



Pearson
Edexcel

Examiners' Report
Principal Examiner Feedback

January 2024

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

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January 2024

Publications Code WPS04_01_2401_ER

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General Comments

The January 2024 exam series was a successful one, which produced some excellent work from learners. The series saw improvements in some knowledge-based responses to some short, and medium responses. Overall, learners appeared to have good knowledge across the topic areas assessed, although the clinical section was weaker than the psychological skills section.

Describe question performed well on the paper, with many candidates achieving the majority of the marks across all questions. One thing to note however, that with describe questions candidates need to ensure that there are enough explicit points to allow them to access the full range of marks on the question. One of the strongest describe questions was question 4b which asked candidates to describe one non biological explanation for either anorexia or unipolar depression. There were a number of pleasing responses to this question, with candidates going into a large amount of detail for their chosen explanation. This was really pleasing to see.

In terms of the **psychological skills** section, there were many candidates who lost marks unnecessarily for omitting important details, such as question 7a which looked at volunteer sampling. It was clear that the vast majority of candidates had the knowledge of volunteer sampling but just did not include both elements needed or forgot to link to the scenario. In addition, there were some unfortunate marks lost on practical skills questions such as calculating the ratio or drawing a bar chart. Candidates need to ensure that they understand how to calculate a variety of mathematical concepts, and the difference between a bar chart and a histogram. One pleasing element of this section was the responses to 9abc where most candidates achieved the majority if not all marks on the Spearman calculation, as well as the statement of significance.

There were some excellent extended open responses, especially on the 16-mark **evaluate** question on drug therapy. Candidates, once again, found the key question (question 10) difficult and teachers need to highlight the structure needed for this question, and ensure candidates have plenty of practice at this type of question.

One thing to note with the extended open response questions (both the 16- and 20-mark question) is that AO3 element was significantly weaker across most candidates. This often brought the number of marks achieved down which was a shame when the level of knowledge was generally good. Very few tended to justify their arguments and evaluations, with very little supporting material used.

The remainder of this report will focus on specific questions from the examination

Q01a

Question introduction

This question asked candidates to state one aim or Rosenhan's study. Candidates, in the main, got the 1AO1 mark available for this question. Where candidates performed less well it was due to responses which suggested the aim was whether the pseudopatients got admitted to the institution or not. There were a few candidates who used parts of the procedure for the aim which is not creditworthy. It is important for teachers to ensure candidates know the aims of all studies on the specification.

This response got 1 mark.

This is the correct aim for Rosenhan's study.

(a) State **one** aim of Rosenhan's (1973) study.

(1)

To investigate whether the sane could be distinguished from the insane.

Question 01b

Question Introduction

This question asked candidates to describe the qualitative data gathered by the pseudopatients in Rosenhan's study. This question was comprised of 2AO1 marks. Candidates answered this question fairly well. Where responses performed less well it was due to candidates not specifying how data was gained clearly enough to distinguish it as a qualitative method. The most common full mark responses for this question suggested that:

- Pseudopatients wrote detailed notes/journal entries about experiences at hospital
- Such as how patients were treated, encounters with staff

This response achieved 2 marks

This response achieved 1 mark for the ideas to detailed notes of what happened during their stay, and one further mark for exemplification of this i.e., how they are treated by the hospital staff and their experienced.

The qualitative data were gathered from pseudo-patients' observations on the hospital ward, such that they have written diary entries giving detailed notes of what actually happened during their hospital stay, including details about how they are treated by the hospital staff and how they felt ~~from~~^{about} their experiences.

Question 01c

Question introduction

This question asked candidates to explain two strengths of Rosenhan's study in terms of reliability. There was a spread of marks on this question, although many candidates achieved at least one mark. The main issue which stopped candidates getting full marks is detail given. Many were able to identify a strength but then not justify/exemplify that strength. The other common

error in responses were those candidates who wrote about generalisability/ecological validity rather than reliability.

The most common rewardable strengths seen were

- Standardised procedure such as same words i.e., hollow/thud
- Use of quantitative data with examples

With the justification/exemplification many candidates would just say "this makes it reliable" which is not enough for a mark. To gain the mark they would need to say, for example "The use of standardised procedure enables the study to be repeated again to check the reliability of the results"

This response achieved 2 marks

This response achieved their two marks for their first strength. The first mark was for the identification of quantitative data (with study examples) as a strength, and a further mark for the justification of this as a strength i.e., quantitative data allowed comparisons and consistency. The second strength does not get a strength as there is no evidence that Rosenhan triangulated his data, and as there was only a single person within each hospital this would not reduce bias.

(c) Explain **two** strengths of Rosenhan's (1973) study in terms of reliability.

(4)

1 Rosenhan (1973) has made use of some quantitative data, such as measuring the length of time the pseudo-patients were admitted to the hospitals, and the length of time pseudo-patients spend with psychiatrists and clinicians per day, which are objective, numerical values that allow for replication by other researchers to make objective ^{return and} comparison, in order to verify for result consistency, enhancing reliability of the study.

2 Rosenhan (1973) is reliable as the study contains a 'varied' group with confederates in different ages and backgrounds, including a psychology graduate in his role, so they can compare their gathered data with each other and triangulate it to make it more comprehensive, and ^{alleviating} ~~also not affecting~~ the ^{any} confounding effect by ~~a~~ single person's bias, making the study more reliable.

Question 02a

Question introduction.

This question introduced a novel scenario, and asked candidates to describe how Ashanti could gather secondary data for her case study. This is an AO2 question therefore there needs to be links to the scenario in each point, which often did not happen with candidates. Teachers need to highlight to candidates that if the question references the scenario given, they need to ensure that they use it within their response.

