

AQA GCE Psychology - Paper 1: Psychopathology Study Booklet



Student Name:

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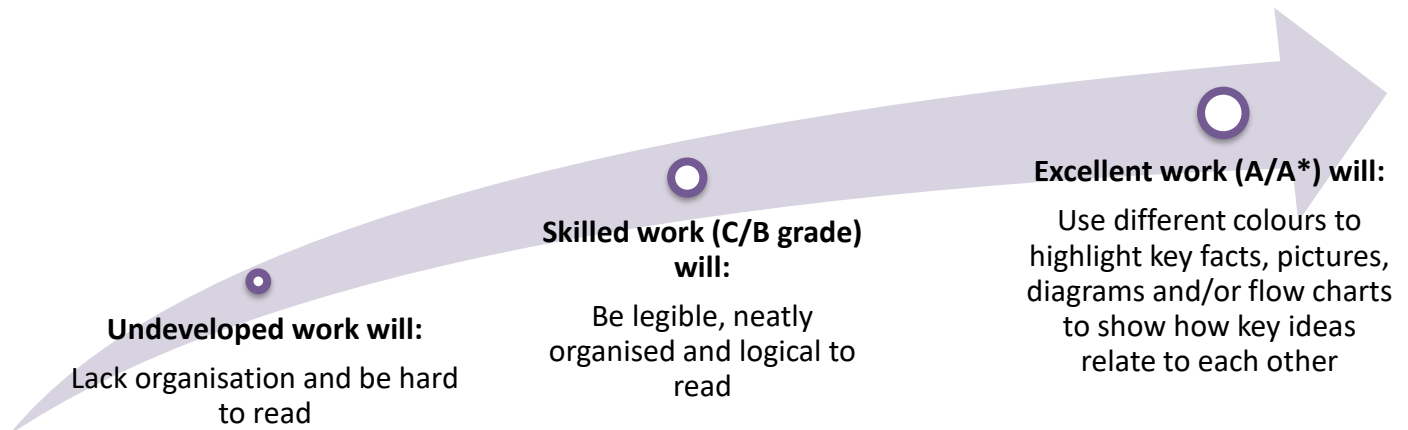
Note -Taking Expectations

Strong notes are an essential part of being successful in GCE Psychology. It is therefore essential that you construct good quality pages of information, which you will be able to use when it comes to revision for mocks and the exam itself. Bear in mind this question for every page you complete in this booklet:

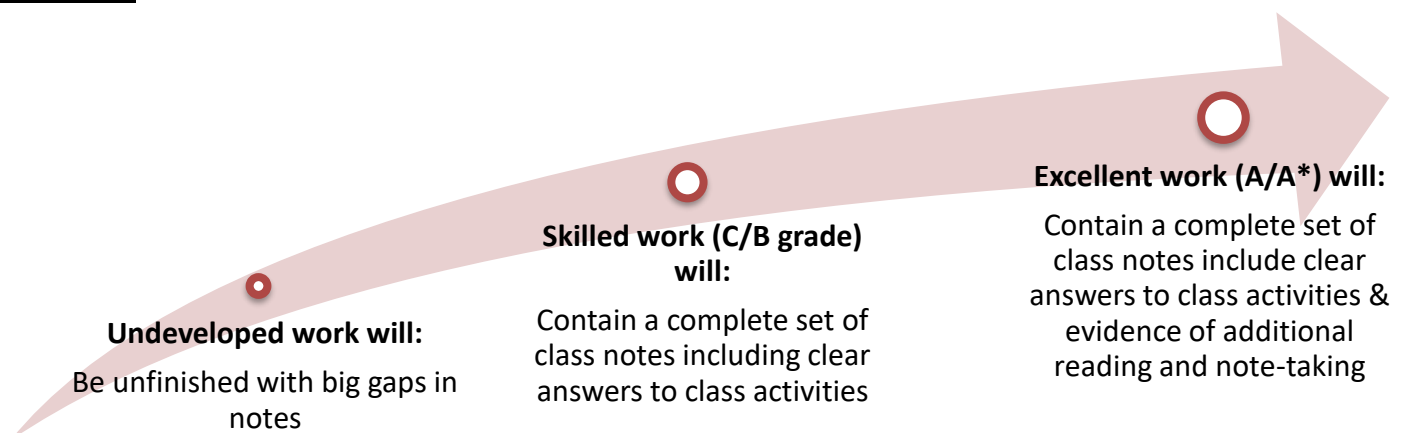
“Will this make sense when I come back to revise it in a year’s time?”

In addition to this question you **MUST** use the following success criteria to guide your understanding of what skilled and excellent notes should look like.

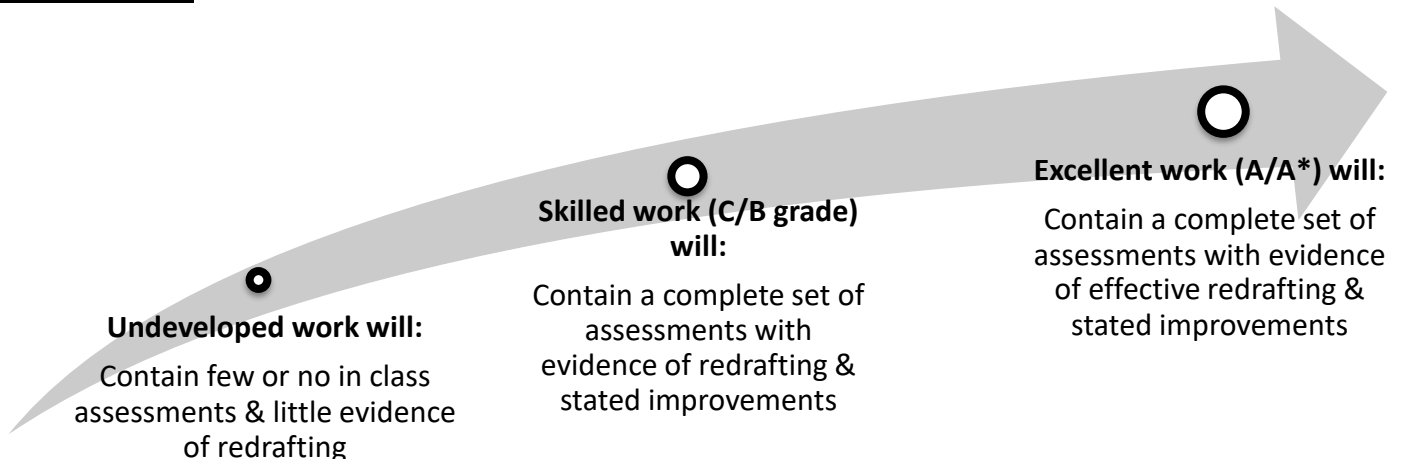
Presentation / organisation:



Content:



Assessment:



Folder Checklist

"An organised folder = an organised mind!"

The way you organise your folder will have a major impact on your success in this subject. You will need your folders for **EVERY** psychology lesson and they will need to be properly organised. Folders will be checked regularly to ensure that they are as organised as possible.

Your folder will need the following things:


Front of Folder:

- AQA GCE Psychology Syllabus
- Lesson Overview
- Assessment Tracking Sheet
- Dividers for Year 1 and Year 2 topics

For each topic:

- Personal Learning Checklist (PLC) – to be RAG rated as topic progresses
- Topic Study Booklet
- 4 assessments each to include: Question Level Analysis front sheet (provided by **class teacher**) and redraft / improvements sheet (**completed by student in Purple Pen**)
- Psychology practical write up sheet

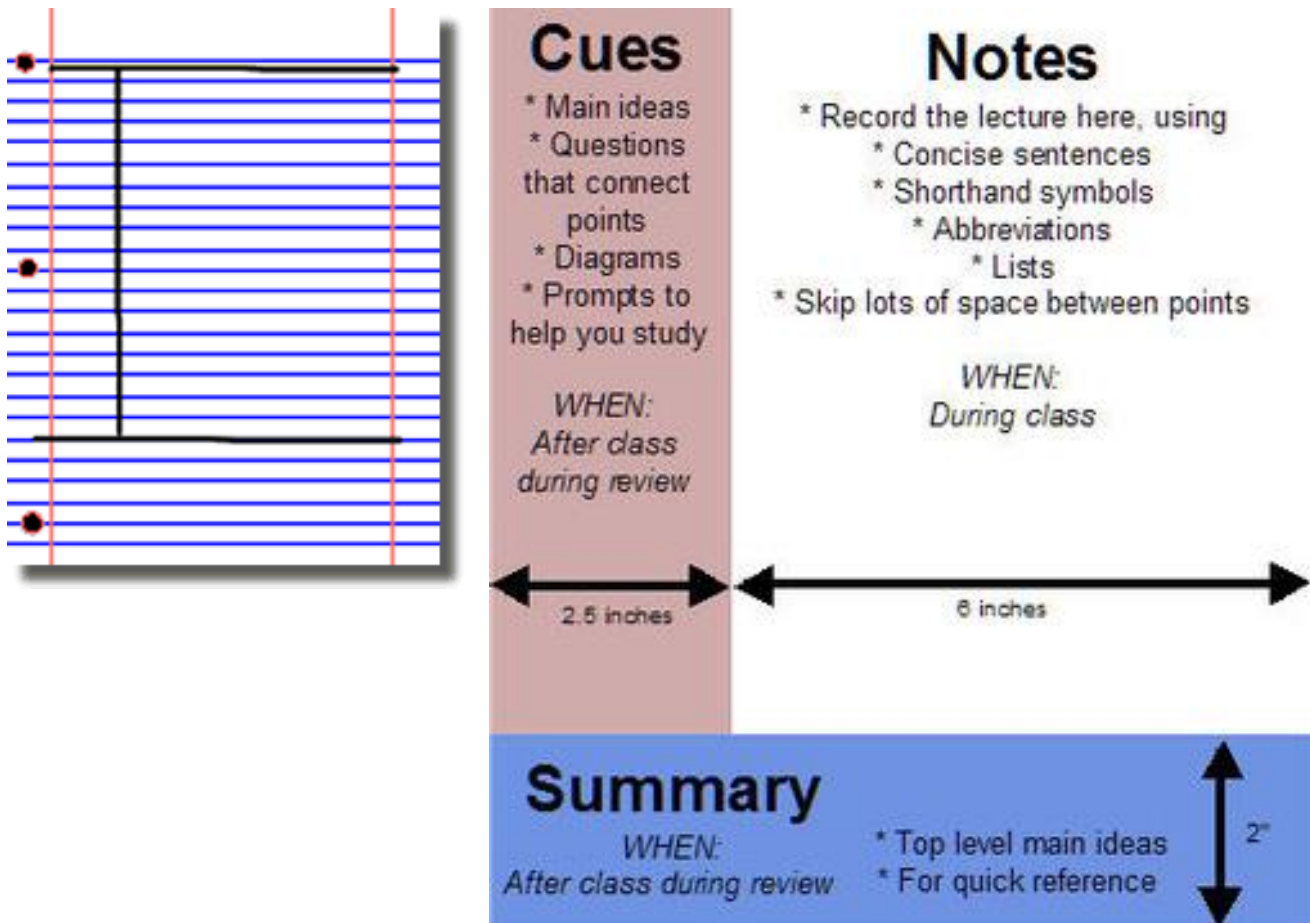
Topic Study Booklet:

