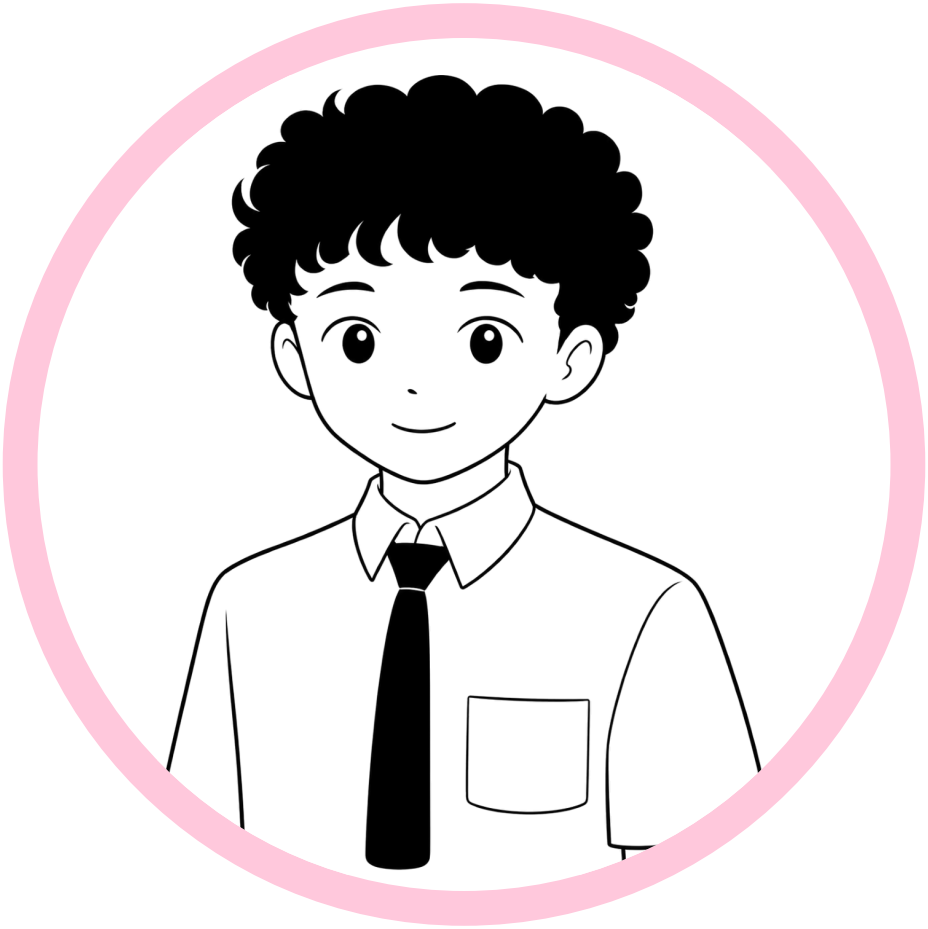
PEARSON EDEXCEL IAL PSYCHOLOGY · YPS01

PSYCHOLOGY



MARK SCHEME

CLINICAL PSYCHOLOGY

SCORE	PERCENTAGE
/336	%

STEMUP

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Mark Scheme

Q1.

Question Number	Answer	Mark
	AO1 (3 marks), AO3 (3 marks) Credit **one** mark for each accurate identification point. (AO1) Credit **one** mark for justification of each point of analysis. (AO3) For example; • Cultural issues reflect the norms and values of different cultures that can impact on the type of mental health disorder diagnosed by the clinician (1). Cooper et al. (1972) found New York psychiatrists twice as likely to diagnose schizophrenia than London psychiatrists, when shown the same video-taped clinical interviews, suggesting cultural difference (1). However, the DSM contains clearly defined mental health disorders with specific diagnostic features and symptoms that can reduce the impact of culture (1), for example Lee (2006) found that using the DSM in Korea for diagnosis of ADHD was as valid as using it in the USA so cultural differences had no impact on diagnosis (1). Clinicians may view symptoms with an ethnocentric bias from their own cultural norms when diagnosing mental health disorders (1), with Littlewood and Lipsedge (1997) suggesting that Black and Irish people in Britain are more likely to receive a diagnosis of serious mental disorder due to bias in diagnosis (1). **Look for other reasonable marking points.**	**(6)**

Q2.

Question Number	Answer	Mark
(a)	**AO1 (4 marks)** Credit up to **two** marks for an accurate description of a symptom. Credit up to **two** marks for an accurate description of a feature. For example; **Unipolar Depression** • One symptom of unipolar depression is a persistent sadness/low mood (1) which would be present most of the day and nearly every day (1) • One feature is the different forms of unipolar depression such as major depressive disorder (1) which comes and goes in a cycle whereas dysthymic disorder remains constant over at least two years (1). **Anorexia Nervosa** • One symptom of Anorexia Nervosa is low body weight that is at least 15% below expected (1) which is self-induced through avoidance of foods by the patient (1). • One feature is that more women are affected by anorexia nervosa compared to men (1) with between 0.9% and 2.0% of females developing anorexia and 0.1% to 0.3% of males (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; **Unipolar Depression** • The cognitive model can be difficult to empirically investigate as it is based on subjective internal affective processes that lead to individuals forming a negative view of themselves (1), so the explanation lacks objective evidence to support that depression is due to cognitive errors that people make about themselves (1). • Cognitive explanations ignore the biological predisposition factors that could influence the onset of unipolar depression (1). Silberg et al (1999) looked at the role of genes and life events in relation to depression, highlighting the diathesis-stress model that depression may be a combination of environment and biology (1). **Anorexia Nervosa** • Social learning explanations can be criticised for ignoring that it is likely to be more than just media exposure involved in anorexia nervosa (1), as Eysenck & Flanagan (2000) highlight that virtually all young women in the West are exposed to the media, only 3-4% of them develop an eating disorder (1). • Learning explanations ignore biological predisposition factors that can influence the onset of anorexia nervosa (1). Holland et al (1984) found that if an MZ twin had anorexia nervosa, then the concordance rate was 55%, supporting a genetic relatedness of the disorder (1). **Look for other reasonable marking points.**	**(4)**

Q3.

