Mark Scheme (Results)

June 2022

Pearson Edexcel International Advance Level in Psychology WPS04
Paper 01: 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; • Rosenhan (1973) sampled 12 different hospitals in 5 states on the East and West coast of the USA (1) including old and new, public, and private institutions with a mix of staff-patient ratios (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • The pseudo-patients made detailed notes of their observations and experiences on the admissions ward (1), writing down information about the hospital ward, its patients, and the staff (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 results (AO1). Credit **one** mark for justification/exemplification (AO3). For example; • Rosenhan (1973) found that inpatients had been deprived of many human rights such as freedom of movement and privacy which resulted in powerlessness and depersonalisation (1), which can help hospital staff improve the way they treat inpatients by promoting dignity, respect and empowerment of the inpatients receiving care (1). • Rosenhan (1973) found that there was evidence in some hospitals of abusive behaviours towards inpatients in full view of other inpatients (1) which can be used to inform standards of inpatient care by ensuring procedures adhere to requirements such as the HCPC standards to protect such vulnerable inpatients (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(d)	**AO3 (1 mark)** Credit **one** mark for stating an accurate improvement. For example; • A more representative group of pseudo-patients could be used that included individuals with different ethnic backgrounds and a more equal gender balance (1). **Look for other reasonable marking points.**	**(1)**

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; • Alan would need to make sure the participants taking part in the interview have no underlying heart conditions (1) that could result in their heart rates being unusually high or low regardless of the stress level from the situation (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(b)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Alan could use social media to advertise his interviews for the research about stress in situations where there is uncertainty about the outcome (1) and give his contact details for volunteers to contact him to take part in the interview process for his research about stress (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • The participants may guess that the interview is the situation where there is uncertainty that Alan is using to test levels of stress as they would be wearing a heart monitor (1) which could result in their heart rates being unaffected by the interview situation as they are not genuinely concerned about the outcome (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(d)	**AO2 (3 marks)** Credit up to **three** marks for an accurate description in relation to the scenario. For example; • Alan could include a group of participants who do not undertake the stressful situation of the interview as his control (1) so that he has a baseline measure of the heart rates of people who are not faced with an uncertain situation (1). Alan will then be able to see if heart rates actually differ in response to the context of a stressful situation where there is little control of the outcome (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
3	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1). Credit **one** mark for justification/exemplification of each weakness (AO3). For example; • Statistical infrequency only considers whether the behaviours shown are unusual across a population on a quantifiable, numerical level and not how it is experienced (1) therefore it does not give a valid representation of the individuals' circumstances or day-to-day experiences of the course of a disorder (1). • The definition of abnormality does not account for the desirability of a trait by an individual, such as high intelligence, where the individual does not consider themselves abnormal (1), so by only considering two standard deviations from a central score across the population in order to define an individual as being abnormal it is an oversimplification of abnormality (1) . **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
4(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • Drug treatments are used to block neurotransmitter receptors like dopamine receptors to decrease the hyperactivity of the mesolimbic dopaminergic pathway (1) which reduces the effects of dopamine which often then helps alleviate the positive symptoms of hallucinations or delusions (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • Family therapy is a talking therapy involving the schizophrenic patient and their close family where they discuss the experiences and needs of the patient and family (1). The therapist helps the family understand schizophrenic symptoms so they can better support the patient during the course of the disorder (1). **Look for other reasonable marking points.**	**(2)**

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; • Cultural issues reflect the norms and values of different cultures that can impact on the type of mental health disorder diagnosed by the clinician (1). Cooper et al. (1972) found New York psychiatrists twice as likely to diagnose schizophrenia than London psychiatrists, when shown the same video-taped clinical interviews, suggesting cultural difference (1). However, the DSM contains clearly defined mental health disorders with specific diagnostic features and symptoms that can reduce the impact of culture (1), for example Lee (2006) found that using the DSM in Korea for diagnosis of ADHD was as valid as using it in the USA so cultural differences had no impact on diagnosis (1). Clinicians may view symptoms with an ethnocentric bias from their own cultural norms when diagnosing mental health disorders (1), with Littlewood and Lipsedge (1997) suggesting that Black and Irish people in Britain are more likely to receive a diagnosis of serious mental disorder due to bias in diagnosis (1). **Look for other reasonable marking points.**	**(6)**

