GradeMax



Mark Scheme (Results)

Summer 2021

Pearson Edexcel International Advanced Level In Psychology (WPS04/01)
Paper 1: Clinical Psychology and Psychological Skills

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Summer 2021
Publications Code WPS04_01_2106_MS
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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 (1 mark)** Credit **one** mark for stating an accurate aim of the study. For example; • To investigate the prevalence of underweight and obesity in Japanese inpatients with schizophrenia (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks)** Credit up to **two** marks for describing an accurate control used in the study. For example; • They controlled for recent changes in patient drug therapy and treatments (1), and drugs other than benzodiazepines and mood stabilisers by excluding those patients from the study (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • The sample of 333 inpatients with schizophrenia did not include patients from countries other than Japan (1) so was not representative of any cultural differences that may affect the nutritional status of patients with schizophrenia (1). • The nine hospitals may not reflect the treatment of all patients with schizophrenia in Japan (1) therefore the findings of the study have limited generalisability to only hospitals in Niigata Prefecture (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(d)	**AO3 (2 marks)** Credit **one** mark for each accurate improvement stated. For example; • Suzuki et al. (2014) could have included schizophrenics who were not inpatients in the control group to compare to inpatients (1). • An equal number of individuals to the sample of 333 could have been used in the control group instead of just 191 (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Miles could arrange a day to attend each of the three clinics when patients taking the new drug therapy are due to be there (1) and he can ask the first patients with schizophrenia who turn up for appointments if they would like to be interviewed (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(b)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example; • Miles would have a flexible plan for the interview that outlines his key topic areas about the drug therapy and patients that he wants to find out about (1). He could ask some pre-planned questions about the drug therapy to begin his interview with the patients (1), such as asking about the number of unwanted side effects they have experienced (1). Miles could ask patients to elaborate on any benefits or problems with the drug that they have mentioned in their answers to his pre-planned questions (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of ethical consideration in relation to the scenario. For example; • Miles would need to maintain the confidentiality of the patients with schizophrenia by not disclosing their names or any personal identifiers (1) as their mental health problems are considered sensitive information so the patients should not be identifiable by anyone reading his research (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and weakness. (AO1) Credit **one** mark for justification/exemplification of the strength and weakness. (AO3) For example; Strength • Behaviours that are maladaptive or irrational that do not fit with socially expected norms of behaviour could be easily observable by others (1) so the definitions of abnormality can be empirically measured as they are not reliant on introspective methods or personal reflective accounts (1). Weakness • Some characteristics are subjective, as some individuals engage in maladaptive behaviours that may be dangerous for them but not considered abnormal (1), for example adrenaline sports are dangerous to individuals but are not abnormal so an objective definition of abnormality can be difficult to make (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
4(a)	**AO1 (2 marks)** Credit **one** mark for an accurate symptom given. Credit **one** mark for an accurate feature given. For example; • One symptom of schizophrenia is hallucinatory voices giving a running commentary on the patient's behaviour (1). • One feature is that men usually develop schizophrenia between 18–25 years, while in women it is 25–35 years (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4(b)	**AO1 (3 marks)** Credit up to **three** marks for an accurate description of a biological theory/explanation **Candidates can use any alternative biological explanation to neurotransmitters; such as genetics, brain structure.** For example; **Genetics** • New/*de novo* genetic mutations, such as copy number variant mutations of genes that code for NMDA receptors associated with synaptic transmission, can lead to schizophrenia (1). Also, the deletion of genetic material in certain chromosomes can increase the risk of schizophrenia (1), for example the deletion of 22q11.2 may be involved in the causes of of schizophrenia (1). **Brain structure** • Parts of the brain have been observed to differ in size in schizophrenics compared to non-schizophrenics (1), with ventricular enlargement observed in patients with schizophrenia (1) along with the temporal lobe being smaller in the brain of schizophrenic patients (1). **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
