4.6 Treating Phobias: Systematic Desensitisation and Flooding

AQA 7182 · about 70 minutes · Write-in edition

Total Marks

Name: _____ Date: ____ / ____ / _____

At least four answers must be written in full sentences. Allow approximately 70 minutes for this pack.

1 Compare cost and time implications of systematic desensitisation versus flooding

(Total for Question 1 is 4 marks)

2 Outline reciprocal inhibition in systematic desensitisation

(Total for Question 2 is 4 marks)

3 Describe the flooding procedure for a phobia

(Total for Question 3 is 4 marks)

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

(Total for Question 4 is 4 marks)

5 Outline one empirical support and one limitation for systematic desensitisation

(Total for Question 5 is 4 marks)

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

(Total for Question 6 is 4 marks)

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

(Total for Question 7 is 4 marks)

8 Discuss systematic desensitisation and flooding as treatments for phobias

(Total for Question 8 is 16 marks)

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

(Total for Question 9 is 6 marks)

10 Explain suitability and a contraindication for flooding

(Total for Question 10 is 4 marks)

Mark scheme · 4.6 Treating Phobias: Systematic Desensitisation and Flooding

Question 1

identifies flooding advantage: can be quicker and require fewer sessions, reducing therapist time and cost per patient oe	**M1**
explains why this saves cost/time, e.g. prolonged single-session exposure can extinguish fear rapidly compared with many gradual sessions oe	**A1**
identifies systematic desensitisation advantage: less distressing so fewer dropouts and better for patients who need gradual support oe	**M1**
explains why this may save time/cost indirectly, e.g. reduced dropout and better adherence can lead to fewer repeated or supplementary sessions overall oe	**A1**

Answer: Flooding advantage: can be faster and need fewer sessions, lowering direct therapy time and cost. Systematic desensitisation advantage: is less distressing and has lower dropout, which can reduce the need for repeat treatment and indirect costs of failed therapy.

Question 2

explains reciprocal inhibition as the principle that two opposing responses cannot occur at once, for example relaxation and anxiety oe	**M1**
applies it to a dog phobia by stating the patient is taught relaxation and exposed to dog stimuli so relaxation inhibits anxiety oe	**A1**
explains the mechanism: repeated pairing of relaxation with exposure weakens the association between the phobic stimulus and the fear response oe	**A1**
uses appropriate terminology such as anxiety, relaxation, inhibition and association oe	**B1**

Answer: Reciprocal inhibition is the idea that a person cannot be both relaxed and highly anxious at the same time. In treating a fear of dogs the patient is taught relaxation techniques and then gradually exposed to dog-related stimuli while relaxed, so the relaxation response inhibits the fear and repeated pairing weakens the fear association.

Question 3

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 4

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 5

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 6

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 7

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.

Question 8

Level 4 Knowledge of systematic desensitisation and flooding is accurate and detailed. Discussion is thorough and evaluative, comparing both treatments across procedure, mechanisms, effectiveness, suitability and ethics, using supporting and challenging evidence. Arguments are integrated and applied where relevant. The answer is well organised and uses appropriate technical terms. **13-16**

Level 3 Knowledge of the two treatments is good with some detail. Discussion compares key aspects and contains evaluative points and relevant evidence, though some points may be less developed. Application and organisation are clear and specialist terms are used appropriately. **9-12**

Level 2 Knowledge is present but limited or partially accurate. Discussion includes some comparison and evaluation, but coverage is superficial or unbalanced. Use of evidence and application is limited. The answer may lack coherence in places and technical terms are used inconsistently. **5-8**

Level 1 Knowledge is minimal with little accurate detail. Discussion is descriptive or lists features without meaningful comparison or evaluation. Little or no evidence used. Answer lacks structure and specialist terminology is mostly absent or misused. **1-4**

Level 0 No creditable content. **0**

Indicative content:

- AO1: Systematic desensitisation procedure: relaxation training, construction of an anxiety/fear hierarchy, and graduated exposure in vivo or in vitro. Reciprocal inhibition explains how relaxation inhibits anxiety.
- AO1: Flooding procedure: immediate, prolonged exposure to the feared stimulus until anxiety decreases through extinction or habituation. Informed consent and safety are critical due to intensity.
- AO1: Mechanisms: both aim to break the learned association between stimulus and fear; systematic desensitisation uses counterconditioning via relaxation, flooding uses extinction via prolonged exposure.
- AO2: Practical differences: SD is gradual and may be less distressing and more acceptable; flooding is quicker but more intense. SD allows more therapist control and may suit patients who need stepwise progress, flooding may suit motivated patients without comorbidities and where rapid change is desired.
- AO3: Effectiveness evidence: many studies find behavioural exposure treatments reduce phobic symptoms. Some evidence suggests both can be effective, with flooding often producing rapid symptom reduction and SD producing good outcomes with lower dropout. Limitations of evidence include variable follow-up periods and sample sizes.
- AO3: Suitability: flooding may be inappropriate for patients with cardiovascular problems, severe anxiety or low motivation. SD is more flexible and can be adapted with imaginal exposure where in vivo is impractical.
- AO3: Ethical issues: flooding raises concerns about inducing extreme distress and requires thorough informed consent and safety measures. SD is considered more ethical for many patients because it reduces distress progressively, though both require consent and monitoring.
- AO3: Integration and clinical practice: combining exposure with cognitive techniques (CBT) can address beliefs and reduce relapse; choice of treatment should consider patient preference, severity, comorbidity, and practicality.
- AO3: Concluding judgement might weigh that SD is typically preferred due to acceptability and lower dropout, while flooding can be justified in carefully selected cases where rapid change is needed and risks are managed.

Question 9

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.

Question 10

explains suitability: flooding can be faster and effective where the phobic response extinguishes quickly with prolonged exposure, making it efficient for some simple phobias oe	**M1**
explains why: immediate and intense exposure can lead to rapid extinction or habituation, reducing number of sessions and cost oe	**A1**
identifies an inappropriate circumstance, e.g. when the patient has a comorbid health condition, high baseline anxiety, or when the phobia involves a real danger oe	**M1**
explains why inappropriate: intense exposure could cause excessive distress or physical risk, so flooding would be unsafe or unethical in these cases oe	**A1**

Answer: Flooding may be more suitable where rapid reduction of fear is possible, because prolonged exposure can produce quick extinction and reduce the number of sessions. It is inappropriate when the patient has serious health problems, very high baseline anxiety, or when the feared stimulus could be dangerous, since the intensity of flooding could cause harm or be unethical.