- Notes to be completed where indicated  on PowerPoint slide and in booklet
- Class activities (e.g. textbook questions; practice exam questions; activities on PowerPoint slide) to be completed in space provide (and additional lined paper if necessary)
- Challenge activities to be completed on additional lined paper.

Back of folder:

- Keyword glossary
- Appendices – additional notes, workings out etc.

Cornell Notes



- **Notes column (right)** Record the lecture here during class using short sentences and fragments that transcribe the facts you'll need. Use bulleted lists for easy skimming, and as much shorthand as possible (without sacrificing readability.) Develop a vocabulary of abbreviations you always use, like "ex" for "for example," "v." for "very," "tho" for "though," "1st" and "2nd" for "first and second." Finally, leave lots of whitespace between points and paragraphs so you can go back and fill in sections later.
- **Cues column (left)** After class, review your notes and jot questions, comment or thoughts in this narrow column. When you're studying, you will look at these cues to help you recall the salient facts in your notes, so you'll also want to pull out key terms, names, dates etc.
- **Summary area (bottom)** After class while you create your cues, sum up the notes on each page in one or two sentences that encapsulate the main ideas in the bottom area. You'll use the summary section to skim through your notes and find information later

Lesson 1: Definitions of Abnormality

Part 1

WALT – Understand how psychology defines abnormality

Getting you thinking...

Rachel is concerned that her friend, Alice, may have a mental disorder. Alice has started to talk to herself in public. She has also stopped going out with her friends to avoid other people looking at her and embarrassing her friends. Alice will only eat white food, and she refuses to go out in the day light because she feels it will cause her to catch fire. She has started to think that she has supernatural powers, such as being able to turn into a bat.

Questions:

1. Identify the behaviours that is Alice exhibiting, which are making her friend Rachel concerned?

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2. Explain why Rachel believes that Alice has a mental disorder

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3. In pairs, discuss what is meant by abnormality and come up with your own definition:

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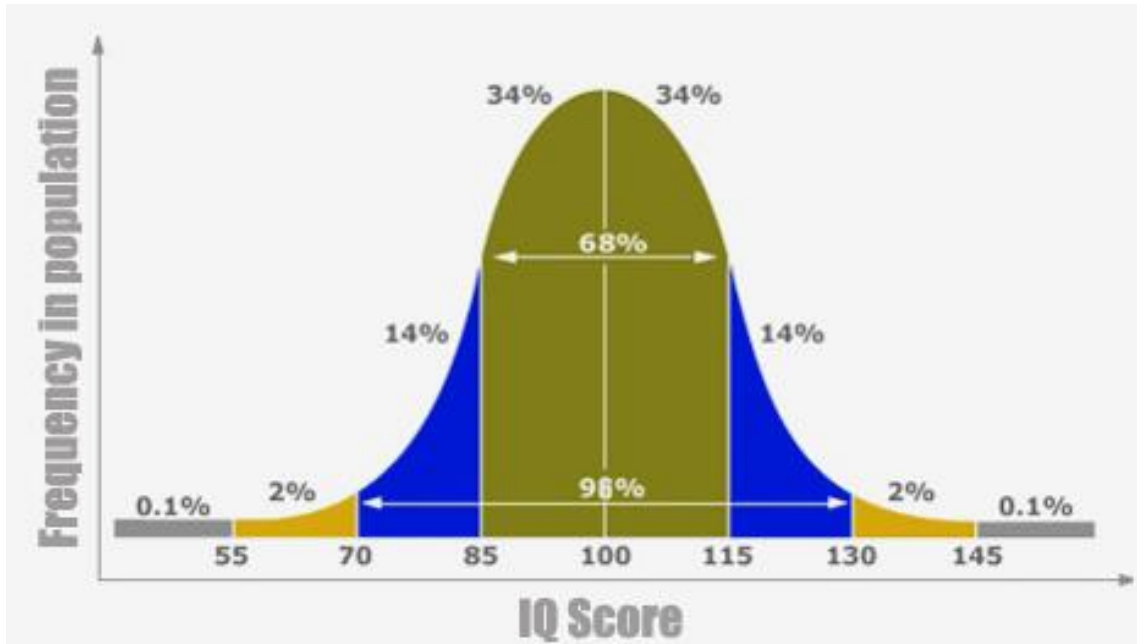
Activity 1: What is abnormal?

1. Cut out the pictures you are given
2. Discuss in pairs where you might place the images on the normality / abnormality scale below and glue them down
3. Next to each image, write a justification as to why you put the image where you did.





Definition 1: Statistical infrequency



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Activity 2: Statistical infrequency

1. Use your research methods knowledge to identify the graph and explain what it tells us about IQ.

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2. Can you suggest any potential issues surrounding how someone with a high IQ would be labelled?

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3. *In 2014, 19.7% of people aged over 16 reported suffering some form of anxiety or depression; approximately 1 in 6 people will suffer from this disorder*

Explain why this might be an issue for the statistical infrequency definition.

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Activity 3: Apply It – Methods: Amanda

Apply it **Methods: Amanda**

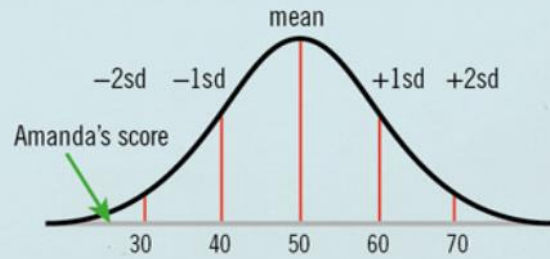
Human characteristics are normally distributed, with most people clustering around the **mean** and small numbers of people at the extremes.

Amanda is referred to a clinical psychologist for poor social skills. The psychologist assesses her and shows her where her skills fall on the normal distribution. The mean score on this test is 50. Amanda scores 21.

SD standards for standard deviation.

About 68% of the population lies between +1 and -1 SD.

About 95% of the population lies between +2 and -2 SD.



Questions

1. Estimate where Amanda's social skills fall in the population. (2 marks)
2. Based on this statistical distribution should Amanda be considered abnormal? Explain your answer. (2 marks)

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Getting you thinking...

Social Norms =

Origin?

Examples?



Definition 2: Deviation from social norms

A series of horizontal dotted lines for writing the definition.

Activity 4: Exam Question

Read the item and then answer the question that follows.

The following article appeared in a magazine:

Hoarding disorder – A ‘new’ mental illness

Most of us are able to throw away the things we don’t need on a daily basis. Approximately 1 in 1000 people, however, suffer from hoarding disorder, defined as ‘a difficulty parting with items and possessions, which leads to severe anxiety and extreme clutter that affects living or work spaces’.

Outline two definitions of abnormality. Refer to the article above in your answer.

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(Total 4 marks)

Activity 5: Evaluating the Statistical Infrequency and Deviation from Social Norms

Statistical Infrequency

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Deviation from Social Norms:

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Lesson 2: Definitions of Abnormality

Part 2

WALT – Understand how psychology defines abnormality

Definitions of Abnormality – Multi-choice Questions:

1. Which of the following is statistically abnormal?
 - a) An IQ of 45
 - b) An IQ of 71
 - c) An IQ of 120
 - d) An IQ of 100
2. Which of the following is not a deviation from social norms?
 - a) Laughing during a funeral.
 - b) Aggression in a combat sport.
 - c) Transvestitism.
 - d) Watching a film from an illegal streaming service.
3. Which of these is a criticism of statistical infrequency?
 - a) No real life application in diagnosis and assessment.
 - b) All unusual characteristics are a bad thing.
 - c) Unusual people need a diagnosis to help them become more normal.
 - d) Unusual positive characteristics are just as uncommon as unusual negative characteristics
4. Which of these is a strength of deviation from social norms?
 - a) Good real-life application in diagnosis and assessment.
 - b) Social norms are pretty much the same between different cultural groups.
 - c) Social norms are handy for justifying human rights abuses
 - d) Social norms are a valid predictor of future mental health.
5. Which 3 are characteristics of Anti-social Personality Disorder?
 - a) Sadness, apathy & introversion
 - b) Impulsivity, aggressiveness & irresponsibility
 - c) Anxiety, obsessions & compulsive behaviour
 - d) Delusions, hallucinations & paranoia

Getting you thinking...

Classify the following pictures as normal or abnormal and give a justification for each.





Definition 3: Failure to Function Adequately

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Activity 1: Failure to Function Adequately

1. Identify and describe the problems that exist with the idea of 'adequate functioning'

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2. Explain how culture might have an impact on what it means to function adequately.

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3. Explain why there might be an issue of social sensitivity with the failure to function adequately.

