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EDEXCEL A LEVEL PSYCHOLOGY: QUESTIONS BY TOPIC

Clinical Psychology (Topic 5)

AS and A Level Psychology Topic 5

52 questions · 486 marks · Mark schemes included

Pearson Edexcel AS (8PS0) and A Level (9PS0) Psychology, June 2016 - June 2025

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HOW TO USE THIS BOOKLET

Questions are grouped by sub-topic and run from the lowest mark tariff to the highest.

Click any heading or question row below to jump straight to it.

On every question page, click ANSWER in the top-right corner to jump to its mark scheme.

Diagrams, graphs, tables and data are printed exactly as they appeared in the original papers.

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TREATMENTS AND THERAPIES

3 questions · 21 marks

51

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RESEARCH METHODS AND STUDIES IN CLINICAL PSYCHOLOGY

12 questions · 110 marks

56

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QUESTIONS

52 questions · 486 marks · grouped by sub-topic, lowest tariff first



SUB-TOPIC

DIAGNOSIS, CLASSIFICATION AND MENTAL HEALTH

20 questions in this booklet



- 2** Philip is a psychology student. His friend has just been diagnosed with a mental health disorder using a classification system, such as the DSM or ICD. Philip is concerned about the reliability of the diagnosis following his lessons in psychology.

Explain whether Philip should be concerned about the reliability of his friend's diagnosis.

(4)



ANSWER ALL QUESTIONS

- 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)

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

(3)

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2 Archie carried out an interview looking at people’s attitudes to those with a mental health issue. He compared the attitudes of people who knew someone with a mental health issue with the attitudes of people who did not know someone with a mental health issue.

Archie used a Likert scale to gather his data, where 1 showed a positive attitude and 7 showed a negative attitude.

Archie’s median scores are shown in **Table 1** below.

	People who knew someone with a mental health issue	People who did not know someone with a mental health issue
Median score on attitudes to those with a mental health issue	2	5

Table 1

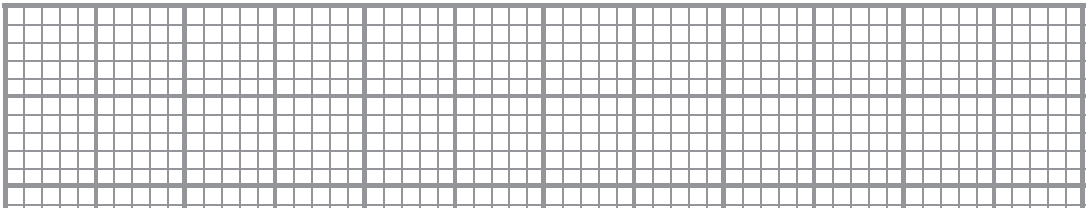
(a) Analyse what Archie’s results show about people’s attitudes to those with a mental health issue.

(2)

(b) Draw a bar chart to show the median results of Archie’s study using the data from **Table 1**.

(3)

Title



- 2 Victoria is upset as she finds it hard to leave the house as she is scared of birds. Whenever she leaves the house she is highly anxious in case a bird is nearby, and she has previously run across the road without looking for cars to avoid a bird.

Victoria is unable to work because of her fear of birds, causing her to feel upset as she cannot buy her children toys. This has led to her having suicidal thoughts and feeling that her children would be better off without her.

- (a) Describe how distress **and** danger could be used to diagnose Victoria as having a mental health disorder.

(3)

- (b) Explain **one** weakness of using danger to diagnose mental health disorders.

(2)



- 1 Lena cannot go to work due to her anxiety. She has also stopped going out with her friends once a week and does not like people visiting her at home. She has recently seen a psychiatrist who has diagnosed her with a mental disorder.

(a) Define the term 'dysfunction' as it is used to diagnose Lena's mental disorder.

(1)

.....

.....

.....

(b) Explain **two** weaknesses of using 'dysfunction' to diagnose Lena's mental disorder.

(4)

1

.....

.....

.....

.....



Answer all questions that you encounter in the space provided.

1 In your studies of clinical psychology, you will have learned about classification systems for mental health.

(a) Define the term 'reliability' in relation to classification systems used for diagnosing mental health.

(1)

.....

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.....

(b) Explain **two** reasons why classification systems for mental health may not be valid.

(4)

1

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(4)

(2)

- 2 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)



Answer all questions with your answers in the space provided.

- 1 During your studies of clinical psychology, you will have learned about classification systems for mental health, including the DSM and ICD.

(a) Describe the DSM as a classification system.

(2)

- (b) Explain **one** strength and **one** weakness of the DSM as a classification system to diagnose mental health disorders.

(4)

Strength

Weakness

- 5** Rachel is concerned that her friend, Alice, may have a mental disorder. Alice has started to talk to herself in public. She has also stopped going out with her friends to avoid other people looking at her and embarrassing her friends.

Alice will only eat white food, and she refuses to go out in the day light because she feels it will cause her to catch fire. She has started to think that she has supernatural powers, such as being able to turn into a bat.

Discuss the diagnosis of mental disorders in terms of deviance and dysfunction. You must make reference to the context in your answer.

(8)

5 Assess how far culture can lead to individual differences in mental health disorders.

(8)



- 5** Assess the validity of diagnoses of mental health disorders through the use of classification systems.

(8)



4 Evaluate how issues around genes and mental health can affect development.

(8)



- 4** Ferenc is a clinical psychologist. He investigated different attitudes to mental health disorders across cultures.

Ferenc gave his participants questionnaires using Likert scales and open-ended questions about their attitudes towards people with mental health disorders.

The participants were from his own ethnic group, from a different ethnic group within his own Western country or from a neighbouring, Western country.

After Ferenc had collected the data from the returned questionnaires, he analysed the data to see if there were any similarities and differences between the three groups. He found that his own ethnic group had the most positive attitude towards those with mental health disorders.

Discuss Ferenc's use of cross-cultural research to investigate people's attitudes to those with mental health disorders.

You must make reference to the context in your answer.

(8)

- 3** Ruben is a clinical psychologist who is studying a group of five patients. The patients are attending a local counselling clinic due to their mental health. He observed that one patient would not accept any drinks made by other people and wrote down the reasons why, such as they thought they were being poisoned.

Ruben noted down every time a patient mentioned incidents in their childhood when discussing their mental health. He also gathered information from the counsellor's notes to cross reference with his data.

Discuss the use of case studies within clinical psychology.

You must make reference to the context in your answer.

(8)

- 2 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)

- 1
-
-
- 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)

Strength

Weakness

- 2** Sakura conducted an investigation to see if having a family member with a mental health disorder affected trainee nurses' willingness to work in mental health.

She used two groups of trainee nurses from a local hospital as her participants.

- Condition A: 19 trainee nurses who had a family member with a mental health disorder.
- Condition B: 19 trainee nurses who did not have a family member with a mental health disorder.

She gave each of her participants a questionnaire asking them whether they would be willing to work in mental health. The participants had to circle 'yes' or 'no'.

- (a) State a fully operationalised non-directional (two-tailed) hypothesis for Sakura's investigation.

(2)

Sakura collated her data. The results are shown in **Table 1**.

	Circled 'yes' they would be willing to work in mental health	Circled 'no' they would not be willing to work in mental health
Condition A: Had a family member with a mental health disorder	19	0
Condition B: Did not have a family member with a mental health disorder	4	15

Table 1

Sakura carried out a chi-squared on her data.

(b) State **two** reasons why Sakura used chi-squared to analyse her data.

(2)

- 1
-
-
- 2
-

(c) Complete **Table 2** and calculate chi-squared for Sakura’s data.

You must give all your answers to **one** decimal place.

(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’ they would be willing to work in mental health	19	11.5			
	Circled ‘no’ they would not be willing to work in mental health	0	7.5			
Condition B: Did not have a family member with a mental health disorder	Circled ‘yes’ they would be willing to work in mental health	4	11.5			
	Circled ‘no’ they would not be willing to work in mental health	15	7.5			
Chi-squared =						

Table 2

SPACE FOR CALCULATIONS

Chi-squared (χ^2)

(d) Explain **one** strength of Sakura's investigation into trainee nurses' willingness to work in mental health.

(2)

(e) Explain **one** improvement Sakura could make to her investigation into trainee nurses' willingness to work in mental health.

(2)

- 6 Alba has recently been diagnosed with a mental health disorder using a classification system. She has presented with a number of symptoms including losing interest in everyday life, altered sleep patterns and an inability to express her emotions. She also occasionally has angry outbursts.

Alba's psychiatrist has diagnosed her with schizophrenia. Her mother disagrees and thinks Alba has a different mental health disorder and wants her to see another psychiatrist who is from the same culture as Alba.

To what extent are classification systems a reliable and valid way of diagnosing mental health disorders?

You must make reference to the context in your answer.

(20)

- 5** Patti has been diagnosed with a mental health disorder. She sometimes thinks she is a cat. She regularly dresses as a cat and meows to her partner, rather than talking to them, which upsets her partner.

Due to dressing as a cat, Patti has been dismissed from her job as she was required to wear a uniform. This means Patti no longer has enough money to go out for meals with her partner, which she likes to do.

Recently, when thinking she was a cat, Patti saw a large dog and climbed up a tree to escape the dog. However, the branch broke, she fell and had to go to hospital. When seeing a psychiatrist, Patti did admit that she was happy when she thought she was a cat. Patti also said that when she realised she was not a cat, she became upset about the effect this had on her life and on her partner.

To what extent are deviance, dysfunction, distress and danger useful in diagnosing Patti with a mental health disorder?

You must make reference to the context in your answer.

(20)

- 5** Barry is living in a different country than his home country due to work. He has been seen by a psychiatrist in the country where he is currently living.

Barry has been hearing voices telling him he is worthless and he also has a lack of appetite. He no longer goes out with his friends and feels he has to check all the doors and windows are locked to stop the aliens from entering his home.

The psychiatrist is using the ICD as a classification system to determine whether Barry has a mental disorder. At further meetings, Barry mentions that he now thinks his partner is trying to sell him to a secret organisation so they can experiment on him.

To what extent is the ICD useful in diagnosing Barry with a mental disorder?

You must make reference to the context in your answer.

(20)

SUB-TOPIC

SCHIZOPHRENIA

11 questions in this booklet



Answer the question

1 In your studies of clinical psychology you will have learned about schizophrenia.

Describe **three** features of schizophrenia.

1

.....

.....

2

.....



3 You will have learned about the function of neurotransmitters as an explanation of schizophrenia.

(a) Describe the function of neurotransmitters as an explanation of schizophrenia.

(3)

[illegible]

(b) Explain **one** strength of the function of neurotransmitters as an explanation of schizophrenia.

(2)

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- 3 Nancy carried out an experiment to see the effects of sensory deprivation on the number of hallucinations participants reported.

Participants were split into two groups:

- Condition A: Participants had no sensory information for 10 minutes
- Condition B: Participants had no sensory information for 60 minutes.

Nancy totalled the number of hallucinations each participant reported. She then carried out a Mann-Whitney U test on her data.

- (a) State **two** reasons why Nancy selected a Mann-Whitney U test to use on her data.

(2)

1

.....

2

.....



(b) Nancy's results are shown in **Table 1**.

Complete **Table 1** and calculate the Mann-Whitney U for the data in **Table 1**. You must give your answer to **one** decimal place.

(4)

Condition A after 10 minutes of sensory deprivation		Condition B after 60 minutes of sensory deprivation	
Number of reported hallucinations	Rank	Number of reported hallucinations	Rank
0	1	3	6.5
2	4	6	9
1	2	9	10
3	6.5	4	8
2	4	2	4
Total		Total	

Table 1

SPACE FOR CALCULATIONS

$U_a =$

$U_b =$

$U =$

(Total for Question 3 = 6 marks)



3 In your studies of clinical psychology you will have learned about Carlsson et al. (2000).

(a) State **two** aims of Carlsson et al. (2000).

