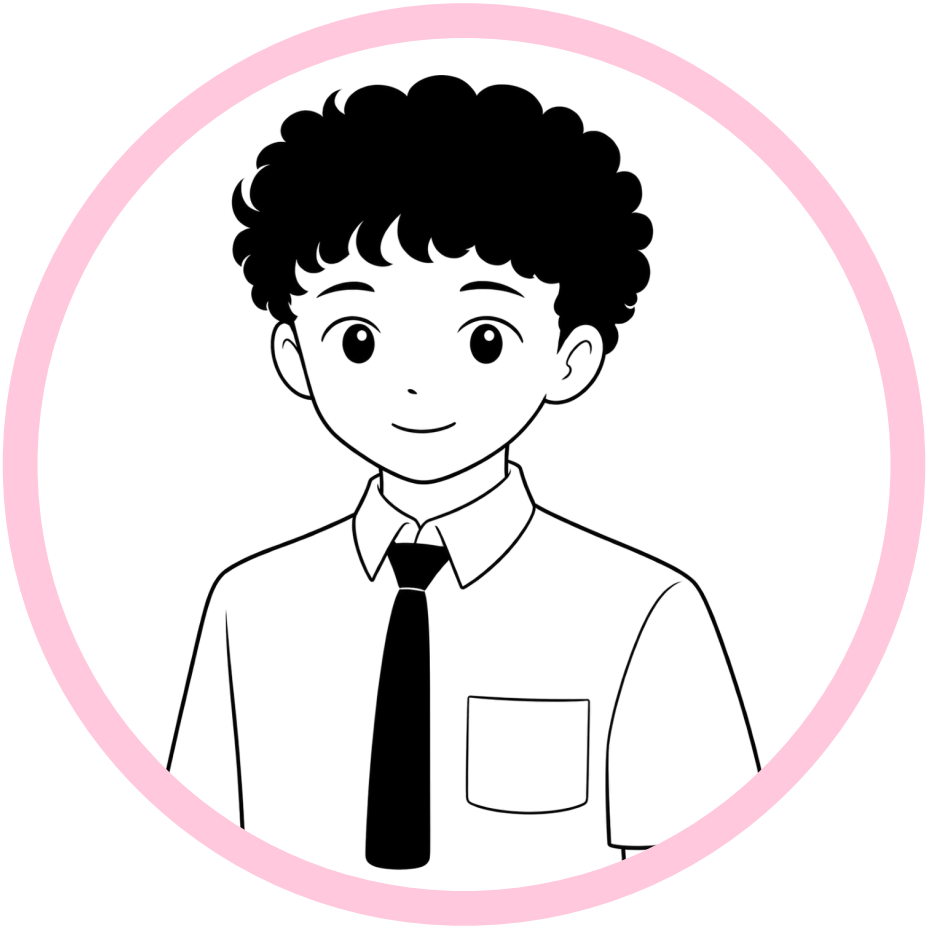
AQA A-LEVEL PSYCHOLOGY · 7182

# PSYCHOLOGY



## MARK SCHEME

### 3.1.4 DEPRESSION: EXPLANATION AND TREATMENT

| SCORE | PERCENTAGE |
| --- | --- |
| /78 | % |

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## Q1.

**[AO1 = 6 AO3 = 6]**

| Level | Mark | Description |
|---|---|---|
| 4 | 10-12 | Knowledge of one or more cognitive explanation of depression is accurate and generally well detailed. Discussion is effective. Minor detail and / or expansion is sometimes lacking. The answer is clear and coherent. Specialist terminology is used effectively. |
| 3 | 7-9 | Knowledge of one or more cognitive explanation of depression is evident but there are occasional inaccuracies / omissions. There is some effective discussion. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately. |
| 2 | 4-6 | Limited knowledge of one or more cognitive explanation of depression is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. |
| 1 | 1-3 | Knowledge of one or more cognitive explanation of 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:**

- focus of cognitive explanations is on how mental processes affect behaviour, in particular how generally negative or maladaptive biases in thinking lead to depression
- Beck's theory – faulty information processing, negative schemas, the negative triad and examples of these
- Ellis' ABC model: A – the activating event, B – the belief, rational or irrational, C – the consequence: in depression irrational beliefs lead to unhealthy emotions. Examples of these
- mustabatory thinking – the source of irrational beliefs.