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Definition 4: Deviation from Ideal Mental Health

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Activity 3: Apply It – Concepts: Pondlife

A problem with FFA & DIMH definitions is that they do not help us make objective judgements about people who choose a lifestyle outside of the mainstream. Some lifestyles are judged maladaptive due to high risk activities or considered irrational due to unusual religious or political beliefs.

Pondlife is a well-qualified 25-year-old software analyst who has chosen to live an alternative lifestyle in a squat. He struggles to keep his hair and clothes clean because his squat doesn't have running water. Apart from this inconvenience Pondlife is very happy.

According to FFA and DIMH criteria, should Pondlife be considered abnormal. Discuss your arguments, for and against.

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Activity 4: Evaluating the Failure to Function Adequately and Deviation from Ideal Mental

Health

Failure to Function Adequately

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Deviation from Ideal Mental Health:

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Essay Plan "Outline and evaluate failure to function adequately and deviation from ideal mental health as definitions of abnormality. Refer to the experiences of Rob in your answer." (16 marks)

"Rob is a sixth form student who has started hearing voices in his head. The voices come often, are usually threatening and make Rob feel frightened. The voices are making it difficult for Rob to complete his homework properly and he is worried about how this may affect his chances of going to university. Rob has not told anyone about his experiences, but his parents and teachers have noticed that he appears distracted, anxious and untidy."

<u>Paragraph</u>	<u>Content</u>
<u>1</u>	
<u>2</u>	
<u>3</u>	
<u>4</u>	
<u>5</u>	

Lesson 3: Phobias

WALT – Understand the clinical characteristics of phobias and how they are diagnosed.

Starter: Match up activity

Match the phobia below to the picture. Be ready to feedback to the rest of the class.

Match Up!

Phobias



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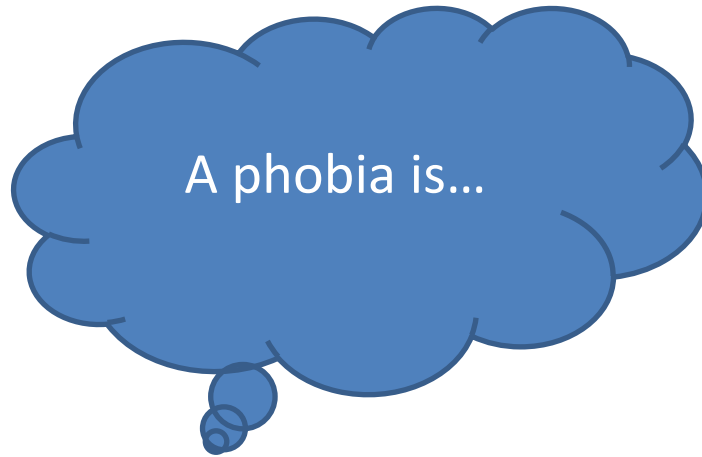
START

tutor2u 

Equinophobia	Kinemortophobia	Vehophobia	Claustrophobia
Ombrophobia	Apiphobia	Globophobia	Cynophobia

<https://www.tutor2u.net/psychology/reference/phobias-matchup-activity>

Activity 1: Think pair, share...



Definition of a phobia

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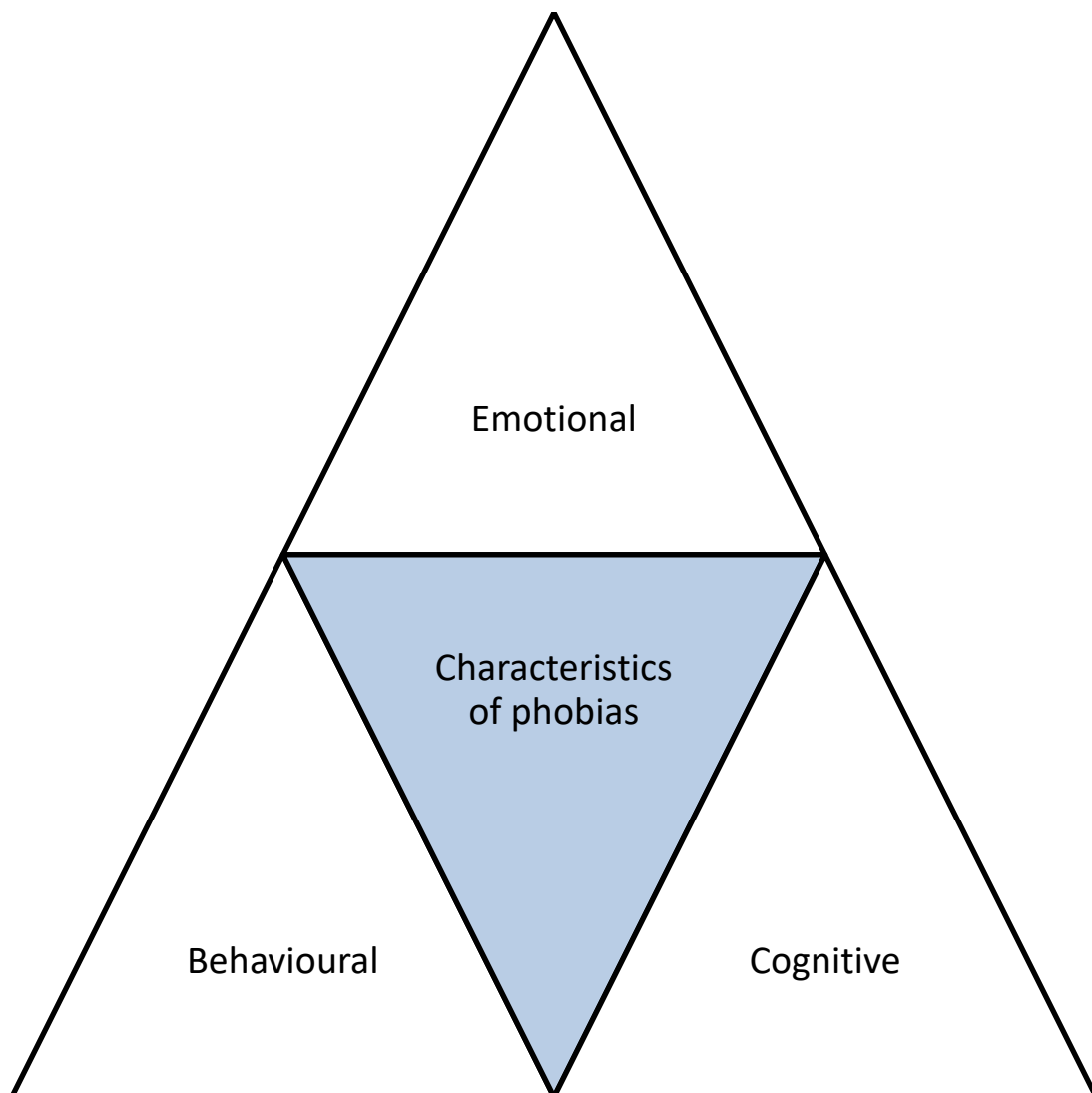
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Activity 2: Characteristics of phobias

Use p.138-139 of the textbook to annotate the diagram showing Behavioural, Emotional and Cognitive Characteristics of Phobias. Your notes should include:

- Key elements of each characteristic
- Examples for each element



Activity 3: Categorising phobias

The Diagnostic & Statistical Manual for Mental Illness Fifth Revision (DSM V) recognises 3 categories of phobia and related anxiety disorder:

- Specific Phobia

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- Social Anxiety (social phobia)

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- Agoraphobia

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For the scenarios below, identify category of phobia and justify your reasons by picking out key elements in the text:

Scenario	Type of phobia	Justification
<p>Dave never complains, even when he wants to. If he even thinks about complaining to someone about something his face flushes and he starts sweating. He is worried that if he complains everyone will think that he is making a fuss over nothing and that he is being awkward or stupid. He puts up with terrible service in shops and restaurants and at work some people treat him badly and take advantage of him because he doesn't protest. This makes Dave feel even worse and he is thinking about leaving his job, even though he is good at it.</p>		
<p>Steve is terrified of sharks. He is afraid that if he goes into the sea a shark will attack and kill him. Steve knows that there are no dangerous sharks in the waters around Britain but he is still scared of going in the water. Steve works as a quantity surveyor in Birmingham.</p>		
<p>Helen experiences grave anxiety whenever she leaves the house. If she goes further than the end of her drive she is gripped with fear. Often, when she is away from home she has 'turns' during which her heart starts pounding, she fears that she is dying and sometimes feels as if she has become separated from her body. She worries a lot about having a 'turn' whilst she is out. The fear recedes when she enters her house and closes the door.</p>		

Activity 4: Exam Questions

Q1. What is meant by a *phobia*? (2 marks)

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Q2. Outline characteristics of **either** phobic disorders **or** obsessive compulsive disorder (4 marks)

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Lesson 4: The Behavioural Approach to explaining phobias

WALT – Understand how the Behaviourist approach helps explain phobias

Starter – Multi-choice Questions:

1. According to Jahoda's ideal mental health which of the following is a sign of ideal mental health?
 - a) Failure to cope with stress
 - b) Good self-esteem
 - c) Being dependent on other people
 - d) Conforming to social norms
2. Which of these people is failing to function adequately?
 - a) Someone who can't hold down a job
 - b) Someone with an alternative lifestyle
 - c) Someone who has a fairly happy relationship
 - d) Some with a smallish house
3. Which of these is a behavioural characteristic of phobias?
 - a) Fear
 - b) Avoidance
 - c) Anxiety
 - d) Depression
4. Which of these is an emotional characteristic of phobias
 - a) Fear.
 - b) Sadness
 - c) Anger
 - d) Humour
5. Agoraphobia is...
 - a) The fear of confined spaces
 - b) The fear of heights
 - c) The fear of social situations
 - d) The fear of being outside



Behavioural approach to phobias

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Activity 1 – Using the two-process model to explain phobias:

In pairs:

1. Choose one of the scenarios below.
2. Use the two-process model to explain how the phobia might have been acquired in the first place AND how it was maintained. You must:
 - Cover acquisition & maintenance
 - Use key behaviourist terminology
 - Refer extensively to the scenario
3. Swap your work with another pair and assess the quality of each other’s explanations giving **constructive** and **specific** feedback on how they could improve
4. Act on feedback to improve quality of your response and produce an A3 poster to present to the class.

