and images in his research, highlighting the practical consideration of real life memory to increase research validity. • It is important to fully operationalise variables in order to have clear and objective measures of the topic being studied, for example Milgram (1963) measured voltage consistently in all his variations. • To represent a target group a stratified sample could be used but this can be impractical due to time, money and access to matched participants. • Access to a sample may limit the researcher such as in Raine et al. (1997) who had a gender split that did not fully represent proportions of female to male murderers, so it may be important to continue with research even if the sample is not as generalisable as they would like. • Quantitative data can increase the reliability of the research as it can be replicated and retested, thus adding credibility. • Qualitative data can increase validity of research to reflect real experience, such as diary entries by the participants in Rosenhan (1973) which is important when looking at personal experiences of mental health. • Ethics may be balanced against the 'greater good' of outcomes, although this is not always well considered such as Watson and Rayner (1920) who caused distress, so it is important to consider ethical issues. • The use of animals can be generalised as they share similar brain structures, so where the use of humans is impractical the participants can be replaced with animals such as rodents to research a topic. • The practical design of a study may limit the reliability of the findings, for example Van iJzendoorn and Kroonenberg (1988) did a meta-analysis but cannot be sure of the design and implementation of the original research. **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)