**Possible discussion:**

- lots of evidence to support the idea that faulty thinking is associated with depression: Bates, Grazioli and Terry, Clark and Beck
- the relationship seems to be association rather than causal
- there have been practical applications of this explanation in the development of CBT. Generally considered the most successful therapy for depression
- CBT assigns responsibility for depression to the client and therefore the client has



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the power to address this with help from therapist
- not all episodes of depression seem to have an activating event
- some people with depression are very angry and Beck's theory does not explain this type of depression.
- there is evidence that depression can be explained as having a biological component. Psychological therapy is often not possible until clients are stabilised using drug therapy first.

Credit other relevant discussion.

**[12]**

## Q2.

**[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



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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]**

## 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 = 4]**

| Level | Marks | Description |
|---|---|---|



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| | | |
|---|---|---|
| 2 | 3 – 4 | Knowledge of at least one strategy in CBT used to treat depression is clear, mostly accurate and detailed. The answer is generally coherent with effective use of terminology. |
| 1 | 1 – 2 | There is limited/partial knowledge of at least one strategy in CBT used to treat depression. The answer may lack coherence. Use of terminology may be either absent or inappropriate. |
| | 0 | No relevant content. |

**Possible strategies:**

- Challenging irrational thoughts by requiring the client to gather evidence of behaviours/incidents etc and then comparing the evidence with the thought expressed to check whether they match or not.
- The client as scientist/reality testing – homework assignments where the client's hypothesis/negative thinking is tested and the evidence evaluated.
- Diary records to monitor events and identify situations in which negative thinking occurs so these can be targeted.

Credit other appropriate strategies.

## Q5.

**[AO3 = 1]**

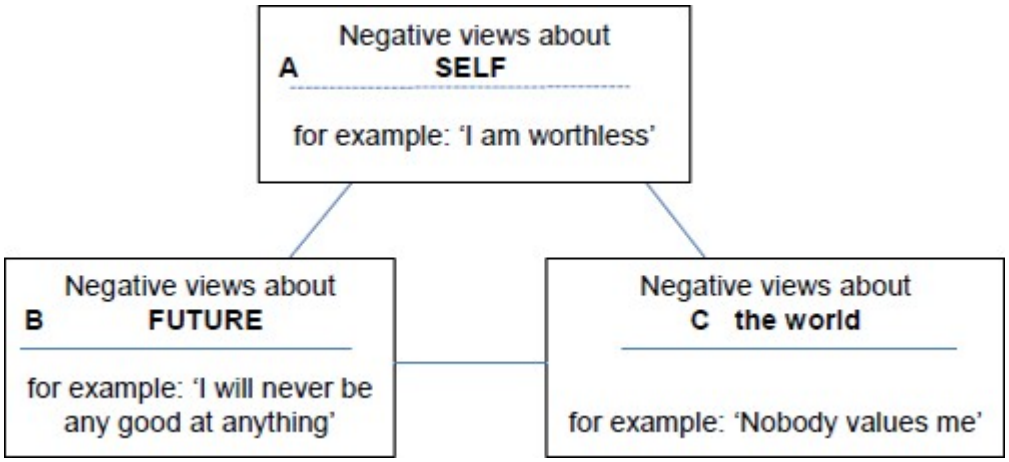
Answer: B allows the client some control over the therapy.

## Q6.

**[AO1 = 2]**

**A** – self **1 mark**
**B** – future **1 mark**

Terms must be in the correct position for credit.




## Q7.



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**[AO3 = 2]**

**2 marks** for a clear and coherent outline of one strength of the cognitive explanation of depression with some elaboration.

**1 mark** if the strength is briefly outlined / vague / muddled.

**Possible content**:

- based on sound experimental research
- have provided effective treatments for depression
- acknowledges role of thoughts in behaviour / disorders.

Credit other relevant strengths.

## Q8.

**[AO1 = 6 AO3 = 6]**

| Level | Marks | Description |
|---|---|---|
| 4 | 10 – 12 | Knowledge of a least one cognitive explanation for depression is accurate and generally well detailed. Discussion is mostly effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion sometimes lacking. |
| 3 | 7 – 9 | Knowledge of at least one cognitive explanation for depression is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately. Lacks focus in places. |
| 2 | 4 – 6 | Knowledge of at least one cognitive explanation for depression is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions. |
| 1 | 1 – 3 | Knowledge of at least one cognitive explanation for depression is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. |
| | 0 | No relevant content. |

**Possible content:**

- Underlying assumption of the cognitive explanation – depression is the result of disturbance in ‘thinking’.
- Beck’s negative triad – childhood negative schemas develop providing a negative framework for viewing events pessimistically. In adulthood these become biases such as overgeneralisation; magnification; selective perception and absolutist thinking.
- The negative triad is where people think consistently negatively about the self,



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the world and the future.