For example:

"Ashanti could search online sites to find articles/studies about family therapy. She needs to use key words in order to make sure she gets the right articles"

would only get one as there is no link in the second part.

This response achieved 2 marks

This response achieves one marks for the idea of searching websites for studies on family therapy and selecting articles. The second mark is given for the process of gathering relevant secondary data to her study which is linked nicely to family therapy.

(a) Describe how Ashanti could gather secondary data for her case study.

(2)

Ashanti could search on websites like google to found multiple studies on of family therapy, and then she Ashanti could cross select the suitable ones for Ashanti's study (e.g. research compares effectiveness of family therapy and CBT)

Question 02b

Question introduction

This question asked candidates to describe how Ashanti could conduct her case study method with Caspian to investigate the effectiveness of family therapy. This question was comprised of 2AO2 marks. This question caused candidates a number of issues. Many responses seen described the process of performing family therapy rather than describing how she can see how effective it is. It is worth noting, however that some of these candidates still managed to pick up a mark due to writing about issues such as informed consent, or interviewing the parents

The most common creditworthy responses seen were

- Getting informed consent from Caspian
- Recording symptoms before and after through questionnaires/ interviews/ observations
- Interviewing the family about Caspian's symptoms
- Interviewing Caspian about his thoughts on progress
- Comparing his symptoms before family therapy and then six weeks later
- Use of medical records to see the progression of his SZ during therapy.

This response achieved 2 marks.

This response achieved one mark for comparing symptoms before and after the therapy by interviewing, and then a further mark for giving questionnaires to family members about Casper's development. NOTE that the compare data at the end would not have been enough for a mark due to the lack of a link.

(b) Describe how Ashanti could conduct her case study research method with Caspian to investigate the effectiveness of family therapy.

(4)

Ashanti could use multiple methodologies to get both qualitative and quantitative data. Ashanti could compare Caspian's symptoms of schizophrenia before and after therapy by interviewing. Ashanti could interview and give questionnaires to Caspian's family members to ask about their opinions and feels about the level of Caspian's improvement. Finally Ashanti could compare these data together to achieve inter-rater reliability.

This response achieved 0 marks

This response did not have any creditworthy material as this candidate has just described the process of family therapy, which is not what the question asked for.

Ashanti would first introduce Caspian's family with his mental illness and then gradually discuss ways to put more responsibility on Caspian. Then, with the help of Ashanti, Caspian's family will try to reintegrate him into the society, as well as learn to control possible complications in his behaviour. After the completion of the therapy, Ashanti could check on Caspian and his family in a couple of months and record his behaviour/any possible relapse or complications.

Question 02c

Question introduction

This question asked candidates to explain two weaknesses of Ashanti using a case study method to investigate the effectiveness of family therapy. This is an AO2/3 question so there needs to be some link in each weakness in order for the response to gain credit. Where candidate responses performed less well it was mainly due to the lack of exemplification/justification on their identification points. The most common weaknesses looked at the sample size (although many unfortunately did this generically), and possible bias from Ashanti as she is using her own patient.

This response achieved 3 marks

This first weakness achieved 1 mark for the sample of one person not being representative of the population of patients, and one further mark for suggesting that the case study lacks generalisability when looking at the effectiveness of family therapy. The second weakness achieved 1 mark for the idea that Caspian may not be able to consent due to his diagnosis. There is no exemplification on this, however, so it cannot achieve the second mark.

1. One weakness of Ashanti using a case study is that it lacks generalisability as Caspian is ~~one~~ a sample of one person (Caspian) is too small which makes the results of the effectiveness of the family therapy only applicable to Caspian, not representative of the population of patients.
2. Another weakness is that since Caspian has been diagnosed with schizophrenia which has features such as disorganized thinking Caspian may be unable to discern whether or not he ~~is completely aware~~ wants to take part in the study. This questions the ethicality of this case study as distress may be caused to Caspian.

This response achieved 0 marks.

This response is generic so no marks could be awarded. However, even if there had been some link within the answer there is no material that is creditworthy in this response.

1. Ashanti's research might not ^{not be} efficient or effective because it is from a case study not an investigation.

2. Ashanti's research would be done on one person so it will ~~not~~ have some evidence and personal experience.

Question 03a

Question introduction

This question asked candidates to describe one way culture may have influenced Andrej's diagnosis. This question was comprised of 2AO2 marks therefore there needs to be a link back to the scenario in each point written. Most candidates managed to get some marks on this question, but often struggled to write in enough detail to achieve both marks. Consequently, many candidates only achieved one mark

To achieve full marks candidates could have written:

- A **point** about linguistic/language issues between cultures meaning Andrej will struggle to get across his worries/feelings
- A **consequence** of this i.e., that this could lead to misunderstanding and mean that the diagnosis may be based upon flawed information/understanding.

OR

- A **point** about how different cultures have different beliefs about mental health such as hearing voices being different in different cultures
- **Consequently** the 2 clinicians will base their diagnosis of mental ill health on their own cultural beliefs rather than the information given them by Andrej

This response achieved 2 marks

This response achieved 1 mark for idea that ethnocentric bias may be present so may diagnose according to their own culture, and one further mark for the exemplification through examples i.e. the different cultural norms about hearing voices. It is worth noting that the study used would have been creditworthy also if full marks had not already been obtained.

