GradeMax



Mark Scheme (Results)

January 2020

Pearson Edexcel International Advanced Subsidiary In Psychology (WPS04) Paper 01 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

January 2020
Publications Code WPS04_01_MS_20200305
All the material in this publication is copyright
© Pearson Education Ltd 2020

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 **one** mark for each accurate symptom stated For example; • Hallucinations (1) • Delusions (1) **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(b)	**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; **Genetics** • Family members can look out for any early indications of symptoms as they can be made aware that they have an increased risk of developing schizophrenia (1) as Gottesman (1991) found that there was a 48% chance of having schizophrenia if a person had a MZ twin with schizophrenia (1). • Understanding genetic mutation can help to explain causes of schizophrenia in people where there is no previous family history of the disorder (1) as Walsh et al (2008) found evidence for rare copy number variation (CNV) genetic mutation in patients with no family history of the disorder (1). **Brain structure** • Brain structural differences in schizophrenia such as ventricular enlargement can be empirically detected with MRI scans (1) which adds scientific credibility to the research supporting explanations of brain structural differences in schizophrenic patients (1). • Locating brain structural differences can help with understanding how brain regions and structures can cause specific schizophrenic symptoms (1). Barta et al (1990) found that smaller superior temporal lobe volume is associated with auditory hallucinations in schizophrenia (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(c)	**AO1 (6 marks)** Credit up to **six** marks for accurate description For example; • The number of neurotransmitter receptors for dopamine are thought to be higher in schizophrenic patients, increasing the reuptake of dopamine (1). Dopamine plays a role in processes of perception, cognition and attention in the pre-frontal cortex with unregulated levels over-exciting these brain functions (1) which can result in a stimulus being interpreted with more meaning than it has which can be associated with hallucinations (1). Carlsson et al (1999) suggest that the glutamate hypothesis expands on the dopamine hypothesis with both neurotransmitters being involved in schizophrenia (1). Reduced uptake of glutamate at the NMDA receptor has been associated with the psychotic symptoms associated with schizophrenia (1), these are involved in regulating dopamine, so the dopamine deficits in schizophrenia may be because of glutamate dysfunctions (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
2(a)	**AO1 (2 marks), AO3 (2 marks)** Credit up to **two** marks for an accurate identification (AO1) Credit up to **two** marks for justification/exemplification (AO3) For example; • Diagnosis can be considered valid as the DSM and ICD have criterion validity when they are both used and diagnose the same disorder (1) This is shown by Andrews et al. (1999) who found agreement in diagnosis in 1500 people for depression, substance dependence and anxiety, using the DSM-IV and ICD-10 (1). However, differences in interpreting symptoms can reduce the construct validity of operationalised diagnosis criteria which reduces validity of diagnosis (1). Cooper et al. (1972) reported that New York psychiatrists are twice as likely than London psychiatrists to diagnose schizophrenia when shown the same video-taped clinical interviews, so criteria may not be objectively interpreted (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(b)	**AO3 (2 marks)** Credit up to **two** marks for justification For example; • The DSM V has greater cultural sensitivity because there is updated criteria to reflect cross-cultural variations in the presentation of symptoms (1). There is also a clinical formulation interview guide that includes cultural questions, so clinicians can assess the cultural factors influencing a patient's own perspective of their symptoms (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(a)	**AO2 (4 marks)** Credit up to **four** marks for an accurate procedure in relation to the scenario For example; • Kane can observe inpatient behaviours and interactions of the patients as they undertake their daily routines (1). He can tally the number of times each patient speaks to another patient or a member of the medical staff (1) and make detailed notes of the things inpatients do, such as activities or leisure time (1). He could have pre-determined behaviours that he ticks each time he sees an inpatient behaving that way, such as smiling, crying, arguing or asking for help (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
3(b)	**AO2 (1 mark)** Credit **one** mark for an accurate question in relation to the scenario For example; • How many hours per day does your family member spend alone on the ward? Less than 2 hours/ between 2 and 4 hours/ more than 4 hours (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
3(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of an ethical weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Medical records may contain historical health information about the inpatients that should not be disclosed to Kane as it does not relate to their experiences in the hospital (1) which goes against the BPS code of conduct (2009) as it breaches the rights of the inpatients to have their privacy maintained during research (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(d)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • The medical records have been written and updated by the nurses and doctors on the ward who may subjectively interpret inpatient behaviour with bias towards an eating disorder (1) as in Rosenhan (1973) who found pseudo-patient histories were recorded with a bias that supported a diagnosis of schizophrenia (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4(a)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification in relation to the scenario (AO2) Credit **one** mark for justification/exemplification (AO3) For example; • The symptoms of Noah's schizophrenia can be inhibited by the drugs and reduce the chances of Noah having a relapse (1) as Emsley (2008) found that the antipsychotic drug risperidone, administered early in the course of schizophrenia, gave high remission rates and low relapse rates (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4(b)	**AO2 (3 marks)** Credit up to **three** marks for accurate description in relation to the scenario For example; • Noah will attend counselling/therapy sessions with his family members, so they are involved in the process of Noah's treatment plan (1). This will help his family manage any environmental, social and emotional issues that Noah may need support with, such as attending his medical appointments (1). His family will be able to better understand his schizophrenia and the triggers for his symptoms, so they can work with Noah throughout the course of his disorder (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(3)**