5	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point. (AO1) Credit **one** mark for justification of each point of analysis. (AO3) For example; • Rosenhan (1973) conducted his study using 12 real mental health hospitals in several states of the USA, including state and private care facilities so there is high ecological validity (1), as the hospitals were real life settings and represented how psychiatric care took place for real patients (1). However, the volunteer confederates were eight sane people who were given a set of fixed, clear and specific symptoms to describe to the psychiatrists which may not be a valid test (1) of the diagnosis of those who are insane who may present in distress with confusion and unclear descriptions of their symptoms (1). The pseudo-patients took detailed notes of what actually happened while they were on the hospital wards which gives validity to the data gathered (1), giving rich detail about the treatment of inpatients as they documented their experiences of how they were treated and how they felt (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **Unipolar depression** **AO1** • Cognitive Behavioural Therapy (CBT) identifies any negative thought patterns, such as perceiving situations as worse than they are. • The next stage is to challenge the negative thoughts through questioning faulty beliefs about situations they interpret negatively. • The therapy may involve role play to work through situations that cause the patient to suffer low moods or social withdrawal. • The patient practises replacing their negative thoughts such as rejecting positive experiences with more realistic thoughts. • CBT uses homework tasks so the patient can continue to reflect on their thought processes when they are away from the therapy session. • A client can be helped to practice positive and well balanced self-talk when they face difficult life circumstances away from the therapist. **AO3** • Lewinsohn et al. (2001) measured dysfunctional attitudes in teenagers with no history of depression, one year later those experiencing negative life events and scoring highly in dysfunction were most likely to be diagnosed with depression, so CBT can tackle the dysfunctional thinking behind depression. • Segal et al. (2006) found patients with higher mood-linked negative cognitive thinking had a higher risk of depressive relapse, and that CBT is more effective than drug treatment in changing negative thinking. • CBT does not account for other influences in the onset of depression, such as the role of neurotransmitters, therefore CBT may not be effective if depression is not related to cognitive processing. • Selective serotonin reuptake inhibitors (SSRIs) are used in drug treatments for depression and successfully treat symptoms, therefore CBT may not effectively address all causal features of depression. • Cuijpers et al.'s (2013) meta-analysis of CBT effectiveness in adults finding CBT was no more effective than drug treatment when used alone but was most effective when CBT was combined with drug treatment. • Psychoanalysis would consider depression as a defence mechanism to avoid facing traumatic childhood memories which need to be resolved to treat depression, which is not considered during CBT. • March et al. (2007) found that CBT was as effective as antidepressants, in treating depression in adolescents, but also that a combination of both treatments may be more effective. • CBT requires motivation from the client to complete the tasks which may be difficult for individuals with depression so CBT may not be an effective treatment for unipolar depression. • There is online CBT for depression, such as 'Beating the Blues' which may enable a wider scope of patients to access CBT treatment programmes that meet their individual needs. • Kuyken and Tsivrikos (2009) found that the effectiveness of CBT for patients with depression was affected by the competency of the therapist and co-morbid disorders, so there are factors that can impact on effectiveness other than the severity depression itself. **Look for other reasonable marking points.**	**(16)**