Question Number	Answer	Mark
(a)	**AO1 (1 mark)** Credit **one** mark for an accurate symptom given. **Anorexia nervosa** For example; • One symptom is significantly low body mass index (BMI) of less than 18.5 kg/m2 in adults (1). **Unipolar depression** For example; • One symptom is a decreased interest or pleasure in most/all activities for most of every day (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO1 (4 marks)** Credit up to **four** marks for an accurate description **Anorexia nervosa** For example; • Learning theory would suggest that anorexia nervosa may be a result of paying attention to role models who are thin and retaining this body image (1). Imitating the ideal weight of role models may be motivated by the positive reactions the media gives 'thin' celebrities and the negative responses to being overweight (1). Young people, often girls, may wish to be like their role models and reproduce the idealised ideas of women being of 'thin' shown in the western media (1), including social media imagery that reflects westernised ideal body images of women and pro-anorexia sites that positively reinforce sufferers being underweight (1). **Unipolar depression** For example; • The cognitive model suggests that unipolar depression is due to cognitive errors that people make about themselves resulting in a negative view of themselves (1) which is the result of a faulty pattern of thought and irrational thinking that are considered to be negative schemata and distorted processing of information (1). The cognitive triad also suggests that a negative view of self, the world and the future results in negative cognitive biases, such as overgeneralisations based on limited evidence (1) creating an individual's negative self-concept involving how they see themselves and think about themselves in relation to the outside world (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(c)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1) Credit **one** mark for justification of each point of analysis (AO3) **Anorexia Nervosa** For example; • CBT can challenge negative thoughts and helps question faulty beliefs about weight and body image to develop positive self-talk about food and weight (1). Pike et al. (2003) found CBT was more effective than nutritional counselling in improving outcome and preventing relapse in anorexia nervosa (1). CBT may not address other influences in the onset of anorexia nervosa, for example the impact of external factors such as role models in the media (1). Becker et al. (2002) found that television influenced views about body shape and/or weight which CBT may not consider when addressing cognitive processes (1). Specialised cognitive behavioural therapy (CBT-ED) is designed for people with eating disorders but takes over 40 weeks which is time consuming (1), so because CBT does not work immediately for patients with anorexia nervosa this may result in high drop our rates reducing the effectiveness of the treatment (1). **Unipolar Depression** For example; • Cognitive behavioural therapy can be used in combination with other treatments and is considered to be effective alongside SSRI's for treating unipolar depression (1). Wiles et al. (2013) found that patients undertaking CBT with anti-depressant medications saw a reduction in their unipolar depression symptoms (1). Completing the homework tasks to reflect on their experiences of depression when they are away from the therapy session may be difficult for clients with depression (1) as these tasks require a motivation that the clients may not feel due to some of their symptoms, such as diminished interests in daily life (1). CBT does not account for other influences for the onset of depression, such as the role of neurotransmitters, so may not be effective if depression is not just related to cognitive processing (1) Cuijpers et al.' s (2013) meta-analysis of CBT effectiveness in adults finding CBT was no more effective than drug treatment when used alone but was most effective when CBT was combined with drug treatment (1). **Look for other reasonable marking points.**	**(6)**

Q4.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** mark for an accurate description in relation to the scenario. For example; • Rahul demonstrates a failure to function as he is unable to cope with the demands of his everyday life to take part in his usual activities or leave his house causing him suffering (1) and is also unable to cope with social events because he is fearful of meeting new people (1) **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of one reason in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the reason (AO3). For example; • Rahul may believe his diagnosis is valid as he receives the same independent diagnosis from his psychiatrist and their trainee for his symptoms of fear and social isolation (1), as Brown et al. (2001) found that two interviews using the DSM IV criteria gave the same diagnosis of anxiety and mood disorders in 362 outpatients (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Q5.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for an appropriate description in relation to the scenario. For example; • Amy could go to the therapist's office every day for a week to meet patients who would happen to be there for their appointments (1) and then ask the patients if they would be willing to take part in her interview about their experiences of cognitive behavioural therapy (CBT) (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (4 marks)** Credit up to **four** marks for an appropriate description in relation to the scenario. For example; • First Amy would need to gain fully informed consent from any of the patients that agree to take part in her interview by explaining the aim of her research (1). Amy would have an interview schedule prepared that would include the questions about CBT she was going to ask the patients (1). She would need to plan in advance the structured closed-ended questions about CBT that she needs to use to gather quantitative data from the patients (1) and also the open ended questions to gather qualitative data, such as 'in what ways do you think CBT has helped you?' (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for an accurate identification of each strength in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of each strength (AO3). For example; • Amy will be able to gather in-depth details from the patients having cognitive behavioural therapy to find out more information about how they feel and what they have experienced (1) which gives Amy a more holistic perspective of the effectiveness of CBT rather than oversimplified data like session attendance rates that ignores individual experiences (1). • The patients may feel able to be honest and relaxed when discussing their CBT during an interview as it allows for open conversations to take place where reassurance can be given to patients (1) which will give strong validity as the findings will reflect the real experiences and emotions of the patients own truthful beliefs about the effectiveness of their CBT (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Q6.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Alan would need to make sure the participants taking part in the interview have no underlying heart conditions (1) that could result in their heart rates being unusually high or low regardless of the stress level from the situation (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

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

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

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

Q7.

Question Number	Answer	Mark
(a)	**AO1 (4 marks)** Credit up to **two** marks for an accurate description of the DSM. Credit up to **two** marks for an accurate description of the ICD. For example; **DSM** • The DSM is a diagnostics manual of mental health conditions collated by the American Psychiatric Association (1) which contains different sections and chapters organised around the common symptoms of disorders (1). **ICD** • The ICD is published by the World Health Organisation to diagnose all human disease and illness worldwide (1) which includes the diagnostics criteria and international reporting codes for mental health disorders (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way (AO1) Credit **one** mark for justification/exemplification of the way (AO3) For example; • Diagnosis can be considered reliable if a person receives the same diagnosis by different clinicians which gives the diagnosis strong inter-rater reliability (1), shown by Brown et al. (2001) who found that two interviews using the DSM IV criteria gave the same diagnosis of anxiety and mood disorders in 362 outpatients (1). • Reliability has been found in diagnosis between different versions of diagnostic manuals, such as the DSM, when used to re-diagnose a patient's existing mental health disorder (1), for example Goldstein (1988) used the DSM III to re-diagnose 199 patients with an original diagnosis from the DSM II and found reliability between the two versions (1). **Look for other reasonable marking points.**	**(4)**

Q8.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for an appropriate description in relation to the scenario. For example; • Ashanti could undertake an online search of reputable psychology sources that publish research about different types of family therapy to gather a range of studies and articles (1). She would need to use key terms such as 'family therapy' and 'effective' in order to gather appropriate data relevant to her research topic (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example; • First, Ashanti would need to gain fully informed consent from Caspian for his family therapy sessions and potentially personal information to be part of a case study (1). Ashanti could then undertake a range of research activities with Caspian to complete her case study, for example interviewing him about his thoughts on family therapy (1) and using his medical case files that show the course of his schizophrenia since he was first diagnosed, to find evidence of progress and therapy effectiveness (1). Ashanti could also attend a family therapy session with Caspian and make observational records of the therapy to include in her case study report about effectiveness (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for an accurate identification of each weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of each weakness (AO3) For example; • Ashanti may be biased towards wanting success for Caspian as he is her patient so her case study could lack objectivity in reporting about family therapy (1) which would reduce the reliability of her research into effectiveness as her data would be skewed to her personal belief and interpretation of Caspian's experiences (1). • The case study is based on Caspian's unique experiences of family therapy for his schizophrenia and is unlikely to be representative of other families or mental health conditions (1), therefore the findings about the effectiveness of family therapy would not be generalisable to a wider population of patients undergoing this therapy (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Q9.

Question Number	Answer	Mark
(a)	**AO1 (1 mark)** Credit **one** mark for an accurate statement. For example; • Statistical infrequency is when behaviour is statistically uncommon, being 2 standard deviations, or more, away from the mean (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO1 (4 marks)** Credit up to **four** marks for an accurate description. For example; • This definition views abnormality as a failure to demonstrate the expected emotions required to cope with the demands of everyday life (1). One aspect of failure to function is maladaptiveness where an individual may pose a danger to themselves through their behaviour and actions (1). Irrationality is another indicator of abnormality, whereby an individual's behaviour makes no sense to others as it is confusing or extreme (1). Behaviour that is considered unpredictable does not fit the context or seems to be an uncontrolled response or action (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(c)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification way (AO1). Credit **one** mark for justification of each way (AO3). For example; • Diagnosis can be considered reliable when a person receives the same diagnosis by different clinicians that indicates strong inter-rater reliability (1). Brown et al. (2001) found the same diagnosis of anxiety and mood disorders in 362 outpatients with two independent interviews using the DSM-IV criteria (1). • Diagnosis can be considered to have criterion validity when the DSM and ICD are both used for a patient and result in a diagnosis of the same disorder (1). Andrews et al. (1999) found agreement in diagnosis using the DSM-IV and ICD-10 in 1500 people for depression, substance dependence and anxiety (1). • When the criteria in the DSM and ICD accurately represent the actual symptoms people experience, the diagnosis can be considered to have validity (1). Kim-Cohen et al. (2005) reviewed DSM-IV diagnosis of conduct disorder and found the diagnosis that was given was a realistic representation of the children' s experiences. (1). **Look for other reasonable marking points.**	**(6)**

Q10.