Question Number	Indicative Content	Mark
5	**AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)** **AO1** • An internet search for sources can be conducted using a standard search engine. • A content analysis focuses on the words, images or audio material presented in different sources of information. • Categories of words or concepts can be pre-determined based on previous research and theories in the field being studied. • A content analysis can look at how the media are presenting the issue of mental health to the general public. • Secondary data could be considered time-locked as it can only represent the attitude or opinion at that point in time. • The use of historical sources can help demonstrate how an attitude or opinion has changed over a period in time. **AO2** • The three sources we found came from the same news media site and were both 3 pages long (approximately 800 words). • We decided on categories of words and concepts that represented positive and negative attitudes to mental health and counted these in the sources. • Each class member coded the articles and we then came together to discuss the coding and agree any differences in the application of the coding. • We counted the words and concepts that indicated positive and negative attitudes to mental health and found that there was an imbalance towards portrayal of mental health as negative, often suggesting patients are dangerous. **AO3** • As our practical was focusing directly on sources produced for the news website it has validity as it represents real reports about mental health. • It took a lot of time to categorise the data in the sources, so a content analysis of this nature may only be suitable for a small number of articles and sources. • There was subjectivity when each person was doing their analysis they made decisions about what concepts suitably fits into each category. • The content analysis was considered ethical as the sources were in the public domain for anyone to access, though our findings may affect people indirectly. • The practical can be replicated because we recorded how it was done and what words or concepts were considered to fit in each category, so it can be retested. • The coding categories themselves are culture-bound as they represent a specific moment in time of Spanish culture, so generalising our findings to attitudes to mental health in other cultures may be problematic. **Look for other reasonable marking points.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(16)**

Level	Mark	Descriptor
AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer. Application to the context is capped at maximum 4 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques & procedures). (AO2) 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) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques & procedures). (AO2) 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) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques & procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) 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) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
6(a)	**AO2 (1 mark)** Credit **one** mark for correct calculation • 36% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
6(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification in relation to the scenario (AO2) Credit **one** mark for justification/exemplification (AO3) For example; • Zoe could ask participants to record the actual time they spend on social media and talking face to face with friends over a week (1). This would increase the accuracy of the data she gathers as the estimations of time rely on people being able to judge timeframes which they may not be fully able to do (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
6(c)	**AO2 (1 mark)** Credit **one** mark for accurate identification of type of correlation For example; • Negative correlation (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
6(d)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate use of the data (AO2) Credit **one** mark for accurate conclusion (AO3) For example; • As the time on social media decreases, the time spent talking with friends increases (1) so, friends see each other more when they are not users of social media (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario For example; • Orla needs to follow the same children over a long-time period to observe their individual emotional development (1) and record the changes in their emotional skills each year on the tasks she gives them to find a pattern (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(b)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate comparison point identified (AO1) Credit **one** mark for exemplification of comparison (AO3) At least one similarity **and** one difference are required for full marks. For example; • Longitudinal research follows the same participants whereas cross-sectional research uses different participants (1) so cross-sectional research can be affected by variables between the participants unlike longitudinal research where the participants sample remains the same (1). • Both can be used to research developmental issues or changes over a life span (1) as a cross-sectional method can use participants of increasing ages and stages of life and longitudinal methods follow the participants through those stages of life (1). • Cross-sectional research can be conducted in a shorter timeframe than longitudinal research which takes longer (1) making it a much quicker method of gathering comparative data about topics than following participants long term (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
8(a)	**AO2 (4 marks)** Credit **one** mark for correct completion of **column** $(x-\bar{x})^2$ Credit **one** mark for correct calculation of **sum of differences²** = **9.2** Credit **one** mark for correct calculation of **dividing the sum of the differences² by (n-1)** = $\frac{9.2}{4}$ **= 2.3** Credit **one** mark for correct answer **standard deviation** $\sqrt{2.3}$ = **1.52** For example;	**(4)**

Participant	**Score (out of 5) for severity of impact on family relationship**	$(x-\bar{x})$	$(x-\bar{x})^2$
A	1	-2.4	**5.76**
B	5	1.6	**2.56**
C	4	0.6	**0.36**
D	4	0.6	**0.36**
E	3	-0.4	**0.16**
Mean score for severity of impact on family relationship =	3.4	Sum of differences² = **9.2**	
		Standard deviation = **1.52**	

Look for other reasonable marking points.