(2)

1

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.....

2

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(b) Carlsson et al. (2000) collected secondary data.

Explain **one** strength and **one** weakness of using secondary data in clinical psychology.

(4)

Strength

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Weakness

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ANSWER ALL QUESTIONS.

1 Tanya has been diagnosed with schizophrenia.

(a) Describe the symptoms of schizophrenia that Tanya may be experiencing.

(4)

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(b) Compare **two** explanations of schizophrenia.

(4)

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4 Evaluate **one** treatment for schizophrenia that you have studied.

(8)



- 4** Hector and his mother have schizophrenia. Hector has hallucinations and hears voices telling him what to do. He suffers from delusions, for example he thinks he is in charge of the country. Hector also has disordered thinking as he is unable to make connections between his thoughts.

His doctor believes that Hector's schizophrenia is caused by neurotransmitters, and has given him anti-psychotic medication to treat his schizophrenia.

Discuss the function of neurotransmitters as an explanation of Hector's schizophrenia.

You must make reference to the context in your answer.

(8)

- 4 In your studies of clinical psychology, you will have learned about one biological theory/explanation for schizophrenia other than the function of neurotransmitters.

Evaluate **one** biological theory/explanation for schizophrenia **other than** the function of neurotransmitters.

(8)

Chosen biological theory/explanation

- 6** Michael has just been diagnosed with schizophrenia. His symptoms include hearing voices telling him what to do, and not being able to put his thoughts into a logical sense. Michael also has a lack of energy and has withdrawn from his friends.

Michael's doctor says that his schizophrenia is due to his neurotransmitters. His mother thinks it is due to genetics as she also has schizophrenia. His father, however, thinks it is due to Michael taking illegal drugs such as phencyclidine (PCP, 'angel dust').

To what extent can Michael's schizophrenia be explained by the function of his neurotransmitters? You must make reference to the context in your answer.

(20)



6 Assess **one** non-biological theory/explanation for schizophrenia.

(20)



- 6 Henry has been referred to a psychiatrist and has been diagnosed with schizophrenia. Whilst talking to the psychiatrist he disclosed he has a variety of symptoms including hearing voices telling him he is not a good person. He also has delusions where he thinks he is a superhero and can save the world. Henry has also withdrawn from his family and friends and no longer goes out to see his local rugby team play. He does not get on with his parents as he feels they were not loving parents when he was a child.

Henry's psychiatrist wants to treat him with a psychological treatment.

To what extent could **one** psychological treatment be effective for Henry's schizophrenia?

You must make reference to the context in your answer.

(20)

SUB-TOPIC

OTHER DISORDERS: DEPRESSION, ANOREXIA AND OCD

6 questions in this booklet



- 3** A group of psychiatrists conducted research with patients experiencing depression. They asked the patients to rate their mood every day over a month, using a scale where 1 was extremely happy and 10 was extremely unhappy.

The results for patients with depression are in **Table 1** below.

	Average mood score for patients with depression over the last month
Patient 1	5
Patient 2	6
Patient 3	3
Patient 4	7
Patient 5	4
Patient 6	4
Patient 7	5
Patient 8	7
Patient 9	7
Patient 10	6
Mean score	
Median score	
Mode score	

Table 1

- (a) Calculate the measures of central tendency for the data in **Table 1** and **complete Table 1** with your answers.

(3)

SPACE FOR CALCULATIONS



(b) Define what is meant by the term 'a measure of dispersion'.

(1)

(c) A group of patients without depression were asked to rate their mood every day over a month to act as a control group.

The psychiatrists calculated the standard deviation for the mood score for patients with depression. The psychiatrists found a standard deviation of 1.43 for the mood score for the patients with depression.

The psychiatrists found a standard deviation of 3.46 for the mood score of patients without depression.

Interpret what the two standard deviations tell us about the results.

(2)

(Total for Question 3 = 6 marks)

1 In your studies of clinical psychology you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

(a) State **three** symptoms of the disorder you have learned about.

(3)

Disorder

1

.....

.....

2

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(b) Explain **one** strength and **one** weakness of one biological explanation of your chosen disorder.

(4)

Strength

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Weakness

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1 In your studies of clinical psychology, you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

(a) State **three** features of your chosen disorder.

(3)

Chosen disorder

1

2

(b) Explain **two** strengths of one biological theory/explanation for your chosen disorder.

(4)

Chosen disorder

1



3 In your studies of clinical psychology, you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression

Evaluate **one** non-biological theory/explanation for your chosen disorder.

(8)

Chosen disorder



6 You will have studied one of the following disorders:

- anorexia nervosa
- Obsessive-compulsive disorder
- unipolar depression.

Assess **one** biological explanation for your chosen disorder.

(20)

Name of disorder

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.....



6 In your studies of clinical psychology you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

Evaluate **one** psychological treatment for your chosen disorder.

(20)

Chosen disorder

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SUB-TOPIC

TREATMENTS AND THERAPIES

3 questions in this booklet



- 2 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)

- 5 Émile has been diagnosed with schizophrenia. She sees ghosts when she is in a room on her own, and thinks that the government is spying on her through her mobile phone. Émile has stopped going out with her friends, and people say that her voice is very dull with no expression of emotion.

In the past Émile has been resistant to some biological treatments because she has been worried that the psychiatrist is trying to control her thoughts. However, Émile's current psychiatrist feels that a biological treatment will be the most beneficial.

Discuss **one** biological treatment that Émile's psychiatrist could use with her.

You must make reference to the context in your answer.

(8)

- 2 Charles conducted an investigation to see whether therapy delivered online was as effective as therapy delivered face to face (in person). If people were interested in taking part in Charles's investigation, they could contact him.

His participants came from a variety of different therapists and had a range of different mental health disorders. The participants were separated into two groups.

- Condition A: the therapy was delivered online.
- Condition B: the therapy was delivered face to face (in person).

Every participant had completed eight weeks of therapy and Charles asked them if their mental health disorder had improved, stayed the same, or deteriorated.

- (a) Identify the dependent variable (DV) in Charles's investigation.

(1)

- (b) Charles used a volunteer sampling technique.

Explain **one** weakness of Charles using a volunteer sampling technique in his investigation.

(2)

- (c) Once Charles had collected his data, he conducted a chi-squared test.

State **one** reason why Charles used a chi-squared test to analyse his data.

(1)

- (d) Charles found an observed/calculated value of 3.23 where $df = 2$ when he calculated the chi-squared test for his investigation.

Explain whether Charles's results were significant for a one-tailed (directional) hypothesis when $p \leq 0.05$.

(2)

- (e) Explain **one** improvement Charles could make to his investigation.

(2)

SUB-TOPIC

RESEARCH METHODS AND STUDIES IN CLINICAL PSYCHOLOGY

12 questions in this booklet



- 3** Rodney carried out an investigation to see whether two different mental health disorders influenced the ability to complete domestic tasks, such as being able to cook.

The ability to complete domestic tasks was measured using a questionnaire, which was scored from 0 (very poor at completing domestic tasks) to 32 (excellent at completing domestic tasks).

- (a) State a fully operationalised non-directional (two-tailed) alternate hypothesis for Rodney's investigation.

(2)

The results for the participants who had a mental health disorder are shown in **Table 1**.

Participant	Domestic skills score
A	29
B	12
C	25
D	18
E	20

Table 1

- (b) Calculate the standard deviation for the participants who had one mental health disorder using the data in **Table 1**. Show your working and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

Standard deviation

(Total for Question 3 = 6 marks)



4 Interviews are one research method used within clinical psychology.

Evaluate the use of interviews within clinical psychology.

(8)



5 During your course you will have studied Rosenhan's (1973) study.

Evaluate Rosenhan's (1973) study.

(8)



- 4** 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)



- 4** During your studies of clinical psychology, you will have carried out a practical investigation.

Evaluate your practical investigation for clinical psychology.

(8)



3 You will have learned about the classic study by Rosenhan (1973).

(a) Describe the results of Rosenhan (1973).

(4)

(b) Explain **one** strength of Rosenhan (1973).

(2)

(c) Explain **one** improvement that could be made to Rosenhan (1973).

(2)

- 4** In your studies of clinical psychology, you will have learned about a key question of relevance to today's society.

Discuss the key question for society you have studied using concepts, theories and/or research from clinical psychology.

(8)

Key question



5 Evaluate the use of the longitudinal research method as used in clinical psychology.

(8)



- 5** 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.

(8)

3 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)

Strength

Weakness

- 2 Lisa conducted an experiment to investigate whether socio-economic status had an effect on developing a mental disorder as part of her studies for a Master's degree.

She gathered her participants from the nearest town and divided them into two conditions:

- Condition A: from a lower socio-economic group
- Condition B: from a higher socio-economic group.

There were 13 participants in condition A and 21 participants in condition B.

Lisa then asked a qualified psychiatrist from the hospital in the town to interview her participants and tally how many had a mental disorder and how many did not have a mental disorder.

- (a) Identify the independent variable (IV) and the dependent variable (DV) in Lisa's experiment.

(2)

Independent variable (IV)

Dependent variable (DV)

- (b) Lisa used a random sampling technique to gather her participants.

Describe how Lisa may have used a random sampling technique to gather the participants for her experiment.

(2)



Lisa’s results are shown in **Table 1**.

	Number of participants who had a mental health disorder	Number of participants who did not have a mental health disorder
Condition A: Lower socio-economic group	9	4
Condition B: Higher socio-economic group	4	17

Table 1

Lisa used a statistical test to analyse her data.

(c) Explain which statistical test Lisa would use to analyse her data in **Table 1**.

(2)

(d) Lisa found that her results were significant at $p \leq 0.01$.

State what is meant by the term ‘ $p \leq 0.01$ ’.

(1)



(e) Explain **one** strength of Lisa's experiment.

(2)

(f) Explain **one** improvement Lisa could make to her experiment.

(2)

6 Evaluate a contemporary study on a disorder **other than** schizophrenia.

(20)

Name of study

.....

.....

.....

.....

.....



