Clinical Psychology – Methods Booklet

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Specification

5.2 Methods	5.2.1	Awareness of Health and Care Professions Council (HCPC) guidelines for clinical practitioners.
	5.2.2	Researching mental health The use of longitudinal, cross-sectional, cross-cultural methods, meta-analysis, and the use of primary and secondary data.
	5.2.3	The use of case studies, to include an example study: e.g. Lavarenne et al. (2013) Containing psychotic patients with fragile boundaries: a single group case study.
	5.2.4	The use of interviews in clinical psychology, to include an example study: e.g. Vallentine et al. (2010) Psycho-educational group for detained offender patients: understanding mental illness.
	5.2.5.	Within the methods mentioned here: Analysis of quantitative data using both descriptive and inferential statistics (chi-squared, Spearman's, Wilcoxon and Mann-Whitney U as appropriate). Analysis of qualitative data using thematic analysis and grounded theory.

5.2.1 HCPC

Health and Care Professions Council: https://tinyurl.com/mrxhkczm

- Sets standards for 15 professions in health care sector including Clinical and Criminal (Forensic) Psychology

- Practitioner psychologists must be registered with HCPC to work / be employed. Registration must be done every 2 years.

Notes and Learning Task

Use page 226 of the **Year 2 Textbook** to make brief bullet points on HCPC as follows:

1. What the HCPC is and why it exists

2. What a clinical practician psychologist does

3. 3 standards of conduct, performance and ethics - with an example of how this might be done in clinical psychology

4. The standards of proficiency for clinical psychologists

5. What the impact of not meeting HCPC standards can be for psychologists

What you need to be able to do

Be aware of at least 2 standards: what they are, how they might be applied in practice, the impact of not following them.

— 5. be aware of the impact of culture, equality and diversity on practice

5.1 understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour

5.2 understand the requirement to adapt practice to meet the needs of different groups and individuals

Example Question

1 Mundra is a clinical psychologist. She has to abide by the Health and Care Professionals Council (HCPC) guidelines when she works with patients.

(a) State **one** guideline from the Health and Care Professionals Council (HCPC).

(1)

(b) Describe how Mundra would use **one** guideline from the HCPC in her practice.

(3)

5.2.2 Researching mental health

These methods can also appear in Unit 3 and criminal psychology.

Notes and Learning Task

Use pages 218-219 of the **Y1 book** to make 4 x A01/4 x A03 notes. A01 can be examples.

1. Primary and secondary data

2. Longitudinal research method

3. Cross-sectional research method

4. Cross-cultural research method

5. Meta-analysis

What you need to be able to do

Describe, apply and evaluate the methods above.

Example Questions

Q1.
Vihaan wanted to conduct a meta-analysis to investigate the effectiveness of a psychological therapy on a range of mental disorders. He aimed to investigate how effective a psychological therapy was compared to a biological therapy. Vihaan collected his data from one country.

 (a) Describe how Vihaan may have carried out his meta-analysis. **(3)**

 (b) Vihaan collected secondary data. Compare primary and secondary data as used in clinical psychology. **(2)**

Q2.
Erik has been asked to carry out a cross-sectional study of patients' behaviour on a psychiatric ward.

(a) Describe how Erik may obtain his sample for his cross-sectional study. **(2)**

(b) Erik has been asked to collect primary data as part of his cross-sectional study. Describe how Erik could collect primary data regarding the patients' behaviour. **(3)**

(c) Explain **one** strength and **one** weakness of a cross-sectional study. **(4)**

Q3.
Alex has been asked to take part in a longitudinal study of the relationship between mothers with a social phobia and elements of social phobia in their children.

