**year 2 summer work: independent study on Psychopathology**

*Make notes on the material below using the Psychopathology information pack and videos on* <http://www.psych205.com/explanations-and-treatments-of-disorders.html> *Alternatively, you can use the QR code opposite to access the website.*



* **The behavioural approach to explaining and treating phobias.**

**These notes will provide you with the core knowledge you need this topic.**

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| **Skill** | **Key questions**  | **Notes complete** | **How well do you understand this?****Write RED, AMBER or GREEN** |
| **Explaining phobias** |
| AO1 | From your knowledge of the behaviourist approach - What is classical conditioning? What is operant conditioning? |  |  |
| AO1 | What is the name of the behavioural explanation for phobias?  |  |  |
| AO1 | How does classical conditioning explain how phobias are acquired? You may find it useful to use an example to help you describe this. |  |  |
| AO1 | How does operant conditioning explain how phobias are maintained? You may find it useful to use an example to help you describe this. |  |  |
| AO3 | Read the three evaluation points on the two-process model in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |
| **Treating phobias** |
| AO1 | What are the two behavioural treatments for phobias? |  |  |
| AO1 | What is systematic desensitisation (SD) designed to do in relation to treating phobias? |  |  |
| AO1 | Explain how SD works to treat phobias using an example. Make sure you mention the key terms. |  |  |
|  | How do psychologists evaluate treatments of mental health disorders? |  |  |
| AO3  | Read the three evaluation points on systematic desensitisation in the pack then write up 2 PEEL paragraphs using these evaluation points. |  |  |
| AO1 | Briefly outline what flooding is. |  |  |
| AO1 | Explain how flooding works to treat phobias using an example. Make sure you mention the key terms. |  |  |
| AO3 | Read the three evaluation points on flooding in the pack then write up 2 PEEL paragraphs using these evaluation points. |  |  |
| AO3 | Read the two evaluation points that could be used for both treatments then write up one of these as a PEEL paragraph |  |  |

**Also include the following in your notes:**

* **Key terms:** Neutral stimulus (NS), unconditioned stimulus (UCS), unconditioned response (UCR), conditioned stimulus (CS), unconditioned response (CR), positive reinforcement, negative reinforcement, counterconditioning, reciprocal inhibition, hierarchy, extinction.
* **A diagram/pictures:** showing the process of classical conditioning for Little Albert's phobia of white rats

***Challenge task:*** 'Psychology Today' magazine has asked you to write a short article on the ethical issues involved when treating phobias. You must present a balanced argument, for and against the use of behavioural therapies for treating phobias.

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* **The cognitive approach to explaining and treating depression**

**These notes will provide you with the core knowledge you need for the lessons on this topic.**

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| **Skill** | **Key questions** | **Notes complete** | **How well do you understand this?** **Write RED, AMBER or GREEN** |
| **Explaining depression** |
| AO1 | From your knowledge of the cognitive approach – what is this approach interested in studying? |  |  |
| AO1 | What does the cognitive approach suggest causes depression? |  |  |
| AO1 | Using an example, describe Ellis’ ABC model. |  |  |
| AO1 | What is mustabatory thinking? Give an example. |  |  |
| AO1 | What are the 3 components of Beck’s cognitive triad?  |  |  |
| AO1 | From your knowledge of the cognitive approach - what is a schema? Give an example of a negative self-schema someone with depression may have. |  |  |
| AO1 | Give a definition of two cognitive biases and give a real life example for one of these. |  |  |
| AO1 | Describe the negative triad. |  |  |
| AO3 | Read the three evaluation points on the cognitive approach to depression in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |
| **Treating depression** |
| AO1 | What is the overall aim of cognitive behavioural therapy (CBT)? |  |  |
| AO1 | Identify three key aspects of Beck’s cognitive therapy. |  |  |
| AO1 | What are two ways in which REBT disputes irrational thoughts and beliefs? |  |  |
| AO3 | Read the three evaluation points on the use of CBT to treat depression in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |

**Also include the following in your notes:**

* **Key terms:**irrational thinking,maladaptive behaviour, behavioural activation, thought catching, empirical dispute, logical dispute, cognitive bias, overgeneralising, catastrophising.
* **Draw:**A diagram of Ellis’ ABC model comparing the ABC for a person who suffers with depression and a person who does not suffer with depression. Include a real life example for each of the ABC components.
* **Draw:**Beck’s negative triad and label with a real life example.

***Challenge task:*** Two individuals who are suffering from depression have written to a Doctors column in a newspaper seeking advice on treatment. The doctor has concluded that CBT would be an appropriate treatment for one of the individuals but not for the other. Your task is to write the two letters that have been sent to the Doctors newspaper column, each letter should be no more than 100 words.

