4.6 Treating Phobias: Systematic Desensitisation and Flooding: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

At least four answers must be written in full sentences. Allow approximately 30 minutes for this pack.

1 Describe the flooding procedure for a phobia

(Total for Question 1 is 4 marks)

2 Construct a five-step anxiety hierarchy for a fear of flying

(Total for Question 2 is 4 marks)

3 Outline one empirical support and one limitation for systematic desensitisation

(Total for Question 3 is 4 marks)

4 Identify and explain two checks that relaxation skills have been learned

(Total for Question 4 is 4 marks)

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5 Explain a shared limitation of behavioural treatments and how to address it

(Total for Question 5 is 4 marks)

6 Identify and explain three ethical concerns with flooding for a lift phobia and how to manage them

(Total for Question 6 is 6 marks)

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Mark scheme · 4.6 Treating Phobias: Systematic Desensitisation and Flooding: 30-minute Pack

Question 1

describes immediate intense exposure to the phobic stimulus, usually in vivo but sometimes virtually, without gradual buildup oe	**M1**
explains exposure continues for a prolonged period until anxiety naturally decreases due to extinction or habituation oe	**A1**
states the therapist ensures safety, obtains informed consent beforehand and monitors the patient during the session oe	**A1**
identifies the intended outcome as extinction or new learning that the stimulus is not dangerous, reducing the conditioned fear response oe	**B1**

Answer: Flooding involves immediate, prolonged exposure to the feared stimulus, usually in vivo, until the person's anxiety naturally falls. The therapist obtains informed consent, ensures safety and monitors the client; the intended outcome is extinction or new learning that the stimulus is not dangerous.

Question 2

provides at least five ordered steps that progress from minimal to maximal anxiety related to flying oe	**M1**
includes realistic, concrete stimuli such as thinking about a flight, watching a plane take off, arriving at an airport, boarding a plane, and taking off oe	**A1**
sequence is logical, moving from least to most anxiety provoking oe	**A1**
contextual detail indicates relevance to Yusuf's severe fear of flying oe	**B1**

Answer: Example hierarchy for Yusuf, least to most: 1) Looking at pictures of planes or reading about flying. 2) Watching a short video of a plane taking off. 3) Visiting an airport and observing planes at a distance. 4) Sitting inside a stationary plane while on the ground. 5) Taking a short supervised flight or experiencing takeoff while flying.

Question 3

states an empirical finding supporting systematic desensitisation, for example studies showing reduced fear in participants after relaxation plus gradual exposure oe	**M1**
gives brief detail or hypothetical data, e.g. participants showed clinically significant reduction in avoidance behaviour or anxiety scores after treatment oe	**A1**
identifies a limitation of the evidence, e.g. many studies lack long-term follow-up or have small, non-representative samples oe	**M1**
explains why this matters, e.g. without long-term data we cannot be sure effects persist or generalise to real-world situations oe	**A1**

Answer: Support: research shows systematic desensitisation reduces fear and avoidance, for example clients often report lower anxiety scores and greater willingness to encounter the stimulus after treatment. Limitation: some studies have small or homogenous samples and limited long-term follow-up, so it is unclear whether benefits persist and generalise to all real-life contexts.

Question 4

identifies measure 1, e.g. behavioural rehearsal where Priya demonstrates relaxation techniques in the session oe	**M1**
explains importance: ensures technique can be applied under mild stress before pairing with exposure, increasing likelihood of reciprocal inhibition oe	**A1**
identifies measure 2, e.g. physiological measures such as reduced heart rate or breathing rate when using relaxation oe	**M1**
explains importance: objective evidence that physiological signs of anxiety are reduced, confirming the relaxation response is effective before exposure oe	**A1**

Answer: Possible checks: 1) behavioural rehearsal where Priya demonstrates relaxation during a mild stressor, showing she can use the technique when needed; this matters because it confirms she can apply relaxation in practice. 2) physiological measures such as a lowered heart rate or slower breathing during relaxation practice; this matters because it provides objective evidence the relaxation response is occurring and can inhibit anxiety during exposure.

Question 5

identifies a shared limitation, e.g. behavioural treatments focus on symptom reduction and may not address underlying cognitive factors or reasons for phobia maintenance oe	**M1**
explains why this is a limitation, e.g. without addressing cognitions the phobia might recur because maladaptive beliefs remain oe	**A1**
suggests a clinician approach, e.g. combine behavioural treatment with cognitive techniques such as cognitive restructuring or CBT components oe	**M1**
explains how this helps, e.g. targeting beliefs reduces relapse risk by changing how the patient interprets the stimulus and their coping strategies oe	**A1**

Answer: Shared limitation: both focus on reducing behavioural signs of fear and may not change underlying maladaptive beliefs. This matters because cognitive distortions could cause relapse. A clinician can combine behavioural exposure with cognitive techniques, for example adding cognitive restructuring or CBT elements, to change beliefs and reduce the chance of recurrence.

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Question 6

identifies ethical concern 1: risk of causing severe psychological harm or extreme distress during prolonged exposure oe	**M1**
explains management: thorough assessment, graded discussion of risks, offering alternative treatments, and establishing a clear stop signal and support during sessions oe	**A1**
identifies ethical concern 2: ensuring fully informed consent given the intensity and possible short-term worsening of symptoms oe	**M1**
explains management: provide full information about procedure, risks and likely course, obtain written consent, and confirm understanding before proceeding oe	**A1**
identifies a follow-up concern, e.g. right to withdraw or potential need for aftercare if distress continues oe	**M1**
explains management: ensure Erin knows she can stop at any time, arrange debriefing, and plan follow-up support or referral if needed oe	**A1**

Answer: Ethical concern 1: flooding may cause severe short-term psychological harm; manage this by assessing suitability, explaining risks, offering alternatives, and agreeing safety measures and a stop signal. Concern 2: obtaining fully informed consent given the intensity; manage this with full written information, discussion to confirm understanding and explicit consent. Also ensure the right to withdraw and arrange debriefing and follow-up support if distress continues.

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