(a) Describe a suitable longitudinal procedure for this study. **(2)**

(b) Describe an appropriate sampling technique for this longitudinal study looking at the relationship between mothers and their children in relation to social phobias. **(3)**

Q4. Evaluate the use of the longitudinal research method as used in clinical psychology. **(8)**

5.2.3 Case study method: Bradshaw

Description

- **In-depth study of single patient or small group with MHD**
- Uses quantitative and qualitative data.
- **Triangulation of sources to develop deep understanding of individual or small group.**
- Sources used can include:
    - Medical hospital records
    - **Interviews / discussions with patient**
    - Clinician / therapist notes
    - **Patient background / history**
    - Previous treatment / medication
    - **Treatment (current treatment) and outcomes**

Evaluation

Advantages	Disadvantages
Case studies provide detailed and in-depth information about an individual's experiences, behaviours, and background.	Findings from a single case or a small group may not be applicable to a broader population.
Takes a holistic approach that helps in understanding the complexity of psychological disorders and their treatment.	Case studies heavily rely on the researcher's interpretation and judgment. This subjectivity can introduce bias and limit the objectivity of the findings.

What you need to be able to do

1. Describe and evaluate the case study method as used in Clinical Psychology
2. Use an example case study to demonstrate the method (Bradshaw)

Clinical Case Studies – Bradshaw Example

The study

Bradshaw's case study followed Carol, a 26-year-old with undifferentiated schizophrenia, through three years of CBT and a one-year follow-up. It demonstrated significant improvements in her symptoms, psychosocial functioning, and hospitalizations, emphasizing CBT's role in recovery. Quantitative and qualitative measures documented her progress and supported the therapy's long-term effectiveness

How Bradshaw shows features of the case study method

1. **In-depth, longitudinal focus:**
   Followed Carol for 3 years of CBT and a one-year follow-up, offering a detailed, extended investigation into her experiences and recovery process.

2. **Triangulation of data sources:**
   Bradshaw used both qualitative (e.g., Carol's self-reports) and quantitative data (e.g., Goal Attainment Scale scores) → deep understanding of her condition and progress.

3. **Use of multiple data collection methods:**
   Data was collected through → direct observation, therapy sessions, standardised clinical measures → shows range of case study methods

4. **Holistic approach:**
   Explored whole of Carol's life: symptoms, coping strategies, social functioning, + hospitalizations → full picture of her treatment journey

How Bradshaw shows strengths and weaknesses of the case study method

Strengths	Weaknesses
Rich, Detailed Data: Provides in-depth insights into Carol's symptoms, treatment progress, + coping strategies over 3 years.	**Lack of Generalizability**: Single case → we don't know if this would apply to others with Schizophrenia
Holistic Understanding: Examines multiple aspects of Carol's life, offering a complete picture of her condition and recovery.	**Researcher Bias**: Relies on researcher's interpretation → bias.

Example Question

George is a clinical psychologist who works in a psychiatric hospital. He had a patient referred to him six months ago and read the detailed notes from the doctor who made the referral.

George has since spoken to the patient every day about their thoughts and behaviours. He also asked the patient to carry out some problem-solving tasks to see how the disorder may have been affecting their cognitive abilities.

George has decided to carry out a case study on the patient to publish in a medical journal.

Discuss how George could carry out a case study on his patient. You must make reference to the context in your answer.

(8)

5.2.4: Interview method: Longden

A01 – description – note the links to clinical throughout!

- Interviews are often face to face conversations between patients and clinicians that gather information about the mental health experiences of patients.

- The interviews can be in the form of open and/or closed questions.

  - o Closed questions (such as yes/no, rating scales) can be used to gather quantitative data.

  - o Open questions allow the patients to answer in their own words giving an understanding of why they gave the answer they did

- Interviews can be:

  - semi structured → researcher has a set of questions that must be asked, but they can add questions to follow what they see as important themes.

  - unstructured → researcher decides what questions to ask based on the patient's previous answers.

  - structured → fixed set of questions that must be asked.

Interview data is often analysed using Thematic Analysis with an inductive method (inductive → the theories/themes emerge from the data).