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* **The biological approach to explaining and treating obsessive compulsive disorder (OCD)**

**These notes will provide you with the core knowledge you need for the lessons on this topic.**

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| **Skill** | **Key questions** | **Notes complete** | **How well do you understand this? Write RED, AMBER or GREEN** |
| **Explaining OCD** |
| AO1 | What are the main assumptions of the biological approach? |  |  |
| AO1 | What are the two main causes of OCD according to the biological approach? |  |  |
| AO1 | According to genetic explanations, what is the reason for people developing OCD? |  |  |
| AO1 | Why are family studies used to investigate the genetic link in OCD? |  |  |
| AO1 | Outline the findings of the Nestadt et al (2000) study.  |  |  |
| AO1 | Why are twin studies used to investigate the genetic link in OCD?  |  |  |
| AO1 | Outline the findings of the Carey and Gottesman (1981) study. |  |  |
| AO1 | Why is it difficult to understand exactly how genes are linked to OCD? |  |  |
| AO3 | Read the three evaluation points on the genetic explanation of OCD in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |
|  | What do we mean by ‘neural’ explanations? |  |  |
| AO1 | What is the name of the neurotransmitter that is thought to be involved in OCD? How is this neurotransmitter linked to OCD? |  |  |
| AO1 | What is the function of the orbitofrontal cortex (OFC)? How does this relate to OCD? |  |  |
| AO1 | In your own words, summarise the neurophysiological explanation using the following terms: OFC, basal ganglia, caudate nucleus and thalamus. |  |  |
| AO3 | Read the three evaluation points on the neural explanations of OCD in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |
| **Treating OCD** |
| AO1 | What are SSRI’s and how do they work as a treatment for OCD? Make sure you mention key terms (linked to Biopsychology) |  |  |
| AO3 | Read the three evaluation points on the biological treatments of OCD in the pack then write up 3 PEEL paragraphs using these evaluation points. |  |  |

**Also include the following in your notes:**

* ***Key terms:*** concordance rate, first-degree relatives, monozygotic twins, dizygotic twins, polygenic, biochemical, neurophysiological, neurotransmitter, orbitofrontal cortex, basal ganglia, caudate nucleus & thalamus.
* ***Draw:*** A picture of the brain and label where the following parts: orbitofrontal cortex, basal ganglia, caudate nucleus & thalamus.

***Challenge task:*** Investigate an alternative explanation and/or treatment for OCD and make notes on this.

Your notes should also include:

* Evidence to support this explanation/treatment.
* A comparison of the pros and cons of both the biological explanations/treatment and the new alternative explanation/treatment.

**Essay skills, planning and practice**

This part of the homework is designed to develop your exam/essay skills and to provide you with an opportunity to practice planning and writing up essays on the topics you have learnt about.

There are 3 sections to this:

**Section 1 – Model essays with examiner comments**

**Section 2 – Writing essay plans with your notes and the pack**

**Section 3 – Writing up essays with only your plans**

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| **IMPORTANT!!!** **In one of the first lessons back in September you will be completing a timed essay in class (without your plan) on one the topics you have learnt about in the summer.** |

**Section 1 – Model essays with examiner comments**

**Model Essay 1: Discuss biological approach to explaining obsessive compulsive disorder (OCD)**

The biological approach to explaining OCD considers genetic and neural explanations. Genetic explanations suggest that OCD is inherited for example; Nestadt et al (2000) found that first-degree relatives of OCD sufferers had an 11.7% chance of developing the disorder compared to a 2.7% risk in first-degree relatives of patients without OCD. It has been found that there are certain candidate genes linked to OCD for example the COMT gene which regulates dopamine. One variation of the COMT gene results in higher levels of dopamine and this variation has been found to be more common in patients with OCD compared to those without OCD. However, OCD seems to be polygenic.This means that OCD is not caused by one single gene but that several genes are involved. Taylor (2003) suggests that as many as 230 genes may be involved and different genetic variations contribute to the different types of OCD.

Neural explanations for OCD suggest that abnormal levels of neurotransmitters are involved for example, low levels of serotonin. If a person has low levels of serotonin then normal transmission of mood-relevant information does not take place which means mood, and sometimes other mental processes, are affected. For example, when low serotonin levels are experienced by someone with OCD, it can make them more anxious and hyperaware of their environments than usual, resulting in increased OCD-related behaviours such as obsessive hand-washing, counting or organizing.