MARK SCHEMES

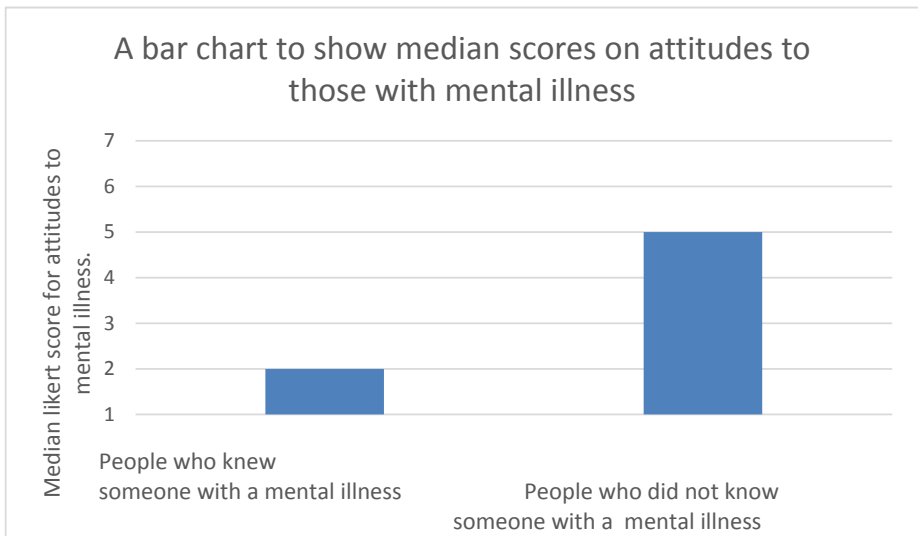
official Pearson Edexcel mark schemes



Question Number	Indicative Content	Mark
2	AO2 (4 marks) Up to four marks for explanation of the reliability of diagnosis. For example: If Philip's friend was diagnosed using DSMV and was diagnosed with schizophrenia then the reliability is 0.46 (Regier et al. 2013) so he is right to be worried about the diagnosis (1). However if he had PTSD/binge eating disorder then the reliability is good to very good (APA 2012) (1). If DSM-IV was used and Philip's friend has a mood/anxiety disorder then the reliability would be good to excellent so Philip does not have to worry (1). If ICD 10 was used Philip is right to be concerned because there was found to be only a 36% agreement for eating disorders (Nicholls et al. 2000). (1) Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(4)

Question Number	Indicative Content	Mark
1 (a)	AO1 (1 mark) One mark per guideline stated. For example: Act in the best interests of the service users (1). Look for other reasonable marking points.	(1)

Question Number	Indicative Content	Mark
1 (b)	AO2 (3 marks) Answers should demonstrate use of the stimulus material. Up to three marks for a description of how Mundra would use a guideline from the HCPC For example acting in the best interest of the client. 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). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(3)

Question Number	Indicative Content	Mark						
2 (a)	AO2 (1 mark), A03 (1 mark) Up to two marks for an explanation of what Archie’s results show. For example Archie’s results show that those who know someone with a mental illness scored on average 3 less than those who don’t know someone with a mental illness (1). This means that those who know someone with a mental illness have a more positive attitude towards them (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)						
2 (b)	AO2 (3 marks) One mark for appropriate title. One mark for appropriate labelling of axes. One mark for correct plots in two bars. A bar chart to show median scores on attitudes to those with mental illness <table><caption>Data from Bar Chart</caption><thead><tr><th>Group</th><th>Median Likert Score</th></tr></thead><tbody><tr><td>People who knew someone with a mental illness</td><td>2</td></tr><tr><td>People who did not know someone with a mental illness</td><td>5</td></tr></tbody></table> Look for other reasonable marking points.	Group	Median Likert Score	People who knew someone with a mental illness	2	People who did not know someone with a mental illness	5	(3)
Group	Median Likert Score							
People who knew someone with a mental illness	2							
People who did not know someone with a mental illness	5							

Number	Answer	Mark
2 (a)	AO2 (3 marks) Up to three marks for description of distress and danger in relation to the scenario. For example: Victoria is distressed as she is upset by the lack of money and the effect this has on her children (1). The fact that she is upset because she has to stay in the house also suggests her behaviour is causing her to be distressed (1). Victoria's fear of birds can be seen to be causing her danger as she may be involved in an accident when crossing the road (1). Answers must relate to the scenario. Look for other reasonable marking points.	(3)

Question Number	Answer	Mark
2 (b)	AO1 (1 mark), AO3 (1 mark) One mark for identification of a weakness. (AO1) One mark for justification of the weakness. (AO3) For example: Some behaviours may be considered dangerous but not a symptom of a mental disorder by some people, such as car racing (1) therefore using danger may be subjective because it depends on the psychiatrist's perception of why the person is taking part in something that is dangerous (1). Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
1(a)	A02 (1 mark) One mark for a definition of dysfunction in relation to the scenario. For example: Dysfunction occurs when a mental disorder means that Lena cannot successfully carry out everyday life as she cannot go to work (1). Look for other reasonable marking points. Generic answers score 0 marks. Answers must relate to the scenario.	(1)

Question Number	Answer	Mark
1(b)	A02 (2 marks), A03 (2 marks) One mark for identification of each weakness in relation to scenario (A02). One mark for justification of each weakness (A03). For example: - There is subjectivity when deciding what is dysfunctional so Lena's psychiatrist will base the diagnosis on their own professional opinion (1), which means that not going to work may be classified as dysfunctional by one clinician and not another, affecting reliability of Lena's diagnosis (1). - Using dysfunction on its own does not take into account the reasons for the dysfunction such as not going out with friends (1), so Lena may not go out with friends as they may now have different interests, this does not mean she has a mental disorder (1). Look for other reasonable marking points. Generic answers score 0 marks. Answers must relate to the scenario.	(4)

Question Number	Answer	Mark
1(a)	AO1 (1 mark) One mark for a definition of reliability in relation to classification systems. For example: A classification system for mental health is reliable if there is consistent diagnosis of mental health between clinicians (1). Look for other reasonable marking points.	(1)

Question Number	Answer	Mark
1(b)	AO1 (2 marks), AO3 (2 marks) One mark for identification of each reason (AO1). One mark for justification of each reason (AO3). For example: - Different classification systems such as DSM and ICD may diagnose different mental health for a person presenting with the same symptoms so they may lack concurrent validity (1), as shown by Cooper et al. (1972) where the same patient was diagnosed with schizophrenia twice in New York two times more than in London (1). - Classification systems cannot always accurately predict how effective treatments will be for a given disorder, so they may lack predictive validity (1) as shown by Kuyken et al. (2008) who found that 75% of his participants stopped taking anti-depressants and more relapsed compared to MCBT, so classification systems cannot predict who anti-depressants will work for (1). Look for other reasonable marking points.	(4)

Question Number	Answer	Mark
1(a)	AO1 (4 marks) Up to four marks for how a description of ICD is used for mental health For example: The ICD is a diagnostic system that includes all diseases, physical and mental used by clinicians to diagnose service users (1). If the service user presents with a possible mental health disorder the clinician would use the section that focuses on mental and behavioural disorders (1). For each mental health disorder, it gives a clinician the main features and the symptoms needed to make a diagnosis (1), for example, the ICD 10 states that paranoid schizophrenia is dominated by relatively stable, paranoid delusions, often with hallucinations (1). Look for other reasonable marking points.	(4)

Question Number	Answer	Mark
1(b)	AO1 (1 mark), AO3 (1 mark) One mark for identification of one strength (AO1). One mark for justification of one strength (AO3). For example: Jakobsen et al. (2005) found there was good agreement in the diagnosis of schizophrenia between ICD 10 and other classification systems (1), showing that ICD 10 is reliable as it has consistent diagnoses with other classification systems (1). Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2 (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
2(b)	AO2 (1 mark), AO3 (1 mark) One mark for identification of why a random sample may be better than volunteer sample 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
2 (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)

Question Number	Answer	Mark
1(a)	AO1 (2 marks) Up to two marks for description of the DSM (DSM-IV-TR or DSM-5). For example: 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). Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
1(b)	AO1 (2 marks), AO3 (2 marks) One mark for identification of a strength and a weakness of DSM (AO1). One mark for justification of the strength and the weakness (AO3). For example: Strength - 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). Weakness - 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). Look for other reasonable marking points.	(4)

Question Number	Indicative Content
5	AO1 (4 marks), AO2 (4 marks) AO1 • Deviance is when behaviour is considered abnormal in society. • Deviance may change across time and place as social norms change. • Behaviour that interferes with a person's everyday life is one way to diagnose mental disorders. • Dysfunction can affect their working life. AO2 • Alice's talking to herself in public can be said to be deviant. • Alice has stopped going out with friends, dysfunction. • The fact that Alice only eats white food may be classed as deviant, as most people eat food regardless of the colour. • Only going out at night time is dysfunctional as it limits the activities that Alice can participate in. Look for other reasonable marking points.

Candidates must demonstrate an equal emphasis between knowledge and understanding vs application 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) 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)



Number	Indicative Content	Mark
5	A01 (4 marks), A03 (4 marks) A01 • Different cultures have different attitudes to mental disorders and this can affect how mental disorders are diagnosed. • Some cultures have mental disorders that are specific to that culture such as amok in Malaysia. • Western cultures tend to see the mind and body as separate aspects of a person, but this is not true of other cultures. • There may also be issues with translation if the patient and psychiatrist speak a different language which can cause issues when diagnosing a mental disorder. A03 • Luhrmann et al. (2015) found that hearing voices was seen as a negative experience in America but a positive one in India, therefore this may change the way people react to others saying they can hear voices. • Lin (1996) found that when looking at the symptoms of schizophrenia, there were more similarities across different cultures than differences suggesting cultural differences would not lead to a difference in diagnosis. • Andrade et al. (2012) found that high social deprivation was associated with substance use disorders in São Paulo, showing that economic background can affect individual mental disorders. • Psychiatrists can over-compensate for cultural differences and not diagnose a mental disorder when in fact there was one, so cultural differences may not have caused any difference in the disorders just in the diagnosis. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) Candidates must demonstrate an equal emphasis between Knowledge and understanding vs assessment/conclusion in their answer.		
	0	No rewardable material.
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. 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 generic or superficial assessment being presented. (AO3)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Question	Indicative Content	Mark
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Question Number	Indicative Content	Mark
5	AO1 (4 marks), AO3 (4 marks) AO1 • In order to be valid a classification system must accurately diagnose a mental health disorder, and lead to the right treatment for the diagnosed mental health disorder. • If a classification system has concurrent validity then it should come up with the same diagnosis for the same symptoms at the same time as another classification system. • Predictive validity is when upon diagnosing a mental health disorder accurate predictions can be made about how the disorder will progress, and how it will respond to treatment. • To have a valid classification system then symptoms of a disorder have to be operationalised and measurable e.g. social withdrawal for schizophrenia. AO3 • Rosenhan (1973) found that hospital staff could not accurately diagnose the fact that the pseudo-patients did not have a mental health disorder so the classification systems at the time were not valid. • Andrews et al. (1999) found that DSM IV and ICD had agreement rates for disorders such as depression, therefore it can be said that both systems have concurrent validity. • Powers et al. (2017) found that women who had suffered complex post traumatic disorder also had higher levels of alcohol and substance misuse as predicted by ICD 11, showing that ICD 11 does have good predictive validity. • Many mental health disorders are co-morbid so it may be hard for a clinician to accurately diagnose one disorder, therefore making the use of classification systems less valid as it is hard to operationalise the symptoms of one disorder. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO3 (4 marks) Candidates must demonstrate an equal emphasis between Knowledge and understanding vs assessment/conclusion in their answer.		
	0	No rewardable material.
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. 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 generic or superficial assessment being presented. (AO3)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Number		
4	A01 (4 marks), A03 (4 marks) A01 - Many psychiatric disorders run in families suggesting there is a genetic component to the development of mental health disorders. - Several chromosomes such as 22, 1, 18, 15, 14, 13, 12 are thought to contain genes that are associated with an increased risk of schizophrenia. - People who have a first degree relative with depression could be three times more likely develop depression at some point in their lifetime compared to the general population. - Chromosomes 1 and 10 are linked to the development of eating disorders including anorexia nervosa. A03 - Gottesman (1991) found that the concordance rate of 48% in monozygotic twins for schizophrenia suggesting that genes do affect the development of schizophrenia. - Studies have not found a 100% concordance rate between genes and a mental disorder therefore genes are not the only factor that affect the development of mental disorders, the environment also plays a part. - The cognitive explanation of unipolar depression says that it is caused by a combination of negative thoughts about themselves, the world and the future suggesting it is thought patterns not genes that affect the development of unipolar depression. - Scott-Van Zeeland et al. (2013) concluded there was an association between the EPHX2 gene and anorexia suggesting genes do play a role in the development of anorexia.	(8)

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	AO1 (4 marks), AO2 (4 marks) AO1 • 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. AO2 • 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
3	AO1 (4 marks), AO2 (4 marks) AO1 • Case studies are used to study an individual or a small group with a mental disorder. • A range of research methods can be used with a case study, such as observations and interviews to gather data about the behaviour of the person with the mental disorder. • Case studies can gather qualitative and quantitative data to gather a deeper understanding of the mental disorder. • They are used to come to a detailed understanding about the mental disorder, as the data from all the different methods is analysed, often using triangulation. AO2 • Ruben is studying five patients who have mental health counselling sessions to gather information about their unique issues. • Ruben is using primary data through his observations of the patients mentioning their childhood and secondary data from the counsellor's notes. • Ruben is collecting qualitative data through observing why the patient would not accept any drinks made by anyone else. • As Ruben cross referenced his data with the counsellor's notes, he can get a more detailed understanding of the experiences of the five patients. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Answer	Mark
2 (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
2 (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
2 (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
2 (d)	AO2 (2 marks), AO3 (2 marks) 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.	(4)

