Mark Scheme (Final)

Summer 2023

Pearson Edexcel International Advanced Subsidiary Level In Psychology (WPS04) Paper 01
Unit 4: Clinical Psychology and Psychological Skills

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.

Using the Mark Scheme

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge. Examiners should therefore read carefully and consider every response: even if it is not what is expected it may be worthy of credit.

The mark scheme gives examiners:
• an idea of the types of response expected
• how individual marks are to be awarded
• the total mark for each question
• examples of responses that should NOT receive credit.

/ means that the responses are alternatives and either answer should receive full credit.
( ) means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.

Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
ecf/TE/cq (error carried forward) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:
• write legibly, with accurate use of spelling, grammar and punctuation in order to make the meaning clear
• select and use a form and style of writing appropriate to purpose and to complex subject matter
• organise information clearly and coherently, using specialist vocabulary when appropriate.

Full marks will be awarded if the candidate has demonstrated the above abilities. Questions where QWC is likely to be particularly important are indicated (QWC) in the mark scheme, but this does not preclude others.

CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1(a)	**AO1 (4 marks)** Credit up to **two** marks for an accurate description of the DSM. Credit up to **two** marks for an accurate description of the ICD. For example; **DSM** - The DSM is a diagnostics manual of mental health conditions collated by the American Psychiatric Association (1) which contains different sections and chapters organised around the common symptoms of disorders (1). **ICD** - The ICD is published by the World Health Organisation to diagnose all human disease and illness worldwide (1) which includes the diagnostics criteria and international reporting codes for mental health disorders (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way (AO1) Credit **one** mark for justification/exemplification of the way (AO3) For example; • Diagnosis can be considered reliable if a person receives the same diagnosis by different clinicians which gives the diagnosis strong inter-rater reliability (1), shown by Brown et al. (2001) who found that two interviews using the DSM IV criteria gave the same diagnosis of anxiety and mood disorders in 362 outpatients (1). • Reliability has been found in diagnosis between different versions of diagnostic manuals, such as the DSM, when used to re-diagnose a patient's existing mental health disorder (1), for example Goldstein (1988) used the DSM III to re-diagnose 199 patients with an original diagnosis from the DSM II and found reliability between the two versions (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(a)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the way (AO3) For example; • Anti-psychotic medication can be quickly and easily administered to Emily to reduce her agitation and upset from the auditory hallucinations that tell her people are coming to get her (1). Emsley (2008) found that risperidone had at least a 50% reduction in positive and negative symptoms in 84% of the patients studied, which could help Emily in accessing further treatments (1). • Emily may benefit from drug treatments being effective quite quickly to stop her hearing the voices telling her she is bad as some drugs can help alleviate positive symptoms within a few hours of the first dose (1). Haloperidol usually starts to work within a couple of hours or just a few days, making this effective in an emergency, where Emily needed calming down quickly (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a reason in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the reason (AO3). For example; • Some of the drugs Emily may be given could have negative side effects for her such as weight gain or low blood pressure which require Emily to be monitored closely which may be difficult if she still struggles to leave the house (1). Clozapine or Olanzapine can carry a high risk of significant weight gain which can impact on the Emily's adherence to her medication programme, ultimately reducing the effectiveness of drug therapy (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a reason in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the reason (AO3) For example; • Family therapy helps Emily's parents with social or emotional concerns in supporting Emily with her daily functioning to manage her paranoia and with practical steps like leaving the house (1). In their meta-analysis, Pitschel-Walz et al. (2001) found an average decrease in relapse rates of 20% for schizophrenic patients whose families attended family therapy interventions, making it effective in helping Emily remain mentally healthy (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of the strength (AO3) For example; • All of the 333 inpatients and 191 matched controls who participated in the study by Suzuki et al. (2014) study gave their written informed consent to have their blood sampled and bodyweight measured (1) which ensured that the BPS Code of Ethics and Conduct (2009) principle of respect was met, as the participants understood the nature of the research (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(b)	**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; • The measurements of BMI were calculated from the height and bodyweight of the inpatients and control groups in kilograms and meters which are measures that do not need interpretation (1), therefore increasing the objectivity of the findings about underweight and overweight status of inpatients as no subjective interpretation is made of the measures (1). However, eating behaviours and amounts of exercise were not examined during the time in hospital which could skew the BMI data and limit the accuracy of the measurements (1), resulting in the BMI calculation potentially being a subjective measure of weight status rather than reflecting an objective record of health and nutritional status (1). Objectivity is increased through the blood sampling tests that were undertaken to assess protein, cholesterol, triglyceride, and glucose levels of the participants (1) as these are standard medical tests that are well used and reliable sources of data that would not be open to influence from any researcher bias in the analysis of the plasma samples (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
4	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of one way (AO1) Credit **one** mark for justification/exemplification of the way (AO3) For example; • One way is that there is a better understanding of the causes of abnormality leading to improvements in how society responds and treats people with mental health disorders (1) which helps decrease stigmatisation by moving away from medieval beliefs that abnormality was a religious possession or punishment to a more medical understanding (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
5(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of gathering secondary data for the clinical practical investigation. For example; • We used a standard search engine online to search for media reports about people with mental health issues committing criminal offences (1) and printed ten articles each about mental health which were numbered so we could select four articles at random to use (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Question Number	Answer	Mark
5(b)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of analysing secondary data for the clinical practical investigation. For example; • Before reading any articles, we agreed a coding system that contained the key words and phrases that reflected positive and negative attitudes to mental health (1). We then highlighted negative attitudes such as 'dangerous' and positive attitudes such as 'misunderstood illness' and counted the total for each category (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Question Number	Answer	Mark
5(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of the conclusion of the clinical practical investigation. For example; • We concluded that mainstream tabloid media outlets often emphasise the negative stereotypes of mental health as a dangerous problem in society (1). Sources from broadsheet media outlets present more positive attitudes, with most portraying mental health as illnesses that need support (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **AO1** • Eight sane people, including three women and five men, were the confederate observers who acted as pseudo-patients. • The pseudo-patients included a psychology graduate, a painter, three psychologists, a paediatrician, a psychiatrist, and a 'housewife'. • The study was conducted in 12 hospitals in five states of the USA, including state and private care facilities. • The pseudo-patients were given standardised responses to state during the doctors admission diagnosis, such as hearing voices saying 'thud' and 'hollow'. • 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 all those with mental health conditions. • There could have been biased reasons why the psychologists wanted to take part in the study, 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 so they represented how psychiatric care actually took place and the experiences of real patients. • The fake symptoms had negative connotations which may have led clinicians to be extra vigilant, admitting the pseudo-patients for safety, therefore not testing the validity of diagnosis but medical caution. • Doctors conducting the assessment and admission were not aware they were taking part in a study, so they were denied informed consent and the right to withdraw from the investigation. • The pseudo-patient reports could not be corroborated as there was only one observer admitted to each hospital, so the data may be subjective and lack reliability. • Detailed notes taken by the pseudo-patients gives strong validity to the data about inpatient experiences as they documented how they were treated and felt and how others were treated. • Findings about the treatment of patients could be applied to hospital procedures in the 1970s to improve the care of patients in institutions, such as dignity, privacy and time spent with the physicians. • The findings about how all behaviours were interpreted as symptomatic of mental illness was important in highlighting the role of the context as a factor that should be considered in diagnosis and 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	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and a weakness (AO1). Credit **one** mark for justification/exemplification of the strength and the weakness (AO3) For example; **Strength** • A field experiment allows a researcher to manipulate the independent variable and measure a dependent variable in a natural context for the participants (1) which increases the ecological validity of any cause and effect conclusions that are drawn from the results in psychological research using field experiments (1). **Weakness** • There are limitations in how well a researcher can prevent extraneous variables in a field experiment context as there is less control than in a laboratory (1) which may result in variables other than the IV confounding the results of the psychological research and generating unreliable data (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
8(a)	**AO2 (1 mark)** Credit **one** mark for accurately giving one reason in relation to the scenario. For example; • Anonymity may encourage parents or teachers to be honest when answering questions about positive reinforcement (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(1)**