Supporting evidence for the neural explanation of OCD comes from Hu (2006) who compared serotonin activity in 169 OCD sufferers and 253 non-sufferers, finding serotonin levels to be lower in the OCD patients therefore supporting the link between low levels of serotonin and OCD. However, an issue with the biochemical explanation is that it is difficult to establish whether low levels of serotonin actually cause OCD, are an effect of having the disorder or are merely associated with the disorder. Causation cannot be inferred as only associations have been identified from the research conducted. Therefore, the biochemical explanation could be seen as limited as no firm conclusions can be made as to whether it does cause OCD.

Perhaps stronger supporting evidence for a biological explanation comes from the large amount of twin and family studies which consistently show that genetic factors are important in developing OCD. For example, Nestadt et al (2010) reviewed previous twin studies and found that 68% of identical twins shared OCD as opposed to 31% of non-identical twins. This study supports the link between genetics and OCD as the concordance rates are higher for MZ twins which shows that genetics must play a role in developing OCD as MZ twins share 100% of their genes whereas DZ twins only share 50%. However, since concordance rates for MZ twins are never 100%, the research does not suggest that other factors cannot play a role. Therefore, perhaps a better explanation could be the diathesis‐stress model whereby a genetic vulnerability is inherited and triggered by a stressor in the environment.

Despite the supporting evidence, biological explanations for OCD have been criticised for being biologically reductionist. They attempt to explain OCD which is a complex human behaviour by reducing its cause to a single gene or neurotransmitter. This is problematic because the biological explanations do not consider the role of cognitions (thinking) or learning in the development or maintenance of OCD and is therefore seen as an overly simplistic explanation.

***Examiner comments***

**AO1 (First paragraph):**

* Use of specialist terminology is used from the beginning and explained well.
* Good use of research evidence to support the description of how biology plays a role in OCD.

**AO3:**

* All three evaluation points use the PEEL format very well to create a very good discussion on biological explanations.
* The first two paragraphs use evidence well to support the biological explanations as well as bringing in counter-arguments which mean the evaluation is meeting the demands of the question – to ‘discuss’.
* The last paragraph offers a well-elaborated point, which relates to both explanations, on a debate (biological reductionism)

**Model Essay 2:**

*Raymond is a college student who has recently started hearing voices. Raymond is worried and frightened when he hears the voices, which are usually threatening in nature. Consequently, these voices are interrupting Raymond’s life and he is struggling to complete his homework and concentrate in the classroom, and he is growing increasingly worried that he might not get into university because of his condition. While Raymond hasn’t explicitly told anyone, his teachers and parents are becoming increasingly worried because he looks stressed and anxious.*

**Discuss deviation from ideal mental health and failure to function adequately as two definitions of abnormality. Refer to Raymond 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 or work life). Rosenhan and Seligman (1989) identified seven features of dysfunction and suggested that the more of these an individual shows the more they are classed as abnormal. For example, behaviour is considered abnormal when it causes personal distress leading to an inability to function properly. Also, an individual who causes distress or discomfort to other people who observe their behaviour would also be classified as failing to function adequately.

Jahoda (1958) took a different approach to defining abnormality, suggesting that abnormal behaviour should be defined by the absence of ideal mental health characteristics. Jahoda outlined a series of principles, including: having an accurate perception of reality; being able to resist stress by having effective coping strategies; and being able to master your environment which means being competent in all aspects of life and being able to meet the demands of any situation. Therefore, if an individual does not demonstrate one of these criteria, they would be classified as abnormal according to this definition.

According to the FFA definition, Raymond 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, Raymond’s symptoms are also causing distress or discomfort, as his teachers and parents are ‘becoming increasing worried because he looks stressed and anxious’. Raymond could also be seen as abnormal due to deviating from ideal mental health. It could be argued that he 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 ‘stressed and anxious’.

A strength of the FFA definition is that is takes into account the subjective personal experiences of individuals (like Raymond). This definition considers the thoughts, feelings and issues people are facing and do 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 as it takes into account the effect a person’s symptoms has on their everyday life.

However, the FFA definition does not consider situations in which a healthy, psychological response for someone may mean a period of inability to function adequately. For example, when a loved one dies then it is very normal to suffer distress and not be able to cope with everyday demands. Grieving is a perfectly natural response to overcoming loss and should not become a factor in defining that person as abnormal.

One strength of Jahoda’s definition, in comparison to the FFA 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, considering 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, an issue with the deviation from ideal mental health definition is the over-stringent criteria it uses to judge abnormality. Most people do not meet all the criteria meaning that under this definition the majority of us would be considered abnormal. For example, few people achieve self-actualisation and experience personal growth all the time. Therefore, it may be more useful to consider the criteria as aspects we should be striving for (ideals) rather than actualities (how you actually are).