* A study by Cooper et al (1972) shows American ^{psychologists} were 2 times more likely to diagnose a patient with schizophrenia than ^{than} British ^{psychologists}.
Ethnocentric bias may be present where the
~~the~~ clinicians, who were from different cultures than
Andrej, may diagnose him according to their
~~the~~ culture. For example: hearing voices is considered
speaking to ~~good~~ dead in plain Indian culture, whereas
it is a sign of schizophrenia in American culture.*

Question 03b

Question introduction

This question asked candidates to explain why Andrej diagnosis may be considered reliable. This question saw more full mark responses than the previous question. Most candidates understood the idea of two people using the DSM separately in order to get the same results suggesting reliability (inter-rater reliability) – this was by far the most common response this series, with the only issue being the vagueness of answers Some responses did use research

evidence to gain the second mark, but this was few and far between meaning 1 mark was most common.

This response achieved 2 marks.

One mark for idea of both clinicians using the DSM to come up with the same diagnosis, and one further mark for an appropriate study used to exemplify this point.

(2)

As 2 clinicians have diagnosed Andrezej using the DSM, it could be considered reliable as both the clinicians came up with the same diagnosis. ~~Lee (2006) found that using the DSM in Korea for the diagnosis of ADHD was as valid as using it in the USA. Goldstein (1988) as shown by Brown et al. who found that independant interviewers came up with the same diagnosis~~ (Total for Question 3 = 4 marks) for the patient

This response achieved 1 mark

One mark for the idea of using the DSM to get the same diagnosis so reliable. No justification or exemplification of this however, so 1 mark.

(b) Explain **one** reason why Andrezej's diagnosis may be considered reliable.

(2)

~~Beac~~ Because the two clinicians diagnosed Andrezej separately using the DSM which is tested for its reliability widely and drew the same diagnosis based on what ~~Ang~~ Andrezej described therefore Andrezej's diagnosis may be considered reliable.

Question 04a

Question introduction

This question asked learners to give one symptom of your chosen mental health disorder. Candidates answered this well with most achieving the 1AO1 mark available. Where candidates' response to did not achieve the mark, it was due to superficial/vague answers. To achieve the mark for depression candidates needed something about **consistent/persistent** low mood, lack of motivation or the idea that they have lost interest in activities they were previously interested

in. For Anorexia candidates needed the idea of a BMI a **third lower** than average, or some other statistical equivalent.

This response achieved 1 mark

Persistent sadness is fine for a mark.

(1)

Chosen mental health disorder:

Persistent sadness, hopelessness, and low mood.

This response achieved 0 marks

'Long period of time' is not enough for a mark as this needs to be qualified either as persistent, or a particular length of time i.e., 2 weeks.

Unipolar depression

one symptom is long period of time were your sad for no reason.

Question 04b

Question introduction

This question asked candidates to describe one non biological explanation for their chosen mental health disorder. As a describe question candidates need to ensure that they mark four separate points to ensure they can access all of the marks. Candidates produced some pleasing responses for this question Candidate responses which performed less well tended to show knowledge about a particular theory but not in enough detail to get the full marks. Most candidates managed to achieve some marks on this question.

To achieve full marks candidates could describe as follows:

Anorexia

- The observation of thin role models.
- media showing positive consequences of being thin
- people are more likely to imitate and want to be thin

- This is more likely as many of the people (girls) want to be like the idealised body type shown and rewarded in the media (idea of vicarious reinforcement)
- More prevalent due to social media showing images of the ideal body type.

Depression

- Irrational/faulty thinking leading to negative thoughts
- Idea of cognitive biases/errors about themselves leading to a negative belief
- Negative view of self/others/world meaning they will make assumptions based on limited/distorted info
- This leads to a negative self-concept/a skewed view about the world around them.

This response achieved 4 marks

This response gets 1 mark for the idea of vicarious reinforcement linked to thin role models, 1 mark for imitation of these models including compulsion to diet, one mark for the attention given for skipping meals, and one last mark for the idea of reinforcement for attention given to thin body. Really nice response.

- Bandura's social learning theory explains that observation ^{and} imitation of behaviours ~~expressed~~ role models, perceived by the observer.

- Anorexia Nervosa ~~could be~~ is due to ^{exposure to} media ~~presenting~~ ^{who} extremely thin role models ~~and~~ are praised for their thin body, this acts as vicarious reinforcement and increases the imitation of the observed behaviours ^{and comparison}, leading to dieting, starving and purging behaviours.

This could be observed ⁱⁿ Media Influence.

- A person might skip meals, starve, etc due to attention they get from their parents for skipping meals and praise from people ^{for their} ~~when~~ body.

- A person is reinforced ~~when~~ ^{by} praise ^{for their} ~~for~~ body and also punished by disappointment, disapproval ~~for~~ ^{for} healthy (fat) body. This leads to increase in the starving behaviours and leads to Anorexia Nervosa.

- ~~Peer~~ Peer Influence also plays an important role in Anorexia.

This response achieved 2 marks

This achieved one mark for the idea of the negative triad, and one further mark for lack of motivation as everything they do will get a bad result.

(b) Describe one non-biological explanation for your chosen mental health disorder.

(4)

Beck states that people who have unipolar depression may have ~~negative~~ negative schema like negative triad, they ~~are~~ have a negative attitude about themselves, future, and the society. This could make them lack of motivation as they ~~may~~ think whatever they do will get a bad result at last, so ~~may~~ may also want to suicide since they are ~~hopeless~~ hopeless.

Question 04c

Question introduction

This question asked candidates to analyse the effectiveness of cognitive behavioural therapy (CBT) for their chosen mental health disorder. This 6-mark question was comprised of 3AO1 and 3AO3 marks. Candidates found this question difficult especially in terms of the AO3 analysis. Many candidates did not really achieve the AO3 marks, only the AO1 marks for identifying a reason why it is effective/not effective. Candidates need to remember that there is ONLY 3 marks max for identification and 3 parts for justification of that specific identification point. For this question, research can be used as either AO1 identification or AO3 justification

For example

"Pike et al. (2003) found CBT was more effective than nutritional counselling in improving outcome and preventing relapse in anorexia nervosa"

can be used as an extension of a previous point, or if stand alone can be seen as an AO1 point showing how it is/is not effective.