Scenario 1	Scenario 2	Scenario 3
<p>Molly was ecstatic when she learned her family was going to the fair next weekend. When her family arrived at the fair the temperature was in excess of 30°C, but Molly didn't care because she was finally there. Molly stopped and watched some clowns performing next to the carousel. As she watched the silly antics of the clowns with the carousel music playing in the background, Molly got more and more sweaty and uncomfortable. Eventually, she fainted from the heat. After that trip, every time Molly hears carousel music or sees a clown she gets extremely anxious and panicked. Molly hasn't been to a fair in the past 5 years.</p>	<p>Zak suffers from a phobia of dogs. As a child he was once bitten by a dog belonging to a family friend. Zak feels uneasy and anxious if he thinks about dogs and these feelings are heightened if he actually sees a dog close up. Zak was recently in the park with his friends and he was approached by a German Sheppard. As the dog neared, Zak felt like he was about to have a panic attack. He ran and hid behind a wall. The dog didn't follow him and his anxiety began to subside. Zak tends to make excuses when his friends ask him to go to the park.</p>	<p>Gemma suffers from school phobia. Her phobia began one day after getting the results from a test. The class' results were bad and the teacher was unhappy. He displayed the class results on the whiteboard. Everyone could see she had the lowest mark. She was so embarrassed. She felt so sick that she had to go home. When she got home, she felt safe and the feeling of sickness went away. The day after, she told her mum she was ill and stayed at home. It has been 2 weeks since Gemma attended school. She gets ready, but never turns up. She instead chooses to go to the park before going back home when mum is at work.</p>

Chosen Scenario: _____

Explanation of how the 2-process model explains this scenario.

Peer Review	
WWW	EBI

Activity 2 – Two-process model summary

Summarise the two-process model explaining the acquisition and maintenance of phobias using a maximum of 100 words and as many symbols & pictures as you want.

Activity 3: Evaluating the Behavioural Approach to explaining phobias

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Supporting Evidence	Opposing Evidence
P E E L P E E L P E E L	P E E L P E E L P E E L

Lesson 5: The Behavioural Approach to treating phobias

WALT – Understand how the Behaviourist approach can be used to treat phobias

No notes recall quiz:

Using only your memories for last lesson, answer the short answer questions on the PowerPoint using the space below. Ensure you write out each of the questions so you can refer to them when revising.

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Behavioural Treatment Method 1: Systematic Desensitisation (SD):

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Activity 1: Systematic desensitisation process:

There are 4 processes (textbook quotes 3) in Systematic Desensitisation. Use the textbook p.146 to make notes on each of the 3 key processes.

- 1) **Functional analysis** – careful questioning to discover the nature of the anxiety and possible triggers.

- 2) **Construction of an anxiety hierarchy**

- 3) **Relaxation training**

- 4) **Gradual exposure**

Activity 2: Systematic Desensitisation in action

1. In pairs, take it in turns to role-play client and therapist. Decide a phobia, complete the boxes in the study booklet and then role-play the process of systematic desensitisation.
2. Be ready to give feedback on the phobia you have chosen to treat using SD.

<p>CLIENT</p> <p>Think of a phobia. Try to imagine how this phobia might affect you. For example, day to day functioning, holidays, job prospects etc. Also try to think about how you might behave in particular situations and how you might feel both psychologically and physically.</p>	<p>Phobia:</p> <p>Psychological effects:</p> <p>Physical effects:</p>
<p>THERAPIST</p> <p>You now need to devise and conduct a 'functional analysis' of your client. Begin by thinking of (and writing down) at least 5 specific questions about the nature of your client's anxiety (phobia). Your aim is to find out as much as you can about the kind of triggers which might elicit a phobic reaction from your client.</p>	<p>Functional analysis of client:</p>
<p>CLIENT & THERAPIST</p> <p>Here you must both work together to identify a range of anxiety-inducing situations that the client might find themselves in. You must then arrange these in order from the least to the most anxiety provoking.</p>	<p>Least anxiety provoking:</p> <p>Most anxiety provoking:</p>



Behavioural Treatment Method 2: Flooding

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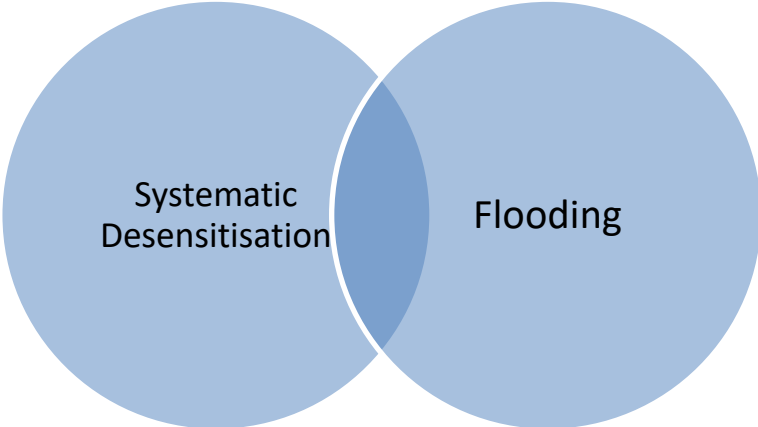
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Activity 3: Comparing Systematic Desensitisation & Flooding

1. Re-read the notes you have written on SD & Flooding and textbook (p.146)
2. Complete the Venn Diagram showing how both methods maybe similar and different



Activity 4: Apply it concepts – Emily and Cats

Complete the activity on p.146

Apply it **Concepts: Emily and cats**

Emily has a phobia of cats. This is inconvenient as several of her friends have cats and she finds it hard to visit them because of her anxiety.

Question

1. Consider how she could be treated by systematic desensitisation.
2. Explain how she could be treated by flooding.
3. She can't decide which therapy might be best for her. What would you advise her about her choice of the two treatments?

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Activity 5: Evaluating the Behavioural Approach to treating phobias

Systematic Desensitisation

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Flooding

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Lesson 6: Depression

WALT – Understand the clinical characteristics of phobias and how they are diagnosed.

Multi-choice questions

1. Which of the following is a behavioural characteristic of phobias?
 - a) Fear
 - b) Avoidance
 - c) Anxiety
 - d) Aggression
2. The two process model involves:
 - a) Classical conditioning only
 - b) Operant conditioning only.
 - c) Social learning only.
 - d) Classical and operant conditioning.
3. Which is a limitation of the two-process model?
 - a) It cannot explain how phobias are maintained over time.
 - b) There is no supporting evidence.
 - c) It cannot explain how fear of dogs might be acquired.
 - d) It cannot explain preparedness for certain phobias.
4. Which of the following is not normally a part of systematic desensitisation?
 - a) Learning relaxation procedures.
 - b) Constructing an anxiety hierarchy.
 - c) Massive immediate exposure to the phobic stimulus.
 - d) Gradually increasing exposure to the phobic stimulus.
5. Which of these is a good example of flooding?
 - a) An arachnophobic having small spider placed in the next room.
 - b) A kinemortaphobic being made to watch a zombie film in the front row of a cinema.
 - c) A zemmiphobic being given a giant mole rat to look at through a window.
 - d) A lutraphobic seeing a small picture of a book about otters through glass.

Starter Activity: Phobias recap – Little Albert (Watson & Raynor, 1920)

Aim:

To demonstrate that the principles of classical conditioning can be used to explain how humans acquire phobic behaviours and to show that a fear response can be created within a young child to a stimulus which does not naturally produce this response.



PROCEDURE:

Although only carried out on one participant (a healthy, 9 month old male infant called 'Albert B' or little Albert) this is an example of a case study. The procedure involved 3 phases: pre conditioning testing, conditioning trials and a post-conditioning test. During the pre-conditioning testing, Albert's response to several stimuli was noted. The stimuli included a white rat, a loud noise, burning paper, a dog and a monkey, collar of a fur coat & Watson wearing a Santa beard. Albert only appeared to be afraid of the loud noise. At 11 months old, during the conditioning trials, Albert is again presented with the white rat. Every time he reaches for the rat a loud noise was made. (by striking a hammer against a steel bar behind Albert's head). This process was repeated many times over several weeks.

RESULTS:

- In the **pre conditioning trials** Albert only showed the fear response to the loud noise. He showed no fear to all other stimuli.
- In the post conditioning tests the following observations were made about Albert:
- After the **first trial** Albert showed some distress.
- After the **second trial** he seemed suspicious of the rat.
- After the **third trial** he leaned away from the rat and when the rat was put next to him he started to cry.
- 7 weeks later Albert cried in response to a number of similar stimuli such as the fur collar of a coat and Santa's beard. (Generalisation)

CONCLUSIONS:

- Watson & Raynor concluded that it is possible to produce a fear response (phobia) in a human using the process of classical conditioning.

What happened to Little Albert?

- Watson wanted to desensitize him to see if a conditioned stimulus could be removed, but knew from the beginning of the study that there would not be time.
- Albert left the hospital on the day these last tests were made, and no desensitizing ever took place, hence the opportunity of developing an experimental technique for removing the Conditioned Emotional Response was then discontinued.
- "Albert B." was a pseudonym for Douglas Merritte. The boy died on May 10, 1925 of hydrocephalus.

EVALUATION:

Validity

- This research **lacks ecological validity**, so the findings cannot be generalised to other settings outside the laboratory situation as the method used created an unnatural situation which may not reflect learning in everyday life.
- However, this artificiality did increase the **experimental validity** of the study due to the strict controls, e.g. Albert had no prior learning due to his age that could have influenced the fear response to rats.

Reliability

- The study is high in reliability as the use of standardised procedures allows for high control over all extraneous variables, this means that it is possible to replicate the study and check that the results are consistent.

