

SECTION A

Clinical Psychology

Question Number	Answer	Mark
1(a)	<p style="text-align: center;">AO1 (2 marks)</p> <p>Up to two marks for description of the DSM (DSM-IV-TR or DSM-5).</p> <p>For example:</p> <ul style="list-style-type: none">• The DSM-5 has three sections, with section II having the classification of the main mental health disorders (1). Within section III, there is a cultural formulation interview guide to help with diagnosis of the disorder (1). <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
1(b)	<p style="text-align: center;">AO1 (2 marks), AO3 (2 marks)</p> <p>One mark for identification of a strength and a weakness of DSM (AO1). One mark for justification of the strength and the weakness (AO3).</p> <p>For example:</p> <p>Strength</p> <ul style="list-style-type: none"> • Kim-Cohen et al. (2005) found that the DSM has predictive validity for conduct disorders in children (1) as a larger majority of children who had at least three conduct disorder symptoms at five years old according to DSM had at least one educational difficulty two years later (1). <p>Weakness</p> <ul style="list-style-type: none"> • The DSM may not be an accurate classification system for mental disorders as patient factors may affect the information the clinician receives (1), as the patient may not tell the clinician certain aspects of their behaviour due to cultural differences or the stigma attached to such behaviours (1). <p>Look for other reasonable marking points.</p>	(4)

Question Number	Answer	Mark
2 (a)	<p style="text-align: center;">AO2 (2 marks)</p> <p>Two marks for a fully operationalised non-directional (two-tailed) hypothesis. One mark for a partially operationalised non-directional (two-tailed) hypothesis.</p> <p>For example:</p> <ul style="list-style-type: none"> • There will be a difference in the number of trainee nurses who say they would work in mental health between the 19 trainee nurses who have a family member with a mental health disorder and the 19 who do not (2). • There will be a difference in the number of trainee nurses willing to work in mental health between condition A and condition B (1). <p>Answers must relate to the scenario.</p> <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points</p>	(2)

Question Number	Answer	Mark
2(b)	<p style="text-align: center;">AO2 (2 marks)</p> <p>One mark for statement of each reason in relation to the scenario.</p> <p>For example:</p> <ul style="list-style-type: none"> • She had nominal data as she measured whether they would or would not be willing to work in mental health (1). • She had an independent groups design, the trainee nurses either had or did not have a family member with a mental health disorder (1). <p>Answers must relate to the scenario.</p> <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer						Mark
2(c)	<p style="text-align: center;">A02 (4 marks)</p> <p>One mark for accurate completion of O-E column to one decimal place One mark for accurate completion of (O-E)² column to one decimal place One mark for accurate completion of (O-E)²/E column to one decimal place One mark for correct answer to one decimal place = 24.8</p>						(4)
		Observed	Expected	O-E	(O-E) ²	(O-E) ² /E	
Condition A: Had a family member with a mental health disorder	Circled 'yes' would be willing to work in mental health	19	11.5	7.5	56.3	4.9	
	Circled 'no' would not be willing to work in mental health	0	7.5	-7.5	56.3	7.5	
Condition B: Did not have a family member with a mental health disorder	Circled 'yes' would be willing to work in mental health	4	11.5	-7.5	56.3	4.9	
	Circled 'no' would not be willing to work in mental health	15	7.5	7.5	56.3	7.5	
				Chi squared =	24.8		
Look for other reasonable marking points.							