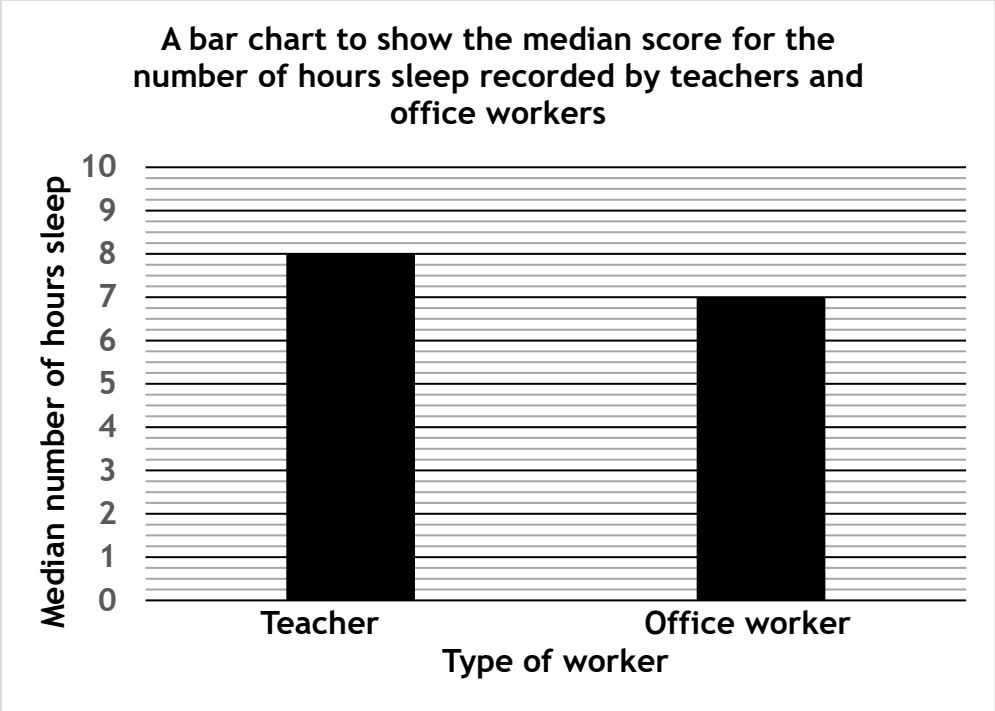
Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **Anorexia nervosa** **AO1** • Cognitive Behavioural Therapy (CBT) identifies any negative thought patterns, such as negative body image or overestimating body mass and shape. • The next stage is to challenge the negative thoughts, through questioning faulty beliefs about weight and body image. • The therapy may include creating a plan to establish appropriate eating patterns for a healthy diet. • The patient practises replacing their negative thoughts about weight and food with more realistic thoughts. • CBT uses homework tasks so the patient can continue to reflect on their thought processes when they are away from the therapy session. • A client can be helped to practice positive and well balanced self-talk when they face eating behaviour choices away from the therapist. **AO3** • Bowers and Ansher (2008) found that using CBT was effective as patients involved in the study improved eating behaviour and co-morbid depressive symptoms, which was maintained at a one-year follow-up, suggesting longevity in the effectiveness. • Pike et al. (2003) found that CBT was significantly more effective than nutritional counselling in improving outcome and preventing relapse in anorexia nervosa. • CBT does not account for other influences in the onset of anorexia nervosa, such as a genetic predisposition, therefore CBT may not be effective if anorexia nervosa is not related to cognitive processing. • Becker et al. (2002) found that television influenced views about body shape and/or weight, supporting the influence of role models in ideals of body image, which CBT may not fully address. • McIntosh et al. (2005) found differences among therapies for anorexia nervosa, with CBT being no more effective than interpersonal psychotherapy but supportive clinical management being most effective. • Fairburn (2013) found 2/3 of patients were able to complete a CBT-E treatment programme and among them there were substantial improvements in weight and eating disorder features that were well maintained, so it is effective for some individuals. • Psychoanalysis would consider anorexia nervosa as a defence mechanism to avoid facing traumatic childhood memories which need to be resolved to treat the disorder, which is not considered during CBT. • Specialised cognitive behavioural (CBT-ED) is designed for people with eating disorders but takes over 40 weeks, which may result in high drop our rates reducing the effectiveness of the treatment. • Dalle Grave et al. (2016) suggest CBT-E is promising for patients with anorexia nervosa, with about 40% of adults and almost 60% of adolescents reaching and maintaining a normal weight range and a decrease in eating disorder psychopathology. • CBT requires motivation from the client to complete the tasks which may be difficult for individuals who do not consider their eating behaviours problematic, so CBT may not be an effective 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 (2 marks)** Credit **two** marks for a fully operationalised directional hypothesis. Credit **one** mark for a partially operationalised directional hypothesis. For example; • Individuals with an office job will record more hours of sleep in two weeks than individuals with a teaching job (2). • Office workers will sleep longer than teachers (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(b)	**AO2 (1 mark)** Credit **one** mark for correct identification. For example; • Independent groups design with teachers and office workers (1). **Look for other reasonable marking points.**	**(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**. For example;  **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
7(d)	**AO2 (1 mark)** Credit **one** mark for correct answer. • 9 hours (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
7(e)	**AO2 (1 mark)** Credit **one** mark for correct answer. • 2:1 (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
7(f)	**AO2 (1 mark)** Credit **one** mark for correct calculation. • 30% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
7(g)	**AO2 (4 marks)** Credit **one** mark for accurate completion of **O-E** column to two decimal places Credit **one** mark for accurate completion of **$(O-E)^2$** column two decimal places Credit **one** mark for accurate completion of **$(O-E)^2/E$** column to two decimal places Credit **one** mark for correct **chi-squared** to **two** decimal places = **5.46**	**(4)**