Question Number	Answer	Mark
(a)	**AO1 (1 mark)** Credit **one** mark for an accurate statement. For example; • To investigate whether the sane could be distinguished from the insane (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • The pseudo-patients took detailed notes about their experiences with staff and patients on the ward in their diaries including what kind of medication they were given (1). The written notes also contained comprehensive details of patient behaviours that had been misinterpreted by the ward staff (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for each accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of each strength (AO3) For example; • The pseudo-patients used standardised symptoms during the admissions process, they all told the doctors they could hear voices saying words such as 'thud' (1). This increases the reliability of the study by Rosenhan (1973) as it allowed the procedure to be retested a total of 12 times within the study (1). • Quantitative data was gathered by pseudo-patients for the number of tablets they were given and the number of times that staff initiated conversation or contact with them (1). The objectivity of this data strengthens the reliability of Rosenhan (1973) results about institutionalisation as there is no subjective interpretation required with numerical data which reduces researcher bias (1). **Look for other reasonable marking points.**	**(4)**

Q11.

Question Number	Answer	Mark
(a)	**AO1 (1 mark)** Credit **one** mark for an accurate symptom given. For example; • One symptom of schizophrenia is thought insertion (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO1 (4 marks)** Credit up to **four** marks for an accurate description. For example; • High levels of dopamine in the mesolimbic pathway has been linked with the positive symptoms of schizophrenia (1). Negative symptoms such as alogia has been associated with low dopamine levels in the mesocortical pathway (1). Delusions have been connected with increased subcortical release of dopamine linked to D2 receptor sites (1). Decreased glutamate uptake at the NMDA receptor leads to reduced activation is also implicated in positive, negative, and cognitive symptoms (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(c)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1). Credit **one** mark for justification of each point of analysis (AO3). **Genetics** For example; • There is an increased risk of developing schizophrenia if a family member has the disorder through the inheritance of genes such as the NRG-1 gene (1). Kendler et al. (1985) found that first line family members were more likely to develop schizophrenia than the general population (1). Identical twins share the same genetics and have been shown to have a higher risk of developing schizophrenia (1), with Gottesman and Shields (1972) finding a 58% concordance rate of schizophrenia in monozygotic (MZ) twins who were reared apart (1). However, there are likely to be other factors than genetics involved otherwise the concordance rate would be 100% for MZ twins who are genetically identical (1), because the NRG-1 gene has a role in the expression and activation of glutamate and a role in neurodevelopment, meaning genes may only be indicative of a predisposition to other causal factors (1).	**(6)**

	Brain structure For example; • Brain structural difference can explain schizophrenia, with parts of the brain being reduced in size in schizophrenic patients, for example the temporal lobe is found to be smaller (1). Evidence from Wright et al. (2000) found that people with schizophrenia had a smaller cerebral volume (98%) (1). Ventricular enlargement has been observed in patients with schizophrenia with MRI scans having shown ventricular cavities to be around 15% larger (1). Degreef et al. (1992) found ventricular enlargement in the frontal and temporal horns, with enlargement of the temporal horns associated with the presence of positive symptoms (1). However, there is an increased risk of schizophrenia if a family member has the disorder, with identical twins having a higher risk as they share the same genes (1). Kendler et al (1985) found that first line family members were more likely to develop schizophrenia than the general population, so there may be more than just brain structure involved (1). **Look for other reasonable marking points.**	

Q12.

Question Number	Answer	Mark
(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • Rosenhan (1973) sampled 12 different hospitals in 5 states on the East and West coast of the USA (1) including old and new, public, and private institutions with a mix of staff-patient ratios (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • The pseudo-patients made detailed notes of their observations and experiences on the admissions ward (1), writing down information about the hospital ward, its patients, and the staff (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of results (AO1). Credit **one** mark for justification/exemplification (AO3). For example; • Rosenhan (1973) found that inpatients had been deprived of many human rights such as freedom of movement and privacy which resulted in powerlessness and depersonalisation (1), which can help hospital staff improve the way they treat inpatients by promoting dignity, respect and empowerment of the inpatients receiving care (1). • Rosenhan (1973) found that there was evidence in some hospitals of abusive behaviours towards inpatients in full view of other inpatients (1) which can be used to inform standards of inpatient care by ensuring procedures adhere to requirements such as the HCPC standards to protect such vulnerable inpatients (1). **Look for other reasonable marking points.**	**(4)**

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

Q13.

Question Number	Answer	Mark
(a)	**AO1 (3 marks)** Credit up to **three** marks for an accurate description. For example; • On arrival to the admissions office, the pseudo-patients stated that had been hearing voices that said words like 'empty', 'hollow', and 'thud' (1). They all claimed the voices were unfamiliar to them and were of the same sex (1). Other than the voices, names and jobs, the remaining information given such as their personal circumstances, was not falsified (1). **Look for other reasonable marking points.**	(3)

Question Number	Answer	Mark
(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1). Credit **one** mark for justification/exemplification of each weakness (AO3). For example; • The pseudo-patients were admitted to the hospitals individually, so they were the only confederates recording information and gathering data within each of the institutions (1). This may result in subjectivity in their diary records and there is no inter-rater reliability process to check the information gathered (1). • The use of diaries to record day to day experiences is not objective as the qualitative information written down is done so within the frame of experiences the pseudo-patients had (1), so the desire by some to leave the institution due to their negative experiences on the wards could result in a subjective bias in the observational data gathered (1). **Look for other reasonable marking points.**	(4)

Q14.

Question Number	Answer	Mark
(a)	**AO1 (1 mark)** Credit **one** mark for an accurate statement. For example; • To investigate the nutritional status of Japanese inpatients with schizophrenia (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description. For example; • Nutritional status was measured using the total protein, total cholesterol, triglyceride level, and fasting plasma glucose levels (1) from a blood sample taken after a minimum 9 hours of fasting, for example Hypoglycaemia was measured by a fasting plasma glucose level of <70 mg/dL (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength (AO1). Credit **one** mark for justification/exemplification of each strength (AO3). For example; • The use of 333 real patients aged between 16 and 80 years old who had been admitted across psychiatric hospitals with a diagnosis of schizophrenia can be considered representative of Japanese inpatients (1). This increases the population validity of the findings about nutrition as the inpatients are likely to reflect the target population of schizophrenic inpatients in Japan (1). • The nine psychiatric hospitals that were used were every day, real life institutions where patients would normally be admitted for disorders such as schizophrenia (1). This increases the ecological validity of the findings about weight and nutrition as the context in which the study took place is reflective of real-life experiences and hospitalisation (1). **Look for other reasonable marking points.**	**(4)**

Q15.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for accurate description in relation to Figure 1. For example; • Abnormality would be when someone is at least 2 standard deviations away from the mean score (1) which means they are outside of the 95.5% normal population range (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
(b)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness (AO1). Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Statistical infrequency only tells us where someone falls in a population distribution but does not help with understanding the ways abnormality may affect someone (1), so there is limited application for describing the course of a disorder and the impact it may have on an individual's life experiences (1). **Look for other reasonable marking points.**	**(2)**

Q16.