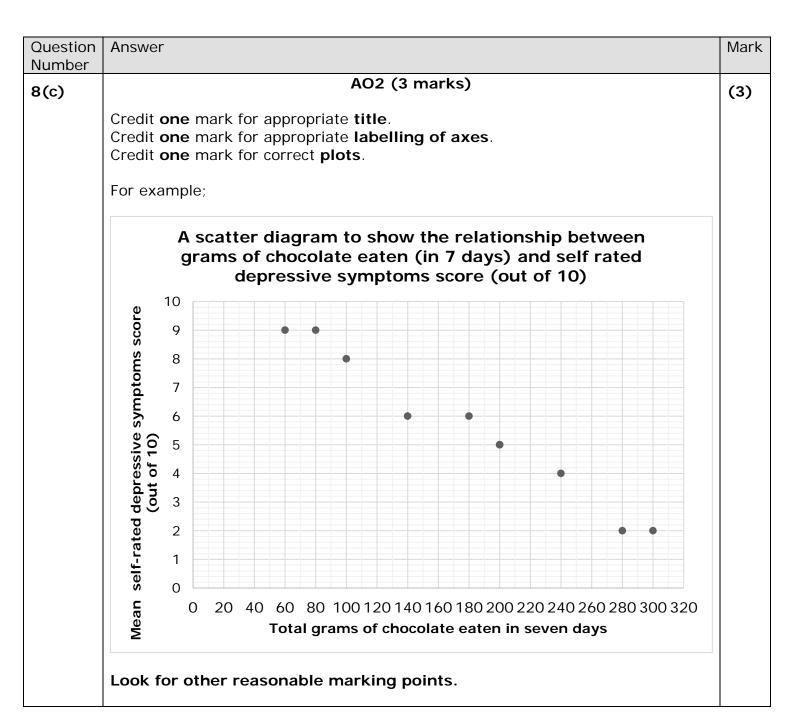| Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **AO1** - Nutritional status was operationalised using measures such as fasting plasma glucose (FPG) levels. - The sample of 333 inpatients aged between 16 and 80 years old had been diagnosed with schizophrenia using the DSM-IV-TR. - Patients were sampled from nine psychiatric hospitals in Niigata Prefecture, Japan. - A control group of 191 healthy volunteers was matched to the inpatients on age and sex. - Any physical illness or changes in drug therapy were controlled for and these patients were removed from the study. - Patients with schizophrenia and the control group were compared on BMI and nutritional status. **AO3** - Operationalising nutritional status by using empirically testable, objective measures enables future retesting to check for reliability in the findings about underweight and overweight inpatients. - There is a lack of validity in the measure of whether the patients were actually nutritionally healthy as BMI is not the only indicator of good nutrition. - 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. - The 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 did not include patients beyond Japan, so was not representative of cultural differences in nutritional status for patients with schizophrenia beyond Japan, which limits generalisability. - The findings of the study are limited just to the hospitals in Niigata Prefecture and not all areas of Japan, so the nine hospitals may not represent the treatment of all patients in Japan. - The control group were not schizophrenic outpatients, therefore comparability between the groups is limited as it does not show differences in schizophrenic inpatients against outpatients. - Internal validity is increased by controlling for variables such as drug treatment changes to better ensure they are testing the link between schizophrenia and nutrition and not side effects of new drugs. - The study lacks validity as the exclusion of other illnesses and drug therapy changes is not reflective of the real-life experiences of patients with schizophrenia where co-morbid illness and changes in drugs may be common. - Kitabayashi et al. (2006) also found higher rates of underweight in schizophrenic patients, giving the study higher reliability as the results for underweight in schizophrenic patients are consistent. **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)

PMT

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
7	**AO2 (2 marks)** Credit **two** marks for a fully operationalised null hypothesis. Credit **one** mark for a partially operationalised null hypothesis. For example; • There will be no significant difference in the accuracy of recall for the colour of the coat given by shoppers who were asked a leading question compared to shoppers who were asked a non-leading question. Any difference will be due to chance (2). • There will be no difference in the accuracy of recall given by shoppers in answer to the question. Any difference will be due to chance (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8(a)	**AO2 (1 mark)** Credit **one** mark for correct answer. • 70% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
8(b)	**AO2 (1 mark)** Credit **one** mark for correct answer. • 190 grams (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
8(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; **A scatter diagram to show the relationship between grams of chocolate eaten (in 7 days) and self rated depressive symptoms score (out of 10)** **Look for other reasonable marking points.**	(3)

Question Number	Answer	Mark
8(d)	**AO2 (2 marks)** Credit up to **two** marks for an accurate interpretation. • The scatter diagram shows a strong negative correlation with self-rated depressive symptom scores reducing as grams of chocolate eaten increases (2). • The scatter diagram shows a negative correlation between eating chocolate and self-rated depressive symptom scores (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	(2)

Question Number	Answer	Mark
9(a)	**AO2 (2 marks)** Credit **one** mark for a correct calculation of **sum of both ranks** Credit **one** mark for a correct answer for **T= 9.5**	**(2)**

Participant	Month one	Month two	Difference	Ranked Difference
A	24	19	5	7
B	21	18	3	5.5
C	18	16	2	4
D	20	14	6	8
E	15	16	-1	2
F	17	16	1	2
G	11	12	-1	2
H	14	17	-3	5.5

Sum of negative ranks = **9.5**
Sum of positive ranks = **26.5**

Look for other reasonable marking points.