Question Number	Answer	Mark
8(b)	**AO3 (2 mark)** Credit **one** mark for each reason given. For example; • The range is affected by extreme scores whereas standard deviation reduces the effect of anomalies as it looks at the spread around the arithmetic mean score (1). • The standard deviation shows how far every score in a data set varies from the mean rather than just showing the variation between a high and low score (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Indicative Content	Mark
9	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Testosterone is a hormone that peaks in adolescence during puberty and is in greater quantities in males, promoting muscle strength. • Adrenaline causes a number of physiological changes to prepare the body for fight or flight and can lead to aggression. • Operant conditioning claims that behaviours are repeated or stopped when the person receives either reinforcement or punishment. • Catharsis is a process of releasing and providing relief from unconscious emotion from the id by allowing it to be released in acceptable ways. **AO2** • Dabbs et al. (1995) implicates higher testosterone causing aggression, and sportsmen may have more testosterone resulting in their muscle strength and competitiveness, suggesting reducing aggression in sporting events is unlikely. • High profile sporting events may be considered a fight or flight stressor resulting in increased adrenaline in players that leads them to become aggressive, such as biting each other, which could mean there is a limit to interventions for aggression in sporting events. • The cheering of a crowd may act as positive reinforcement for a player and motivate them to repeat aggressive behaviours so a solution to aggressive sports players could be crowd disapproval. • Biting other players in a sporting event is not a socially acceptable release of anger so catharsis may not offer solutions during sporting events, but cathartic methods could be used beforehand with teams to release emotion or anger. **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** • Socially sensitive research has implications beyond the research situation that could impact on researchers, individuals or groups within society. • Social sensitivity should be considered when researching controversial topics in psychology, such as obedience. • Explaining aggression through brain abnormality could reduce personal responsibility for aggressive behaviours. • Biological explanations look to nature to explain aggressive or criminal behaviours, such as XYY chromosomal abnormality or the MAOA 'warrior' gene. • Clinical psychologists often conduct drug trials with patients to research the effectiveness of new treatments for disorders such as schizophrenia. • Sensitivity can also arise as people might be treated differently because of the way research findings are interpreted or reported in the media. • Research in developmental psychology has considered the impact of parenting, institutional facilities and care practices on the wellbeing of children. • Psychologists should take care to separate roles of researchers and members of society to ensure there is no abuse of their power as researchers. • Confidentiality of participants should be maintained to prevent anyone discovering who they are, or what they did in a study. **AO3** • Rosenhan (1973) found that inpatients were subjected to depersonalisation in hospitals, which positively influenced mental health practices. • However, the findings of Rosenhan (1973) would have been detrimental to the staff, clinicians and hospitals themselves, possibly causing them distress. • Cohrs et al. (2012) suggested that personality types were indicators of prejudice which could lead to screening the population for those traits. • Raine et al. (1997) found that the brains of murderers had abnormalities, which could be used to claim that individuals are not responsible for violence. • Many legal systems are based upon criminal and deviant acts being considered an individual choice or act of free will, the implication for legal processes of these being 'nature' would be to change the perceptions of guilt. • Court-Brown (1965) put forward the view that XYY patients should remain hospitalised given their increased likelihood of aggressive behaviour, highlighting how socially sensitive research has implications for social control. • Mental health patients are often vulnerable patients and sensitivity should be shown to ensure they fully understand the implications of research, such as drug trials. • Research that has shown causes of mental health to be biological, for example neurotransmitters in schizophrenia, helped debunk myths about mental health, such as demonic possession or witchcraft and improve how people are treated. • Findings from Bowlby (1944) implied that children were at risk of juvenile delinquency if mothers did not bond with them, resulting in implications for working women and parenting styles in society. • Curtis (1977) cared for and studied 'Genie', it was recognised that they had tried to help her to develop, but they had also used her as a subject and there was thought to have been excessive testing. • Participants in Reicher and Haslam (2006) knew they would be appearing on national television but may not have been fully aware of how their behaviour may change in the mock prison, requiring sensitivity in the debrief process as they were known to the public for their actions in the prison. • Sieber and Stanley (1988) suggested features of socially sensitive research that required consideration which leads to improvements in ethical considerations when undertaking research into socially sensitive issues. **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