Question Number	Answer	Mark
(a)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each way in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the way (AO3) For example; • Anti-psychotic medication can be quickly and easily administered to Emily to reduce her agitation and upset from the auditory hallucinations that tell her people are coming to get her (1). Emsley (2008) found that risperidone had at least a 50% reduction in positive and negative symptoms in 84% of the patients studied, which could help Emily in accessing further treatments (1). • Emily may benefit from drug treatments being effective quite quickly to stop her hearing the voices telling her she is bad as some drugs can help alleviate positive symptoms within a few hours of the first dose (1). Haloperidol usually starts to work within a couple of hours or just a few days, making this effective in an emergency, where Emily needed calming down quickly (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a reason in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the reason (AO3). For example; • Some of the drugs Emily may be given could have negative side effects for her such as weight gain or low blood pressure which require Emily to be monitored closely which may be difficult if she still struggles to leave the house (1). Clozapine or Olanzapine can carry a high risk of significant weight gain which can impact on the Emily's adherence to her medication programme, ultimately reducing the effectiveness of drug therapy (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a reason in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the reason (AO3) For example; • Family therapy helps Emily's parents with social or emotional concerns in supporting Emily with her daily functioning to manage her paranoia and with practical steps like leaving the house (1). In their meta-analysis, Pitschel-Walz et al. (2001) found an average decrease in relapse rates of 20% for schizophrenic patients whose families attended family therapy interventions, making it effective in helping Emily remain mentally healthy (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Q17.

Question Number	Answer	Mark
(a)	**AO2 (3 marks)** Credit up to **three** marks for an accurate procedure in relation to the clinical practical investigation. For example; • We used search terms on google such as 'mental health' and 'metal illnesses' to find news articles about mental health issues from 2000 and 2020 (1). The four sources we used came from different popular, well known news media sites in Spain and were all approximately 800 words in length (1). We decided on categories of words and concepts that represented positive and negative attitudes to mental health and counted these in each of the sources (1). **Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
(b)	**AO2 (3 marks)** Credit up to **three** marks for accurate results and/or conclusions in relation to the clinical practical investigation. For example; • We found that news reports from 2000 had more negative portrayals about mental health with comments such as "dangerous" and "problem" being commonly used (1). The reports from 2020 were more positive towards mental health and 82% of the language used in the reports reflected consideration for wellbeing and supporting people who struggled with mental health issues (1). Overall, we concluded that attitudes towards mental health displayed in popular news media outlets have improved over the last 20 years (1). **Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each improvement in relation to the clinical practical investigation (AO2) Credit **one** mark for justification/exemplification of each improvement (AO3) For example; • To reduce bias, we could have asked someone who was not involved in the practical to do the inter-coder checking instead of us checking each other's coding (1) which would make sure that the coding of the four articles were checked by an objective person who did not know our aim, to make sure our results were not swayed towards our expectation that attitudes would have improved (1). • We could have operationalised more clearly what we meant by 'attitudes' to mental health to limit the effect of personal interpretations of the content (1) making the coding process more reliable by eliminating any subjectivity from our interpretation as psychology students of what may appear a positive or negative attitude (1). **Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.** **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Q18.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of gathering secondary data for the clinical practical investigation. For example; • We used a standard search engine online to search for media reports about people with mental health issues committing criminal offences (1) and printed ten articles each about mental health which were numbered so we could select four articles at random to use (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of analysing secondary data for the clinical practical investigation. For example; • Before reading any articles, we agreed a coding system that contained the key words and phrases that reflected positive and negative attitudes to mental health (1). We then highlighted negative attitudes such as 'dangerous' and positive attitudes such as 'misunderstood illness' and counted the total for each category (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Question Number	Answer	Mark
(c)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description of the conclusion of the clinical practical investigation. For example; • We concluded that mainstream tabloid media outlets often emphasise the negative stereotypes of mental health as a dangerous problem in society (1). Sources from broadsheet media outlets present more positive attitudes, with most portraying mental health as illnesses that need support (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(2)**

Q19.

Question Number	Answer	Mark
(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description For example; • They must adhere to the guideline of communicating appropriately and effectively with service users, carers, and colleagues (1) which includes the requirement to listen to the service users and carers needs and wishes to take account of these in decision making and clinical practice (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of the strength (AO3) For example; • The HCPC guidelines ensure clinical practitioners can be held accountable for maintaining the prescribed standards that are relevant to their field of clinical practice (1), therefore the HCPC can investigate any complaints about a practitioner who does not meet the standards to maintain the consistency of expectations across clinical provision (1). **Look for other reasonable marking points.**	**(2)**

Q20.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • The clinician and Andrezj are from different cultural groups so they may have linguistic differences that impact on the wording used by Andrezj to express the worries and concerns he had (1) leading to the clinicians misunderstanding his feelings and concerns about his symptoms due to seeing them through their own cultural lens rather than from a culturally relative point of view (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of one reason in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the reason (AO3) For example; • Andrezj's diagnosis can be considered reliable as the two clinicians both used the DSM for his diagnosis so there is inter-rater reliability from the two separate clinicians diagnosing the same mental health disorder for Andrezj (1), as shown by Brown et al. (2001) who tested the DSM-IV for mood and anxiety disorders finding that independent interviewers came to the same diagnosis, so the DSM is a reliable diagnostic system (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Q21.

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

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

Q22.

Question Number	Answer	Mark
(a)	**AO1 (6 marks)** Credit up to **six** marks for an accurate description For example; **Hans and Hiller (2013)** • The meta-analysis was conducted using 34 effectiveness studies from manual and electronic searches (1). They only used studies where the patients reflected their target group of 18 to 65 years old (1) and had a primary diagnosis of major depressive disorder, minor depressive disorder, or dysthymic disorder (1). Their search criteria were operationalised using terms such as 'nonrandomised' to gather their sources (1). Any studies that included less than half the usual 12 CBT sessions were excluded as they were considered unrepresentative of CBT (1). Hans and Hiller were both trained in the coding protocol, Hans coded all studies and Hiller coded 20% (1). **Ma, Quinn and Liu (2014)** • They selected 538 university students consisting of 281 females and 257 males, with a mean age of 19.4 years old (1) using a volunteer sampling technique and no participant received any compensation for taking part (1). They used pre-existing questionnaires such as the Core Self-Evaluations Scales (CSES) (1) and these were completed through accessing an online survey where the hyperlink was distributed using online forums (1). Informed consent was obtained from all participants before they took part in completing questionnaires (1). The IP addresses monitored to check the survey was only completed once by each of the respondents (1).	

	Becker et al. (2014) • Fiji was selected as there was an extremely low prevalence of eating disorders and Nadroga had no television prior to mid-1995 (1). A cross-sectional method was used to sample two separate groups of girls (1), firstly in 1995 prior to television and secondly in 1998 three years after television was introduced (1). 63 respondents with a mean age of 17.3 years old participated in 1995 and 65 respondents with a mean age of 16.9 years old participated in 1998 (1). They completed a 26-item eating attitudes test (EAT-26) that included questions about binge eating and purging behaviour (1). Then, a semi-structured interview was conducted with respondents who reported a binge eating or purging behaviour (1).	