Generalisability

- However, as this was a study of one young child the findings cannot be generalised to others. Albert had been reared in a hospital environment from birth and he was unusual as he had never been seen to show fear or rage by staff. Therefore Little Albert may have responded differently in this experiment to how other young children may have, these findings will therefore be unique to him.

Application to everyday life

- This research has demonstrated that phobias can be learnt through the process of classical conditioning. Therefore, if we can understand how phobias do develop we can incorporate this into treatment of this form of behaviour through the use of systematic desensitisation.

Ethical issues

- There are ethical concerns with this study as Albert was conditioned to fear numerous white furry stimuli. His mother removed him from the experiment before the researchers were able to remove this fear. This goes against the present day guideline of protection which govern psychological research. However, you could argue that the benefits to others through the development of therapy outweigh the costs to Albert.

Extra Credibility Issue:

- A recent (2012) research paper suggests that Merritte had hydrocephalus from birth. The article also included assessments of the boy in the "Albert B." film by a clinical psychologist and a pediatric neurologist indicating that his responses were indicative of a neurologically compromised child.
- If true, this would undermine Watson & Rayner's claim that "Albert B." was a "normal" and "healthy" baby and possibly call into question the credibility of a highly influential study.

QUESTIONS

1. Produce an annotated diagram to explain how Watson & Rayner condition little Albert to fear white rats

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2. Why is this study described as being a laboratory experiment?

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3. At the end of conditioning Albert began to show fear of other white furry stimuli, what is this property of classical conditioning known as?

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4. How might Watson & Raynor explain the acquisition of phobias in children?

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5. Explain one ethical guideline, which was broken during the procedure.

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6. Produce one double whopper paragraph evaluating Watson and Rayner's study

AQA A-LEVEL PSYCHOLOGY
THE DOUBLE WHOPPER PARAGRAPH

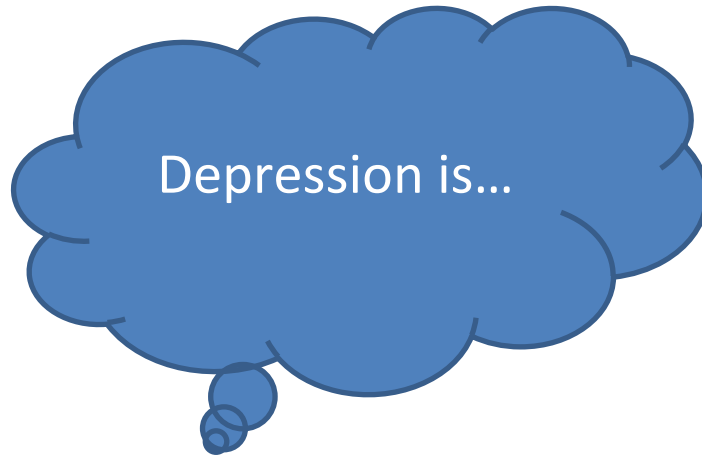
tutor2

Top Bun: Point	
Burger: Evidence or Example	
Second Burger: Counter-argument	
Bottom Bun: Explain	



Navigation icons: back, forward, search, refresh, zoom in, zoom out.

Activity 1: Think pair, share...



Definition of depression:

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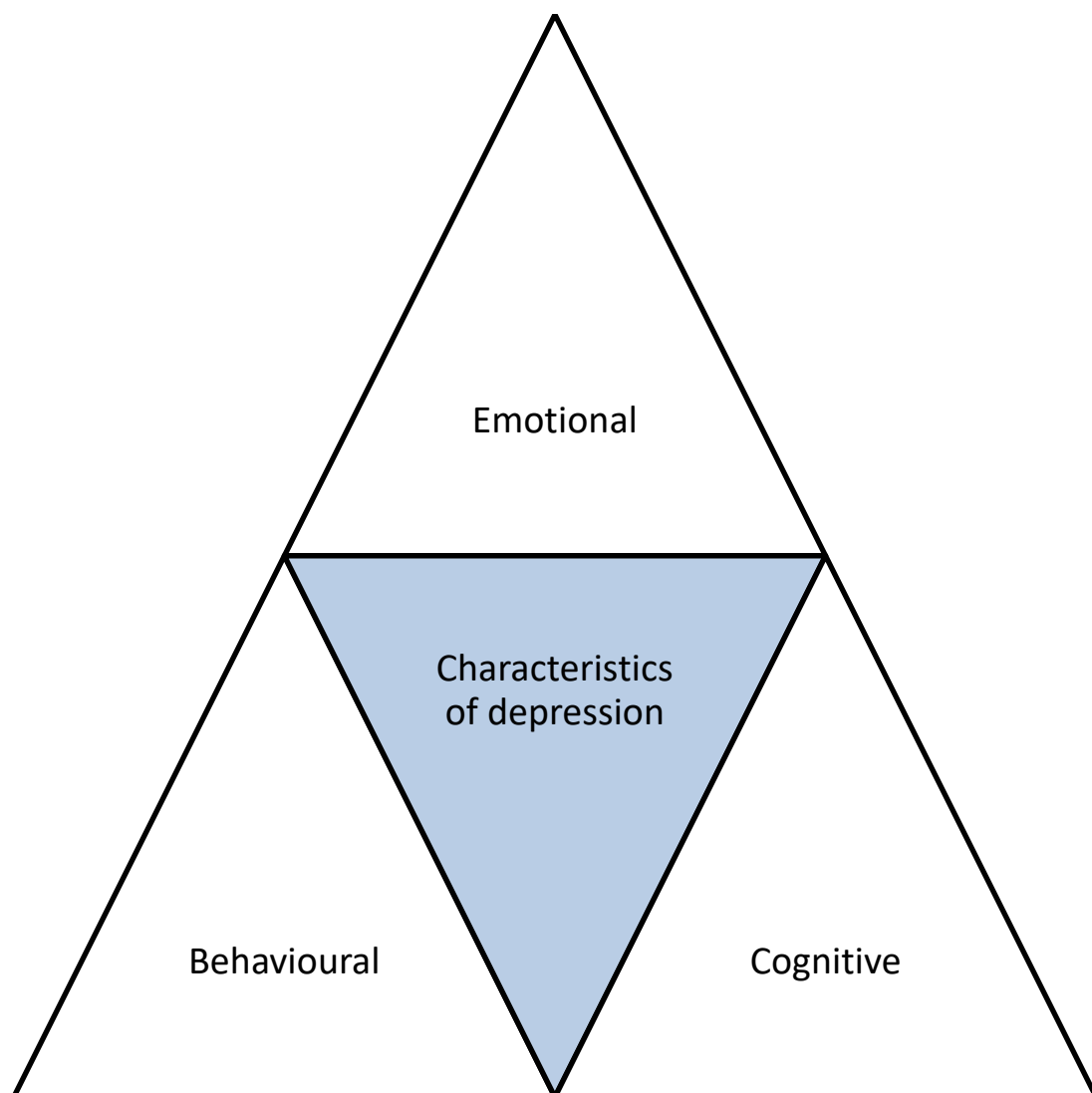
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Activity 2: Characteristics of depression

Use p.140-141 of the textbook to annotate the diagram showing Behavioural, Emotional and Cognitive Characteristics of Depressions. Your notes should include:

- Key elements of each characteristic
- Examples for each element



The Diagnostic & Statistical Manual for Mental Illness Fifth Revision (DSM V) recognises 4 categories of depression:

- Major depressive disorder

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- Persistent depressive disorder

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- Disruptive mood dysregulation disorder

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- Premenstrual dysphoric disorder

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Activity 4: Exam Question

Outline the characteristics of depression(Total 4 marks)

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Lesson 7: Cognitive Approach to explaining Depression

WALT – Understand how the Cognitive approach helps explain depression

Exam Question Marking exercise:

1. Read through the sample answer below (you should have already made an essay plan for this at the end of lesson 2)
2. Identify AOs and number of marks for each AO
3. Use a highlighter to pick out the AOs you have identified.
4. Mark the response using the mark scheme – consider what is good and what you might improve.

“Rob is a sixth form student who has started hearing voices in his head. The voices come often, are usually threatening and make Rob feel frightened. The voices are making it difficult for Rob to complete his homework properly and he is worried about how this may affect his chances of going to university. Rob has not told anyone about his experiences, but his parents and teachers have noticed that he appears distracted, anxious and untidy.”

Outline and evaluate failure to function adequately and deviation from ideal mental health as definitions of abnormality. Refer to the experiences of Rob in your answer (16 marks)

According to the Failure to Function Adequately (FFA) definition, a person is considered abnormal if they are unable to cope with the demands of everyday life (e.g. social and/or occupational) and live independently in society. Furthermore, to be classified as abnormal, a person’s behaviour should cause personal suffering and distress because of their failure to cope. However, they may also cause distress or discomfort to other people who observe their behaviour. Therefore, according to this definition, Rob could be considered abnormal because his symptoms are causing an inability to cope with everyday life as he is finding it difficult to ‘complete his homework’. Furthermore, Rob’s symptoms are also causing distress or discomfort, as ‘his parents and teachers’ have noticed his anxiety.

One strength of the FFA definition is that it takes into account the subjective personal experiences of Rob. This definition considers the thoughts and feelings of Rob and the issues he is facing and does not simply make a judgement based on a pre-defined list of symptoms. This suggests that the FFA definition is a useful tool for assessing psychopathological behaviour.

However, one weakness of the FFA definition is the issue of individual differences. For example, one person who hears voices may be unable to function adequately; whereas, another person may suffer from the same symptoms, but function perfectly well. Therefore, despite the same psychological and behavioural symptoms, each person would be diagnosed differently according to this definition, thus questioning the validity of this definition.

Jahoda (1958) took a different approach to defining abnormality, suggesting that abnormal behaviour should be defined by the *absence* of particular (ideal) characteristics. In other words, behaviours which move away (deviate) from ideal mental health. Jahoda outlined a series of principles, including: having an accurate view of reality; being able to integrate and resist stress; and being able to master your environment (love, friendships, work, leisure time, etc.) Therefore, if an individual does not demonstrate one of these criteria, they would be classified as abnormal according to this definition. It could be argued that Rob does not have

an accurate view of reality as he is hearing voices which are not present. Furthermore, he seems to be unable to resist stress as his parents and teachers have noted that he is anxious, and he is unable to master the environment, in particular his work, as his symptoms are preventing him from completing his homework. Consequently, Rob would be seen as abnormal, according to this definition.