A03 – evaluation

Strengths	Weaknesses
Open questions allow the patients to express how they are feeling fully which can lead to further insight into their problems.	If an unstructured interview is used there is a lack of reliability as no patient will have exactly the same questions and the data is difficult to compare.
Can capture patient experiences in their own words, data collection is not limited by preconceptions of the researcher	Not all patients will want to be interviewed → sample bias

What you need to be able to do

1. Describe and evaluate the interview method as used in Clinical Psychology
2. Use an example interview study to demonstrate the method (Longden)

Clinical Interviews – Longden et al. (2012) Example

The study

Longden's research used semi-structured interviews to explore the subjective experiences of voice-hearers, focusing on the meaning of auditory hallucinations. Thematic analysis was applied to identify patterns, linking voice-hearing to trauma and emotional conflicts, promoting person-centred approaches to psychosis treatment.

How it shows features of the interview method

1. **Use of Semi-Structured Interviews:** allowed participants to provide detailed, personal accounts of their voice-hearing experiences while enabling the interviewer to probe deeper into specific areas of interest.

2. **Focus on Participant Narratives:** The interviews centred on the biographical context of the participants' experiences, gathering qualitative data about the onset, nature, and interpretation of their voices.

3. **Thematic Analysis Application:** identified recurring patterns and themes in the data: links between trauma and voice-hearing.

4. **Coding and Categorization:** Data was coded + categorized into themes: findings were based on pts own words + perspectives.

How it shows strengths and weaknesses of the interview method

Strengths	Weaknesses
Rich data: Semi-structured interviews captured detailed, subjective voice-hearing experiences.	**Subjectivity**: Researchers' interpretations may have been influenced by theoretical bias.
Transparency: Clear coding ensured systematic and replicable theme development (e.g. links to trauma)	**Limited generalizability**: may not apply to everyone with psychosis.
Participant focus: Emphasized participants' perspectives, making findings more meaningful.	**Leading questions**: Semi-structured format risked shaping participants' responses.

Example Questions

Q1.

Motsi carried out an investigation to see if culture had an influence on the treatments people accessed for their mental health disorders She studied people in the UK and people in Japan who had a mental health disorder. She aimed to see if people from the UK were more likely to use a psychological treatment compared to people from Japan.

Motsi used a volunteer sampling technique for her investigation.

(a) Describe how Motsi may have gathered her volunteer sample. **(2)**

(b) Explain **one** reason why a random sample of participants may be better than a volunteer sample of participants for Motsi's investigation. (2)

(c) Motsi used an unstructured interview to ask her participants about any treatment they were receiving for their mental health disorder. Explain **one** weakness of Motsi using an unstructured interview for her investigation. (2)

Q2.

Andi is a clinical psychologist who is investigating whether family relationships improve or deteriorate once a person has been diagnosed with a mental health disorder.

Andi is going to interview two separate groups.

- Group A: Patients and families waiting for a diagnosis of a mental health disorder.
- Group B: Patients and families who already have a diagnosis of a mental health disorder.

Andi carries out interviews with patients and their families. She uses both open questions and closed questions in her interviews.

(a) Suggest **one** open question Andi may use in her interview about the influence of diagnosis on family relationships. (1)

(b) Andi collated the data from her closed questions. Her results are shown in **Table 1**.

	Patient and family waiting for a diagnosis	Patient and family who already have a diagnosis
Family relationships improved	10	25
Family relationships deteriorated	20	15

Table 1

Andi carried out a chi-squared test on her data.
State **two** reasons why Andi used the chi-squared test on her data.

(2)

(c) Andi found an observed / calculated value of 5.84 when $df=1$ when she calculated the chi-squared test for her investigation. Explain whether Andi's results were significant for a one-tailed (directional) hypothesis when $p \leq 0.01$. (2)

(d) Andi carried out a thematic analysis on the data from the open questions. Explain **one** strength and **one** weakness of thematic analysis as used by Andi. (4)

Q3.

Lydia is a clinical psychologist. She is investigating the experiences of patients who attend the local mental health unit. Lydia has decided to use interviews to ask the patients about communication at the mental health unit and wants some feedback regarding the areas they think are effective as well as possible improvements.

Lydia interviews each patient individually and uses a variety of question types within her interviews. Once the interviews have been completed, Lydia collates her data and then reports on her findings to the manager of the mental health unit.

Discuss how Lydia could use interviews with the patients in the mental health unit.