	Reichel et al. (2014) • 72 female adolescents and young adults took part and 36 of these had a primary diagnosis of anorexia nervosa (1), and any participants with hearing or visual impairments, neurological disease or medication affecting their startle reflex were excluded (1). The participants were seated in front of a screen to view 52 images from four sub-categories, such as unpleasant or neutral (1). The picture in each set was shown for 12 seconds, with the pictures randomised and intermingled with blank screen images (1). The startle reflex was measured as eye-blink response recorded from electomytographic activity (EMG) over the left orbicularis oculi muscle (1). Heart rate responses were recorded using an ECG and measured as second-to-second beats per minute for 10 seconds after each picture was shown (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1) Credit **one** mark for justification/exemplification of each weakness (AO3) For example; **Hans and Hiller (2013)** • Some of the studies of CBT sampled in the meta-analysis may have been of poor quality with poor methodology which translates into the findings of Hans and Hiller (1), reducing the credibility of their findings about the effectiveness of CBT for depression due to the limitations of the sources reviewed (1). • They used studies of CBT that dated back to 1987 which may mean the data they analysed was time locked and not reflective of 2013 when they conducted their review (1) which means their findings about CBT effectiveness may not be a valid representation of the process of CBT in modern society as practices change over time (1). **Ma, Quinn and Liu (2014)** • The sample of 538 undergraduates is not representative of the wider population as undergraduates tend to have a wider social network than older adults (1), so their findings about social support cannot be generalised to the role of social support in the overall adult population (1). • Participants may have shown social desirability when completing the questionnaires about depression or support to present themselves as coping better than they were (1) which will reduce the validity of the data gathered as the participant answers may not reflect their true experiences of depression or social support (1).	

	Becker et al. (2014) • Different participants were sampled in 1995 and 1998, so the impact of individual differences means that the data were not directly comparable (1), therefore the change in EAT-26 scores between the two groups of girls could be a result of participant variables rather than the influence of television (1). • Only adolescent girls were included in the study which reduces the representativeness of the results as they only reflect young, female eating behaviours (1) which limits the generalisability of the findings about the influence of television to other groups, such as boys or adults (1). **Reichel et al. (2014)** • Using an all-female participant sample is gynocentric as it only represents the startle and arousal responses of women with anorexia to the body images presented during the study (1) which limits the generalisability of findings about a lowered startle response in anorexia patients when exposed to emancipated bodies to only females (1). • No qualitative data was gathered to allow participants to explain why they felt startled or not by the images, they only took physical body response measurements, such as heart rate or EMG activity (1) therefore there is a lack of validity as there is no in depth explanation about why emancipated body images were appealing to patients with anorexia nervosa and not to those without anorexia nervosa (1). **Look for other reasonable marking points.**	**(4)**

Q23.

Question Number	Answer	Mark
	AO2 (4 marks) Credit up to **four** marks for an accurate description of the procedure for the clinical practical investigation. For example; • In three out of four articles, negative themes such as 'danger to others' and 'danger to self' occurred more often than positive themes (1). The two most negative articles were tabloid media reports of people with mental health issues committing criminal offences (1). We concluded that the mainstream media emphasises the negative stereotypes of mental health issues (1) whereas sources from specialist organisations like 'Mind' present positive attitudes to mental health issues (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(4)**

Q24.

Question Number	Answer	Mark
(a)	**AO2 (2 marks)** Credit up to **two** mark for an accurate description in relation to the scenario. For example; • Krystal could send an email to the patients registered with the mental health service explaining that she would like volunteers for a new drug trial (1). The patients would be able to respond to Krystal's email to offer to take part in the drug trial research she is conducting (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
(b)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example; • Krystal could ask a colleague to randomly split her sample of patients into two different groups so she was unaware which group would be given the new schizophrenia drug that is being trialled (1). The control group would remain on their existing antipsychotic drug treatment programme to ensure their treatment is not affected (1). Krystal could use self-report data to gather information on how the patients feel, whether their schizophrenia symptoms are under control and any side effects (1). She could compare the data between the antipsychotic control group and the new drug to determine whether the new drug was more, less, or equally effective as a treatment (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and a weakness in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the strength and the weakness (AO3). For example; **Strength** • Krystal would not be aware which group was given the new drug in order to eliminate any researcher bias in her interpretation of the data gathered from each group (1). This increases the objectivity of the data analysis about the drug for schizophrenia making her results more reliable (1). **Weakness** • The patients undertaking the new drug trial may find it causes side effects or fails to control their schizophrenia symptoms placing them in a situation of distress or relapse (1). This would be in breach of the BPS Code of Ethics (2009) whereby the protection from any harm of the patients on the new drug should be carefully considered (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Q25.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **Anorexia Nervosa.** **AO1** • Anorexia nervosa is when there is a significantly low body mass index (BMI) of less than 18.5 kg/m2 in adults, it is thought that 1 in 100 women aged between 15 and 30 have been affected by anorexia. • Dual hypothalamic theory explains how the ventromedial hypothalamus sends messages of being full/satisfied and the lateral hypothalamus sends messages of hunger. • Malfunction of the lateral hypothalamus may prevent or reduce the individual experiencing any feelings of hunger. • Where the ventromedial hypothalamus is abnormally stimulated by neurotransmitters a person can feel full even if they have not eaten. • Excess serotonin/norepinephrine in the ventromedial hypothalamus may cause a person to stop eating and could also cause increased anxiety. • Endogenous opioid systems are disrupted in patients with anorexia nervosa whereby patients become dependent on the opioids released as a result of sustained starvation.	**(16)**
	AO3 • Reichel et al. (2014) sampled female adolescents and young adults, 36 with a primary diagnosis of anorexia nervosa, and found they had a low physiological startle reflex to images of emaciated bodies. • A biological explanation ignores other factors such as cognition where anorexia nervosa could be the result of faulty schemas that lead to distorted and irrational beliefs about body image and weight. • Muldoon et al. (1992) found evidence that dietary fat restriction affects the serotonergic activity within the hypothalamus, therefore the role of serotonin and the dual hypothalamic theory may be related. • Becker et al. (2002) found that effect of television influenced eating behaviour in Fiji, so the disorder may be a result of the influence of media role models rather than biological factors. • Kaye at al. (2001) suggested the potential benefit of fluoxetine (SSRI) for preventing relapses after being discharged from hospital for anorexia patients whose weight had been restored. • Grave et al. (2020) suggested that intensive CBT-E seemed to be an effective treatment for severely ill adolescent and adult patients who had anorexia nervosa, which does not tackle biological dysfunctions. • Bailer et al. (2005) found binge-purge anorexics have increased levels of serotonin, therefore the role of neurotransmitters can be considered an influence on eating behaviours. • A review of literature by Marvanova and Gramith (2018) suggested there is a lack of evidence to support use of SSRIs during the acute treatment phase of anorexia nervosa, so antidepressants while patients are undergoing initial weight and nutritional restoration are ineffective. • Opioids modulate the actions of neurotransmitters, so elevated opioids may result in dysregulations of other neurotransmitters and may help explain starvation behaviours in anorexia nervosa. • It is not known if high levels of opioids are a cause of anorexia or are because of the anorexia and starvation, therefore we cannot say that this is a causal factor in the disorder. **Look for other reasonable marking points.**	