- Ellis's ABC model – developed to explain response to negative events – how people react differently to stress and adversity.
- The model provides the sequence of the process: A – the adversity or event to which there is a reaction; B – the belief or explanation about why the situation occurred; C – the consequence – the feelings and behaviour the belief now causes. In essence the external event is 'blamed' for the unhappiness being experienced.
- Both models explain depression as a consequence of faulty and negative thinking about events and suggest it can be managed by challenging this faulty thinking.
- Evidence to support either model such as Beck 1976.

**Possible evaluation:**

- The use of examples to illustrate the negative triad or the ABC model.
- The use of evidence to support cognitive explanation(s).
- The development of successful therapies based on cognitive explanations: CBT and / or REBT.
- Cognitive explanation(s) do not explain the links between anger and depression well.
- Cognitive explanations do not distinguish cause and effect factors.
- Cognitive explanations do not deal with the manic phases in bipolar I and II.
- Comparison with alternative explanations eg biological evidence suggests genetic, neurochemical and neuroanatomical influences are a biological predisposition.

Credit other relevant information.

## Q9.

**[AO1 = 4 AO3 = 4]**

| Level | Marks | Description |
|---|---|---|
| 4 | 7 – 8 | Knowledge of the cognitive approach to treating depression is accurate and generally well detailed. Evaluation is effective. The answer is clear, coherent and focused on treating depression. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking. |
| 3 | 5 – 6 | Knowledge of the cognitive approach to treating depression is evident. The answer is mostly well focused. There are occasional inaccuracies. There is some effective evaluation. The answer is mostly clear and organised. Specialist terminology mostly used effectively. |
| 2 | 3 – 4 | Knowledge of the cognitive approach to treating depression is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions. |
| 1 | 1 – 2 | Knowledge of the cognitive approach to treating depression is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many |



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| | | |
|---|---|---|
| | | inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. |
| | 0 | No relevant content. |

**Possible content:**

Features of Beck's CBT:

- focus on present experience
- identifying automatic negative or irrational thoughts
- thought catching
- challenging negative thoughts
- hypothesis testing via homework - patient as scientist
- behavioural activation – engaging in previously enjoyed activities to raise mood

Credit other relevant information eg Ellis's argumentation and disputation

**Possible evaluation points:**

- Use of evidence to support effectiveness in alleviating symptoms, relapse rates etc.
- Comparisons with medication eg March 2007
- Role of the patient as engaged and active rather than passive
- General enhancement of personal experience and efficacy
- Severely depressed cannot engage in the process and need medication
- Time and commitment where part of reasoned justification

Credit other relevant evaluation points.

## Q10.

**[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. |



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| | | |
|---|---|---|
| | | |

**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.

## Q11.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

**AO1 = 4**

**AO2 = 4**

**AO1:** The cognitive approach believes that abnormality stems from faulty cognitions about others, our world and us. This faulty thinking may be through cognitive deficiencies (lack of planning) or cognitive distortions (processing information inaccurately). These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad. An outline of the ABC model would be one way to outline the cognitive approach.

| **AO1 Knowledge of the cognitive approach to explaining psychopathology** |
|---|
| **4 marks Accurate and reasonably detailed**<br>Accurate and reasonably detailed answer that demonstrates sound knowledge and understanding of the cognitive approach to explaining psychopathology. There is appropriate selection of material to address the question. |
| **3 marks Less detailed but generally accurate**<br>Less detailed but generally accurate answer that demonstrates relevant knowledge and understanding. There is some evidence of selection of material to address the question. |
| **2 marks Basic**<br>Basic answer that demonstrates some relevant knowledge and understanding but lacks detail and may be muddled. There is little evidence of selection of material to address |



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| |
|---|
| the question. |
| **1 mark Very brief / flawed or inappropriate**<br>Very brief or flawed answer demonstrating very little knowledge. Selection and presentation of information is largely or wholly inappropriate. |
| **0 marks**<br>No creditworthy material. |

**AO2:** There are research studies to support this approach, e.g. Rachman. It has provided some convincing explanations for disorders such as depression and also some effective therapies such as CBT. However, it is not clear whether faulty cognitions are a cause of the psychopathology or a consequence of it. Contrasting this approach with others is one way to provide commentary. Students could also comment on the view that sometimes these negative cognitions are in fact a more accurate view of the world: depressive realism.