Question Number	Answer	Mark
9(b)	**AO3 (1 mark)** Credit **one** mark for correctly using data to determine significance. For example: • The calculated T value of 9.5 exceeds the critical value of 1 so the difference is not significant (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
9(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate use of the results (AO2) Credit **one** mark for an accurate conclusion (AO3) For example; • There is no significant difference between recorded anxiety attacks in month one and those recorded in month two (1), so aromatherapy is not an effective treatment for reducing levels of anxiety (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
10(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Bonique would be required to ensure that all the children were given the opportunity to make their own decisions about taking part in the study about shaping their behaviour (1), so she would need to seek the children's views about whether they wish to be involved in her research about reinforcement and punishment and respect their choice (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
10(b)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each ethical requirement in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of each requirement (AO3) For example; • Bonique would need to consider any possible harm or distress that may result from any features of operant conditioning she uses in her research (1), as she is required to consider how to eliminate potential risks to psychological well-being, physical health, personal values, and dignity of the children (1). • Bonique would need to ask the children's parents if there are any physical or emotional needs that she needs to be aware of that could mean the children were more at risk (1), as she is responsible for ensuring that any additional individual risk factors have been considered as part of deciding whether the children take part in her research or not (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Indicative Content	Mark
11	**AO1 (4 marks), AO2 (4 marks)** **AO1** - Capafons et al. (1998) found that systematic desensitisation is also an effective therapy for reducing the fear of flying. - Systematic desensitisation usually requires around 15 sessions where the patient will work through a hierachy of fears. - Psychoanalysis can be used to discover the root cause of a phobia where patients may have experienced a traumatic event. - Cognitive behavioural therapy addresses behavioural responses and negative thinking when treating patients with anxieties and phobias. **AO2** - As Rothbaum et al. (2006) found that some of the participants were still not able to take flights after exposure therapy the airlines could offer systematic desensitisation as an option. - Where the phobia is clinically diagnosed and overwhelms the person, an airline programme of one day or an online course may not help as people may need a longer period of therapeutic treatment. - Airlines could offer treatments to passengers with a non-clinical fear of flying and refer more serious cases to appropriate mental health services who are better equipped to deal with underlying trauma. - If airlines do offer treatment to passengers who have a phobia of flying, they should consider offering multiple interventions, like CBT, as not all individuals will respond to the same treatment programme. **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)**	**(20)**

AO1

- Androcentric is when research is centred on, or dominated by, males; or takes only a male viewpoint.
- Gynocentric is when research is centred on, or dominated by, females; or takes only a female or feminist viewpoint.
- Socialisation from early infancy is underpinned by social norms, values and expectations of behaviour that are gender specific.
- Nomothetic laws of universality can ignore the effects of gender on how behaviours may differ between males and females.
- Alpha bias refers to theories which exaggerate the differences between males and females.
- Beta bias theories have traditionally ignored or minimised sex differences between males and females.
- Neurotransmitter explanations of human behaviour are based on physiological components that are unlikely to be affected by gender.
- Poor representativeness of gender differences in participant samples could limit research findings.

AO3

- Milgram's (1963) research involved all male participants until experiment 8 where it was found that females reported higher levels of stress and tension than male participants, showing there is some difference in gender obedience.
- Wong et al. (1997) used MRI scans of 19 violent male criminals and compared the size of the amygdala with 20 'normal' control subjects, but as their research was confined to males the findings may not fully explain violence in females.
- Ainsworth et al. (1978) researched attachment in Baltimore, where she focussed on infant-mother interactions as a marker of attachment type, excluding the father of the child from her research, leading to a gynocentric focus of attachment.
- Bowlby (1944) theorised that maternal deprivation could lead to juvenile delinquency, ignoring the role of paternal deprivation or male role models in his ideas about bonding and children's emotional development.
- Evans and Davies (2000) researched books published in 1997 for children in school, there were fairly equal numbers of males and females represented, but they were gender stereotyped, so people learn to view males and females differently from an early age and researchers may not be aware of unconscious bias in their research.
- Becker et al. (2002) has an alpha bias in sampling girls in Fiji to research the impact of television on eating behaviours, demonstrating a gendered assumption that there is a difference in how or whether eating disorders may affect boys in the same way.
- Chen et al. (2019) found that low expression of the MAOA gene in women was related to greater happiness, yet no such association was found in men, so there are gender differences between males and females that researchers should consider.
- Kohlberg's stage of moral development shows beta bias as it was based on interviews with boys, and conceptualised morality with justice, yet Gilligan (1982) found women tend to be focused on relationships when making moral decisions, so often appear at a lower level of moral reasoning in Kohlberg's stages.
- It is likely that dopamine plays a part universally in schizophrenia, but how the disorder is experienced may reflect gender differences in the D2 receptor given there are differences in the onset for men and women.
- Rosenthal (1966) found male experimenters were more pleasant, friendly, honest, and encouraging with female participants than with males, therefore male and female participants may experience the research process itself very differently.
- Where studies have gender biased samples, such as Moscovici (1969) using just female participants, the results may not be representative of male conformity, limiting the usefulness of the findings.
- The APA reported that in the 2014-2015 academic year around 75% of psychology graduates were female, showing a reduction in male psychologists which may result in a shift in the nature of research in psychology from previously male dominated.

Look for other reasonable marking points.

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)