You must make reference to the context in your answer. **(Total for question = 8 marks)**

Q4.

Interviews are one research method used within clinical psychology.

Evaluate the use of interviews within clinical psychology.

(Total for question = 8 marks)

5.2.5: Grounded Theory

A01: Grounded Theory

You need to be aware of two concepts first:

Deductive approach	Inductive approach
Start with theory Go and find data to test theory E.g., depression is result of low serotonin → run a study to increase serotonin and see if depression levels rise	Start with the data Develop theories/concepts from the data E.g., watch films that portray mentally ill characters. Develop themes / concepts about how the media portrays mental health from the films watched.

The grounded theory method is inductive. It involves these steps:

- Gather information about a topic of interest

- Categorise + code information as it comes in. Add comments to explain what information seems to show.

- Once clear concepts emerge, selectively code only information actually wanted

- Start to sample other evidence to support the emerging theories or concepts

- Review other studies in the area and develop theory in more depth and detail

A03: Grounded Theory

Strengths	Weaknesses
Generates theory direct from data: by doing this, we can get insights into clinical psychology that aren't 'restricted' by investigating a fixed theory	**Time consuming and resource intensive**: the process requires going over the same data again and again in a lot of detail – in clinical contexts we might be limited in terms availability to participants/resources
Flexible approach: allows researchers to explore experiences that they might not have thought of and adapt data collection process as the study progresses	**Subjective and researcher biased:** heavily dependent on researcher interpretation of the data while coding/creating themes

Example questions – none so far!

Mark Schemes

5.2.1 HCPC

1 Mundra is a clinical psychologist. She has to abide by the Health and Care Professionals Council (HCPC) guidelines when she works with patients.

   (a) State **one** guideline from the Health and Care Professionals Council (HCPC).

   (1)

   be aware of the impact of culture, equality and diversity on practice

   (b) Describe how Mundra would use **one** guideline from the HCPC in her practice.

   (3)

   Mundra must not allow her clients' sex or religion to influence how she treats them (1). She must involve her clients in any decisions about their care if possible (1). She must not do anything that may put her clients in danger or harm them in some way (1).

5.2.2 Researching Mental Health

Q1.

Question Number	Answer	Mark
(a)	**AO2 (3 marks)** Up to three marks for a description in relation to the scenario. For example: • Vihaan may decide to use research articles on the psychological therapy from a specific date, such as in the past five years (1). Vihaan should decide which mental disorders, such as schizophrenia, PTSD and bipolar disorder, he wants to research before he starts his meta-analysis (1). Once Vihaan has gathered the research articles, he should combine the results and analyse them to see how effective the psychological therapy is (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Answers must relate to the scenario.**	(3)

Question Number	Answer	Mark
(b)	**AO3 (2 marks)** One mark per explicit comparison. The answer must include at least one similarity **and** one difference otherwise max. one mark. For example: • Primary data is collected by the researcher such as treatment for schizophrenia whilst secondary data has already been collected by other researchers (1). Both primary and secondary data can be quantitative for example the number of hallucinations after treatment and can be analysed using statistical tests (1). **Look for other reasonable marking points.**	(2)

Q2.

Question Number	Indicative Content	Mark
(a)	**AO2 (2 marks)** Up to two marks for an explanation of how Erik may obtain his sample. For example • Erik could use an opportunity sample (1) as he could use the patients on the ward at the time (1). **Answers must relate to the scenario.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	(2)

Question Number	Indicative Content	Mark
(b)	**AO2 (3 marks)** Up to three marks for a description of how Erik could collect primary data to record patients' behaviour. For example • Erik needs to decide if he is going to write down the behaviours displayed by the patients he sees or tally them (1). Erik can then set up video cameras to record the patients' behaviour (1). Erik may also sit down with a selection of patients and write down their experiences of being on a psychiatric ward (1). **Answers must relate to the scenario.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	(3)