| **AO2 Evaluation of the cognitive approach to explaining psychopathology** |
|---|
| **4 marks Effective evaluation**<br>Effective use of material to address the question and provide informed commentary.<br>Effective evaluation of research. There is appropriate selection of material to address the question. |
| **3 marks Less detailed but generally accurate**<br>Material is not always used effectively but produces a reasonable commentary.<br>Reasonable evaluation of research.<br>There is some evidence of selection of material to address the question. |
| **2 marks Basic**<br>The use of material provides only a basic commentary.<br>Basic evaluation of research.<br>There is little evidence of selection of material to address the question. |
| **1 mark Very brief / flawed or inappropriate**<br>The use of material provides only a rudimentary commentary.<br>Evaluation of research is just discernible or absent. |
| **0 marks**<br>No creditworthy material. |

## Q12.

**[AO1 = 3]**

Credit any details of relevant study including the aim, method, result or conclusion. Note for full marks there must be some information about what was done and what was found. Vague descriptions without detail eg which disorder / which medication / length of treatment / measurement of depression / symptoms maximum 1 mark. Likely studies include: Elkin (1985) comparison of therapies for depression using four conditions; Robinson (1990) meta-analysis of different therapies for depression; Hollon (2006) comparison of cognitive and drug treatment for depression.

## Q13.

**[AO2 = 4]**

Up to 4 marks to be awarded for application of two different concepts or ideas from the cognitive explanation for depression to the novel situation. Many different aspects of cognitive theory can be applied here. Credit should be given for any valid application. Candidates may focus on just two concepts or ideas in some detail or on several separate points in less detail. Possible content will probably come from Beck's theory:

- cognitive triad - person will have negative thoughts about self, world, future eg I'm useless, the world is horrid, I'll never get a job
- the person may overgeneralise 'no-one wants me'
- person may show selective perception of negatives eg focus on loss of job and ignore the many good things in life
- person may magnify significance / catastrophise eg loss of job will take on extraordinary significance and will be seen as major disaster
- person makes negative attributions – person will blame themselves for loss of job and negate the influence of external factors eg world economy
- person shows absolutist thinking 'if I can't have that job then it's a disaster, no other job will do'.

Up to 2 marks if the explanation is relevant to depression but relevance to unemployment may not have been made explicit.

**Maximum 2 marks if only one concept or idea is offered**



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## Q1.

This question was generally answered well with many students producing Level 3 responses which demonstrated accurate and detailed knowledge of one or more cognitive explanation(s) with some effective evaluation. Most students were able to provide some knowledge of cognitive explanations of depression with most focusing on Beck's theory and Ellis' ABC model. The level of detail of knowledge varied greatly; some responses included excessive detail clearly linked to depression which was more than sufficient whilst others were vague, limited or not clearly focused on explanations of depression. Unfortunately, some responses were more focused on treatment rather than explanation which limited the level and mark awarded. The discussion of these explanations was equally varied but was generally weaker than the knowledge demonstrated. There was a lack of focus on explanations in places and substantial brief, unexplained and ineffective discussion points. Some students did produce highly effective evaluative responses and, when combined with accurate and detailed knowledge, this allowed them to produce some excellent Level 4 responses.

## Q2.

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.

## 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.

Unfortunately, students often wasted time and effort outlining theory in response to this question. When answers mentioned therapy, the focus was not always on describing one or more strategies used in Cognitive Behavioural Therapy (CBT), but instead on offering superficial points such as homework tasks, activities, disputing and so on, but without any expansion of these to show practical usage.

## Q5.

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'.

## Q11.

At the top end of the marks, were some extremely well-informed students who made excellent use of both Beck's and Ellis's models. Such answers produced clearly written accounts of these cognitive approaches with explicit links to psychopathology. The AO2 was usually not quite so good and it was a shame that so few used research studies to evaluate the approach. Some students did gain credit for using cognitive based therapies to evaluate the approach. Much AO2 was generic and could have been applied to any approach and there was evidence of a confused understanding of reductionism (something that continues into A2). This concept does not refer to one approach ignoring other approaches; it refers to the principle of taking a complex concept and reducing it down to its simplest parts. The two major pitfalls that could have been avoided if the students had read the question were: firstly ignoring the term cognitive and writing about any approach; and secondly providing examples to illustrate the approach that were not drawn from psychopathology.

## Q12.

Answers to this question were often very poor indeed, being either largely generic descriptions of a type of treatment or extremely vague descriptions of a plausible study, for example, comparing an unspecified drug with placebo for an unspecified time. A further large proportion of students left this question blank altogether.

## Q13.

There were some very detailed answers to this question, with many full-mark responses. In some of the less well-organised answers to this question it was difficult to see exactly which two ways were being outlined; students offered multiple cognitive concepts with applications that could not be unambiguously linked to any of the concepts or sometimes no application at all. Students offering Seligman did not always remember to focus on the cognitive aspect.



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