Question Number	Answer	Mark
8(b)	**AO2 (2 marks)** Credit up to **two** marks for accurately describing one reason in relation to the scenario. For example; • Lexy may have chosen these groups as they are the most likely to be involved with children engaging in homework (1). Teachers could provide data about rewards or homework completion, and parents can answer whether their children complete the work at home (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
8(c)	**AO2 (2 marks)** Credit **one** mark for each accurate closed-ended question given. For example; • When a child completes their homework, do you give them verbal praise? Yes / Sometimes / No • How often do you give reward stickers to children who complete homework? Every time / Sometimes / Never **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
8(d)	**AO2 (4 marks)** Credit **one** mark for a correct completion of column **d** Credit **one** mark for a correct completion of column **d²** Credit **one** mark for a correct substitution into the **equation** Credit **one** mark for a correct answer to **three decimal places** = **0.292** For example;	**(4)**

Number of times positive reinforcement is given in a day	Rank 1	Number of hours spent on homework in a day	Rank 2	*d*	*d²*
8	2	1	2	0	0
9	3.5	1	2	1.5	2.25
4	1	2	5	-4	16
12	6	1	2	4	16
16	7	3	7.5	-0.5	0.25
11	5	2	5	0	0
9	3.5	3	7.5	-4	16
17	8	2	5	3	9
				Total for *d²*	59.5

$$1 - \frac{6\Sigma\, d^2}{n(n^2-1)} = 1 - \frac{357}{8(64-1)} = 1 - \frac{357}{504} = 1 - 0.708 = \mathbf{0.292}$$

Look for other reasonable marking points.