One strength of Jahoda's definition is that it takes a positive and holistic view. Firstly, the definition focuses on positive and desirable behaviours, rather than considering just negative and undesirable behaviour. Secondly, the definition considers the whole person, taking into account a multitude of factors that can affect their health and well-being. Therefore, a strength of the deviation from ideal mental health definition of abnormality is that it is comprehensive, covering a broad range of criteria.

However, one weakness of the deviation from ideal mental health definition is the unrealistic criteria proposed by Jahoda. There are times when everyone will experience stress and negativity, for example, when grieving following the death of a loved one. However, according to this definition, these people would be classified as abnormal, irrespective of the circumstances which are outside their control. With the high standards set by these criteria, it must also be questioned on how many need to be absent for diagnosis to occur.

AO1 content	AO2 possible application	AO3 possible evaluation/discussion points
<p>Failure to function adequately:</p> <ul style="list-style-type: none"> • abnormality judged as inability to deal with the demands of everyday living • behaviour is maladaptive, irrational or dangerous • behaviour causes personal distress and distress to others. <p>Deviation from ideal mental health:</p> <ul style="list-style-type: none"> • absence of signs of mental health used to judge abnormality • description of (Jahoda's) criteria – accurate perception of reality; self-actualisation; resistance to stress; positive attitude towards self; autonomy/independence; environmental mastery • the more criteria someone fails to meet, the more abnormal they are. <p>Accept other valid points.</p>	<p>Failure to function adequately:</p> <ul style="list-style-type: none"> • evidence that Rob is not coping with everyday tasks – cannot complete homework; he is untidy • Rob is causing others' distress – his parents and teachers • personal distress – feelings of anxiety, he is frightened. <p>Deviation from ideal mental health:</p> <ul style="list-style-type: none"> • Rob's perception of reality is not accurate – hearing voices • voices are preventing Rob from fulfilling potential/achieving self-actualisation – may affect his chances of going to university. <p>Accept other relevant application points.</p>	<p>Failure to function:</p> <ul style="list-style-type: none"> • recognises the patient's perspective • judging person as distressed or distressing relies on subjective assessment • not all abnormal behaviour is associated with distress/failure to cope eg psychopathy • not all maladaptive behaviour is an indicator of mental illness. <p>Deviation from ideal mental health:</p> <ul style="list-style-type: none"> • positive, holistic approach to diagnosis • criteria for mental health are too demanding/unrealistic • culture bias in some criteria, eg value placed on independence/autonomy • use of evidence to support/challenge definitions • comparison/overlap with other definitions – deviation from social norms, statistical infrequency.

Level	Marks	Description
4	13 – 16	Knowledge of failure to function adequately and deviation from ideal mental health is accurate and generally well detailed. Application is effective. Evaluation 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 failure to function adequately and deviation from ideal mental health is evident but there are occasional inaccuracies/omissions. Evaluation/application 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 failure to function adequately and/or deviation from ideal mental health is present. Focus is mainly on description. Application/evaluation 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 failure to function adequately and/or deviation from ideal mental health is very limited. Application is limited, poorly focused or absent. Evaluation 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.

I would give this a Level ____ (____ marks) because...

To improve this answer further I would...

Activity 1 – Cognitive Theories and Models of Depression

1. Read p.148 of the textbook
2. Summarise the key points of Beck's cognitive theory of depression and Ellis' ABC model
3. Apply each theory / model to Dougie's scenario

Challenge – Think about how you might begin to treat Dougie from each perspective from a Cognitive Perspective

Beck's cognitive theory of depression	Ellis' ABC Model
Summary	Summary
Application to Dougie	Application to Dougie
Treatment solutions	Treatment solutions

Activity 2: Evaluating the Cognitive Approach to explaining depression

Beck's cognitive theory of depression

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Ellis' ABC Model

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Lesson 8: Cognitive Approach to treating Depression

WALT – Understand how the Cognitive approach can be used to treat depression

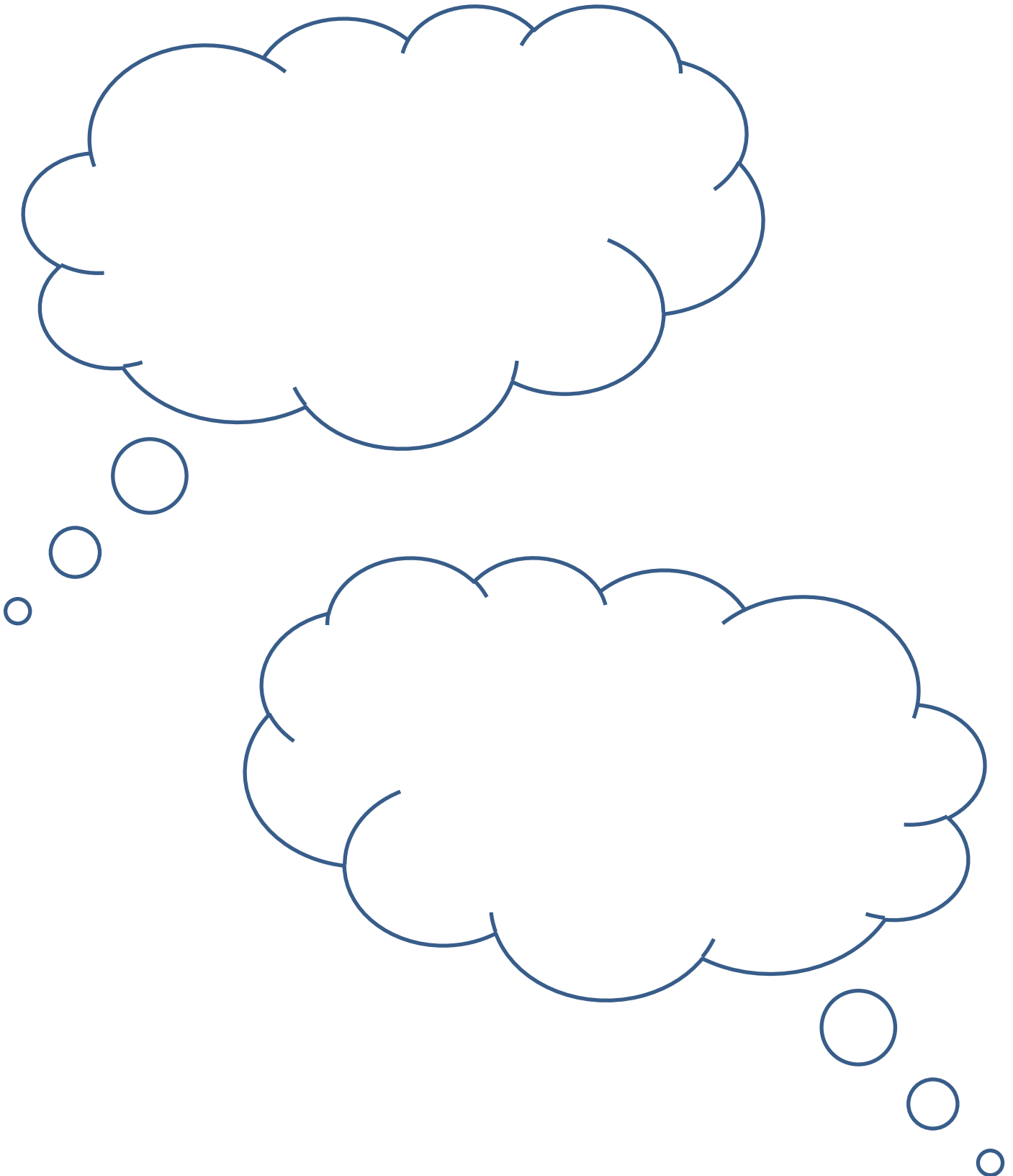
Multi-choice Questions:

1. Which of these is a criticism of statistical infrequency?
 - a) It has no real-life application in diagnosis and assessment
 - b) All unusual characteristics are a bad thing
 - c) Unusual people need a diagnosis to help them become more normal
 - d) Unusual positive characteristics are just as uncommon as unusual negative characteristics
2. Which of these is a sound strength of Deviation from Ideal Mental Health?
 - a) It is usefully narrow
 - b) It applies well to a variety of cultures
 - c) It is comprehensive
 - d) It sets a realistic standard for mental health
3. Which of these is not a cognitive characteristic of phobias?
 - a) Selective Attention
 - b) Avoidance
 - c) Irrational Beliefs
 - d) Cognitive Distortions
4. What reinforces avoidance in the two-process model?
 - a) Anxiety reduction.
 - b) Safety cues.
 - c) Preparedness.
 - d) Positive reinforcement.
5. Why might flooding be considered to be more superior to systematic desensitisation?
 - a) It is less traumatic.
 - b) It is suitable for a wider range of patients.
 - c) It is more effective for those who complete treatment.
 - d) It works for a wide range of phobias.

6. Which of the following is not a part of Beck's cognitive triad?
- a) Negative view of the world.
 - b) Negative view of the future.
 - c) Negative view of therapy.
 - d) Negative view of the self
7. Sufferers from depression may experience which of the following behavioural characteristics?
- a) Changes to activity level.
 - b) Changes to sleep patterns.
 - c) Changes to eating patterns.
 - d) All of the above.
8. Which of the following is a cognitive characteristic of depression?
- a) Focusing on the negative aspects of a situation.
 - b) Low self-esteem.
 - c) Anger.
 - d) All of the above.
9. In the case study of Little Albert what was the first stage?
- a) Re-conditioning.
 - b) Post-conditioning.
 - c) Conditioning.
 - d) Pre-conditioning.
10. The noise of the hammer hitting the metal bar in the Little Albert study was?
- a) NS.
 - b) UCR.
 - c) UCS.
 - d) CS.