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **Unipolar Depression.** **AO1** • Unipolar Depression is another name for major depressive disorder where a person must have at least five symptoms including depressed mood, fatigue and lack of motivation. • People with depression may have too much monoamine oxidase, so the monoamines are broken down too fast, monoamines consist of noradrenaline/norepinephrine, dopamine, and serotonin. • Low levels of monoamines could be caused because the reuptake mechanism recaptures the neurotransmitters before they reach the receptor sites. • Serotonin regulates other neurotransmitters, so low levels of serotonin can lead to lower levels of dopamine which could cause a lack of concentration and focus. • Low levels of norepinephrine may cause lower levels of alertness and arousal, which are symptoms of unipolar depression. • The body uses the amino acid tryptophan which comes from dietary sources in order to synthesise serotonin.	**(16)**
	AO3 • Most evidence for abnormal levels of neurotransmitters and experiencing low moods is correlational, so we cannot know if the change in chemicals cause unipolar depression or vice versa. • Meyer et al. (2006) found an average of a 34% elevated monoamine oxidase level in every brain region assessed using PET scans during major depression, so monoamine regulation has scientific credibility. • Delgado (2000) claims that dysfunction in the monoamine system may not be the level of neurotransmitter but the neural controls that utilise monoamines, so only considering the chemical balance is reductionist. • Versiani et al. (1999) found patients given noradrenaline reuptake inhibitors had an improved mood, so if altering neurotransmitter functioning reduces symptoms then there may be a biological explanation for unipolar depression. • A biological explanation ignores other factors such as cognition where unipolar depression could be the result of faulty thinking that leads to distorted and negative beliefs about oneself. • Benkelfat et al. (1994) found that during tryptophan depletion, 30% of participants with a family history of affective disorders showed an increase in depressive symptoms. • Ma, Quinn and Liu (2014) found negative core self-evaluations of self-esteem that a person with depression has and would suggest that unipolar depression is related to low self-esteem, not biological factors. • SNRIs have been found to have at least an equivalent antidepressant efficacy compared to SSRIs, and Moret (2010) suggests they may be more effective than SSRIs in achieving remission, so norepinephrine may play a role in unipolar depression. • Moreno et al. (1999) suggested tryptophan depletions caused minimal symptoms in participants with no family history of depression, so there may be genetic factors not just an absence of tryptophan. • Bell et al. (2001) investigated depleted levels of tryptophan and found this resulted a relapse of symptoms in depressed patients showing that the role of tryptophan may play a role in the symptoms of unipolar depression. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q26.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • Eight sane people, including three women and five men, were the confederate observers who acted as pseudo-patients. • The pseudo-patients included a psychology graduate, a painter, three psychologists, a paediatrician, a psychiatrist, and a 'housewife'. • The study was conducted in 12 hospitals in five states of the USA, including state and private care facilities. • The pseudo-patients were given standardised responses to state during the doctors admission diagnosis, such as hearing voices saying 'thud' and 'hollow'. • The pseudo-patients made notes of their observations in written records and diaries that documented their experiences on the psychiatric wards. • Findings showed pseudo-patients experienced depersonalisation and powerlessness, and a lack of privacy.	**(16)**

	AO3 • There is a lack of generalisability to the experiences of the wider population of patients in psychiatric institutions because the confederates did not represent all those with mental health conditions. • There could have been biased reasons why the psychologists wanted to take part in the study, which decreases the objectivity of their data about institutions and patient experiences. • The study is generalisable to other psychiatric hospitals of the era as it suitably represents a variety of psychiatric care in the USA at that time. • There is high ecological validity as the hospitals were real life settings and so they represented how psychiatric care actually took place and the experiences of real patients. • The fake symptoms had negative connotations which may have led clinicians to be extra vigilant, admitting the pseudo-patients for safety, therefore not testing the validity of diagnosis but medical caution. • Doctors conducting the assessment and admission were not aware they were taking part in a study, so they were denied informed consent and the right to withdraw from the investigation. • The pseudo-patient reports could not be corroborated as there was only one observer admitted to each hospital, so the data may be subjective and lack reliability. • Detailed notes taken by the pseudo-patients gives strong validity to the data about inpatient experiences as they documented how they were treated and felt and how others were treated. • Findings about the treatment of patients could be applied to hospital procedures in the 1970s to improve the care of patients in institutions, such as dignity, privacy and time spent with the physicians. • The findings about how all behaviours were interpreted as symptomatic of mental illness was important in highlighting the role of the context as a factor that should be considered in diagnosis and treatment. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q27.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • Drug therapy is a biological treatment where the use of anti-psychotic drugs such as clozapine, aims to alter the chemistry in the brain. • Drug therapy is based on neurotransmitter explanations of schizophrenia, such as the dopamine hypothesis. • Drug therapy consists of anti-psychotic medication which suppresses hallucinations and delusions and can be used with anti-depressants. • Some anti-psychotic drugs block dopamine activity so minimising the effects of dopamine, while others also act on serotonin uptake. • A patient can take the anti-psychotic medication in syrup or tablet form allowing them to select different methods of treatment. • If patients forget to take them then medical practitioners could inject the anti-psychotic drugs to help with drug compliance. **AO3** • Phenothiazine drugs block dopamine receptors and are effective as patients who respond to these show signs of improvement, with a reduction in most schizophrenic symptoms. • Bustillo et al. (2001) found that Assertive Community Treatments (ACT) help with preventing psychotic relapse and hospitalisation, so drug therapy targeting neurotransmitters can be combined with other interventions to achieve an overall more successful treatment. • Adityanjee and Kaizad (2005) found that in 0.05% of patients, anti-psychotic drugs lead to neuroleptic malignant syndrome which causes nausea, high blood pressure, confusion, and in 10% of cases, death, so despite effectiveness there may be negative health implications. • Eaton (1980) found that schizophrenia is associated with city life rather than biological factors, so if schizophrenia is related to the environment and social adversity it may be that drug therapy is ineffective. • Anti-psychotics can reduce symptoms of schizophrenia more rapidly than therapies such as family therapy, so can reduce patient distress quickly increasing the effectiveness of drugs as a treatment. • Meltzer et al. (2004) found patients using haloperidol had reduced symptoms of schizophrenia and showed improvements in day to day functioning, so the treatment is effective. • Emsley (2008) found that risperidone injections reduced both positive and negative symptoms of schizophrenia, with 64% of patients having no symptoms two years on, highlighting that drug therapy can be an effective treatment for a range of schizophrenia symptoms. • Drug therapy is reductionist as it only considers neurotransmitters as a cause of schizophrenia, yet an alternative biological explanation suggests genetics play a role in schizophrenia, so drugs would be ineffective. • Rosa et al. (2005) found only 50% of patients complied with taking their anti-psychotics, so while they may be successful in terms of the impact on neurotransmitters, they are ineffective if drug compliance is low. • Hartling et al. (2012) reviewed 114 studies and found it difficult to reach overall conclusions of antipsychotic effectiveness due to possible bias, brief follow-up trials, and use of selective populations. **Look for other reasonable marking points.**	**(16)**

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q28.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • A patient with schizophrenia will attend counselling or therapy sessions with their family members and any designated caregivers. • Family therapy addresses environmental, social, and emotional issues of the patient with schizophrenia. • The therapy is not a physically invasive treatment programme as it is based on sharing information and feelings about schizophrenia. • Family therapy can increase family members knowledge of schizophrenia to help them understand the symptoms. • Effective family therapy usually runs alongside a drug based therapy and it is not a therapy that is usually used alone • Drug therapy consists of anti-psychotic medication which supresses hallucinations and delusions and can be used with family therapy.	**(16)**