Question Number	Answer	Mark
2 (a)	AO2 (2 marks) Two marks for a fully operationalised non-directional (two-tailed) hypothesis. One mark for a partially operationalised non-directional (two-tailed) hypothesis. For example: • 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). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(b)	AO2 (2 marks) One mark for statement of each reason in relation to the scenario. For example: • 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). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer						Mark																																						
2(c)	AO2 (4 marks)						(4)																																						
	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																																												
	<table><thead><tr><th></th><th></th><th>Observed</th><th>Expected</th><th>O-E</th><th>(O-E)²</th><th>(O-E)²/E</th></tr></thead><tbody><tr><td rowspan="2">Condition A: Had a family member with a mental health disorder</td><td>Circled 'yes' would be willing to work in mental health</td><td>19</td><td>11.5</td><td>7.5</td><td>56.3</td><td>4.9</td></tr><tr><td>Circled 'no' would not be willing to work in mental health</td><td>0</td><td>7.5</td><td>-7.5</td><td>56.3</td><td>7.5</td></tr><tr><td rowspan="2">Condition B: Did not have a family member with a mental health disorder</td><td>Circled 'yes' would be willing to work in mental health</td><td>4</td><td>11.5</td><td>-7.5</td><td>56.3</td><td>4.9</td></tr><tr><td>Circled 'no' would not be willing to work in mental health</td><td>15</td><td>7.5</td><td>7.5</td><td>56.3</td><td>7.5</td></tr><tr><td colspan="4"></td><td>Chi squared =</td><td>24.8</td><td></td></tr></tbody></table>									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 =
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Question Number	Answer	Mark
2(d)	AO2 (1 mark), AO3 (1 mark) One mark for identification of a strength in relation to the scenario (AO2). One mark for justification of the strength (AO3). For example: 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). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2 (e)	AO2 (1 mark), AO3 (1 mark) One mark for identification of an improvement in relation to the scenario (AO2). One mark for justification of the improvement (AO3). For example: 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). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question	Indicative content	Mark
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Question Number	Indicative content	Mark
6	AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) AO1 • If the diagnosis of a mental health disorder is reliable then the same person will get the same diagnosis from two clinicians. • Intra rater reliability is when the same physician diagnoses the same patient with the same symptoms as having the same disorder at two different points in time. • A diagnosis is reliable if two different classification systems diagnose the same disorder for the same patient. • Validity refers to whether the classification systems accurately measure the mental disorder they say they are measuring. • If a classification system is not reliable then it cannot be a valid measurement of mental disorders. • When a diagnosis can be used to accurately predict the way the mental disorder will develop then it is said to have predictive validity. • If a psychiatrist diagnoses a mental disorder using a classification system and suggests a treatment based on that diagnosis that works the classification system can be said to be valid. • A valid classification system includes symptoms that are operationalised and measurable such as people with schizophrenia having to have two or more symptoms over a month. AO2 • Alba's symptoms such as losing interest in everyday life could apply to more than one mental health disorder so her diagnosis may not be reliable. • If a second psychiatrist agrees with the diagnosis of schizophrenia, then the diagnosis is reliable which should reassure Alba's mother. • By using two psychiatrists to diagnose Alba, if they have a reliable diagnosis of schizophrenia then it is more likely to be valid. • If the diagnosis of schizophrenia is valid then Alba's psychiatrist should be able to tell her mother how her schizophrenia will develop over the coming months. AO3 • Morey (2019) found that DSM 5 was more reliable than DSM IV in diagnosing borderline	(20)



	personality disorder so diagnosis of mental health disorders should be reliable if DSM V was used. • Diagnosis can be affected by what the patients tell the psychiatrist, so if a patient tells two psychiatrists different things this may affect the reliability of their diagnosis. • DSM 5 includes section 3 which advises cultural issues should be taken into account so these should have less of an effect on the reliability of diagnosis. • DSM 5 had a concordance rate of 0.46 for schizophrenia according to Reiger et al. (2013) so the reliability of diagnosis of mental health disorders such as schizophrenia may be questioned. • Rosenhan (1973) found that DSM was not valid as it could not tell that the pseudo patients did not have a mental health disorder so diagnosis of schizophrenia may not be valid. • Lee et al. (2006) found that the diagnosis of ADHD had concurrent validity when using DSM and other measures such as questionnaire data, so diagnosis may be valid. • Using two different classification systems to test for concurrent validity assumes one of the systems is valid when neither may be valid, so affecting the validity of diagnosis. • Stinchfield et al. (2015) found that DSM 5 led to fewer false negatives than DSM IV when diagnosing gambling disorder suggesting classification systems are valid. Look for other reasonable marking points.	
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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	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) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) 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)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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) 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)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) 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) 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)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) 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) 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)
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Section B.**Criminological psychology.**

Question Number	Indicative content	Mark
5	AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) AO1 • 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. AO2 • 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. AO3 • 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.	
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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	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) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) 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)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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) 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)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) 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) 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)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) 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) 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)

Question Number	Indicative content	Mark
5	AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) AO1 • ICD is a diagnostic manual for physical and mental disorders that is published by the World Health Organisation. • ICD is published in 43 different languages and it is published in appropriate cultural forms, taking account of different cultural attitudes to different mental disorders. • The clinician will interview a client and note down key words that relate to the client's symptoms and try and match these key words to the symptoms for a mental disorder in the ICD. • There are many sections within the ICD to cover physical and mental disorders with mental disorders being under section F. • Within section F each mental disorder has its own number, such as 20 for schizophrenia. • Within each code for a disorder there are further codes to differentiate between the subtypes of a disorder. • ICD 11 has a dimensional approach that has improved its ability to capture change over time, and it is in line with recent research. • ICD 11 includes training material to help clinicians use it as well as a table to compare it with ICD 10 to help clinicians use it to diagnose patients with mental disorders. • According to ICD11 there must be two symptoms present for the diagnosis of schizophrenia, of which one must be a core symptom such as hallucinations. AO2 • Barry's psychiatrist may use an appropriate translation of ICD to take account of the culture Barry is from, and to help the psychiatrist understand the symptoms Barry is describing. • During the interview with Barry the psychiatrist will make a note of the key things that Barry says, such as having a change in appetite, to match to the symptoms of a specific disorder. • When the psychiatrist has finished the interview, he will go to section F of the ICD to match the symptoms such as no longer going out with friends to a specific disorder.	(20)

- The psychiatrist will note down Barry's further symptoms of thinking his partner wants to sell him for experimentation and use this to refine the diagnosis if needed.

AO3

- The ICD may be more useful than other classification systems such as DSM as it can be used across a variety of different cultures due to the translations being culturally appropriate so it is less likely to have cultural bias when diagnosing someone with a mental disorder.
- ICD 11 relies on the client answering questions from an interview truthfully, if they do not engage with the interview or do not tell the whole truth due to embarrassment then ICD will not be useful in diagnosing a disorder.
- Reed et al. (2018) found that the vast majority of clinicians answered 'extremely' or 'quite' for how easy the ICD 11 was to use, showing that clinicians think it is a useful classification system.
- Some symptoms such as change in appetite are common in a variety of disorders, so if a lot of symptoms are comorbid ICD may not be useful in correctly diagnosing the exact disorder Barry has.
- ICD gives objective criteria for what symptoms each disorder should have which limits the subjectivity from the psychiatrist using their personal opinions so it can be a useful objective tool for diagnosis.
- Nicholls et al. (2000) found that the reliability rating of ICD 10 for eating disorder in children and adolescents was 0.357, which would suggest it is not always a useful diagnostic tool, depending on the disorder and age of the patient.
- Bondjers et al. (2019) found that a Swedish translation of an interview used within ICD to diagnose PTSD was both valid and reliable, showing that ICD and the use of its interviews is useful in diagnosing mental disorders even when it is translated.
- Breaking a mental disorder down to a list of symptoms can be seen as reductionist, so may not be useful when trying to understand the patients whole experience.

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	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) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) 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)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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) 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)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) 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) 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)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) 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) 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)

Section B

Criminological psychology.



Question Number	Answer	Mark
1	AO1 (3 marks) One mark for a description of each feature of schizophrenia. For example: • Episodes of psychosis tend to appear between the ages of late adolescence and the mid-thirties, with males having it at a slightly earlier age than females (1). • People who have psychosis before late adolescence often have a worse prognosis than those who develop it later on, with it being more severe and lasting longer (1). • About 50% of people with schizophrenia have times where they have the symptoms and times where they do not have the symptoms (1). Look for other reasonable marking points.	(3)



Question Number	Answer	Mark
3 (a)	AO1 (3 marks) Up to three marks for a description of the function of neurotransmitters in relation to schizophrenia. For example: The dopamine hypothesis states that those with too much dopamine in the mesolimbic pathway will have positive symptoms of schizophrenia (1). A higher number of D2 receptors in the brain means that more dopamine will bind to the receptors leading to schizophrenia (1). A decrease of glutamate in the mesolimbic pathway in people with schizophrenia no longer inhibits dopamine leading to an excess of dopamine. (1). Look for other reasonable marking points.	(3)

Question Number	Answer	Mark
3(b)	AO1 (1 mark), AO3 (1 mark) One mark for identification of a strength (AO1). One mark for justification of the strength (AO3). For example: Carlsson et al. (2000) proposed that glutamate and dopamine interacted in their review of studies giving the explanation credibility (1) as they reviewed several studies that found NMDA antagonists reduce glutamate functioning and increased the release of dopamine (1). Look for other reasonable marking points.	(2)

Question	Indicative content	Mark
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Number	Answer	Mark
3 (a)	AO2 (2 marks) One mark for each statement in relation to using the Mann-Whitney U test. For example: Nancy was looking for a difference between those who had sensory deprivation for 10 minutes and those who had sensory deprivation for 60 minutes (1). There were two separate groups of participants so it was an independent design (1). Answers must relate to the scenario. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark												
3 (b)	AO2 (4 marks) <table><tr><th colspan="2">Condition A</th><th colspan="2">Condition B</th></tr><tr><td>Number of reported hallucinations</td><td>Rank</td><td>Number of reported hallucinations</td><td>Rank</td></tr><tr><td colspan="2">Total = 17.5</td><td colspan="2">Total = 37.5</td></tr></table> $U_a = 5 \times 5 + \frac{5 \times 6}{2} - 17.5 = 22.5$ $U_b = 5 \times 5 + \frac{5 \times 6}{2} - 37.5 = 2.5$ One mark for correct totals (both group A and group B must be correct for mark). One mark for $5 \times 5 + \frac{5 \times 6}{2}$ One mark for correct figure for U_a (i.e. minus the total of the ranks). 22.5 One mark for correct figure for U_b (i. e. minus the total of the ranks). 2.5 Note: U = the smaller value, i.e. = 2.5.	Condition A		Condition B		Number of reported hallucinations	Rank	Number of reported hallucinations	Rank	Total = 17.5		Total = 37.5		(4)
Condition A		Condition B												
Number of reported hallucinations	Rank	Number of reported hallucinations	Rank											
Total = 17.5		Total = 37.5												