Question Number	Answer	Mark
2(d)	<p style="text-align: center;">AO2 (1 mark), AO3 (1 mark)</p> <p>One mark for identification of a strength in relation to the scenario (AO2). One mark for justification of the strength (AO3).</p> <p>For example:</p> <ul style="list-style-type: none"> • Sakura used quantitative data when collecting her results in the form of the number of trainee nurses who circled 'yes' or 'no' which increases reliability (1), as the data is objective which means Sakura did not need to use her own opinion when analysing the trainee nurses' data so other researchers should find similar results from her data (1). <p>Answers must relate to the scenario.</p> <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
2 (e)	<p style="text-align: center;">AO2 (1 mark), AO3 (1 mark)</p> <p>One mark for identification of an improvement in relation to the scenario (AO2). One mark for justification of the improvement (AO3).</p> <p>For example:</p> <ul style="list-style-type: none"> • Sakura could ask the trainee nurses at a variety of different hospitals rather than just her local hospital (1) as this would be more representative of trainee nurses who would be from a wider area and different backgrounds and therefore the results would be more generalisable (1). <p>Answers must relate to the scenario.</p> <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Indicative content	Mark
3	<p style="text-align: center;">A01 (4 marks), A03 (4 marks)</p> <p>A01 Anorexia Nervosa</p> <ul style="list-style-type: none"> • The cognitive explanation of anorexia nervosa states that those with the disorder develop faulty schemas in their childhood. • Faulty schemas lead to irrational beliefs about how they perceive their bodies as too big. • One distortion is the 'should' which are what those with anorexia think they should or should not do such as they should not eat certain types of food. • Faulty schemas lead to those with anorexia nervosa not eating to lose the weight that they perceive they have. <p>Obsessive-compulsive disorder (OCD)</p> <ul style="list-style-type: none"> • The cognitive explanation for OCD states that those with the disorder may develop intrusive thoughts that affect their behaviour. • In early childhood the person develops a belief that the world is a threatening place which makes the person anxious. • To reduce anxiety about the world the person may use thought suppression leading to obsessions that may lead to compulsive behaviours to relieve the anxiety. • An example of an intrusive thought is that the house will burn down so the ritual of checking all the lights are off several times reduces this anxiety. <p>Unipolar depression</p> <ul style="list-style-type: none"> • According to the cognitive explanation people with unipolar depression have cognitive bias and see the world as a negative place. • People with unipolar depression may catastrophise and believe a minor setback is a major setback that cannot be overcome. • Negative self-schemas mean that those with unipolar depression focus on their negative traits and ignore any positive traits. • The negative triad is when those with unipolar depression have a negative view of their future based on their negative view of the world and themselves leading to depression. 	(8)

A03

Anorexia nervosa

- Guardia et al. (2012) found that patients with anorexia did significantly overestimate their ability to pass through a projected aperture on a wall showing they may have distorted thinking about their body.
- There are other explanations for the development of anorexia nervosa such as learning the behaviour from role models on social media so it is not a complete explanation of anorexia nervosa.
- The cognitive explanation has led to cognitive behavioural therapy for those with anorexia which aims to change their eating patterns and schema around their body image so the explanation has a useful application.
- Scott-Van Zeeland et al. (2013) found that those with anorexia had a significant variation in the EPHX2 gene indicating that anorexia nervosa may have a genetic basis.

Obsessive-compulsive disorder (OCD)

- Soreni et al. (2014) found that perfectionism scores were associated with the severity of OCD symptoms in 94 children showing they do have different schemas.
- There are other explanations for the development of OCD such as learning the behaviour from role models on social media so it is not a complete explanation of OCD.
- The cognitive explanation has led to cognitive behavioural therapy for those with OCD which aims to change their obsessive thoughts by challenging them, so the explanation has a useful application.
- Hou et al. (2014) found that patients with OCD had decreased functional connectivity in the occipital lobe, temporal cortex and cerebellum suggesting OCD may have a biological basis.

Unipolar depression.

- Elliot et al. (1997) found that those with depression had an abnormal response to negative feedback which negatively affected their performance, showing their thought processing is different.
- There are other explanations for the development of unipolar depression such as learning the behaviour from role models on

	<p>social media so it is not a complete explanation of unipolar depression.</p> <ul style="list-style-type: none"> • The cognitive explanation has led to cognitive behavioural therapy for those with unipolar depression which aims to challenge their negative thoughts about themselves, so the explanation has a useful application. • Zobel et al. (2010) found that there was an association between variations in the FKBP5 gene and vulnerability to unipolar depression, suggesting it may have a genetic basis. 	
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Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks)		
Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer.		
	0	No rewardable material.
Level 1	1-2 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	3-4 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	5-6 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	7-8 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)

