PSY.PSYP6 Treating Phobias: Systematic Desensitisation and Flooding

Total Marks

AQA 7182 · Calculators not allowed · about 60 minutes

Name: _____ Date: ____ / ____ / _____

At least four answers must be written in full sentences. Allow approximately 60 minutes for this pack.

1 Outline what is meant by systematic desensitisation as a behavioural treatment for a phobia, naming its three main components in the procedure and indicating whether exposure is usually in vivo or in vitro.

Outline systematic desensitisation and its three main components

(Total for Question 1 is 3 marks)

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2 Outline the role of reciprocal inhibition in systematic desensitisation when treating a specific phobia such as a fear of dogs. Explain briefly why reciprocal inhibition helps reduce the fear response.

Outline reciprocal inhibition in systematic desensitisation

(Total for Question 2 is 4 marks)

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3 Describe the typical procedure of flooding as a behavioural treatment for a specific phobia, including what happens during a session, how long exposure continues, and the intended learning outcome.

Describe the flooding procedure for a phobia

(Total for Question 3 is 4 marks)

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4 Explain one advantage of using in vivo exposure rather than in vitro (imaginal) exposure in systematic desensitisation for a phobia of spiders, and state one limitation of in vivo exposure for some patients.

Explain an advantage and a limitation of in vivo exposure for arachnophobia

(Total for Question 4 is 4 marks)

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5 Construct an anxiety hierarchy for a named original scenario: Yusuf has a severe phobia of flying that causes panic at the thought of boarding a plane. Write five steps in his fear hierarchy from least to most anxiety provoking, suitable for use in systematic desensitisation. Each step should be a concrete, ordered stimulus.

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

(Total for Question 5 is 4 marks)

6 A therapist suggests flooding for Erin, who has a specific phobia of enclosed lifts. Identify two ethical concerns with using flooding in Erin's case, and explain how each concern could be managed by the therapist prior to treatment. Refer to consent and protection from harm.

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

(Total for Question 6 is 6 marks)

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7 Outline evidence for the effectiveness of systematic desensitisation in treating phobias, giving one empirical finding and one limitation of the evidence.

Outline one empirical support and one limitation for systematic desensitisation

(Total for Question 7 is 4 marks)

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8 Explain why flooding may be more suitable than systematic desensitisation for certain kinds of phobia, and give one circumstance in which flooding is likely to be inappropriate.

Explain suitability and a contraindication for flooding

(Total for Question 8 is 4 marks)

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9 Priya has a social phobia of giving speeches. The therapist uses systematic desensitisation including relaxation training. Identify two measures the therapist might use to check whether relaxation skills have been learned before starting exposure, and explain why each measure matters.

Identify and explain two checks that relaxation skills have been learned

(Total for Question 9 is 4 marks)

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10 Compare the likely cost and time implications for a clinic choosing between offering systematic desensitisation and flooding as standard treatments for simple animal phobias. Give one cost or time advantage for each treatment.

Compare cost and time implications of systematic desensitisation versus flooding

(Total for Question 10 is 4 marks)

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11 A researcher evaluates long-term outcomes of phobia treatments by following two matched groups for 12 months: one group received systematic desensitisation for snake phobia, the other flooding. State one measure the researcher could use to compare effectiveness at 12 months, and explain how this measure would be operationalised in the study.

State and operationalise one long-term outcome measure for phobia treatment

(Total for Question 11 is 6 marks)

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12 Explain one limitation of both systematic desensitisation and flooding that is common to behavioural treatments for phobias, and suggest how a clinician might address this limitation in practice.

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

13 Discuss systematic desensitisation and flooding as treatments for phobias. In your answer compare procedures, mechanisms of change, effectiveness, suitability for different patients and ethical considerations. Use evidence where appropriate.