Question Number	Answer	Mark
3 (a)	AO1 (2 marks) One mark for each statement of an aim. For example: • They aimed to see if neurotransmitters other than dopamine were implicated in causing schizophrenia (1). • They aimed to see what role glutamate has in causing schizophrenia (1). Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
3 (b)	AO1 (2 marks), AO3 (2 marks) One mark for identification of each strength/weakness in relation to secondary data (AO1) One mark for justification of each strength/weakness (AO3) For example: Strength • If a mental health disorder is uncommon it may be hard to find enough patients to carry out research for primary data (1), so the use of secondary data allows a lot of different studies regarding the mental health disorder to be collated which may increase the diversity of the sample so increasing generalisability (1). Weakness • The secondary data collected may include studies that have used an old classification system such as DSM-III to diagnose the patients (1), therefore the results may not be true of updated classification systems and so may not be valid for mental health disorders at the present time (1). Look for other reasonable marking points.	(4)

Question Number	Indicative Content	Mark
1 (a)	AO2 (4 marks) Up to 4 marks for the description of the symptoms of schizophrenia. For example Tanya may experience hallucinations, which may be where she hears something that is not there (1) such as if she hears voices telling her she is useless (1). She may be delusional, where she believes something that is not true (1). Tanya may have poor motivation which may affect her ability to keep a job (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(4)

Question Number	Indicative Content	Mark
1 (b)	AO3 (4 marks) 1 mark per explicit comparison. The answer must include at least one similarity and one difference otherwise max 3 marks. For example: Neurotransmitters/biological and cognitive explanation. Both the biological and cognitive explanations state that increased dopamine can cause positive symptoms such as hallucinations (1). However, the cognitive explanation says that it is when trying to make sense of these hallucinations that other symptoms such as distrust of others occur, whilst the biological approach does not look beyond biological causes of all the symptoms (1). Frith says that schizophrenia is caused by the inability to recognise internal thoughts as coming from ourselves whereas the biological approach says schizophrenia is due to increased dopamine (1). Both explanations have provided treatments for schizophrenia, the biological approach anti-psychotic drugs, and the cognitive approach through CBT (1). Look for other reasonable marking points.	(4)

Question Number	Indicative Content	Mark
4	AO1 (4 marks), AO3 (4 marks) Read the candidate response and apply the appropriate level. AO1 • A biological treatment is anti-psychotic drugs which aim to change the chemistry in the brain. • They block dopamine receptors so minimising the effect of dopamine. • A patient could take the anti-psychotics in syrup or tablet form. • If patients forget to take them then medical practitioners could inject the anti-psychotics. AO3 • Anti-psychotics allow patients to stay in society rather than become institutionalised. • Emsley (2008) found 84% of patients on anti-psychotics had at least 50% reduction in symptoms if they were given early enough. • Anti-psychotics have serious side effects such as a decrease in motivation so schizophrenics may prefer not to take them. • Rosa et al (2005) found only 50% of patients complied with taking their anti-psychotics. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
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	AO1 (4 marks), AO2 (4 marks) AO1 • The original dopamine hypothesis states that excess dopamine in the brain causes symptoms of schizophrenia. • The revised dopamine hypothesis suggests excess dopamine in the mesolimbic areas through D2 receptors causes 'positive' symptoms such as hallucinations and delusions. • The revised dopamine hypothesis suggests a lack of dopamine in the prefrontal cortex through reduced D1 activation can lead to negative symptoms such as poverty of speech. • If glutamate production is blocked, then this can also cause schizophrenia as it then leads to an increase in the amount of dopamine in the brain. AO2 • There are alternative explanations for schizophrenia such as the genetic explanation, which may apply to Hector as his mother also has schizophrenia. • Hector suffers from hallucinations as he can hear voices telling him what to do, therefore he may have excess dopamine in the mesolimbic system. • Hector may also have a lack of dopamine in his prefrontal cortex as he has disorganised thinking and cannot make connections between his thoughts. • Anti-psychotic drugs work by reducing the level of dopamine in the brain, so if the medication Hector's doctor gave him works, this suggests his schizophrenia may be caused by an excess of dopamine. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures) (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative content	Mark
4	AO1 (4 marks), AO3 (4 marks) AO1 • Schizophrenia is thought to be inherited through genes due to the higher concordance rate of schizophrenia in monozygotic twins compared to dizygotic twins. • A variety of genes within different chromosomes are thought to be the cause of schizophrenia rather than one specific gene. • 22q11 deletion is one genetic factor associated with schizophrenia as those with 22q11 deletion have psychotic symptoms. • Another gene is the COMT gene which when faulty can lead to excess levels of dopamine as the enzyme which breaks it down is affected. AO3 • Gottesman (1991) found the concordance rate for schizophrenia in monozygotic twins was 47% compared to 17% in dizygotic twins suggesting genes may play a role in schizophrenia. • No study has found 100% concordance rate for schizophrenia in monozygotic twins, so whilst genes may play a role, other factors such as environmental stress could also be involved. • Trubetskoy et al. (2022) found that the altered function of a variety of genes that were also implicated in neurodevelopmental disorders were also associated with schizophrenia. • The cognitive explanation of schizophrenia says that it is caused by faulty thought processing, such as not being able to recognise your inner voice as coming from yourself, so it may not be caused by genes.	(8)



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)

Number	Indicative Content	Mark
6	A01 (8 marks), A02 (4 marks), A03 (8 marks) A01 • It is thought that too many dopamine receptor sites in the brain lead to too much dopamine being used and this causes schizophrenia. • Schizophrenics have a higher number of D2 receptor sites, and these are more likely to pick up dopamine than other dopamine receptors sites meaning the dopamine is more likely to have an effect as more of it is received. • Too much dopamine in the mesolimbic system is thought to cause the positive symptoms of schizophrenia, such as delusions. • Too little dopamine in the mesocortical system is thought to cause the negative symptoms of schizophrenia such as poverty of speech. • Another neurotransmitter that may be involved is glutamate, with a decrease in glutamate causing symptoms such as psychosis. • Glutamate is thought to control the amount of dopamine released by the brain, and normally seems to lower levels of dopamine. • A reduction in glutamate can lead to an increase in the amount of dopamine released. • An increase in serotonin activity can also lead to the positive and negative symptoms of schizophrenia. A02 • If Michael had an increase of dopamine in his mesolimbic system it could explain why he hears voices telling him what to do. • Michael's symptoms of not going out with his friends any more can be due to less dopamine in his mesocortical system. • Michael's use of PCP may have limited the effect of glutamate, as it is an antagonist, therefore causing Michael to develop schizophrenia. • It may be that Michael has too much serotonin in his brain and this could be the reason why he has both positive and negative symptoms. A03 • Carlsson et al. (2000) found that dopamine, glutamate and serotonin are all implicated in the development of schizophrenia showing that neurotransmitters can explain the development of schizophrenia. • It could be that genes cause the changes in glutamate that is thought to cause schizophrenia, so the neurotransmitter explanation is not a full explanation. • Anti-psychotic drugs work by blocking dopamine receptors and are effective in reducing the symptoms of schizophrenia,	(20)

	suggesting that excess dopamine does explain the development of schizophrenia. • Anti-psychotic drugs block dopamine receptors very quickly but it takes a few days for the symptoms of schizophrenia to be reduced so there may be other factors involved in developing schizophrenia, not just neurotransmitters so does not full explain the development of schizophrenia. • Lindstroem et al. (1999) found that schizophrenics used L-DOPA faster than the control group, suggesting they were producing more dopamine at a quicker rate, and the excess dopamine can explain how schizophrenia is caused. • Depatie & Lal (2001) found that giving people drugs that increase their production of dopamine does not create the symptoms of schizophrenia as would be expected if excess dopamine caused it, so it is not the only explanation of the causes of schizophrenia. • The neurotransmitter explanation of schizophrenia can be said to be incomplete as it ignores other possible causes of schizophrenia such as early childhood experiences or cognitive processes, and it is not the only explanation. • Researchers at Liverpool University in 2012 found that childhood trauma makes you three times more likely to develop schizophrenia, suggesting that there is a strong relationship between the environment and the development of schizophrenia and it is not just due to neurotransmitters. Look for other reasonable marking points.	
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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	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) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) 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)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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) 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)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) 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) 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)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) 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) 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)

SECTION B
OPTION 1: CRIMINOLOGICAL PSYCHOLOGY

Question	Answer	Mark
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Question Number	Indicative content	Mark
6	AO1 (8 marks), AO3 (12 marks) e.g. cognitive explanation AO1 • According to the cognitive explanation symptoms such as hallucinations are caused by sensory overload. • Schizophrenics do not filter out irrelevant information from the senses, creating cognitive overload. • Hallucinations can also be caused by thinking our inner voice is an external voice telling us what to do. • A poor link between memory and perception can lead to disorganised thinking as people will not know what to expect from a situation. • The cognitive explanation also says that whilst dopamine may cause symptoms such as delusions, the person with schizophrenia tries to make sense of them. • When a person tries to make sense of delusions they may then get other symptoms of schizophrenia such as disorganised thinking. • A person may feel paranoia if they ask other people to confirm a hallucination, and the other people cannot confirm it. • Delusions may be caused by an inability to process social situations appropriately, so leading to feelings of persecution. AO3 • It could be that the sensory overload is due to having schizophrenia, not a cause of it, so reducing the credibility of the explanation. • It has been found, using PET scans (e.g. Butler et al., 2012), that there is less activity in the frontal lobes of those with schizophrenia, showing they are less likely to monitor information from the senses so disagreeing with the cognitive explanation. • McGuire et al. (1996) found that the temporal lobe is less active during hallucinations, so people with schizophrenia are less able to monitor their inner voice as the cognitive explanation states. • Carlsson et al. (2002) found that neurotransmitters such as glutamate cause symptoms such as hallucinations, so the	(20)

	cognitive explanation is not a full explanation of schizophrenia. • Dickson et al. (2018) found that adolescents at risk of developing schizophrenia had deficits in a variety of cognitive functions so suggesting they may be a cause of schizophrenia. • The cognitive explanation focuses on both nature, in the form of neurotransmitters and nurture, so it is a more complete explanation than the biological explanation. • The cognitive explanation ignores the impact of social class on the development of schizophrenia so may not fully explain the disorder. • Sitskoorn et al. (2004) found that relatives of schizophrenics had similar cognitive deficits, but they did not develop schizophrenia, meaning that other factors must also be involved. • The cognitive explanation has led to cognitive behavioural therapy for schizophrenics, which has some effectiveness suggesting the cause of schizophrenia is cognitive. • Cognitive behavioural therapy is less effective for symptoms such as lack of emotional expression, suggesting these symptoms may have another cause rather than cognitive.	
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Level	Mark	Descriptor
A01 (8 marks), A03 (12 marks) Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

SECTION B - Criminological Psychology

Question Number	Indicative content	Mark
6	AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) AO1 • Cognitive behavioural therapy sees the patient with schizophrenia once a week in a supportive non-threatening environment. • Specific symptoms are focussed on target areas such as delusions with the therapist and patient working together. • The therapist may help the client identify their irrational thoughts that lead to the delusions and challenge them to prove the thoughts using reality. • Explaining that hallucinations come from irrational thought processes can help reduce the client's anxiety around their symptoms. • When working with auditory hallucinations the therapist will first focus on physical attributes of the voice such as the tone of voice. • Therapists will discuss events that happened before the schizophrenia and cognitive distortions from illness in order to make the schizophrenia seem more normal. • The client may be asked to record their beliefs and feelings about any hallucinations as homework so the therapist can better understand the clients. • The client may be asked to record evidence to back up their delusions with the aim of showing there is no basis for the delusions. • Clients may also be asked to change their behaviour and record their experiences, such as going out with friends if social withdrawal is a symptom. AO2 • The therapist will focus on Henry's specific symptom such as hearing voices saying he is not a good person asking Henry what exactly they are saying. • The therapist will challenge Henry's irrational delusions asking him why he needs to save the world and how he will do it. • The therapist will try and work out the trigger for the schizophrenia, so the therapist may look at the parental relationship. • Henry may be asked to go for a coffee with a friend over the next week and record how he felt about the situation.	(20)

	A03 • Drake & Sederer (1986) found that intense, over long therapies often led to worsening of the schizophrenia and negatively affects them in the long term, so CBT may not be an effective treatment for Henry if it is both intense and long. • CBT requires the patient to be motivated and engage with the therapy, which may not be possible for patients like Henry with schizophrenia as he has social withdrawal so it may not be effective for all patients with schizophrenia. • Patients with schizophrenia may need to take medication in order to be able to engage in CBT as they may not be able to communicate effectively, so CBT without medication may not be effective for Henry as it may not work. • CBT aims to treat the cause of the schizophrenia so it could be seen as more effective as a treatment than anti-psychotics on their own, as these just treat the symptoms. • If schizophrenia has a biological basis in the form of neurotransmitters, then CBT will not be an effective treatment as it does not address the biological cause of the schizophrenia. • Bradshaw (1998) assessed CBT in a case study with a female schizophrenic patient called Carol and found considerable improvement in functioning and symptoms over a 3-year treatment period and 1-year follow-up so it could be effective for Henry. • Chadwick et al. (2000) found significant reductions in the power and control that voices had over 22 schizophrenic patients using group based CBT, so if Henry did CBT in a group it could be effective for him. • Turkington et al. (2002) found the use of CBT improved overall symptomology, insight and depression in those with schizophrenia showing that it can be an effective treatment for Henry. Look for other reasonable marking points	
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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	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) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) 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)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) 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) 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)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) 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) 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)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) 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) 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)

Section B.