Question Number	Indicative content	Mark
4	<p style="text-align: center;">AO1 (4 marks), AO2 (4 marks)</p> <p>AO1</p> <ul style="list-style-type: none"> • Cross cultural research is used to gather detailed data to investigate the similarities and differences in behaviour thoughts and attitudes regarding mental health disorders between different cultures. • The cross cultural research uses participants from a range of different cultures rather than participants from the same culture to get a more holistic idea of how mental health disorders are perceived. • Cross cultural research on mental health disorders aims to move research away from the focus on western, educated, rich democratic cultures. • A variety of research methods could be used within research across different cultures such as experiments, interviews and questionnaires to assess cross-cultural differences. <p>AO2</p> <ul style="list-style-type: none"> • After analysing his data Ferenc did find that there were differences between his culture and the other two cultures attitudes towards those with a mental health disorder. • Ferenc is using participants from three different cultures so he may get a more holistic view of people’s attitudes towards those with a mental health disorder. • As Ferenc is using two cultures within his country and a neighbouring country, he may still only get the view of western cultures. • Ferenc is using a specific research method within his cross-cultural research, a questionnaire to examine attitudes to mental health disorders using open and closed questions. 	(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
5	<p data-bbox="459 275 1238 309">AO1 (8 marks), AO2 (4 marks), AO3 (8 marks)</p> <p data-bbox="384 349 453 383">AO1</p> <ul data-bbox="432 389 1318 1308" style="list-style-type: none"> • Deviance is when a behaviour is not statistically normal or socially normal and is a socially unacceptable behaviour. • If a behaviour is not within two standard deviations for the population it can be considered statistically abnormal and may be used to diagnose a mental disorder. • When a behaviour has an impact on a person's ability to carry out their daily life then it can be said to be dysfunctional. • Dysfunction may not be obvious so when it is used to diagnose a mental health disorder the psychiatrist must look at all aspects of the client's life. • Distress can be used to diagnose a mental health disorder if the behaviour causes the person to be upset and there is no logical reason for the person to be upset. • Distress can be used in isolation to diagnose a mental health disorder, as someone could be very upset but not show deviance or danger. • Danger can be used to diagnose someone with a mental health disorder if they are a danger to themselves and their behaviour may cause them harm. • If someone's behaviour puts other people at risk of serious harm this would be seen as dangerous and used to diagnose someone with a mental health disorder. <p data-bbox="384 1314 453 1348">AO2</p> <ul data-bbox="432 1355 1318 1803" style="list-style-type: none"> • Most people do not dress up as a cat and meow instead of talk, so Patti's behaviour is deviant as her partner does not find it acceptable. • Distress can be used to diagnose Patti, as whilst she is not upset when she thinks she is a cat when she does not think this she does get upset about the effect it has had on her and her partner. • Patti can be said to be dysfunctional as it has impacted on her ability to go to work as well as going out for meals with her partner which she used to do. • Patti's belief that she is a cat has put her at risk of serious harm as she had to go to hospital after climbing a tree to escape a dog. <p data-bbox="384 1809 453 1843">AO3</p> <ul data-bbox="432 1850 1302 1984" style="list-style-type: none"> • Using statistical deviance can give an objective measure of when a behaviour is abnormal so is a more scientific, useful approach to diagnosing a mental health disorder than other factors such as distress. 	(20)

- Some behaviours, such as Freerunning are deviant but are not considered a mental health disorder so the use of deviance may not be useful when diagnosing mental disorders.
- The use of the 4Ds to diagnose a mental health disorder is useful as it allows clinicians to determine if the patient's behaviour requires further investigation using classification systems.
- Dysfunction can be a subjective measure as what is dysfunctional to a clinician may not be dysfunctional to the patient so it may not be useful if the patient does not agree with the clinician.
- Distress allows the point of view of the client to be heard, as it is based on how distressing they find their behaviour so it is useful when someone else may feel the behaviour is not distressing.
- A fifth dimension has been added, that of duration, how long they all last, so just using the 4Ds on their own without looking at duration may not be useful if it is just for a short time.
- DSM-IV-TR uses the 4 Ds when diagnosing mental health disorders such as schizophrenia where patients must show deviance, distress and dysfunction showing that they are useful in diagnosing mental health disorders.
- Some behaviours, such as motorbike racing may be considered dangerous but are not considered to be a mental health disorder so using danger on its own to diagnose a mental health disorder is not useful.

Look for other reasonable marking points.

Level	Mark	Descriptor
AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs judgement/conclusion in their answer. Application to the scenario is capped at maximum 4 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	<p>Demonstrates isolated elements of knowledge and understanding. (AO1)</p> <p>Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)</p> <p>A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)</p>
Level 2	5–8 Marks	<p>Demonstrates mostly accurate knowledge and understanding. (AO1)</p> <p>Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)</p> <p>Candidates will produce statements with some development in the form of mostly accurate and relevant factual material leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)</p>
Level 3	9–12 Marks	<p>Demonstrates accurate knowledge and understanding. (AO1)</p> <p>Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2)</p> <p>Displays a mostly developed and logical argument, containing mostly coherent chains of reasoning. Demonstrates an awareness of competing arguments, presenting a judgement/decision which may be imbalanced. (AO3)</p>
Level 4	13–16 Marks	<p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates throughout the skills of integrating and synthesising relevant knowledge with consistent linkages to psychological concepts and/or ideas. (AO2)</p> <p>Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to a balanced judgement/decision. (AO3)</p>
Level 5	17–20 Marks	<p>Demonstrates accurate and comprehensive knowledge and understanding. (AO1)</p> <p>Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates consistently the skills of integrating and synthesising relevant knowledge with thorough, accurate linkages to psychological concepts and/or ideas. (AO2)</p> <p>Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates a full awareness of competing arguments and presents a fully balanced response, leading to an effective nuanced and balanced judgement/decision. (AO3)</p>