***Examiner comments***

**AO1:** Clear description of each definition in general plus two key features accurately outlined with detail.

**AO2:**  Two accurate links identified and well-explained between each definition and the scenario.

**AO3:** Well-explained and elaborated strengths and weaknesses given. The evaluation is also clearly meeting the demands of the question – to ‘discuss’ – with the use of connective words e.g. ‘however’ and through making a comparison between the two definitions.

**Section 2 – Writing essay plans with your notes and the pack**

**Remember:**

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| **For a 16 mark essay with no scenario:** 6 marks for knowledge (AO1)10 marks for evaluation/discussion (AO3) | **For a 16 mark essay with a scenario:** 6 marks for knowledge (AO1)4 marks for application (AO2)6 marks for evaluation/discussion (AO3) |
| :What your plans should include:

|  |  |
| --- | --- |
| AO1 | 6 key points that you must include when describing this explanation/treatment |
| AO3 | 3 x PEEL paragraphs (bullet-pointed) |

 | What your plans should include:

|  |  |
| --- | --- |
| AO1 | 6 key points that you must include when describing this explanation/treatment |
| AO2 | 2 x links between information in scenario and explanation |
| AO3 | 2 x PEEL paragraphs (bullet-pointed) |

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**Example essay plan for *‘Discuss biological explanations of OCD (16 marks)’***

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| --- | --- |
| **AO1** | **Genetic and neural explanations.** **Genetic:*** OCD inherited e.g. Nestadt 1st degree relatives of OCD sufferers - 11% chance of developing OCD compared to 2% in 1st degree relatives without OCD
* candidate genes – COMT – regulates dopamine – one variation more common in OCD patients = higher levels of dopamine
* OCD is polygenic e.g. Taylor - as many as 230 genes - different variations contribute to different types of OCD

**Neural:*** abnormal levels of neurotransmitters e.g. low levels of serotonin – link to mood and anxiety/obsessive behaviours
* Piggott et al - drugs which increase level of serotonin are effective in treating patients with OCD

 |
| **AO3** | **P –** supporting evidence – Hu (2006)**E –** found serotonin levels were lower in OCD patients compared to non-sufferers**E –** supports link between low levels of serotonin and OCD however issues with causality as only associations are made**L –** Biochemical explanation limited – no firm conclusions made on whether serotonin causes OCD |
| **P –** perhaps stronger evidence for bio explanation comes from twin and family studies on genetics**E –** Nestadt – MZ 68% DZ 31%**E –** supports as concordance rates are higher for MZ (MZ share 100% DZ share 50%) however concordance for MZ never 100% - other factors must play a role.**L –** perhaps better explanation – diathesis-stress model |
| **P –** despite evidence – criticised for being biologically reductionist**E –** reducing complex behaviour, OCD, to genes/neurotransmitters**E –** e.g. doesn’t consider role of cognition or learning**L –** seen as an overly simplistic explanation |

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Using the guidance on the previous page, write up essay plans for the following essay questions:

**1. Outline and evaluate the behavioural approach to explaining phobias. (16 marks)**

**2.** Jack and Jill are discussing their eight-year-old daughter, Jemimah, who is refusing to go swimming for her friend’s ninth birthday party. Jack says: ‘Jemimah has a real fear of the water which she gets from you. Maybe I should go with her and wait outside the pool until she becomes more relaxed. After that, we could try sitting on the edge of the pool and watching the others. Hopefully, she might be encouraged and go in the swimming pool to join her friends’. Jill says: ‘No way, we don’t have time for that; I need to go to the supermarket! Let’s just drop her off and throw her in the pool; that will sort her out!’

**Outline and evaluate two behavioural treatments for phobias. Refer to Jack and Jill’s conversation in your answer. (16 marks)**

**3. Discuss Beck’s negative triad and Ellis’s ABC model to explaining depression (16 marks)**

**4. Outline and evaluate the cognitive approach to treating depression. (16 marks)**

**5. Outline and evaluate the biological approach to treating OCD. (16 marks)**

**Section 3 – Writing up essays with only your plans**

Write up the following essays in full with **only** your plans to help you.

***Remember you will be having a timed essay on one of these when you return in September***

**1. Outline and evaluate cognitive explanations of depression (16 marks)**

Two teachers were talking about their student, Benedict, who has recently been diagnosed with OCD. Cordelia said: ‘I wasn’t surprised really. I met Benedict’s mother Delilah at parents evening and she told me that Benedict’s father, Archibald, has OCD.’ ‘Oh my’, said Alasdair. ‘I had no idea. I thought OCD was a neural condition.’

**2. Discuss neural and genetic explanations for OCD and refer to Cordelia and Alasdair’s conversation in your answer. (16 marks)**

**3. Discuss the two-process model to explaining phobias (8 marks)**