Criminological psychology



Question Number	Indicative Content	Mark						
3 (a)	AO2 (3 marks)							
	One mark for each of the measures of central tendency.							
	<table><tr><td>Mean</td><td>5.4</td></tr><tr><td>Median</td><td>5.5</td></tr><tr><td>Mode</td><td>7</td></tr></table>		Mean	5.4	Median	5.5	Mode	7
	Mean		5.4					
	Median		5.5					
Mode	7							
Reject all other answers.								
(3)								

Question Number	Indicative Content	Mark
3 (b)	AO1 (1 mark) One mark for an accurate definition. Measures of dispersion show how far the scores are spread from the measures of central tendency. (1) Look for other reasonable marking points.	(1)

Question Number	Indicative Content	Mark
3 (c)	AO2 (2 marks) Up to two marks for an explanation of what the standard deviations tell us about the results. For example The standard deviations tell us that the scores for the patients without depression are more spread out from the mean than the scores for the patients with depression (1), as the SD for patients with depression is lower at 1.43/by 2.03 compared to the SD of the patients without depression(at 3.46) (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Number	Answer	Mark
1 (a)	A01 (3 marks) One mark for each statement For example anorexia nervosa: • A restriction in the amount of food eaten in order to reduce the amount of calories consumed (1). • Carrying out behaviours to stop weight gain such as excessive exercising (1). • An extreme fear of gaining weight (1). For example obsessive-compulsive disorder: • The obsessions cause anxiety or distress if the patient tries to ignore them (1). • Compulsive behaviour, such as excessively washing the hands, is carried out for more than an hour a day (1). • Intrusive repetitive thoughts about the obsession (1). For example unipolar depression: • The patient has lost interest or pleasure in activities for at least two weeks (1). • Sleeping patterns change, the patient may find it hard to sleep, or may sleep for longer periods of time (1). • A feeling of hopelessness that nothing will get better in the future (1). Look for other reasonable marking points.	(3)

Question Number	Answer	Mark
1 (b)	AO1 (2 marks), AO3 (2 marks) One mark for identification of each strength/weakness (AO1) One mark for justification of each strength/weakness (AO3) For example: Anorexia nervosa-genetic factors Strength: • Scott-Van Zeeland et al. (2013) concluded there was an association between the EPHX2 gene and anorexia (1) suggesting genes do play a role in the development of anorexia so giving the explanation validity (1). Weakness: • Research on twins has found a higher concordance rate for anorexia than in the general population but the concordance rate has never been found at 100% (1) therefore genetic factors cannot be the only explanation for anorexia, other factors must also be involved (1). Obsessive-compulsive-disorder brain structure Strength: • The use of scanning techniques, such as fMRI scans, gives data about the brain differences of those suffering with OCD compared to those who don't suffer from OCD (1) this gives objective data showing there are brain differences between the two groups increasing the reliability of the data used to support the explanation (1). Weakness: • The cognitive explanation would argue that OCD is caused by patients' biased thinking rather than by differences in brain functioning (1) as there is more than one possible explanation for OCD, this reduces the validity of the biological explanation (1). Unipolar depression-neurotransmitters Strength: • The fact that anti-depressants work for those who have unipolar depression is a strength (1) as it suggests that there must be an imbalance in monoamines otherwise changing that imbalance would have no effect on the unipolar depression (1).	(4)

	Weakness: It could be that unipolar depression causes a reduction in monoamines rather than a reduction in monoamines causing unipolar depression (1) as most research in humans has found a correlation between a reduction in monoamines and unipolar rather than a cause and effect (1). Look for other reasonable marking points.	
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Question	Answer	Mark
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Question Number	Answer	Mark
1(a)	AO1 (3 marks) One mark for each statement of a feature of the disorder. For example: Anorexia nervosa. • Is diagnosed more in females compared to males (1). • Usually diagnosed in adolescence and early adulthood (1). • 1 to 4 percent of females have anorexia during their life (1). • Has the highest mortality rate of any mental health disorder (1). Obsessive-compulsive disorder. • Affects approximately 1% of the global population (1). • Onset is usually in the late teens or early 20s (1). • Symptoms usually appear gradually (1). • Women are 1.6 times more likely to get it compared to men (1). Unipolar depression. • Twice as many women compared to men are diagnosed with it (1). • Onset is usually in the mid 20s (1). • Often comorbid with anxiety (1). • 1 in 6 adults in the UK will be diagnosed with unipolar depression (1). Look for other reasonable marking points.	(3)

Question Number	Answer	Mark
1(b)	AO1 (2 marks), AO3 (2 marks) One mark for identification of each strength of one biological explanation (AO1). One mark for justification of each strength (AO3). For example: Anorexia nervosa. • Florea et al. (2022) found that anorexia was linked to oxytocin supporting the fact that neurotransmitters are a cause of anorexia (1), as they found that those with anorexia had changes to their oxytocin receptors giving the theory credibility (1). • It is a scientific explanation of anorexia nervosa as empirical evidence can be found to support the theory (1), as levels of neurotransmitters can be measured and seen as can the symptoms such as body mass index (1). • It is supported by Scott-Van Zeeland et al. (2013) who found that there was a genetic basis to anorexia (1), as they found that gene variants within EPHX2 lead to a susceptibility to anorexia (1). Obsessive-compulsive disorder. • Biria et al (2023) found evidence supporting the fact that glutamate is involved in OCD showing neurotransmitters are a factor (1), as they found that OCD patients had higher glutamate levels and a higher ratio of glutamate to GABA in the cingulate cortex, so giving the theory credibility (1). • It is a scientific explanation of OCD as empirical evidence can be found to support the theory (1), as levels of neurotransmitters can be measured and seen as can the symptoms such as the number of times a compulsive behaviour is carried out (1). • The neurotransmitter explanation of OCD has a practical application as it can lead to the development of drugs as a treatment (1), such as SSRIs which target serotonin to increase them in the brain of those with OCD (1).	(4)

	Unipolar depression. • Drevets et al. (1999) found evidence supporting the fact that serotonin is involved in unipolar depression showing neurotransmitters are a factor (1), as they found that there were fewer serotonin receptors in a variety of different brain areas, so giving the theory credibility (1). • It is a scientific explanation of unipolar depression as empirical evidence can be found to support the theory (1), as levels of neurotransmitters can be measured and seen as can the symptoms such as changes in sleeping patterns (1). • The neurotransmitter explanation of unipolar depression has a practical application as it can lead to the development of anti-depressants as a treatment (1), such as SNRIs which target serotonin and noradrenaline to increase them in the brain of those with unipolar depression (1). Look for other reasonable marking points.	
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Number		
3	A01 (4 marks), A03 (4 marks) A01 Anorexia Nervosa • 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. Obsessive-compulsive disorder (OCD) • 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. Unipolar depression • 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)

AO3**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 social media so it is not a complete explanation of unipolar depression. - 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
6	AO1 (8 marks), AO3 (12 marks) E.g. Anorexia Nervosa. AO1 • When the ventromedial hypothalamus is stimulated by neurotransmitters it causes the person to feel full. • When the lateral hypothalamus is stimulated it causes the person to feel hungry and so they eat. • Therefore if the ventromedial hypothalamus is abnormally stimulated and the person feels full they won't eat. • Decreased levels of epinephrine has been associated with an anorexia. • Excess serotonin/norepinephrine in the ventromedial hypothalamus causes a person to stop eating. • The excess serotonin may cause increased anxiety in anorexics. • Elevated levels of opioids/endorphins/enkephalins are also associated with anorexia. • High levels of dopamine in anorexics are thought to stop them seeking pleasurable activities including eating. AO3 • Lower levels of epinephrine in rats has led to them eating less and becoming more active showing the biological model is a good explanation. • However, the effects on humans may be different. • Studies have found that patients with anorexia have high levels of opioids in their spinal fluid so the biological explanation can explain anorexia nervosa. • However, it is not known if these high levels of opioids are a cause of anorexia or are because of the anorexia, therefore we cannot say that biology is the cause. • It has been found that the use of drugs to inhibit the opioids has led to anorexics gaining weight, therefore biology is a reason for anorexia nervosa. • Bailer et al (2005) found binge-purge anorexics have increased levels of serotonin. • Kaye (2011) found increased dopamine in anorexics led to anxiety rather than pleasure as in the non-anorexic control group. • It may not be due to neurotransmitters, but down to genes. • An alternative theory is that anorexia is caused because society values slimness equating it with being beautiful. • Or it could be due to cognitive factors. • Babarich et al (2014) found drugs that reduce anxiety do allow anorexics to gain weight. • Drug therapy does not address the reasons the person became anorexic in the first place. E.g. Obsessive-compulsive disorder. AO1 • People who have OCD have a faulty connection between the orbitofrontal cortex and the thalamus. • The thalamus is over active due to the caudate nucleus not working

properly.

- The caudate nucleus manages repetitive behaviours, so an over active caudate nucleus increases repetitive behaviours.
- This over activity is passed on to the orbitofrontal cortex.
- The overactive orbitofrontal cortex causes the brain to become more alert to the environment.
- This causes the person to carry out checking behaviours, a symptom of OCD.
- Increased activity in the prefrontal cortex leads to the person becoming more fearful of acting appropriately in social situations.
- This can lead to worries about being neat and tidy which can lead to the obsessive behaviour.

AO3

- Menzies et al (2007) found differences in grey matter in the orbitofrontal cortex in those suffering from OCD so brain differences can explain OCD.
- McGuire et al found increased activity in the orbitofrontal cortex in sufferers of OCD when they were shown objects that would bring on their symptoms.
- The use of anti-depressants to raise serotonin levels have been successful in treating OCD therefore if biology can remove the symptoms it can be deduced that biology caused the symptoms.
- It can take up to 12 weeks for the anti-depressants to work, when they raise serotonin levels immediately suggesting it is not just biology that causes OCD.
- Somoro et al (2007) found that antidepressants were more effective for sufferers of OCD than a placebo.
- Kireev et al (2012) found other areas of the brain took over the functions of the anterior cingulate cortex.
- Problems with the brain's processing may be a further symptom of OCD so it could be something other than biology that causes OCD.
- Objective scanning techniques are used to measure the brain activity of those suffering OCD.
- As OCD runs in families it could be due to genes that the brain functions differently.
- The cognitive explanation says OCD is caused by self-doubt, the need for perfection and feelings of responsibility.
- The biological explanation could explain why the thought patterns of those with OCD are different.
- CBT is often used at the same time as drug therapy.