For Anorexia points which could be credited (not exhaustive) include:

- The idea that it takes a significant period of time so may not be suitable
- Use of research – Pike and Becker are quite common.
- Does not address external reasons for Anorexia only focusing on cognitive processes

For Depression

- Its better in combination with drugs
- Lack of motivation may lower effectiveness
- Reductionist as does not consider biology
- Not as much research used for this one but I have seen Wiles as per mark scheme

Unfortunately, there were very few candidates that got above 3 or 4 marks on this question.

This response achieved 3 marks.

This response achieved 1 mark for that CBT helps not only immediately but for future events, one mark for the fact that it may be the therapeutic relationship and not the CBT which helps patients, and one further mark for there are no side effects unlike drug treatments. Although there are further points on this response, they really are only AO1 points and so there is max 3 marks that can be given.

(c) Analyse the effectiveness of cognitive behavioural therapy (CBT) for your chosen mental health disorder.

(6)

Cognitive behavioural therapy works by changing the pessimistic way of thinking of the unipolar depression patients.

This therapy works on the premise that individuals would have feelings and attitudes toward past life events, that would in turn affect present way of behaving and ~~and~~ cognition.

CBT treats patients of depression by few methods including encourage them to keep diary out side the session and ~~to~~ do small tasks to build positive pattern of behaviour and notice feelings. Therapists may also help patients to ~~notice~~ ^{identify} the false believes causing depressed moods, and ~~to~~ together find alternative ways of dealing ~~to~~ with events and tasks.

~~This~~ CBT is effective for reducing relapse rate since it not only reduce symptoms but also teach patients to deal with future ~~to~~ difficulties and events. Also there are little harmful side effect since no drugs are used and the procedure is withdrawable. However, it is not clear that whether is ~~the~~ CBT improving the mental illness or building a warm relationship with therapists releases depressed mood of the patients.

This response achieved 1 mark

Most of this response is pure description about what CBT actually is, but there is one creditable point about Pike towards the end of the response.

(6)

CBT-E or Enhanced CBT is used to ~~that~~ treat Anorexia. CBT-E focuses on challenging the thoughts of the patients that cause distortion of body image, restrictive caloric intake. ~~It~~ 20 sessions of CBT-E is recommended for anorexia patients, and up to 40 sessions for severely underweight patients. They The client and therapist first agree on a treatment plan, and the ^{therapist} client helps the client understand the disorder. They have weigh-in sessions, and have evaluation sessions to discuss the effectiveness of the therapy and come up with better ways to help the patient cope. They Once they have completed the course, they are invited back after some time to check their progress. A study done by some researchers ^(Pike et al) on the effectiveness found that CBT-E was better at preventing relapse of the disorder than nutritional therapy.

Question 05

Question introduction

This 16-mark levels based extended open response asked candidates to evaluate the effectiveness of drug therapy as a treatment for schizophrenia. This question was comprised of 6AO1 And 10 AO3 marks, therefore candidates needed to place more emphasis on the evaluative side of the question than the AO1 knowledge. Candidates answered this question well with some very strong responses seen. The AO3 was much stronger than the AO1 on this question which is not surprising at times when looking at biological processes from drug therapy

For AO1 the most common responses included

- Examples of drugs used i.e., Clozapine
- The differences between Typical/Atypical
- The theories behind the use drug therapies i.e., dopamine/neurotransmitters
- What it does? How does it help in terms of symptoms? Often linked to dopamine and serotonin
- The different forms often linked to non-adherence with tablet form and how this can be overcome.

For AO3 most common responses were:

- A variety of different pieces of research.
- The negative consequences of drugs such as side effects/addiction.
- The immediacy of drug therapy compared to other treatments such as family therapy
- Does not get to the root cause and solve other issues in life which may cause SZ (linking to other non-biological theories or the idea of genes)
- How it is often used in combination with CBT effectively.

This response achieved 14 marks

The AO1 shows good knowledge about types of drugs, how they work, the types of symptoms they can reduce, and how drugs such as Clozapine target dopamine and serotonin. This is top level 3 AO1. AO3 evaluation is level 4, discussing issues such as side effects, the theoretical basis of using drug therapy, how using drug therapies helps with comorbidities such as depression. Appropriate research is also used in this response, both in terms of supporting and refuting evidence. Holistically this is level 4 and 14 marks and the only element stopping it from getting full marks is the slightly weaker AO1, and the slight imbalance in the AO3; but this is still a really strong response.

5 Evaluate the effectiveness of drug therapy as a treatment for schizophrenia.

(16)

Drug therapy, known as antipsychotics, are the frontline treatment offered to patients with schizophrenia. The first generation ones are known as typical antipsychotics, and they are typically dopamine antagonists, preventing dopamine from binding to dopamine receptors. These work by blocking dopamine receptors to reduce the hyperactivity of the mesolimbic dopamine pathway in order to decrease the effects of dopamine in schizophrenia's brain and to reduce psychotic symptoms. For example, chlorpromazine is a type of phenothiazine drug that is particularly favoured by psychiatrists because of its calming and sedative effects. However, there are unpleasant side effects associated such as weight gain, insomnia, blurred vision etc. The most side effect is tardive dyskinesia, involving uncontrollable facial grimaces and tics, often irreversible even stop taking the drugs. Atypical antipsychotics are then developed to add to the effectiveness of the first generation drugs, acting almost in a same way as typical antipsychotics, but also target other neurotransmitter receptors, such as clozapine targeting the serotonin and glutamate receptors alongside dopamine ones. This can lead to improvement in cognitive functioning and mood when schizophrenia patients take it, which account for some negative symptoms, and it particularly useful when considering that schizophrenia has a 50% relapse rate with a depression. Yet these benefits can be offset by the common side effect of agranulocytosis, which is a severe and dangerous leukopenia that has caused several deaths.