Question Number	Answer	Mark
8(e)	**AO2 (1 mark)** Credit **one** mark for an accurate determination in relation to the scenario (AO2). For example: • The calculated value of 0.292 is less than the critical value of 0.738, so the data is not significant (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(1)**

Question Number	Answer	Mark
9(a)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example: • Brian would need to ensure that the room used for the memory test was soundproofed to prevent any unplanned noise being heard by participants in the experiment (1). He could present a word list in silence to the 20 participants for 30 seconds which they must recall immediately as a baseline measure (1). The same participants could then be presented with another word list for 30 seconds while instrumental music plays loudly during presentation and recall (1). He could also repeat this using a different noise playing loudly that contains just words, such as a speech. (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
9(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the strength (AO3) For example: • The primary data gathered by Brian will be of direct relevance to his aim to find out about how noise impacts on short-term memory recall (1) which increases the construct validity of his investigation as his results about the number of words recalled will be an accurate test of noise (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Indicative Content	Mark
10	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Social learning theory suggests we learn our behaviour through observation and imitation of the actions by those who we consider to be role models. • Bartlett (1932) suggests we form schema's from our experiences of the world around use which we use to aid our memory recall of events and situations. • Social power theory would claim that having legitimate power would enable an individual to be able to lead or control others to comply with their norms and requests. • Asch (1951) found that participants would conform to a majority influence even in situations where the true answer was relatively unambiguous, agreement with the majority answer still occurred. **AO2** • The media influence from potential role models, such as the media violence and aggressive behaviour, suggest secondary socialisation could influence learning and development. • The messages in media such as propaganda could socialise someone into having negative beliefs about others as this could become part of a persons schema about a group or person. • Adler and Adler (1998) found some members of peer groups had more power and influence than others which could enable them to socialise others into particular values and beliefs. • Conformity to the cultural beliefs, norms, and values of wider society can have a beneficial influence on pro-social behaviour such as educational television programmes. **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
11	**AO1 (8 marks), AO3 (12 marks)**	**(20)**
	AO1	
	• Reductionism means looking at the smaller, isolated parts of human behaviour when studying and measuring it.	
	• Reductionism is associated with quantitative, empirical, and objective testing of the constituent parts of human behaviour to give scientific data.	
	• In research reductionism can involve narrowing down specific concepts to an isolated variable so that it is measurable within a hypothesis.	
	• To test behaviour, it should be measurable, and smaller parts of the whole can be operationalised to help researchers take a scientific approach to studying behaviour.	
	• Reductionism provides explanations of parts of human behaviour ignoring the interactions between these parts.	
	• Classical conditioning reduces human behaviour down to simplistic stimulus-response processes in the environment from which people are conditioned into behaviours.	
	• Biological reductionism is an attempt to reduce behaviour down to a physical level and explain it in terms of neurons, neurotransmitters, hormones, or brain structure.	
	• Holism looks at the whole person instead as it considers the influences of wider social and contextual experiences that impact on human behaviour.	
	AO3	
	• Brain scanning techniques looking at specific regions can help understand human behaviour, such as Raine et al.'s (1997) brain scans of murders, which benefits our understanding of aggression.	
	• Successful drug treatments for mental health disorders come from studies of isolated parts of the brain, so reductionist research can still lead to effective treatment.	
	• Qualitative data is often gathered in research that is more holistic, while this gives a deeper understanding of human behaviours, it is more subjective and open to interpretation which limits the scientific nature of holistic explanations.	
	• Reducing behaviour down to quantitative measures can provide objective data for the effects of an independent variable on a dependent variable, so reductionism helps researchers gather credible scientific evidence.	
	• Holistic views such as a psychodynamic approach have given rise to successful therapies that treat a person as a whole, suggesting holism reflects the complexity of behaviour better than reductionism.	
	• Experimental reductionism underpins much of the research in cognitive psychology, where memory is reduced to operationalise isolated variables of recalling numbers or words to enable causal relationships to be reached.	
	• Atkinson and Shiffrin (1968) reduced human memory to an input output process, ignoring experiences and simplifying memory, which helped with scientific testing of the different features of SR, STM and LTM.	
	• Bartlett (1932) viewed memory as a reconstructive process, accounting for a more holistic view of human memory processes as a whole process rather than separate structural memory features, which could be more useful than being reductionist.	
	• Watson and Rayner (1920) only focussed on stimulus-response associations and ignored possible external factors for Little Albert's emotional reaction, which could be considered reductionist.	
	• Pavlov reduced human behaviours, such as phobias, to a stimulus-response pairing, ignoring other experiences which may not be beneficial for developing therapies which could ignore wider factors influencing a phobia.	
	• The XYY chromosome has been associated with aggression which has enabled psychology to isolate a biological component that could impact on the way people behave, but this can create negative issues of labelling for individuals with XYY.	
	• Bowlby (1944) suggested attachment is an innate process, but it relies on complex interactions with carers, so while there is an element of biological reductionism it is beneficial to consider the whole experience of a person.	
	Look for other reasonable marking points.	

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)