Q3.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** One mark for each point related to a suitable longitudinal procedure with reference to this study, i.e. mothers and their children's social interactions, which, in combination, provides a logical description, up to 2 marks. For example: • The mother and child/children could keep a diary of their social interactions over a set period (1) of around six months, making diary entries once a week (1). OR • The mothers could be asked to complete a questionnaire every so often over a reasonable period of time (1), giving information about their own social interactions and also those of their child/children (1). OR • The mothers and child/children could be interviewed (separately) using a [semi-structured/unstructured] interview every so often over a set period (1) of reasonable length to focus on their social phobia or lack of social phobia and chart their development (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.** **Generic answers score 0 marks.**	(2)

Question Number	Answer	Mark
(b)	**AO2 (3 marks)** One mark for each point related to an appropriate sampling technique suitable for this study, i.e. to obtain mothers, which, in combination, provides a logical description, up to 3 marks. For example: Volunteer sampling (1) advertising for volunteers if there is a group supporting those with social phobias nearby/in a local newspaper with a contact number that is confidential/in a clinic at a local hospital focusing on phobias (1) allows for the researcher to target mothers with a known social phobia/will ensure that those participating in the study meet the required criteria (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.** **Generic answers score 0 marks.**	(3)

Q4.

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Question Number	Indicative content	Mark
	AO1 (4 marks), AO3 (4 marks)	**(8)**
	AO1 • Longitudinal research investigates the same participants with mental health over a long period of time, often months or years. • A longitudinal design can collect data in various ways, such as observations of those with mental health as well as interviewing them over time. • The same tools for data collection will be used throughout various points in the study e.g. Vallentine et al. (2010) took three measures of ward placement. • Longitudinal research can collect quantitative data such as measurements on the Beck depression inventory or qualitative data over a period of time. **AO3** • As they take place over a long period of time the development of the mental health issue can be tracked which can give more valid data than cross sectional studies. • As the same participants are studied over a period of time participant variables such as the effect of their home life on their mental health are controlled for, increasing reliability. • As the participants and researchers would be in regular contact, the researchers may become too emotionally involved with the participants which may lead bias towards how a mental disorder is progressing. • Participants with severe mental illness may drop out of the study if it is over a long period of time so the sample may become biased towards a specific severity of mental ill health. **Look for other reasonable marking points.**	

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)

5.2.3 Case Studies

Answer
AO1 (4 marks), AO2 (4 marks)

AO1

- Case studies use a variety of research methods to gather a lot of detailed data.
- Case studies focus on one individual or a small group of people, usually due to unique circumstances.
- Case studies can use secondary and primary data, or can compare the individual throughout the length of the case study.
- Case studies use triangulation to compare the results from the various methods used to check the results of each method for consistency.

AO2

- George could use interviews to gather information about his patient's thought processes and experiment to compare his ability at different problem solving tasks.
- George would focus his research on his patient and not include other people at this time, as the case is unusual.
- George can compare his observations of the patient's behaviour with the observations in his notes from the previous doctor to build up a picture of the patient over time.
- George could compare the interview comments from the patient about their thought processes with the patient's performance on problem solving tasks to see if they support each other.

Look for other reasonable marking points.

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)

5.2.4 Interviews

Q1.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Up to two marks for a description of volunteer sampling in relation to the scenario. For example: • Motsi could post an advertisement online in both the UK and Japan asking for people to take part in her study on treatments of mental health disorders (1). She could then use the first 25 people from each country who responded to her advertisement and see what type of treatment they used (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.** **Generic answers score 0 marks.**	(2)

Question Number	Answer	Mark
(b)	**AO2 (1 mark), AO3 (1 mark)** One mark for identification of why a random sample may be better than volunteer sampole for Motsi's investigation (AO2). One mark for justification of why a random sample may be better than volunteer (AO3) For example: • A random sample means that everyone in Japan and the UK who has a mental health disorder has an equal chance of being a participant (1), so Motsi's sample should be more representative because a volunteer sample may consist of people who are more motivated to access treatments and therefore not typical (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.** **Generic answers score 0 marks.**	(2)

Question Number	Answer	Mark
(c)	**AO2 (1 mark), AO3 (1 mark)** One mark for identification of one weakness in relation to the scenario (AO2). One mark for justification of one weakness (AO3). For example: • Motsi may ask each participant with a mental health disorder different questions depending on their answers about any treatment they have received (1), which may make it difficult for Motsi to analyse and compare her data to come to a conclusion about treatment choice in Japan and the UK (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.** **Generic answers score 0 marks.**	(2)

Q2.