The use of drug therapy is based on our dopamine hypothesis proposed by Arvid Carlsson, which is a major biological explanation of schizophrenia, demonstrating a link between dopamine levels and the development of schizophrenia. An antipsychotic drug, ranging from more typical to atypical ones, can affect dopamine neurotransmission. The drug therapy is backed up by a well-reasoned scientific explanation, thus having certain limitations. First, antipsychotics could be administered to patients ~~to~~ early and quickly in tablet, liquid or injectable forms to suppress symptoms, which is useful in institutional or psychiatric care in real life. According to Jan (2007), phenothiazine drugs that block dopamine receptors have been shown to be effective. For a patient who took this show positive signs of improvement and a reduction in schizophrenic symptoms. The researchers using drugs could be effective in a relatively short period of time of a few weeks, with Metzger et al. (1984) a finding that some antipsychotic drug have periods resulted some positive and negative symptoms within their 6-week period of taking the drug. Embury (1988) suggested that the antipsychotic drug risperidone administered early in the course of schizophrenia gave high remission rates and low relapse rates, demonstrating effectiveness of drug therapy. McEvoy et al. (2006) found that in the long term, 70% of 4 atypical antipsychotic, clozapine was the one taken considerably longer, possibly due to fewer side effects. So improvements were mostly made by those taking clozapine. It should be noted that antipsychotics have long been criticized for their potential to serve as pharmacological straitjackets, such that medications are often prescribed ~~to~~ not for the utmost benefits of patients but only to make them more controllable and manageable. Hardy (2002) suggested that studies reviewing effectiveness of drug therapy may actually be mainly for

cannot and therefore the patients appear to be a better standard case
variety as they are not accurately reflecting the actual effectiveness of
antipsychotic drugs in treating the proximal cause of schizophrenia. Marder et
al. (1992) 10-year longitudinal study found that those who did not take
medication in the long-term shared fewer psychiatric episodes than those
who did. In fact, due to undesirable side effects, many patients may
refuse to continue the medication, which limits the effectiveness of drug
therapy. Importantly, once stop taking, schizophrenic symptoms may return
and relapse is very likely to occur, which means that the drug therapy
treat is only palliative but not curative. This brings light to the recovery
model suggested by Anthony and Liberman (1986), which encourages patients
stop taking antipsychotics and find other different ways to better live
with their schizophrenic symptoms. For example, social advantage planning
(SA, Eason 1999) would suggest that schizophrenia is associated with needs
city etc rather than biological factors like neurotransmitter imbalances.
Therefore, it is always crucial to consider other ~~and~~ treatments for
schizophrenia such as the ^{alternative} cognitive-behavioural therapy, which would
help address schizophrenic symptoms more holistically compared to drug
therapy as a treatment that is not sufficient alone.

Section B: Psychological Skills.

Question 06a

Question introduction

This one-mark AO2 question asked candidates to calculate the ratio. Candidates mainly achieved the mark on this question. Response which did not achieve the mark showed a lack of understanding about the ratio and how to calculate it.