	AO3 • Magliano et al. (2005) found improved social functioning in caregivers of family members with schizophrenia, showing success in treating the wider impact of schizophrenia on family life. • Attending family therapy can be demanding to families, such as transport, time, motivation, and energy, which may lead to high dropout rates and reduce the effectiveness of the family therapy. • Pharoah et al. (2010) found positive impacts on patient recovery, a relapse reduction and improved social functioning from family therapy. • While being less invasive than drugs or deep brain stimulation treatments, family therapy may not address the cause of schizophrenia, so only helps with the management of the patient and family life. • Psychoeducation in family therapy can increase knowledge of the illness to help families effectively support the patients' medication needs. • Kavanagh (2018) found that patients in families with high levels of negative attitudes had a 48% chance of relapse, so families would need to engage positively with therapy for it to be effective. • Bird et al. (2010) showed that family therapy in the early stage of psychosis significantly reduced relapse and readmission rates, so effectiveness may be greater if family therapy begins early. • Family therapy requires the person with schizophrenia to be able to engage and explain how it affects them which may not be effective as they may be living in a different reality where they do not trust their family. • Pilling et al. (2002) found a link between family therapy interventions and adherence to medication, which could effectively reduce relapse. • Drugs such as Chlorpromazine block dopamine receptors and patients show positive signs of improvement and a reduction in schizophrenic symptoms, so family therapy is not the only course of treatment that should be considered. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q29.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • Schizophrenia has been explained as an imbalance of neurotransmitters such as dopamine and glutamate. • Positive symptoms are associated with the mesolimbic pathway and negative symptoms with the mesocortical pathway. • Hypodopamine plays a role in regulating perception, cognition and attention in the pre-frontal cortex with overactive PFC associated with delusions in people with schizophrenia. • The number of neurotransmitter receptors for dopamine have been found to be higher in schizophrenic patients. • Ketamine blocks the glutamate receptors and induces schizophrenic symptom-like psychotic states and changes in cognitive function. • The NRG-1 gene has a role in expression and activation of glutamate and other neurotransmitter receptors.	**(16)**
	AO3 • Carlsson et al. (2000) found that hyperdopaminergia and hypoglutamatergia may play a role in schizophrenia. • Explanations about the role of dopamine in schizophrenia are strengthened by objective, scientific evidence such as Bird et al. (1979) who found that post-mortems of schizophrenic patients showed high levels of dopamine in the brain (1). • Phenothiazine drugs block dopamine receptors and result in a reduction in schizophrenia symptoms, which could be evidence that dopamine plays a role in schizophrenia. • Wong et al. (1986) who carried out PET scans on schizophrenic patients finding an increased density of dopamine receptors which could lead to increased reuptake of dopamine. • Dépatie and Lal (2001) found that apomorphine, which stimulates dopamine receptors, did not result in schizophrenia symptoms, suggesting that dopamine may not be the cause of schizophrenia. • Aarsland et al (1999) found that treatments for Parkinson's disease (L-dopa) that increase dopamine production result in schizophrenia symptoms (hallucinations/delusions) suggesting dopamine features significantly in schizophrenia. • Amphetamine drugs were found by Krystal et al. (2005) to increase the concentration of dopamine in the synaptic gap, but only produce the positive symptoms of schizophrenia, so dopamine may not explain all symptoms of schizophrenia. • Krystal et al. (1994) found glutamate NMDA receptor antagonists such as ketamine can induce a broader range of symptoms that resemble aspects of psychoses, particularly schizophrenia and dissociative states, so dopamine may not be the only neurotransmitter involved. • Gottesman (1991) found that there was a 48% chance of having schizophrenia if a person had a MZ twin with schizophrenia, so neurotransmitters alone may not be a full explanation of the disorder. • Concordance rates are not 100% in MZ twin studies, so research from a diathesis-stress model that includes environmental triggers would be a more holistic method to research the range of causes of the disorder. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q30.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • Schizophrenia has been explained as an imbalance of neurotransmitters such as dopamine and glutamate. • Positive symptoms are associated with the mesolimbic pathway and negative symptoms with the mesocortical pathway. • Symptoms such as hallucinations and delusions have been associated with increased subcortical release of dopamine linked to D2 receptor. • Symptoms including anhedonia, lack of motivation, and poverty of speech, are thought to result from reduced D1 receptor activation. • Patients taking drugs that increase dopamine display symptoms of schizophrenia. • The recreational drugs PCP and ketamine are antagonists that block the NMDA glutamate receptor, resulting in positive, negative and cognitive psychotic symptoms.	

	AO3 • Iverson (1979) found that post-mortems of schizophrenic patients showed high levels of dopamine in the brain, suggesting that dopamine plays a significant role in schizophrenia. • Buchanan et al. (2004) examined 44 patients with schizophrenia and found they had smaller inferior prefrontal cortex volume than normal controls, so neurotransmitters may not be the only explanation. • Phenothiazine drugs which block dopamine receptors result in signs of improvement and a reduction in schizophrenia symptoms, which is evidence that dopamine plays a role in schizophrenia. • Dépatie and Lal (2001) found that apomorphine, which stimulates dopamine receptors, did not result in schizophrenia symptoms, suggesting that dopamine may not be the cause of schizophrenia. • Aarsland et al. (1999) found that treatments for Parkinson's disease (L-dopa) that increase dopamine production result in positive schizophrenia symptoms suggesting dopamine features significantly. • A focus just on neurotransmitters is reductionist as it ignores the influence of the social and environmental factors found by Fox (1990) who suggested it is likely that factors associated with living in poorer conditions may trigger the onset of schizophrenia. • Krystal et al. (2005) found if glutamate NDMA receptors are stimulated with ketamine drugs it can cause positive and negative schizophrenic symptoms, so multiple neurotransmitters may be involved. • Gottesman and Shields (1982) found a 58% concordance rate (7/12 twins) of schizophrenia in MZ twins reared apart, so there may be a genetic predisposition for schizophrenia rather than neurotransmitters. • Carlsson et al. (1999) explain the glutamate hypothesis works with the dopamine hypothesis and expands on it, enhancing the understanding of the role of neurotransmitters in schizophrenia. • The NRG-1 has a role in the expression and activation of glutamate and other neurotransmitter receptors as well as role in neurodevelopment, which may mean the role of neurotransmitters in schizophrenia is the result of a genetic cause rather than a causal factor itself. **Look for other reasonable marking points.**	**(16)**

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q31.

Question Number	Indicative Content	Mark
	AO1 (6 marks), AO3 (10 marks) **AO1** • Nutritional status was operationalised using measures such as fasting plasma glucose (FPG) levels. • The sample of 333 inpatients aged between 16 and 80 years old had been diagnosed with schizophrenia using the DSM-IV-TR. • Patients were sampled from nine psychiatric hospitals in Niigata Prefecture, Japan. • A control group of 191 healthy volunteers was matched to the inpatients on age and sex. • Any physical illness or changes in drug therapy were controlled for and these patients were removed from the study. • Patients with schizophrenia and the control group were compared on BMI and nutritional status.	**(16)**

	AO3 • Operationalising nutritional status by using empirically testable, objective measures enables future retesting to check for reliability in the findings about underweight and overweight inpatients. • There is a lack of validity in the measure of whether the patients were actually nutritionally healthy as BMI is not the only indicator of good nutrition. • The use of BMI measures gives an accurate and consistent comparison point between schizophrenic inpatients and the general population to measure nutritional status increasing internal validity. • The sample of 333 inpatients with a wide age range has good representativeness of inpatients with schizophrenia in Japanese hospitals, increasing generalisability of findings to this target group. • The sample did not include patients beyond Japan, so was not representative of cultural differences in nutritional status for patients with schizophrenia beyond Japan, which limits generalisability. • The findings of the study are limited just to the hospitals in Niigata Prefecture and not all areas of Japan, so the nine hospitals may not represent the treatment of all patients in Japan. • The control group were not schizophrenic outpatients, therefore comparability between the groups is limited as it does not show differences in schizophrenic inpatients against outpatients. • Internal validity is increased by controlling for variables such as drug treatment changes to better ensure they are testing the link between schizophrenia and nutrition and not side effects of new drugs. • The study lacks validity as the exclusion of other illnesses and drug therapy changes is not reflective of the real-life experiences of patients with schizophrenia where co-morbid illness and changes in drugs may be common. • Kitabayashi et al. (2006) also found higher rates of underweight in schizophrenic patients, giving the study higher reliability as the results for underweight in schizophrenic patients are consistent. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments, but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Q32.

