

5.1 Personality, clinical and abnormal psychology: evidence and transfer

Name: _____ Class: _____ Date: _____

Total: 8 marks

KEY WORDS trait • differential diagnosis

Objective

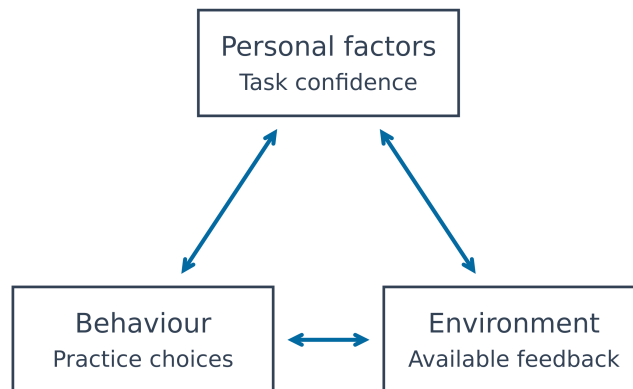
Compare personality theories and assessment methods; Recognise major disorder categories and treatment models; Evaluate diagnosis, therapy outcomes and contextual limitations. Original practice and authored marking guidance.

1 Key knowledge and worked examples

trait : A relatively stable dimension of individual differences. **differential diagnosis** : Comparing possible explanations for a clinical presentation.

Trait descriptions summarize relatively stable patterns; behavioural accounts examine learned contingencies; cognitive accounts examine interpretations; psychodynamic accounts emphasize unconscious processes; humanistic accounts emphasize experience and growth. Compare the mechanism and evidence, rather than treating these as interchangeable names. Clinical categories summarize patterns under a specified diagnostic framework. Their boundaries do not establish causes. CL.1, CL.2 and EP.1 provide educational classification and outcome interpretation.

Reciprocal influences



Conceptual arrows; no effect sizes or causal estimates supplied.

Worked case. A pupil's self-report scores are stable across weeks but change when a teacher is present. What does this suggest about assessment?

Stable scores can show repeatability under similar conditions. The teacher's presence may change social desirability or perceived consequences, so interpretation also depends on setting. Use appropriate multiple methods and contexts; consistency alone neither validates a trait interpretation nor supplies a diagnosis.

2 Practice

2.1 A symptom alone usually provides: [1]

A. a complete diagnosis B. insufficient diagnostic evidence C. a guaranteed treatment plan

2.2 A cognitive therapy account chiefly examines: [1]

A. thought patterns B. only height C. random sampling tables

2.3 Revisit the worked case. State one conclusion its evidence supports and one stronger conclusion it does not support. Explain the difference. [2]

3 Exam-style questions

3.1 An uncontrolled support programme reports large improvement among people selected for unusually high initial scores. Give two alternatives to a treatment effect and one useful comparison. Give the interpretation, supporting reasoning, a relevant alternative or limitation, and an appropriate check. [4]

Solutions

2.1 Answer: B. Pattern, context, duration and impairment also matter. The other options do not satisfy the stated defining conditions.

2.2 Answer: A. Cognition is central to its explanatory model. Compare the exact process, design or evidence, rather than an associated keyword.

2.3 Use the worked case evidence to support a bounded claim and explain why a causal, universal or stronger claim needs additional evidence. The claim must fit the specific design and observed process.

3.1 Regression toward the mean and natural change can reduce extreme scores; expectancy can also contribute. An ethically appropriate randomized comparison with a defined outcome and follow-up helps estimate a programme effect. Consider attrition and uncertainty. A classroom case cannot justify personal treatment advice. Award B1 each (authored) for the interpretation, its reasoning, a relevant limitation/alternative and an appropriate check, up to four points. Accept a different justified answer satisfying these demands.