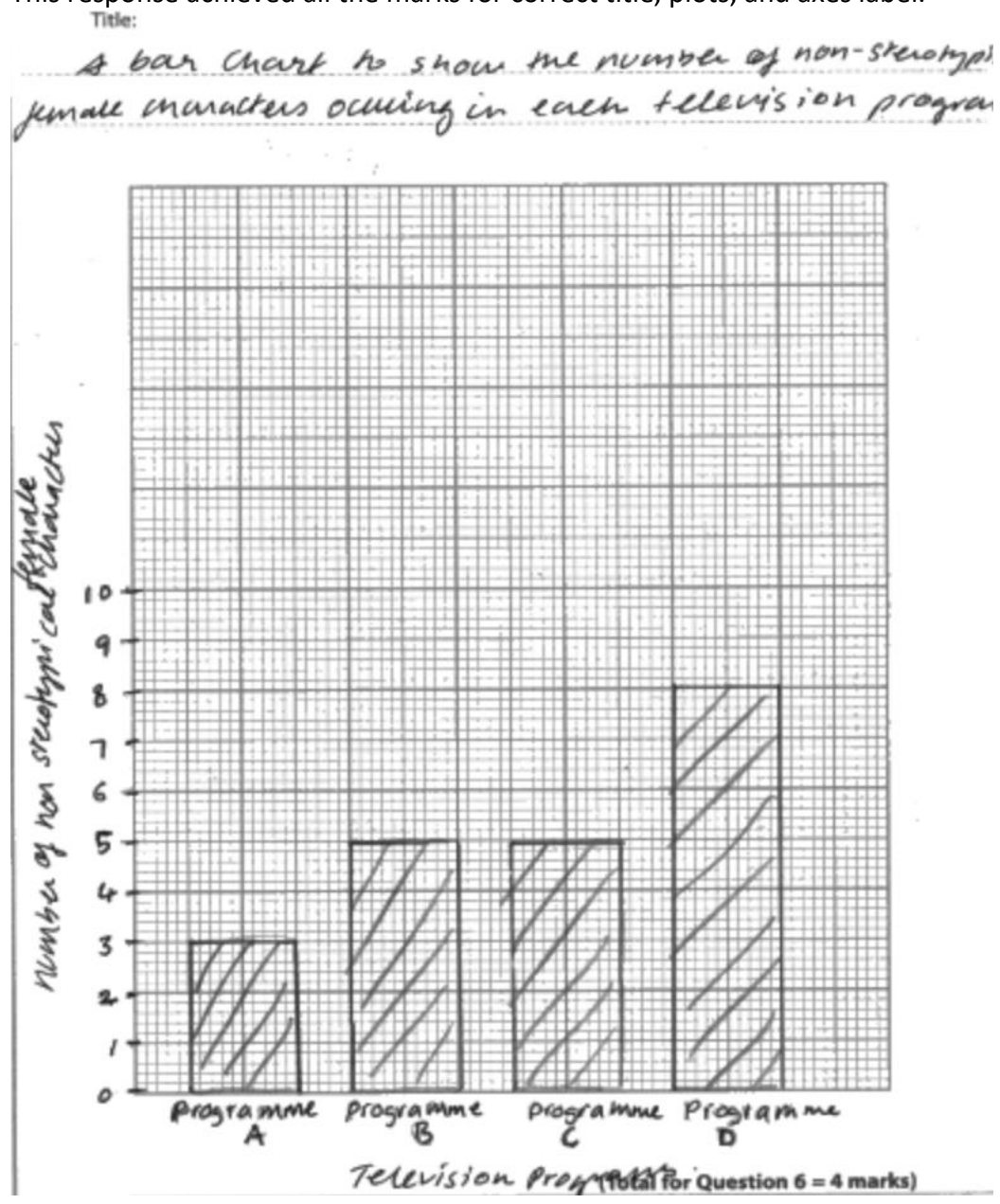
Question 06b

Question introduction

This 3-mark question asked candidates to draw a bar chart to show the data from the non-stereotypical female characters in each television programme. Candidates in the main achieved all three marks on this question. Where candidate responses did not achieve marks, it was due to the drawing of a histogram rather than a bar chart, or titles that were too vague.

This response achieved 3 marks

This response achieved all the marks for correct title, plots, and axes label.



Question 07a

Question introduction

This two-mark question asked candidates to describe how Zhi could use a volunteer sampling technique to gather the families for her investigation. As an AO2 question candidates needed to link back to the scenario in their points, which was not always the case. For full marks candidates needed to have two elements in their response.

- **What** are they going to use? i.e. adverts/posters/flyers/social media in local schools/areas where parents of 6-year-olds are likely to see them.
- **How** will the potential participant's volunteer? i.e., Contact details (such as email or telephone number) for the **parents** (the link) to get in touch with her about the research.

Many full mark responses seen here, with responses that did not get full marks mainly doing so due to the lack of links back to the scenario.

This response achieved 2 marks

This response achieved one mark for advertising on social media linked back to the study aims, and one mark for leaving contact details for any family (the link) interested in the study.

(2)

Zhi could post an online advertisement on social media platforms like Instagram or Facebook, stating about her aim of her study to investigate parenting styles influence on children's educational achievement, and leave her contact details for any family that is interested in participating her study to contact her.

Question 07b

Question introduction

This two-mark question asked candidates to explain one improvement that Zhi could make to the sample of families chosen for her investigation. This question was comprised of 1AO1 and 1AO3 mark. To achieve full marks, therefore, on this question candidates needed two elements; to identify an improvement and then exemplify how this would improve the study. Most responses focused on

- More varied age range for the sample
- Sample from more areas

Where candidate did not achieve full marks, it was mainly due to the HOW element of the question not being present. For that 'how' will this improve the sample creditworthy examples include:

- suggest that she can look at educational development across a larger age range making it more representative of children.
- Look at parenting style beginning at different age ranges to see whether parenting style is more influential at some ages more than others.

This response achieved 2 marks.

This response achieved one mark for the identification of the improvement i.e., choosing children below six years old, and 1 mark for the 'how' this will improve the sample i.e., makes it more representative of a wider population/reflective of varying families.

She could have included families with children that are aged beyond or under six-years old in order to be representative of a wider target population ~~in terms of~~ and so her sample would be more reflective of a broader range of ^{varying} families in the real-world context.

This response achieved 1 mark.

This response achieved one mark for the idea of a larger sample with a greater variety of parenting styles to increase generalisability.

(b) Explain **one** improvement that Zhi could make to the sample of families chosen for her investigation.

Zhi could use more families with ^{higher} ~~more~~ variety (2) of parenting styles in order to make her findings more generalizable. By increasing the number of families in her sample the findings may be more applicable to real life.

Examiner tip: One thing to note that larger sample size on its own would not have been worth a mark, but if they specify a particular number (for example increasing the sample from 20 families to 40 families) then this would be creditworthy for a mark.

Question 08

Question introduction

This six-mark question asked candidates to explain three ethical considerations Rabia would need to consider when conducting her research with Rats. This question was comprised of 3AO2 and 3AO3 marks therefore there needs to be some link back to the scenario given to access the marks. Candidates answered this question fairly well, with issues such as minimising harm, housing, minimising number, need for a licence all used frequently. Where candidate responses performed less well it was due to the second AO3 mark not being present. In order to achieve these marks, there needed to be some reference back to scientific procedures Act, which did not often happen. Most candidates managed to get at least some marks on this question, however,

This response achieved 3 marks

This response achieved 1 mark for ensuring minimal pain during medical procedures, one mark for minimum number of rats (linked to the study), and one further mark for the welfare of the rats in the experiment i.e., housing and food. There are no references back to the particular elements relevant in the SPA however, so no AO3 marks can be given.