		Observed	**Expected**	**O-E**	**$(O-E)^2$**	**$(O-E)^2/E$**
Six hours sleep or less	Teachers	18	13.50	**4.50**	**20.25**	**1.50**
	Office workers	9	13.50	**-4.50**	**20.25**	**1.50**
More than six hours sleep	Teachers	12	16.50	**-4.50**	**20.25**	**1.23**
	Office workers	21	16.50	**4.50**	**20.25**	**1.23**
					Chi-squared =	**5.46**

Look for other reasonable marking points.

Question Number	Answer	Mark
7(h)	**AO3 (1 mark)** Credit **one** mark for correctly using data to justify significance. For example: • The calculated value of 5.46 exceeds the critical value of 3.84 so the difference is significant (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
8(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Mary will gather in depth and real life experiences from the general public (1) that explain the reasons why they would obey the law in detail (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8(b)	**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 views about obeying the law and the police may be open to subjective interpretation by Mary when she is analysing the data she gathered (1) so her findings about the role of authority figures in society may lack objectivity and be unreliable (1). • The members of the public may not give Mary their true opinions of the law or the police because of social desirability effects (1) so the conclusions Mary reaches about authority figures may not be a valid representation of real public opinion (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Indicative Content	Mark
9	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Positive reinforcement explains how a desired consequence will result in continuation of a behaviour. • Negative punishment explains that the removal of a desired consequence results in behaviour being stopped by an individual. • The physiological aspects of humans require a male and female in order to mate and reproduce. • Pheromones are released unknowingly and can signal information to others which can then change their behaviour and actions. **AO2** • Having companionship may be a desired consequence that reinforces spending time with a partner and maintaining a relationship. • If intimacy and companionship are no longer received from a person of choice then the individual may end the relationship they have. • Evolutionary perspectives suggest relationships are to reproduce and protect offspring regardless of companionship. • Pheromones that attract romantic partners suggests people form relationships because of a biological purpose rather than personal choice. **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** • Researchers in psychology can reduce human behaviour to smaller components to test using scientific measures, such as heart rate or BMI. • Science uses objective, value-free methods to gather and analyse data about human behaviour. • Universal laws are established scientifically, such as neurotransmitter functioning, to give explanations of human behaviour. • Science is the empirical study of observable physical evidence to reach an understanding of human behaviour. • Psychodynamic theory uses introspective methods to discover detailed histories of behaviour and thought. • Standardised controls and laboratory experiments allow replication of research to test for reliability. • Studying the influences of different social contexts gives a holistic view of human behaviour. • A scientific approach will look for cause and effect relationships between the variables being studied. **AO3** • Reductionism, such as the dopamine hypothesis, excludes the complexities of human behaviour limiting the validity of such explanations to human actions. • Quantitative data, such as number words recalled in order by Baddeley (1966b), is an objective measure of memory recall, so psychology should use scientific measures. • The artificiality testing isolated aspects of human functioning, such as Milgram (1963) using a laboratory context to test obedience is unrealistic to real life behaviour, therefore if psychology should be scientific it is at the expense of reflecting real life. • Gathering qualitative data, such as naturalistic observations, can be considered subjective which may not provide objective scientific analysis of behaviour but gives more real-life data so psychology should not always be scientific. • Nomothetic approaches, such as cognitive and biological psychology, attempt to establish universal laws of human behaviour and ignore individual differences. • The diathesis-stress models of mental health consider an interaction between human physiology and environmental triggers, which may be less scientific than biological explanations but more plausible when explaining the onset of mental health. • Bandura (1963) recorded observable aggressive acts of children after role model exposure which demonstrated Psychology can take a scientific approach to the testing of human learning. • Psychoanalysis is introspective which means concepts cannot be falsified which reduces scientific status, but allows for individual and personal histories to be addressed, especially during therapies drawing on psychoanalysis. • Loftus and Palmer (1974) conducted structured laboratory experiments into reconstructive memory which added scientific credibility to the theory and improves the status of psychological explanations of eye witness testimonies in court. • Bartlett (1932) did not use strict controls in his studies of reconstructive memory reducing the scientific status of evidence for his concepts, however his outcomes are reflected in further research so scientific methodology may not be a requisite in psychological research. • Rosenhan (1973) used subjective, non-scientific participant observation in mental health institutions which are representative of the social context in which the depersonalisation of inpatients would take place, so is more generalisable to wider society. • van IJzendoorn and Kroonenberg (1988) reviewed cross-cultural attachment types assessed using the strange situation procedure which has empirically observable infant behaviour, but ignores cultural diversity in parenting styles, so scientific testing should occur but with consideration for cultural relativism. **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)