Starter – Beck and Ellis from memory

1. *Using only your memories, think about how Beck & Ellis explained depression*
2. *Jot down key points around each thought bubble.*
3. *Summarise each explanation inside the thought bubbles and be ready to share with the class.*





Cognitive Behaviour Therapy:

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Activity 1 – Treating depression using Beck’s cognitive therapy & Ellis’s rational emotive behaviour therapy (REBT)

Below is an excerpt from an interview with a depressed patient. Read the excerpt and do the following:

1. Use a highlighter to identify the negative thinking within the excerpt.
2. Complete the table on the next page: a) describing key processes within Beck & Ellis’s therapeutic models (use p.148 & 150) to help you; b) explaining how the model could be used to treat the individual below (e.g. what questions is the therapist likely to ask & what answers might they get).

*I’m finding it impossible to cope at work. However hard I seem to work it never all gets done and I’m constantly running to stand still. The boss doesn’t seem to notice that I’m struggling but then again he doesn’t think much of me anyway and if I tell him I can’t manage he’ll just think I’m even more useless than he does already. I should never have gone for that promotion. I knew I wasn’t really up to it. They probably only gave me the job so I’d screw up and they’d have an excuse for firing me. Now I am screwing up and it’s hurting the company, the clients are upset and it’s all my fault. I should go for another job but with my track record I’d be lucky to end up cleaning the toilets and I’ve got to think about the mortgage. I suppose I could just jack it all in and say, ‘f*** it!’ but I can’t, I’ve got my family to think about, God knows I’m a bad enough husband and father as it is.*

CBT: Beck's cognitive therapy	CBT: Ellis's rational emotive behaviour therapy (REBT)
<i>Key processes:</i>	<i>Key processes:</i>
<i>Explanation of how it could be used to treat the patient in the excerpt above – link to key processes</i>	<i>Explanation of how it could be used to treat the patient in the excerpt above – link to key processes</i>

Activity 2 – Apply it – Methods: Clinical Trials of CBT

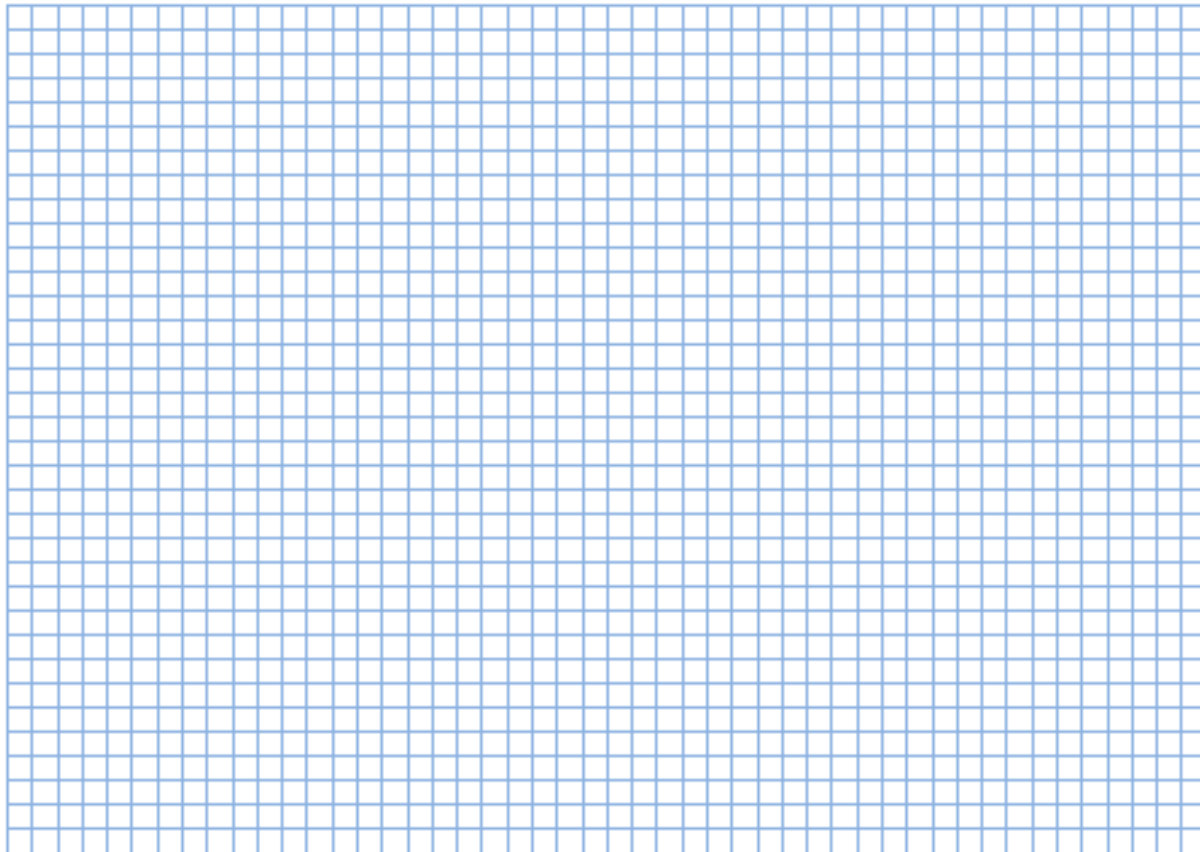
Apply it Methods: Clinical trial of CBT

The table below right shows the outcomes for a trial of CBT versus more old-fashioned behaviour therapy without cognitive techniques. A higher score indicates greater depression.

Questions

1. Calculate how much improvement each patient showed. Put the data from your calculations in a table. (2 marks)
2. Plot the improvement for each patient against the number of CBT sessions they received on a **scattergram**. (4 marks) (See page 194.)
3. What would you conclude about the relationship between number of sessions and reduction in symptoms? (2 marks)

Condition	Patient number	Number of sessions	Depression score before therapy	Depression score after therapy
CBT	1	12	18	6
	2	12	22	10
	3	7	16	8
	4	5	17	10
	5	5	18	12
Behaviour therapy	6	9	21	11
	7	9	16	7
	8	10	18	9
	9	6	18	11
	10	11	17	7



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Activity 3: Evaluating the Cognitive Approach to treating depression

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Supporting Evidence	Opposing Evidence
P E E L P E E L P E E L	P E E L P E E L P E E L

Lesson 9: OCD

WALT – Understand the clinical characteristics of OCD and how it is diagnosed.

Concept Map – Psychopathology

Using the space below, produce a concept map recapping the main points for this Unit. Try not to use any books / class notes to help you.

Activity 1: Think pair, share...



Definition of OCD:

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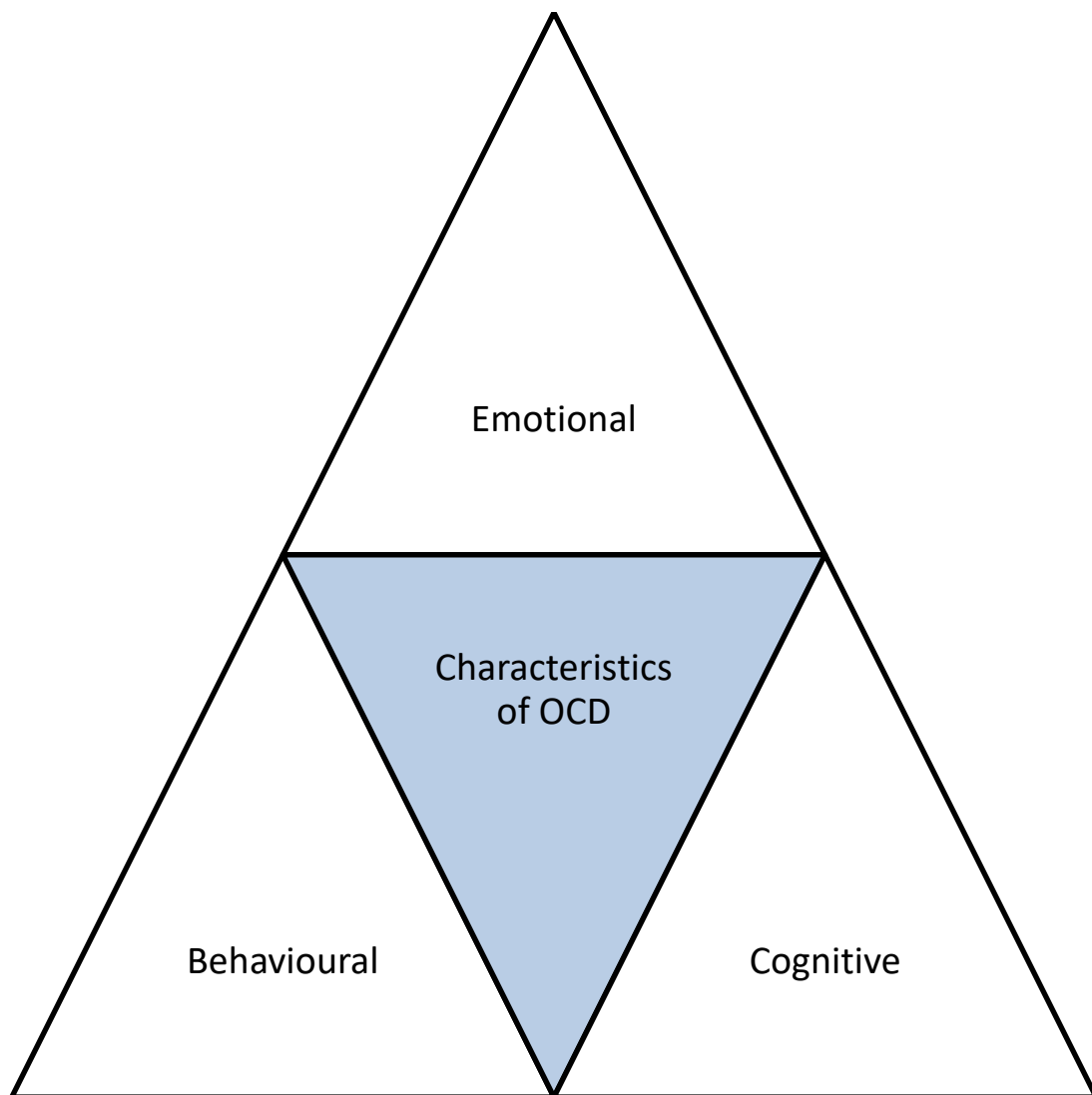
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Activity 2: Characteristics of OCD

Use p.142-143 of the textbook to annotate the diagram showing Behavioural, Emotional and Cognitive Characteristics of OCD. Your notes should include:

- Key elements of each characteristic
- Examples for each element



The Diagnostic & Statistical Manual for Mental Illness Fifth Revision (DSM V) recognises 4 categories of OCD:

- OCD

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- Trichotillomania

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- Hoarding disorder

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- Excoriation disorder

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The OCD Cycle



Activity 3: The OCD Cycle

Read the case study below and answer the questions:

Sarita suffers from OCD. She has suffered OCD on and off since she was a teenager, when her parents separated. Only 1-2% of the population suffers from clinical OCD, making it fairly unusual. Like most people with OCD Sarita suffers from both compulsive behaviours and obsessions. She has obsessive thoughts of dirt and a compulsion to wash her hands every time she touches something that might be dirty.