Explain **three** ethical considerations Rabia would need to consider when conducting her research with rats.

1. Rabia need to consider how to conduct the medical procedure on rats with minimal pain & such as controlling the levels of ~~rest~~ reducing to keep the rat healthy.

2. She would have made ~~su~~ sure she provided a suitable habitat for the rats such as giving adequate amount food to maintain a healthy weight.

Question 9abc

Question introduction

This was a three-part question comprised of part a) which was calculation of a statistical test using data (Spearman), part b) which was a statement of significance, and part c) which was a conclusion from this data/test. Candidates' responses were fairly string through the three parts of this question. Where candidate responses performed less well it was due to the miscalculation of some element of the Spearman's test. One point to note is that if the candidate gets the correct answer but does not show their working out, they will still achieve all 4 marks. In addition to this, if the candidate achieves the wrong answer on part a) their statement of significance will be based upon the answer they achieved on part a) so they will not be disadvantaged on other parts of the question.

This response achieved a) 4 marks b) 1 mark c) 1 mark

For part a) the final answer is correct, so 4 marks automatically. One thing to note is that they need the minus sign, without this they would achieve three marks.

(4)

Score for bullying behaviour (out of 20)	Rank 1	Score for self-esteem (out of 20)	Rank 2	d	d^2
18	5	4	1	4	16
9	2	13	4	-2	4
14	3	9	3	0	0
2	1	18	6	-5	25
19	6	17	5	1	1
17	4	8	2	2	4
Total for d^2					50

Table 2

Space for calculations

$$r = \frac{6(50)}{6(6^2 - 1)}$$

Spearman's rank correlation coefficient -0.429

For part b) both the calculated and critical value are present, and the statement of significance is correct so 1 mark. Note that the response needs both sets of figures to be awarded the mark.

The formulae and statistical tables can be found at the front of the paper.

(1)

The calculated value of 0.519 is smaller than the critical value of 0.886, so the results are not statistically significant.

For part c) this is an accurate conclusion based on the results gained so 1 mark.

(c) Give **one** conclusion that Troy could make from his investigation.

(1)

There is not a strong relationship between bullying behaviour and a person's self-esteem.

Examiner tip: make sure that when writing a one-mark conclusion candidates do not just write down the results. Using statistics/results will only be necessary if the conclusion question is two marks and therefore a justification of the conclusion is needed.

Question 10

Question introduction

This 8-mark extended open response asked candidates to discuss the key question about internet addiction using the information given in the context. This question was comprised of 4AO1 and 4AO2 marks. Candidates really did struggle with this question with a lot of responses just lifting from the scenario and therefore gaining very little credit. Candidates need to use the scenario to show their understanding of the theories and concept in relation to what the study is showing

For AO1 acceptable responses could include:

- Operant conditioning and positive and negative reinforcement.
- The biology behind the pleasure gained from addiction
- How addiction can be a response to negative aspects of your life and is a form of self-medication to relieve the stress you are feeling (negative reinforcement)
- An expansion on variable ratio reinforcement and why it creates addiction

For AO2 acceptable responses could include:

- the idea of variable reinforcement schedules to internet addiction and how this is created through use of points/rewards/likes/views.
- family therapy as an intervention as conflict is a cause
- creating healthier coping mechanisms for external stressors
- How it may take more time to stimulate the dopamine pathway due to more internet use, so any intervention would treat withdrawal same as other types of addiction such as gambling.
- Use of drug therapy to reduce the anxiety created from external stressors of physiological and psychological withdrawal from internet.

It was rare, however, to see responses above 4 marks.

This response achieved level 2 and 4 marks.

The AO1 is level 2 with some knowledge of the concepts highlighted in the scenario, mainly through the use of definitions. This is still fairly limited however and is bottom level 2. The AO2 is stronger with some appropriate interventions suggested such as family therapy to address conflict, preventing variable reinforcement being used, clinical treatment for withdrawal. This is bottom level 3. Holistically this can remain at the top of level 2 due to the stronger AO2 and gets 4 marks.

AO1 (8)
Family therapy is to talk with the patient and the family which aims to let the family understand and help the patient.
Positive reinforcement is when something desired (a reward) is given in response to a behaviour which will be repeated. Variable ratio means that a reward is given randomly with regard to the number of behaviours which is probably the most efficient to reinforce a behaviour as the reward is unpredictable.
Shaping is to reinforce small parts of the behaviour and gradually asking for more before a reward is given.
People with addiction is more likely to have mental health conditions such as depression and anxiety.

AO3

People with internet addiction can benefit from the support of their families by family therapy which will help to resolve family conflict so this can inform interventions for internet addictions.

We can prevent the internet applications from providing the variable ratio reinforcement so in this case knowledge of psychology can not inform interventions.

We can use shaping to help people with internet addiction, for example, if he spend less time even if only 10 minutes we can give him a reward and next time a longer time needed to get a reward.

When there is withdrawal symptoms such as depression or anxiety we can advise them to get a clinical treatment.

Question 11

Question introduction

This 20-mark extended open response asked candidates to assess the use of psychological knowledge in society. This question was comprised of 8AO1 and 12AO3 marks meaning that candidates needed to focus slightly more on the AO3 assessment element of the question, which many candidates did do through the use of appropriate research. Candidates answered this question well, with many achieving more than half marks for this question. Where candidate responses performed less well it was often due to candidates just describing everything, they had learned in psychology without actually answering the question. These types of response tended to be maximum level 2 responses. To achieve into the higher bands' candidates needed to

Look at different areas of psychology and what they have taught us (AO1), such as:

- The importance of role models in behaviour

- Role of authority figures in obedience/destructive obedience
- The different factors involved in aggression
- The role of attachment in children's development
- How mental ill health may be due to biological dysfunction
- How children develop social, emotionally, cognitively
- How memory works and how it can be distorted
- Role of conditioning in phobias

How this knowledge is important/useful/used in society (AO3).