Question Number	Answer	Mark
(a)	**AO2 (1 mark)** One mark for an appropriate suggestion of an open question in relation to the scenario. For example: • How has your relationship with your family member been affected by their mental health disorder? (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO2 (2 marks)** One mark for each accurate statement in relation to the scenario. For example: • Andromache was looking for a difference in relationships in patients and their families who were waiting for a diagnosis or who had a diagnosis (1). • She used nominal data as she measured whether family relationships had improved or deteriorated (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(c)	**AO2 (1 mark), AO3 (1 mark)** One mark for identifying the correct critical value (AO2) One mark for accurate judgement of difference (AO3) For example: • There is a significant difference in quality of family relationships whilst waiting for a diagnosis compared to having a diagnosis (1) as the observed value (5.84) for a one-tailed test when $df=1$ is greater than the critical value (5.02) (1). **Answers must relate to the scenario.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(d)	**AO2 (2 marks), AO3 (2 marks)**	(4)
	One mark for identification of each strength/weakness in relation to scenario (AO2)	
	One mark for justification of each strength/weakness (AO3)	
	For example:	
	Strength	
	• It allows Andi to reduce the large amount of data she has received about family relationships after diagnosis of a mental disorder into manageable themes (1), which allows her to summarise the key findings so they are easily understandable by support groups who help families with mental health diagnoses (1).	
	Weakness	
	• Andi would decide on the themes about family relationships prior to conducting the analysis so could be biased (1), therefore she may miss out some themes that the patients or their family think are important so her interpretation of the data may lack validity (1).	
	Answers must relate to the scenario.	
	Generic answers score 0 marks.	
	Look for other reasonable marking points.	

Q3.

Question Number	Indicative content	Mark
	AO1 (4 marks), AO2 (4 marks) **AO1** • Interviews can be used to gather detailed information about different aspects of clinical psychology to gain an understanding of people's experiences. • Interviews can be structured where they use the same questions for all patients, semi-structured or unstructured. • Interviews can use closed questions where the answers, such as yes/no questions for example, to gather quantitative data about clinical psychology. • Open questions allow the patients to answer in their own words giving an understanding of why they gave the answer they did.	**(8)**
	AO2 • Lydia is using interviews to gather detailed data about the patients' views and experiences and whether they feel they are listened to in the local mental health unit. • Lydia could use a semi-structured interview as she could adapt her questions based on the patients answers about what could be improved in the mental health unit, but some questions about how they feel they are listened to could be the same for all the patients. • Lydia could use closed questions, such as 'do you feel the staff speak to you with empathy?' which would gather numerical data which she could then analyse and include in her report to the manager to help improve the mental health unit. • Lydia could ask open questions about what the patients feel works well in the mental health unit so the manager can build on this once they have seen Lydia's report.	

Q4.

Question Number	Indicative Content
	AO1 (4 marks), AO3 (4 marks) **AO1** • The interviews can be in the form of open questions • They can be in the form of closed questions • Interviews can be semi structured where the psychiatrist has a set of questions that have to be asked, but they can add questions to follow what they see as important themes. • Interviews can be unstructured where the psychiatrist decides what questions to ask based on the patient's previous answers. **AO3** • If the questions are open then psychiatrists may need to decide on important themes and this can be subjective. • Open questions allow the patients to express how they are feeling fully which can lead to further insight into their problems. • If an unstructured interview is used there is a lack of reliability as no patient will have exactly the same questions. • If the interviews are recoded, e.g. Valentine et al (2010) then others can play back those recording to check the interpretation of the results so increasing reliability. **Look for other reasonable marking points.**

Candidates must demonstrate an equal emphasis between knowledge and understanding vs evaluation/conclusion in their answer. Read the candidate response and apply the appropriate level.		
Level	**Mark**	**Descriptor**
	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)