E.g. Unipolar depression

AO1

- The monoamine hypothesis claims that low level of monoamines cause depression.
- Monoamines consist of noradrenaline/norepinephrine, dopamine and serotonin.
- Serotonin regulates the other neurotransmitters, so low levels of serotonin leads to lower levels of dopamine.
- Low levels of serotonin cause erratic brain function and thought patterns.
- Low levels of noradrenaline cause lower levels of alertness and arousal, symptoms of depression.
- Low levels of dopamine cause lack of concentration and focus.
- Low levels of monoamines could be caused because the reuptake

mechanism recaptures the neurotransmitters before they reach the receptor sites.

- Depressed people could release too much monoamine oxidase so the monoamines are broken down too fast.

AO3

- Drevets et al (1999) found reduced serotonin receptor-binding potential in unmedicated depressed patients.
- Anti-depressants which increase the monoamines alleviate depression showing reduced monoamines are a possible cause.
- Versiani et al (1999) found that patients who had noradrenaline reuptake inhibitors increased their mood if changing the biology can reduce symptoms there may be a biological cause.
- However, the level of neurotransmitters rises very quickly once an individual is on medication.
- Most evidence for abnormal levels of chemicals in the brain being a cause of depression is correlational so we cannot know if the change in chemicals cause unipolar depression or the other way round.
- Bunney et al (1970) found that urinary levels of noradrenaline decreased during episodes of depression.
- Bell et al (2001) depleted levels of tryptophan and found this caused a relapse of symptoms in depressed patients showing that changing the biology of a person can cause the symptoms of unipolar depression.
- Delgado (2000) found that monoamine depletion did not make symptoms worse in depressed patients not taking medication.
- Angoa-Perez (2014) found that mice without the gene for tryptophan did not show signs of depression.
- There are alternative theories such as the cognitive therefore it is not the only explanation.
- Delgado et al (1990) used a special diet to lower the level of tryptophan found that depressive symptoms returned for 67% of ppts.
- Therefore whilst low levels of monoamines may be one cause of depression it cannot be said to be the only cause.

Look for other reasonable marking points.



Level	Mark	Descriptor
Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

SECTION B:
Total for Section B - 36 marks
Criminological Psychology.



Question Number	Indicative Content	Mark
6	AO1 (8 marks), AO3 (12 marks) E.g. Anorexia Nervosa. AO1 • Cognitive behavioural therapy can be used to treat anorexia nervosa and focuses on the thoughts and behaviours associated with the disorder. • It is usually carried out on a one to one basis with the therapist and the client over around 20 sessions or more if needed. • At the beginning of the treatment the client will be told the facts about their disorder, such as the effects on their body. • They will be told what the treatment entails so that they understand the process and feel part of the treatment. • The therapist will spend some sessions focussing on the reasons why the client has anorexia, looking at factors such as their body image. • The therapist will look at any rules the client has about food, and the thought processes involved in these rules. • Towards the end of the cognitive behavioural therapy the sessions may look at the client's thought processes to try and avoid the client relapsing in the future. • The client and therapist may also create a plan, that both agree on, to help stop the client from going back to their old eating habits. AO3 • If the client is not willing to engage in the therapy from the beginning and is not motivated to change their eating habits, then the therapy will not be effective. • Pike et al. (2003) found that cognitive behavioural therapy was more effective than counselling for those who had anorexia nervosa, with a lower relapse rate. • Brown et al. (2013) found that the early therapeutic alliance between the therapist and the client did not affect completing cognitive behavioural therapy for anorexia nervosa, but that the therapeutic alliance at the middle of the treatment did. • Cognitive behavioural therapy does look at factors that affect anorexia nervosa so may be more effective than drug treatment which just aims to control the symptoms. • Zipfel et al. (2013) found that enhanced cognitive behavioural therapy was no more effective in weight gain compared to a focal psychodynamic therapy, so either treatment is effective. • Cognitive behavioural therapy can give the clients the ability to monitor and challenge their thought processes, so it can be used by the client in the long term, if they have any future issues. • It can be time consuming for the client, as they have to attend sessions at least once a week, as well as do homework outside the sessions.	(20)

	• Cognitive behavioural therapy can be used on outpatients, so the person with anorexia nervosa can carry out their daily lives, such as carry on working, which may be more convenient for them. • Cognitive behavioural therapy focuses on current maladaptive thought processes so it does not look at other reasons for the development of anorexia nervosa, such as issues from childhood. • Cognitive behavioural therapy can be quicker than other therapies such as psychoanalysis, which is important as the client may become very ill from the side effects of anorexia nervosa if it is not treated quickly. • CBT can be carried out in group sessions, so it may be cheaper than other therapies which require one to one intervention. • CBT requires the patient to be committed to the therapy, which may not be the case for people with anorexia as they may not think they need therapy. E.g. Obsessive-compulsive disorder. AO1 • In cognitive behavioural therapy the therapist will first look at the obsessive thoughts and compulsive behaviours of the client to understand what drives their behaviour. • The therapist aims to challenge these thoughts by asking the client what makes the thoughts cause anxiety. • The obsessive thoughts will also be tested to see if they are actually true, in the hope that this will reduce the anxiety caused by the thoughts. • The clients may be asked to think about what would happen if they did not do a certain behaviour, such as checking, and these would be discussed to see what the most likely outcome would be. • If the client avoids doing certain things due to their compulsion, such as eat in restaurants the therapist may use behavioural experiments to show what does actually happen in these situations. • Clients may be asked to do certain tasks that trigger their anxiety outside of the sessions with the aim of them reducing their anxiety the more they carry out the tasks. • Clients may also be given more adaptive thoughts to practise when carrying out tasks that make them anxious, such as 'I will not get ill if I only wash my hands once'. • The client measures their anxiety levels throughout the sessions and also the homework, and to take notice of reductions to anxiety in different situations. AO3 • March et al. (2004) found that cognitive behavioural therapy on its own, or combined with a drug treatment, was more effective in treating OCD in children and adolescents than a drug treatment on its own. • March et al. (2004) found that the best treatment for OCD was a combination of CBT and sertraline, suggesting that CBT on its own is not as effective.	
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- Cognitive behavioural therapy for OCD does not have any physical side effects, unlike drug therapy so can be seen as better for the client.
- It may not be effective for everybody, such as those who have more complicated mental health issues, as they may not be able to engage with the treatment and so may not change their behaviour.
- Sadri et al. (2017) found that CBT did reduce perfectionism and other symptoms for OCD in children, however this difference was not significant.
- Cognitive behavioural therapy focuses on thought processes, so it does not look at other reasons for the development of OCD, such as classical conditioning.
- CBT can be more cost effective than other therapies such as psychoanalysis, as it can be done in group sessions and takes less time.
- Abramowitz et al. (2005) found that cognitive behavioural therapy was just as effective in the treatment of OCD as exposure therapies.
- It can be time consuming for the client, as they have to attend sessions at least once a week, as well as do homework outside the sessions.
- Cognitive behavioural therapy is available free of charge on the NHS in the United Kingdom so may be more accessible to clients than other treatments which they may have to pay for.
- Cognitive behavioural therapy can give the clients the ability to monitor and challenge their thought processes, so it can be used by the client in the long term, if they find their compulsive behaviour is returning.
- If accessed through the NHS sessions may be limited in number, and so CBT may not be effective in treating OCD.

E.g. Unipolar depression.

AO1

- Cognitive behavioural therapy for clients with depression often lasts for 6 to 12 sessions on the NHS, with the clients receiving one or two sessions a week.
- It aims to challenge the client's maladaptive thoughts that have led to the depression.
- At the beginning of the treatment clients may be told how their thought patterns lead to their depression and behaviours.
- The therapist listens to the client's core beliefs about themselves to understand what the client is thinking and the processes involved.
- Clients may be taught how to notice when they are thinking maladaptive thoughts that lead to their depression.
- The therapist will help the client work through some more adaptive thoughts for given situations, which should reduce their depression.
- The client may be taught how to focus on how shouting at a child does not make them a bad parent, just a parent who may be tired at that point in time.
- Clients may be given homework to do outside the sessions, such as carry out a task, which will hopefully also challenge their negative thoughts.



A03

- Williams et al. (2013) found that CBM-I combined with iCBT significantly reduced the symptoms of unipolar depression on all the measures they used.
- People with unipolar depression may not have the energy or motivation to engage with cognitive behavioural therapy, so it may not be useful without anti-depressants to start with.
- Ebert et al. (2015) in a review of 7 studies found that computer based CBT was effective for treating depression in children and adolescents
- Shallcross et al. (2015) found that a mindfulness based cognitive behavioural treatment was no more effective at preventing relapse in clients with depression than an active control condition.
- Cognitive behavioural therapy does not have physical side effects, unlike the use of anti-depressants, so can be considered more ethical.
- Cognitive behavioural therapy focuses on current maladaptive thought processes, so ignores other factors that may have caused the depression, such as a traumatic childhood.
- Cognitive behavioural therapy aims to give the client the tools they need to reduce their depression so the client can use these tools in the future if further life events may lead to depression.
- Johnsen and Friberg (2015) carried out a meta-analysis and found that CBT was not as effective in the treatment of depression now as it was in the 1970s when it was first used.
- CBT can be more cost effective than other therapies such as psychoanalysis, as it can be done in group sessions or on the computer.
- If the causes of depression are due to neurotransmitters, then cognitive behavioural therapy will not treat the depression, and anti-depressant medication would be more effective.
- CBT is available on the NHS, so can be accessed by any patient, unlike other therapies which may only be accessed by those who can afford them.
- CBT requires the patient to be able to express themselves, which patients with unipolar depression may not be able to do effectively.

Look for other reasonable marking points.



Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to an effective nuanced and balanced conclusion. (AO3)

SECTION B - Criminological Psychology

Question Number	Answer	Mark
2 (a)	A02 (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
2(b)	A03 (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)

Question Number	Indicative content	Mark
5	AO1 (4 marks), AO2 (4 marks) AO1 • The first antipsychotic drugs worked by blocking dopamine receptors in the brains of those with schizophrenia. • Atypical antipsychotics block both dopamine receptors and serotonin receptors and reduce both positive and negative symptoms for many patients. • Antipsychotics are often taken orally either as a tablet or as a liquid, or injected if the person with schizophrenia is unlikely to take their medication. • Antipsychotics should start to work within a couple of weeks, if they do not then the psychiatrist may prescribe another type of antipsychotic. AO2 • If Émile takes a typical antipsychotic such as risperidone it should reduce her hallucinations such as when she sees ghosts. • Émile's symptoms such as thinking the government is spying on her should be reduced, and she should feel like going out with her friends more if she is given atypical antipsychotics. • As Émile has been resistant to some forms of biological treatment the psychiatrist may need to arrange for her to have antipsychotics administered through injection. • If Émile still thinks that the government is spying on her through her mobile phone the psychiatrist may try her on another type of antipsychotic to see if it is more effective.	(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	Answer	Mark
2 (a)	A02 (1 mark) One mark for an identification of the dependent variable in relation to the scenario. For example: The dependant variable was whether the patients said they had improved, stayed the same or deteriorated after eight weeks of therapy (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(1)

Question Number	Answer	Mark
2(b)	A02 (1 mark), A03 (1 mark) One mark for identification of one weakness in relation to the scenario (A02). One mark for justification of the weakness (A03). For example: Charles's sample may be biased as only those patients who felt they were responding well to their face to face or online therapy may have contacted him (1), so Charles's results may not be representative of all patients receiving face to face or online therapy, so there may be issues with generalising the results (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(c)	AO2 (1 mark) One mark for stating a reason for using a chi-squared test in relation to the scenario. For example: Charles used nominal data as the results were whether they clients had improved, stayed the same or deteriorated (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(1)