- The use of positive role models to stop illnesses such as Anorexia
- How understanding of role models has created the system of guidance for Films/games and also such things as the watershed for violence/junk food
- If we know obedience occurs in certain situations, we can stop it happening OR if we know how to make people obey for destructive reasons can be used negatively.
- If we know there is a biological element, then interventions can be put in place to lower aggression
- The use of this information for bonding at birth/evolving day care etc
- How info on child development can introduce new strategies in schools
- How can stop miscarriages of justice due to the overuse of eyewitness testimony.
- The development of treatments such as systematic desensitisation for phobias

This response achieved level 4 and 14 marks.

AO1 knowledge is accurate and discusses operant conditioning, social learning theory, scanning, biological theories, jury decision making. It is not always thorough however so top level 3. The AO3 assessment uses the points about to show how this can be used in society i.e. the use of operant conditioning and social learning theory in token economies in workplaces/education/prison, how knowledge of disorders can help through looking at potential risk factors with a nice contrasting point about this being used for stereotyping, the risk to jury decision making of eye-witness testimony such as leading questions, and how knowledge of obedience can be used for social control. This is solid level 4. Holistically, the stronger AO3 plus the heavier weighting on AO3 means that this can remain a level 4 response and stay around the middle and gain 14 marks.

Psychological knowledge such as discoveries on cause and effect of certain traits, groundbreaking studies, theories and explanations of behavior and factors determining patterns have all contributed to the function of today's society. Various different discoveries have been taken into account and incorporated into systems such as schools and justice and correctional departments as well as psychiatric hospitals. Psychological knowledge is employed in society almost daily, as it has become a structure within the world.

One of the most frequently used psychological discoveries in society is the idea of operant conditioning, suggesting behaviour to be motivated and conditioned through consequences. Operant conditioning was a huge contributor to the establishment of the worldwide token economy, suggesting many of our day to day activities are conducted for the reward or due to an avoidance of punishment. Both jobs and laws work on an operant conditioning basis where if you do the work you get paid and if you break the law you get punished. These ideas ultimately drive society to remain stable and causes people to display certain

desired behaviours. This has been of great benefit within many aspects of society such as reducing crime and increasing/stabilising the work force. Not only that, but learning theories have also strongly influenced the education system in revealing ways in which children learn. Learning theories have highlighted different ways in which children learn certain behaviours such as seen in Bandura's bobo doll experiment which emphasized children's ability to learn through observation. Even the educational system relies heavily on a reward and punishment principle.

Another large contributor of psychological knowledge in society is the use of explanations and treatments for certain behaviours. This area has been used both positively and negatively in society. Ultimately, numerous brain scans and biological investigations within psychology have revealed links between certain areas of the brain and their function within humans. For example, the limbic system has been identified as a key unit regulating and maintaining human emotions and drives meanwhile the pre-frontal cortex is used to explain higher cognitive functions such as decision making and impulse control. The benefits of this knowledge to society is its identification of areas and their functions which can be used to indicate predisposition to certain traits or

behaviours. Yet the downside to societies use of this knowledge is the creation of labels carrying immense stereotypes. For example, just because an individual displays low levels of ~~the~~ activity in their amygdala it does not make them the same as the murderers of the investigation of brain abnormalities in criminals pleading NGRI (I forgot the name of the researcher who conducted the study). These inaccurate and quick to judge labels can cause ~~create~~ great difficulties and treatments of the individual due to society's stigma and/or stereotypical thinking around that label.

Furthermore, psychological knowledge has also been used in society during trials, testimonies and jury decision-making. Both cognitive and criminal psychology have revealed factors influencing jury decision-making and the accuracy of eyewitness testimonies. For example, Loftus and Palmer's findings regarding the influence of leading questions have revealed an important factor of consideration within witness questioning and trials. Furthermore, Loftus also found that expert testimonies influenced jury decision-making, indicating a possible bias within the courtroom.

Other important discoveries include Bartlett's reconstructive memory and schemas theory explaining altered or distorted memories which lead to the

invention of cognitive interview technique to increase the accuracy of eyewitness testimonies in reference to their memory recall.

(Running out of time but if I had time I would have also mentioned Milgram's findings about obedience and the power of authority → also used in society to control & avoid chaos)

Paper Summary

Based on their performance on this paper candidate are offered the following advice:

- Within their extended open responses, candidates should give balanced arguments and exemplified points which lead to making informed conclusions or judgements (where appropriate to the taxonomy used) in relation to the question content.
- Where candidates are asked for improvements, they should focus on an improvement and justify how or why this would be an improvement. Many are still presenting a weakness of the study/scenario/practical rather than a justified improvement.
- Generic points should be avoided, candidates should be able to give specific responses that are clearly linked to the question content and taxonomy, especially in scenario-based questions.
- Where candidates are expanding their points, the use of evidence and supporting/contesting concepts could aid them in exemplifying their knowledge and understanding as appropriate.
- Candidates should ensure they use the scenario where one is given and indicated within the question. Generic responses will not score any marks, and some excellent knowledge is being let down by the lack of application to context.
- Six mark analyse questions are still proving to be difficult for candidates. This is an area that teachers should focus on, especially in terms of structure of responses through the use of novel scenarios and past paper questions