Question Number	Answer	Mark
(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of the strength (AO3) For example; • Family therapy is a more holistic approach as it addresses the social and emotional issues and burdens for the whole family in supporting patients in daily functioning to reduce relapse (1). Pitschel-Walz et al. (2001) found in their meta-analysis an average decrease in relapse rates of 20% for schizophrenic patients whose families attended family therapy interventions (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1) Credit **one** mark for justification of each point of analysis (AO3) For example; • Anti-psychotic medication can be quickly and easily administered to patients in tablet, liquid or injection form to help supress hallucinations and delusions (1). Emsley (2008) studied the effect of risperidone finding that in 84% of the patients there was at least a 50% reduction in positive and negative symptoms, which may allow them to then engage in other therapies (1). However, drug therapy is only based on a biological neurotransmitter explanation of schizophrenia and excludes other factors such as the environment or genetics (1). Bustillo et al. (2001) found that Assertive Community Treatment's (ACT) have clear effects on the prevention of relapse and rehospitalisation, so drug therapy may not be sufficient as a treatment on its own (1). Some drugs can have negative side effects for the patients such as dry mouth, weight gain or low blood pressure which require continual monitoring (1). Clozapine and Olanzapine carry a high risk of significant weight gain which can impact on the patient's adherence to their medication programme, ultimately reducing the effectiveness of drug therapy (1). **Look for other reasonable marking points.**	**(6)**

Q33.

Question Number	Answer	Mark
(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of the strength (AO3) For example; • All of the 333 inpatients and 191 matched controls who participated in the study by Suzuki et al. (2014) study gave their written informed consent to have their blood sampled and bodyweight measured (1) which ensured that the BPS Code of Ethics and Conduct (2009) principle of respect was met, as the participants understood the nature of the research (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
(b)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1) Credit **one** mark for justification of each point of analysis (AO3) For example; • The measurements of BMI were calculated from the height and bodyweight of the inpatients and control groups in kilograms and meters which are measures that do not need interpretation (1), therefore increasing the objectivity of the findings about underweight and overweight status of inpatients as no subjective interpretation is made of the measures (1). However, eating behaviours and amounts of exercise were not examined during the time in hospital which could skew the BMI data and limit the accuracy of the measurements (1), resulting in the BMI calculation potentially being a subjective measure of weight status rather than reflecting an objective record of health and nutritional status (1). Objectivity is increased through the blood sampling tests that were undertaken to assess protein, cholesterol, triglyceride, and glucose levels of the participants (1) as these are standard medical tests that are well used and reliable sources of data that would not be open to influence from any researcher bias in the analysis of the plasma samples (1). **Look for other reasonable marking points.**	**(6)**

Q34.

Question Number	Answer	Mark
	AO1 (1 mark), AO3 (1 mark) Credit **one** mark for accurate identification of one way (AO1) Credit **one** mark for justification/exemplification of the way (AO3) For example; • One way is that there is a better understanding of the causes of abnormality leading to improvements in how society responds and treats people with mental health disorders (1) which helps decrease stigmatisation by moving away from medieval beliefs that abnormality was a religious possession or punishment to a more medical understanding (1). **Look for other reasonable marking points.**	**(2)**

Q35.

Question Number	Answer	Mark
	AO2 (2 marks), AO3 (2 marks) Credit up to **two** marks for accurate identification of each reason (AO2) Credit up to **two** marks for justification/exemplification of each reason (AO3) For example; **Anorexia nervosa** • Drug therapy may not tackle the cause of Peter's anorexia nervosa as it assumes his symptoms such as eating minimal calories relate to neurotransmitters which may not be the case (1). Field et al. (2001) found that parents and the media can influence the development of weight concerns and weight control practices of males and females, so Peter may be concerned that the drugs will not help him (1). • Drug therapy can have serious physical side effects including feeling fatigued or tiredness which Peter may be concerned about given his comorbid unipolar depression (1). Olanzapine anti-psychotic treatments are known to cause asthenia, which is a lack of energy to move muscles in the body, which would concern Peter as the drugs may worsen his experiences (1). **Unipolar depression** • Drug therapy may not tackle the cause of Peter's unipolar depression as it assumes his symptoms such as staying in bed relate to neurotransmitters which may not be the case (1). Bothwell and Scott (1997) found that faulty thinking and errors in cognitive processing linked with the symptoms of depression, so Peter may be concerned that the drugs will not help him (1). • Drug therapy can have serious physical side effects including possible weight gain which Peter may be concerned about given his comorbid eating disorder (1). Tricyclic anti-depressants such as amitriptyline are known to cause rapid weight gain along with suicidal thinking, which would concern Peter as the drugs may worsen his experiences (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Q36.

Question Number	Answer	Mark
	AO2 (2 marks), AO3 (2 marks) Credit **one** mark for an accurate identification of each reason in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of each reason (AO3). For example; • Educating her family about why Libby may behave in ways such as smashing the television screen can help Libby and her family manage symptoms and drug treatment plans to prevent future relapse (1). Hogarty et al. (1991) found that even after 24 months, family therapy still significantly reduced the chances of relapse, so Libby's family may find family therapy effective in helping her reduce relapse rates (1). • Libby's family may find that family therapy helps them understand the experiences Libby has because of her schizophrenia and be more able to offer help to effectively meet her needs (1). Pharoah et al. (2010) found a positive impact on patient recovery, reduction in relapse and improved social functioning as a result of family therapy, indicating that it could be effective for Libby so she will leave her bedroom (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Q37.

Question Number	Answer	Mark
	AO1 (2 marks), AO3 (2 marks) Credit **one** mark for accurate identification of each strength (AO1) Credit **one** mark for justification/exemplification of each strength (AO3) For example; • One strength is the DSM is considered a reliable classification system as the diagnostic criteria has been shown to have strong inter-rater reliability with patients receiving the same diagnosis by different clinicians (1). Brown et al. (2001) found two independent interviews using the DSM IV criteria resulted in the same diagnosis of anxiety and mood disorders in 362 outpatients (1). • The DSM is considered to have strong predictive validity where a diagnosis has been made and the expected symptoms have then been present in the patient (1). Lahey et al. (2015) studied DSM IV diagnosis of ADHD at 4 to 6 years old, where the symptoms and associated impairments persisted into elementary school (1). **Look for other reasonable marking points.**	**(4)**

Q38.

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

Q39.

Question Number	Answer	Mark
(a)	**AO2 (1 mark)** **One** mark for a correct answer. • 4/5 (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
(b)	**AO2 (1 mark)** **One** mark for a correct answer. • 10% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for each accurate interpretation of data (AO2) Credit **one** mark for each conclusion using the data (AO3) For example; • 90% of participants with a diagnosis of anxiety scored high or medium scores on the questionnaire (1) so people with anxiety feel that they do not cope well with day-to-day life events (1). • 3 out of 10 participants without anxiety scored high and medium scores on the questionnaire (1) so people without anxiety can also struggle to cope with day-to-day life events (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
(d)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Participants may have shown social desirability when answering the questions about coping with life events as they may not want to appear to be unable to cope (1), so the data Mitchell gathers may lack validity as the results about how well people cope may not be a true representation of their real feelings (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**