Question Number	Answer	Mark
2(d)	AO2 (1 mark) AO3 (1 mark) One mark for identification of the correct critical value (AO2). One mark for accurate judgment of difference (AO3). For example: Charles did not find a significant difference in the effectiveness of face to face/in person or online therapy (1) as his calculated value (3.23) does not equal or exceed the critical value (4.61) for a one-tailed test at $p \leq 0.05$ when $df=2$ (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2 (e)	AO2 (1 mark), AO3 (1 mark) One mark for identification of an improvement in relation to the scenario (AO2). One mark for justification of the improvement (AO3). For example: Charles could have used participants who had the same therapist for online therapy and face to face therapy to improve the validity of his investigation (1), as this would ensure his results are not affected by the participants reactions to different therapists so he could be more certain his results are due to the different types of the therapy (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
3 (a)	AO2 (2 marks) Up to two marks for a non-directional (two-tailed) alternate hypothesis. For example: • There will be a difference in the ability to complete domestic tasks as scored out of 32 between the two different mental disorders (2). • There will be a difference in the ability to complete domestic tasks between the different types of disorder (1). Answers must relate to the scenario. Look for other reasonable marking points. Generic answers score 0 marks.	(2)

Question Number	Answer	Mark
3(b)	AO2 (4 marks) One mark for squaring the values of the domestic tasks score minus the mean (20.8) for each score, $(x - \bar{x})^2$ 8.2², -8.8², 4.2², -2.8², -0.8² One mark for calculating the sum of these values = 170.8 One mark for dividing this by 4 (n-1) = 42.7 One mark for calculating the square root = 6.5 to one decimal place	(4)

Question Number	Indicative Content
4	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)



Question Number	Indicative Content	Mark
5	AO1 (4 marks), AO3 (4 marks) Read the candidate response and apply the appropriate level. AO1 • Aimed to see if diagnosis of mental disorders was valid/reliable • All pseudopatients were admitted with either a diagnosis of schizophrenia or manic depression (now bipolar) • Rosenhan said the pseudopatients acted normally once admitted e.g. making conversations with fellow patients. • Once admitted the pseudopatients did not claim to hear voices anymore AO3 • As they did not know they were part of a study the staff did not give consent to take part in the study. • The validity of the results is higher as a variety of real hospitals were selected for the observations. • As the pseudo patients were admitted, the staff had no reason to think they were faking it, as healthy people do not say they hear voices that are not there. • Staff could be distressed, and may question their work which would negatively impact on real patients. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
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)

Number	Answer	Mark
4	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.	(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	Indicative Content	Mark
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Question Number	Indicative content	Mark
4	AO1 (4 marks), AO3 (4 marks) AO1 • We aimed to find out if attitudes to mental health had changed over the past five years. • We found a current magazine article online and an online article about mental health from a newspaper that was published five years ago. • We created a tally chart of words that had positive meanings, such as "inspiring", and words that had negative meanings such as "aggressive". • We found that both the newspaper and magazine article had positive attitudes to mental health and there was no difference in the modern and older article. AO3 • Because both articles focussed on well-known celebrities our content analysis may not have met our aim of looking at attitudes to mental health in general. • As both articles can be found online other people could carry out the same content analysis to see if they get similar results in regards to attitudes to mental health. • When we cross checked our results we found that there was little difference in the totals of positive and negative words so we had good inter-rater reliability. • Over the past few years there has been more of a focus on mental health, so if we had used an article from over fifteen years ago we might have found that attitudes to mental health had changed, reducing the credibility of our practical. Answers must relate to their practical investigation from clinical psychology	(8)

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	Answer	Mark
3 (a)	AO1 (4 marks) Up to four marks for a description of Rosenhan's (1973) results. For example: Rosenhan found that 11 out of the 12 hospitals admitted the pseudopatients with a diagnosis of schizophrenia (1). The average time a pseudo patient stayed in hospital was 19 days, it ranged from 7 to 52 days (1). In three cases the pseudo patients writing behaviour was seen as part of their pathological behaviour by nurses (1). In his second experiment he found that 41 patients were said to be pseudo patients by at least one member of staff (1). Look for other reasonable marking points.	(4)

Question Number	Answer	Mark
3(b)	AO1 (1 mark), AO3 (1 mark) One mark for identification of a strength (AO1). One mark for justification of the strength (AO3). For example: Rosenhan used quantitative, objective data in the form of number of days spent in the hospital (1), this means that other researchers could conduct a similar study and compare the results to see if they are similar to test the reliability of Rosenhan's results on newer versions of DSM (1). Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
3(c)	AO1 (1 mark), AO3 (1 mark) One mark for identification of an improvement (AO1). One mark for justification of the improvement (AO3). For example: Rosenhan could have used a range of hospitals across all of America rather than just the east and west coast (1) which would have shown that the results were representative of all states within America and how they treat patients in mental institutions (1). Look for other reasonable marking points.	(2)

Question Number	Indicative content	Mark
4	AO1 (4 marks), AO2 (4 marks) For example: Key question: Is the use of drugs an effective treatment for mental disorders? AO1 • A lot of mental disorders are treated with drugs whilst the patients may be waiting for psychotherapy. • In 2018 over 70.9 million items were prescribed for mental disorders such as depression by the NHS in England. • Whilst prescriptions are not free the cost of anti-depressants to the NHS up to October in 2018 was £672.5 million. • The use of medication for mental disorders can keep people in work so that the government receives taxes and does not have to pay out some benefits. AO2 • Drug treatments work by changing the levels of neurotransmitters in the brain to alleviate the symptoms of the mental disorder. • Drugs may reduce the level of the neurotransmitters in the brain, such as antipsychotics reducing the levels of dopamine. • When drugs are used to reduce the level of neurotransmitter, they may block the receptors so neurotransmitters such as dopamine cannot bind to the receptors. • Other drugs, such as anti-depressants increase the level of the neurotransmitter by stopping the reuptake of serotonin for example. Look for other reasonable marking points.	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures) (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative content	Mark
5	AO1 (4 marks), AO3 (4 marks) 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.	(8)

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
5	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. 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.	(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
3 (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
3 (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)

Question Number	Indicative Content	Mark
3 (c)	AO1 (2 mark), AO3 (2 marks) One mark for identification of each strength/weakness up to a maximum of two marks (AO1) One mark for justification of each strength/weakness up to a maximum of two marks (AO3) For example - Cross-sectional studies are quicker to conduct than longitudinal studies (1) because they use a variety of participants at one point in time rather than waiting to follow them through their life (1). - One weakness is that the participants are different so they suffer from participant variables (1) which means the conclusions made could be due to individual differences between participants (1). Look for other reasonable marking points.	(4)

Question Number	Answer	Mark
2 (a)	AO2 (2 marks) One mark for identifying the independent variable (IV). One mark for identifying the dependent variable (DV). For example: Independent variable (IV). - Whether the participants were from a lower socio-economic group or a higher socio-economic group (1). - The socio-economic groups of the participants either higher or lower (1). Dependent variable (DV). - If the psychiatrist diagnosed the participants as having a mental disorder or not having a mental disorder (1). - whether the participants have a mental health disorder or do not have a mental health disorder (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(b)	AO2 (2 marks) Up to two marks for a description of how Lisa would use a random sampling technique in relation to the scenario. For example: • Lisa would have collected all the names of people from the nearby town, and she could put into a computer database (1). She would then use a random number generator to select participants and then allocate them to the two socio-economic groups (1). • Lisa could have got all the houses in the town from the local council and split them into the two socio-economic groups (1). She could put all the houses in a hat and picked out the houses until she has 13 for groups A and 21 for group B (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(c)	AO2 (2 marks) Up to two marks for an explanation of an appropriate choice of test and reasoning. For example: • Lisa would use a chi-squared test to analyse her data (1) as she was looking to see if there was a difference in the number of people diagnosed with a mental disorder in the lower and higher socio-economic groups (1). • Lisa would use a chi-squared test to analyse her data (1) as she used an independent groups design, people are either in the lower or in the higher socio-economic group (1) Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(d)	AO2 (1 mark) One mark for accurate statement. For example: • The probability the results on mental health and social economic status are due to chance is equal to or less than 1% (1). • The probability that the results on mental health and socio-economic status are not due to chance is 99% or more (1). Look for other reasonable marking points.	(1)

Question Number	Answer	Mark
2(e)	AO2 (1 mark), AO3 (1 mark) One mark for identification of a strength in relation to the scenario (AO2). One mark for justification of the strength (AO3). For example: • Lisa used a qualified psychiatrist to diagnose whether the participants from different socio-economic groups had a mental disorder or not which gives the study validity (1) as the psychiatrist would be familiar with how to use clinical interviews so may be more accurate in their diagnosis compared to Lisa (1). • Lisa used a random sample when collecting her participants from the lower and higher socio-economic groups in the town so avoiding bias in selecting her participants (1), as she will not have picked people that she thought may have a mental illness from one socio-economic group and not the other in order to prove her hypothesis (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Answer	Mark
2(f)	AO2 (1 mark), AO3 (1 mark) One mark for identification of an improvement in relation to the scenario (AO2). One mark for justification of the improvement (AO3). For example: • Lisa could use more than one psychiatrist to interview her participants and decide if they had a mental disorder (1), so that they could cross check their diagnoses and only include those participants they agreed upon to improve the reliability of the experiment (1). • Lisa could use people in lower and higher socio-economic groups from a variety of different towns not just one town (1), as this would increase her variety of participants so making the sample more representative of the target population and the results about socio-economic class and mental ill health more generalisable (1). Answers must relate to the scenario. Generic answers score 0 marks. Look for other reasonable marking points.	(2)

Question Number	Indicative Content
6	AO1 (8 marks), AO3 (12 marks) e.g. Williams et al (2013) AO1 - Williams et al aimed to find out if patients a combination of cognitive bias modification with internet based CBT would be effective in treating depression. - Applicants for the study completed an online questionnaire about symptoms, and those who had the criteria for major depressive disorder were included in the sample. - The experimental group did a CBMI treatment and then did a post treatment questionnaire. - The experimental group then had a 10 week course of iCBT the others were on a waiting list. 65% of ppts. who had the combined treatment had a significant reduction in their depression - They concluded combined intervention is effective in improving depression and anxiety symptoms in patients with depression. AO3 - They used internet recruitment so were able to gain participants from all over Australia. - The ppts. completed online screening questionnaires using established measures such as PHQ9 increasing validity. - The online screening questionnaires were compared with a diagnostic telephone call if they got through increasing reliability. - Participants were given the right to withdraw as at different stages of the study participants dropped out. - Other mental disorders such as substance misuse as well as depression were excluded from the sample so the researchers can be sure that other mental disorders did not affect the results of the study. - The study was approved by the human rights ethics committee of St. Vincent's hospital in Sydney. - As a follow up was not carried out it is not known if the improvements would last long term. - The final questionnaire was self-report and not diagnostic so may be subject to demand characteristics. - The CBM-I may have increased motivation to complete iCBT and it is the increase in the completion of iCBT that caused the improvements not the CBM-I. - Due to the restrictive inclusion criteria it lacks generalisability to those with depression such as those over 65. - Of the 69 ppts. who started the treatment only 44 completed so it may not have worked for the 25 who withdrew which would affect the validity of the results. - Those who agreed to take part had a positive approach to internet based

	intervention so it may not be effective for those who favour face to face intervention.	
	Look for other reasonable marking points.	
Candidates must demonstrate a greater emphasis on evaluation / conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks		
Level	Mark	Descriptor
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to an effective nuanced and balanced conclusion. (AO3)

SECTION B: CRIMINOLOGICAL PSYCHOLOGY
Total for Section B - 36 marks