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A-Level Psychology

Clinical Psychology - Spec Cheat Sheet · Paper 2

Edexcel Psychology (9PS0) | **Paper 2** | **33 spec points**

Every specification point for **Clinical Psychology**, in spec order - tick each one off as you revise. Codes match the official Edexcel specification. Nothing here is optional.

5.1 Content

5.1.1	Diagnosis of mental disorders, including the four Ds: deviance, dysfunction, distress and danger.
5.1.2	Classification systems (DSM IVR or DSM V, and ICD) for mental health, including the reliability and validity of diagnoses.
5.1.3	Schizophrenia and one other disorder chosen from anorexia nervosa, obsessive-compulsive disorder (OCD) and unipolar depression. For schizophrenia: description of symptoms and features, including thought insertion, hallucinations, delusions and disordered thinking; the function of neurotransmitters as a theory/explanation (the dopamine hypothesis); one other biological theory/explanation; and one non-biological theory/explanation. For the other disorder: description of symptoms and features, plus two explanations/theories - one biological and one non-biological.
5.1.4	For schizophrenia and the other disorder, two treatments for each disorder: one biological and one psychological. The two treatments for schizophrenia must come from different topic areas, and the two for the other chosen disorder must come from different topic areas (which may be the same topic areas used for schizophrenia).
5.1.5	Individual differences: cultural effects can lead to individual differences in mental health disorders (e.g. a non-biological explanation for schizophrenia); and cultural effects can lead to different diagnoses of mental health disorders, affecting the reliability and validity of diagnosis.
5.1.6	Developmental psychology: issues around genes and mental health, such as a genetic or biochemical explanation for schizophrenia, can affect development.

5.2 Methods

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

5.3 Studies

5.3.1	Classic study: Rosenhan (1973) On being sane in insane places.
5.3.2	One contemporary study on schizophrenia: Carlsson et al. (2000) Network interactions in schizophrenia - therapeutic implications.

5.3.3	One contemporary study on another disorder (Depression): Kroenke et al. (2008) The PHQ-8 as a measure of current depression in the general population.
5.3.4	One contemporary study on another disorder (Depression): Williams et al. (2013) Combining imagination and reason in the treatment of depression: a randomised control trial of internet-based cognitive bias modification and internet-CBT for depression.
5.3.5	One contemporary study on another disorder (Anorexia): Scott-Van Zeeland et al. (2013) Evidence for the role of EPHX2 gene variants in anorexia nervosa.
5.3.6	One contemporary study on another disorder (Anorexia): Guardia et al. (2012) Imagining one's own and someone else's body actions: dissociation in anorexia nervosa.
5.3.7	One contemporary study on another disorder (OCD): Masellis et al. (2003) Quality of life in OCD: differential impact of obsessions, compulsions and depression comorbidity.
5.3.8	One contemporary study on another disorder (OCD): POTS team including March et al. (2004) Cognitive behaviour therapy, sertraline and their combination for children and adolescents with OCD.

5.4 Key questions

5.4.1	One key question of relevance to today's society, discussed as a contemporary issue for society rather than an academic argument (e.g. how do different societies define mental health disorders?; what are the issues surrounding mental health in the workplace?).
5.4.2	Concepts, theories and/or research (as appropriate to the chosen key question) drawn from clinical psychology as used in this specification.

5.5 Practical investigation

5.5.1	One practical research exercise to gather data relevant to topics covered in clinical psychology, adhering to ethical principles in both content and intention: a summative content analysis exploring attitudes to mental health, analysing at least two sources (e.g. radio interviews, newspapers, magazines) to compare attitudes towards mental health.

5.6 Issues and debates

5.6	Ethics - e.g. issues of diagnosing mental disorders such as using labelling, obtaining consent for participation in research, and HCPC guidelines for practitioners.
5.6	Practical issues in the design and implementation of research - e.g. quantitative versus qualitative data, balancing validity with reliability.
5.6	Reductionism - e.g. in research where causes of mental disorders are isolated and diagnoses are not holistic.
5.6	Comparisons between ways of explaining behaviour using different themes - e.g. ICD and DSM, and different explanations for mental health issues.
5.6	Psychology as a science - e.g. in research that involves biological methods, in treatments such as drug therapies, and in research that uses scientific methods such as laboratory experiments.
5.6	Culture and gender - e.g. cultural differences in diagnosis practices, and gender featuring as a difference in the frequency of a disorder.
5.6	Nature-nurture - e.g. different theories of what causes mental disorders, biological compared with social psychology.
5.6	An understanding of how psychological understanding has developed over time - e.g. DSM changes, changes in therapies, and changing explanations for mental health issues.
5.6	Issues of social control - e.g. policies for the treatment and therapy of mental health issues can themselves be seen as a form of social control.
5.6	The use of psychological knowledge within society - e.g. therapies and treatments for mental health issues.
5.6	Issues related to socially sensitive research - e.g. research in the area of mental health and cultural issues.