As a new mother Sarita experiences difficulty because her obsession with dirt makes it very hard for her to change nappies. She is often alone with her baby as her husband works so, in the daytime, this is a real problem.

The other local mothers find Sarita's OCD hard to understand and she wonders whether they see her as a bad mother. This in turn has led Sarita experiencing low self-esteem. She is now receiving support from Children's Services.

1. Consider the 4 definitions of abnormality you have studied. For each one, consider in what way Sarita would be judge as abnormal.

2. Explain the OCD cycle and apply this to Sarita's situation

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Activity 4: Exam Question

Bob always checks that doors are locked and plug sockets are switched off. His checking routine has become very time consuming. He now feels overwhelmed with fears that his family could be in danger if he does not complete his checking routine. His doctor thinks Bob has obsessive compulsive disorder.

(a) Explain what is meant by 'obsessions' and 'compulsions'. Refer to Bob in your answer.

(4)

Lesson 10: The Biological Approach to Explaining OCD

WALT – Understand how the Biological approach helps explain OCD

What is this question?



Genetic explanations:

1. What does the Lewis study suggest?

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2. What else might be a causal factor?

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Candidate genes:

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3. What is serotonin and what role does it play?

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4. Why might disruption of serotonin transport impact lead to OCD symptoms?

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OCD is polygenic:

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5. Why might it be difficult to draw any conclusions concerning the genetic explanation of OCD?

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Different types of OCD:

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6. What does the aetiological heterogeneity of OCD suggest about the genetic explanation of OCD?

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Activity 1: Neural explanations of OCD

The role of serotonin:

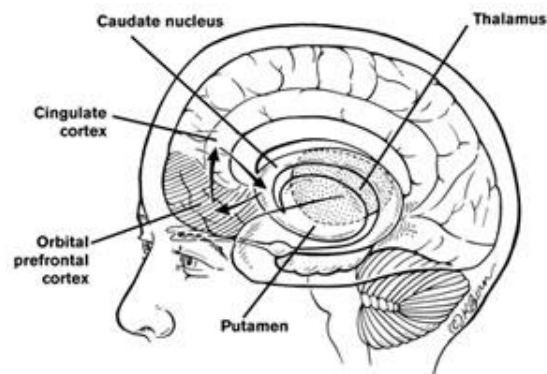
Serotonin is a neurotransmitter believed to regulate mood. It is an inhibitory neurotransmitter that prevents the post-synaptic neuron from firing. Some individuals have low serotonin levels due to overactive reuptake by the pre-synaptic neuron. This may cause a reduction in functioning of the serotonin system in the brain (no inhibitory response so neurons are overactive).

Decision making systems:

Some types of OCD e.g. hoarding disorder, maybe associated with impaired decision making. There may be impaired functioning in the lateral frontal lobes, which are responsible for your logical thinking & decision making. The left parahippocampal gyrus (PAG), which is responsible for processing unpleasant emotions, may function abnormally in OCD sufferers.

Extension: Orbitofrontal Cortical Loop:

A combination of abnormal functioning in the following areas of the brain cause a cascade reaction leading to OCD symptoms.

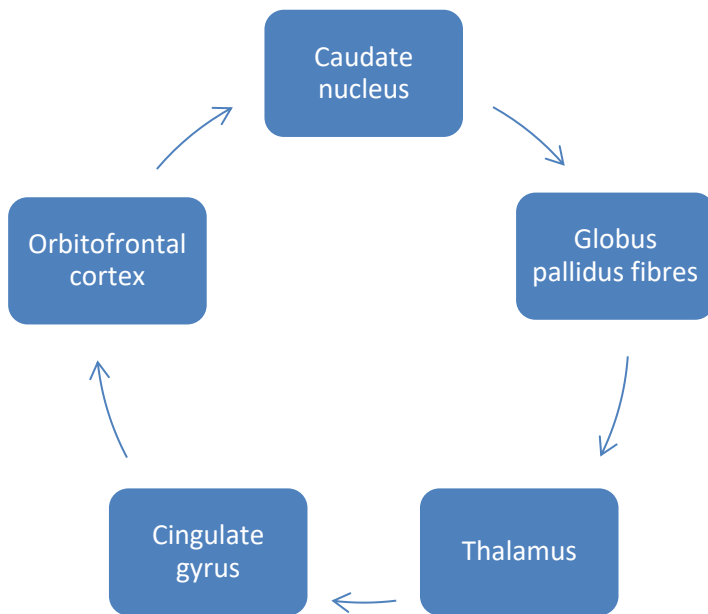


Caudate nucleus = Acts as a braking system for thalamic activity by inhibiting the action of the globus pallidus fibres, which control activity in the thalamus (if working normally). If this area is overactive (not working normally), there is no reduction in thalamic activity.

Thalamus = Area of the brain associated with sensory perception & consciousness. The thalamus is part of the brain associated with fight or flight response and it brings the possibility of danger to the attention of your brain. In OCD, this area is associated with primitive checking and cleaning behaviours. **An overactive thalamus leads to a compulsion to engage in these primitive behaviours.**

Cingulate gyrus = Part of the limbic system that is associated with emotion formation and processing, learning and memory. Connects thalamus to orbitofrontal cortex

Orbitofrontal cortex = A prefrontal cortex region in the frontal lobes of the brain associated with the cognitive processing of decision making. **This area alerts the brain to worries in the environment and causing anxiety that promotes checking behaviour consistent with obsessions & compulsions associated with OCD.**



Questions:

1. How might a Selective Serotonin Reuptake Inhibitor (SSRI) treat OCD symptoms?

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2. Bob has a hoarding disorder. How might a neural explanation explain his behaviour?

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3. Dave has OCD related to bacteria. Use the information on the Orbitofrontal Cortical Loop to explain how the various areas of Dave's brain might produce a cascade reaction causing OCD symptoms.

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Activity 2: Evaluating the Biological Approach to explaining OCD

Genetic Explanations

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Neural Explanations

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Lesson 11: Biological Approach to treating OCD

WALT – Understand how the Biological approach can be used to treat OCD

Multi-choice Questions:

1. Which of these is a type of dysfunctional belief in Ellis' cognitive model?
 - a) Negative self-schema
 - b) Masturbation
 - c) Negative view of the world
 - d) Negative view of the self
2. Which of the following is a criticism of Beck's model of depression?
 - a) Studies have never found abnormal cognition in depressed patients
 - b) Depressed patients do not report abnormal cognition
 - c) It doesn't explain all aspects of depression effectively
 - d) All of the above
3. Which of the following is a limitation of the ABC model?
 - a) There is no evidence linking activating events to depression.
 - b) It has no practical application in psychological therapies
 - c) It doesn't explain cognitive aspects of depression
 - d) It can't explain hallucinations & delusions in severe depression.
4. CBT does not use techniques from which of the following?
 - a) Behavioural therapies
 - b) Cognitive therapy
 - c) Rational emotive behaviour therapy
 - d) Biological treatments
5. What is the main technique in REBT?
 - a) Reality testing
 - b) Disputing irrational beliefs
 - c) Disputing automatic thoughts
 - d) Behavioural activation

6. Most people with OCD experience?
 - a) Obsessions only
 - b) Compulsions only
 - c) Obsessions & compulsions
 - d) Obsessions or compulsions
7. Which of the following is not an emotional characteristic of OCD?
 - a) Anxiety
 - b) Lowered mood
 - c) Guilt
 - d) Compulsions
8. Which of these is a true statement concerning OCD?
 - a) OCD does not run in families
 - b) OCD involves just one gene
 - c) OCD is caused by one particular combination of genes
 - d) Twin studies suggest OCD is genetically influenced.
9. Which neural system appears not to be involved in OCD?
 - a) The serotonin system
 - b) The lateral frontal lobes
 - c) The right parahippocampal gyrus
 - d) The left parahippocampal gyrus
10. Which of these applies to neural explanations of OCD?
 - a) There is no supporting evidence
 - b) The same mechanisms explain all cases of OCD
 - c) Neural mechanisms may not cause OCD
 - d) The serotonin system is a complete explanation.

Activity 1: Drug therapy research

Use the information you are given (and additional information (e.g. www.simplypsychology.org) to complete the table for drug therapies. For each therapy, explain 1) how it is prescribed 2) how it works 3) what are the main issues eg. Side effects.

SSRIs	Combination Treatments	Alternatives to SSRIs
How it is prescribed?	How it is prescribed?	How it is prescribed?
How it works?	How it works?	How it works?
Main issues	Main issues	Main issues

Activity 3: Evaluating the Biological Approach to treating OCD

Supporting Evidence	Opposing Evidence
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L
P	P
E	E
E	E
L	L

Supporting Evidence	Opposing Evidence
P E E L P E E L P E E L	P E E L P E E L P E E L