

Mark schemes

Q1.

[AO1 = 6 AO3 = 10]

Level	Mark	Description
4	13-16	Knowledge of the cognitive approach to explaining 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 explaining 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 explaining 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	1-4	Knowledge of the cognitive approach to explaining 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:

- cognitive explanations suggest that some people are more vulnerable to depression because of the way they think
- Beck's theory – the negative triad (the self, the world and the future), negative self-schema that may be activated in childhood, faulty information processing, magnification/over-generalisation
- Ellis' theory – ABC model: activating event, irrational beliefs (musterbation, I-can't-stand-it-it is, utopianism, etc), consequence.

Possible discussion:

- use of evidence to support/contradict explanations, eg Clark and Beck (1999) – cognitive vulnerabilities preceded depression; Cohen et al (2019) – prospective study of adolescents
- application to treatment – theoretical basis of cognitive behaviour therapy
- depression may be more to do with social circumstances, eg extreme poverty, than negative cognitions
- Beck's theory more effective at explaining endogenous depression, Ellis' theory more applicable to reactive depression
- cognitive explanations tend to underplay the emotional aspects of the disorder

- reasoned comparison with alternative explanations of depression, eg neurochemical basis.

Credit other relevant material.

[16]

Q2.

[AO1 = 4 AO3 = 4]

Level	Marks	Description
4	7-8	Knowledge of cognitive behaviour therapy is accurate with some detail. Evaluation is effective. Minor detail and/or expansion is sometimes lacking. The answer is clear and coherent. Specialist terminology is used effectively.
3	5-6	Knowledge of cognitive behaviour therapy is evident but there are occasional inaccuracies/omissions. There is some effective evaluation. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	3-4	Limited knowledge of cognitive behaviour therapy is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-2	Knowledge of cognitive behaviour therapy is very limited. 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.

Possible content:

- knowledge of different types of CBT, eg Beck's cognitive therapy, Ellis's rational emotive behaviour therapy etc
- attempt to change/modify negative schema/irrational thoughts to alleviate the symptoms of depression
- 'Thought-catching' – identification of irrational thoughts
- diary records to monitor events and identify situations in which negative thinking occurs so these can be targeted
- challenge/dispute irrational thoughts through vigorous empirical and/or logical argument
- 'Patient as scientist' – generate hypotheses to test validity of irrational thoughts (reality testing)
- homework assignments to test the client's hypothesis/negative thinking and evaluate the evidence
- reinforcement of positive thoughts
- cognitive restructuring.

Possible evaluation:

- use of evidence to support or contradict the effectiveness of cognitive

- behaviour therapy, eg March et al
- attempts to address the underlying cause as it assumes the root cause is irrational thought processes
- success may be due to the therapist-patient relationship not CBT techniques
- requires commitment and motivation which may be a problem for depressed patients
- overemphasis on the patient's present circumstances and largely ignores past events
- may minimise the importance of the person's social circumstances
- relies on patient self-reporting their thoughts which may be unreliable and difficult to verify
- credit critical comparison with alternative treatments, eg antidepressants.

Credit other relevant material.

[8]

Q3.

[AO1 = 3 AO2 = 2 AO3 = 3]

Level	Marks	Description
4	7-8	Knowledge of the ABC model is accurate with some detail. 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	5-6	Knowledge of the ABC model is evident but there are occasional inaccuracies/omissions. There is some effective application and/or evaluation. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3-4	Limited knowledge of the ABC model is present. Focus is mainly on description. If application/evaluation is present it is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-2	Knowledge of the ABC model is very limited. If application/evaluation is present it 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:

- knowledge of the ABC model – activating event; beliefs, which are irrational; consequence – anxiety and depression
- examples of irrational beliefs, eg masturbation, utopianism.

Accept other valid points.

Possible application:

- activating event – dropping change at the till
- examples of irrational beliefs – ‘they all knew I was useless’, ‘no-one else does such stupid things’
- consequence – continued cycle of depression, eg I’ll never leave the house again.

Accept other valid points.

Possible evaluation:

- use of evidence to support/contradict the ABC model, eg Alloy et al
- practical application to therapy – REBT and the ABCDE model
- the link between cognitions and depression may be correlational, not causal
- the ABC model best describes reactive, rather than endogenous depression
- comparison with alternatives, eg Beck’s model, biological modes of depression.

Accept other valid points.

[8]

Q4.

[AO1 = 4]

Level	Marks	Description
2	3-4	Description of one cognitive explanation of depression is clear and has some detail. The answer is generally coherent with effective use of terminology.
1	1-2	Description of one cognitive explanation of depression is evident but lacks clarity and/or detail. The answer as a whole is not clearly expressed. Terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- 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
- focus of cognitive explanations is on how mental processes affect behaviour, in particular how generally negative or maladaptive biases in thinking lead to depression.

Credit other relevant content.

[4]

Q5.**[AO1 = 2]****2 marks** for a clear and coherent outline.**1 mark** for a limited/muddled outline.**Possible content:**

- rational confrontation; ABCDE model – D for dispute, E for effect (reduction of irrational thoughts); shame attacking exercises; empirical and logical argument (Ellis)
- patient as scientist; data gathering to test validity of irrational thoughts; reinforcement of positive beliefs (Beck).

Accept other valid points.

Simply naming a model e.g. ABCDE, with no elaboration, is not creditworthy.

[2]