**Q1.**

Outline cognitive behaviour therapy as a treatment for depression.

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**(Total 4 marks)**

**Q2.**

Below are four evaluative statements about the cognitive behaviour therapy. Which statement is correct? Shade **one** box only.

Cognitive behaviour therapy...

|  |  |  |
| --- | --- | --- |
| **A** | can only be used in group situations. |  |
| **B** | allows the client some control over the therapy. |  |
| **C** | has many side effects. |  |
| **D** | does not need a trained therapist. |  |

**(Total 1 mark)**

**Q3.**

Explain how findings of psychological research into the treatment of depression could have implications for the economy.

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**(Total 2 marks)**

**Q4.**

Discuss the cognitive approach to treating depression.

**(Total 16 marks)**

Mark schemes

**Q1.**

**[AO1 = 4]**

|  |  |  |
| --- | --- | --- |
| **Level** | **Marks** | **Description** |
| 2 | 3 – 4 | Outline of cognitive behaviour therapy is clear and mostly accurate. Aspects of the therapy are appropriately linked to the treatment of depression. The answer is generally coherent with effective use of specialist terminology. |
| 1 | 1 – 2 | Outline of cognitive behaviour therapy is evident although not always explicitly or effectively linked to treatment of depression. The answer lacks accuracy and detail. Use of specialist terminology is either absent or inappropriate. |
|  | 0 | No relevant content. |

**AO1 Possible Content:**

•        general rationale of therapy – to challenge negative thought / negative triad

•        identification of negative thoughts – ‘thought catching’

•        hypothesis testing; patient as ‘scientist’

•        data gathering through ‘homework’, eg diary keeping

•        reinforcement of positive thoughts; cognitive restructuring

•        rational confrontation as in Ellis’s REBT.

Credit other relevant aspects of cognitive behaviour therapy.

**Q2.**

**[AO3 = 1]**

Answer: B allows the client some control over the therapy.

**Q3.**

**[AO2 = 2]**

**2 marks** for a clear and coherent explanation of how research into treating depression might have implications for the economy.

**1 mark** for a vague or muddled explanation.

**Possible content:**

•        psychological research findings into psychopathology may lead to improvements in psychological health/treatment programmes which may mean that people manage their health better and take less time off work. This would reduce costs to the economy

•        psychological research findings may lead to better ways of managing people who are prone to mental health issues whilst they are at work which could improve their individual productivity, again boosting the economy overall

•        ‘cutting-edge’ scientific research findings into treatments for mental health issues carried out in UK may encourage investment from overseas companies into this country which could boost the economy

•        providing effective treatments might be a significant financial burden to an NHS service already under huge financial strain

•        discovering that new treatments may be more effective than older therapies and that these may be more expensive so could increase the financial burden to the economy.

Credit other relevant explanations.

**Q4.**

**[AO1 = 6 and AO3 = 10]**

|  |  |  |
| --- | --- | --- |
| **Level** | **Mark** | **Description** |
| 4 | 13-16 | Knowledge of the cognitive approach to treating depression is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and / or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively. |
| 3 | 9-12 | Knowledge of the cognitive approach to treating depression is evident but there are occasional inaccuracies / omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately. |
| 2 | 5-8 | Limited knowledge of the cognitive approach to treating depression is present. Focus is mainly on description. Some discussion is present but it is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. |
| 1 | 1-4 | Knowledge of the cognitive approach to treating depression is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. |
|  | 0 | No relevant content. |

**Possible content:**

•   general rationale of cognitive therapies – to change / modify negative schema / irrational thoughts and so alleviate the depression

•   Beck’s cognitive behaviour therapy (CBT) – steps involved: identification of irrational thoughts/negative triad (‘thought-catching’); ‘patient as scientist’ – generate hypotheses to test validity of irrational thoughts; homework tasks; reinforcement of positive thoughts; cognitive restructuring

•   Ellis’ rational emotive behaviour therapy (REBT) – ABCDE model; rational confrontation / dispute; empirical and logical arguments; challenging automatic negative thoughts; behavioural activation; shame-attacking exercises

Accept other valid points.

**Possible discussion points:**

•   use of evidence to support or contradict the effectiveness of cognitive therapies, e.g. March et al.

•   therapy attempts to address cause – assuming root cause is irrational thought processes

•   success may depend more on the quality of the patient-therapist relationship

•   cognitive therapies require commitment and motivation which may be a problem for depressed patients

•   over-focus on the patient’s present circumstances – some patients may want to explore their past

•   cognitive therapies may minimise the importance of person’s social circumstances

•   relies on patient self-reporting their thoughts – unreliable and difficult to verify

•   credit critical comparison with alternative treatments, e.g. antidepressants

Accept other valid points.

**[16]**

Examiner reports

**Q2.**

There were many correct answers to this question although a significant number of students struggled with the instructions about how to indicate their choice of response in the appropriate mark box and even more with how to amend their choices correctly. Also, some students provided two answers rather than one when the instruction clearly stated 'Shade **one** box only'.

**Q3.**

This question was generally answered well by most students. Many responses focused on the fact that people could go back to work and generate money for the economy. A number of responses also focused on the cost implications to the NHS, such as a comparison of drugs being cheaper than CBT or the cost of training therapists for CBT compared to drugs. In some responses the link to the economy was not clearly explained and these responses were only awarded one mark. Responses that were not linked to the treatment of depression did not gain any marks.

**Q4.**

Although a straightforward question, overall performance on this question was not very impressive. This was mainly due to the number of short or absent answers, suggesting a failure of time allocation across the examination. However many students were able to outline the treatment methods used by the cognitive approach, and at the top end distinguished between the methods developed by Beck and by Ellis (a number of answers referred to patient as scientist, homework tasks, cognitive restructuring, empirical and logical arguments, behavioural activation etc). The most effective evaluation was the use of studies comparing cognitive methods with e.g.drug therapy, demonstrating their effectiveness. Comments on relapse rates, time and cost were also relevant, along with the client / therapist relationship, limitations in terms of client suitability (e.g. severity of depression) and the narrow range of the approach in terms of causality (e.g. focus on present circumstances). Less impressive answers spent too much time on cognitive theory and explanations for depression without focusing on treatment for depression. In addition, critical comparison with drug therapy and/or the role of serotonin in some cases led to an overemphasis on drug therapy and the biological approach, as though this was the essay the student really wanted to write.