Discuss systematic desensitisation and flooding as treatments for phobias

(Total for Question 13 is 16 marks)

Mark scheme · PSY.PSYP6 Treating Phobias: Systematic Desensitisation and Flooding

Question 1

- **B1** states systematic desensitisation is a behavioural therapy using graduated exposure paired with relaxation to reduce phobic anxiety oe
- **B1** identifies three components: relaxation training, an anxiety/fear hierarchy, and graduated exposure oe
- **B1** notes exposure may be in vivo or in vitro (imaginal) as appropriate oe
- **Answer: Systematic desensitisation is a behavioural therapy that reduces phobic anxiety by pairing relaxation with gradual exposure. Its three main components are relaxation training, constructing an anxiety hierarchy, and graduated exposure which can be carried out in vivo or in vitro.**

Question 2

- **M1** explains reciprocal inhibition as the principle that two opposing responses cannot occur at once, for example relaxation and anxiety oe
- **A1** 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
- **B1** uses appropriate terminology such as anxiety, relaxation, inhibition and association oe
- **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

- **M1** describes immediate intense exposure to the phobic stimulus, usually in vivo but sometimes virtually, without gradual buildup oe
- **A1** 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
- **B1** identifies the intended outcome as extinction or new learning that the stimulus is not dangerous, reducing the conditioned fear response oe
- **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

- **M1** identifies an advantage, e.g. in vivo provides real sensory experience so is more realistic and has higher ecological validity oe
- **A1** explains the advantage, e.g. more realistic exposure is likely to produce stronger extinction and better generalisation to real-life encounters with spiders oe
- **M1** identifies a limitation, e.g. in vivo may be too distressing for some patients or not feasible if stimulus is rare or dangerous oe
- **A1** explains the limitation, e.g. severe distress may lead to dropout or refusal, and for some phobias ethical/safety reasons make in vivo impractical oe
- **Answer: Advantage: in vivo exposure is more realistic and has greater ecological validity, so extinction is likely to generalise better to real situations. Limitation: it can be too distressing or unsafe for some patients, leading to dropout or being impractical for rare or dangerous stimuli.**

Question 5

- **M1** provides at least five ordered steps that progress from minimal to maximal anxiety related to flying oe
- **A1** 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
- **B1** contextual detail indicates relevance to Yusuf's severe fear of flying oe
- **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 6

- **M1** identifies ethical concern 1: risk of causing severe psychological harm or extreme distress during prolonged exposure oe
- **A1** explains management: thorough assessment, graded discussion of risks, offering alternative treatments, and establishing a clear stop signal and support during sessions oe
- **M1** identifies ethical concern 2: ensuring fully informed consent given the intensity and possible short-term worsening of symptoms oe
- **A1** explains management: provide full information about procedure, risks and likely course, obtain written consent, and confirm understanding before proceeding oe
- **M1** identifies a follow-up concern, e.g. right to withdraw or potential need for aftercare if distress continues oe
- **A1** explains management: ensure Erin knows she can stop at any time, arrange debriefing, and plan follow-up support or referral if needed oe
- **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 7

- **M1** states an empirical finding supporting systematic desensitisation, for example studies showing reduced fear in participants after relaxation plus gradual exposure oe
- **A1** gives brief detail or hypothetical data, e.g. participants showed clinically significant reduction in avoidance behaviour or anxiety scores after treatment oe
- **M1** identifies a limitation of the evidence, e.g. many studies lack long-term follow-up or have small, non-representative samples oe
- **A1** explains why this matters, e.g. without long-term data we cannot be sure effects persist or generalise to real-world situations oe
- **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 8

- **M1** 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
- **A1** explains why: immediate and intense exposure can lead to rapid extinction or habituation, reducing number of sessions and cost oe
- **M1** 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
- **A1** explains why inappropriate: intense exposure could cause excessive distress or physical risk, so flooding would be unsafe or unethical in these cases oe
- **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**

Question 9

- **M1** identifies measure 1, e.g. behavioural rehearsal where Priya demonstrates relaxation techniques in the session oe
- **A1** explains importance: ensures technique can be applied under mild stress before pairing with exposure, increasing likelihood of reciprocal inhibition oe
- **M1** identifies measure 2, e.g. physiological measures such as reduced heart rate or breathing rate when using relaxation oe
- **A1** explains importance: objective evidence that physiological signs of anxiety are reduced, confirming the relaxation response is effective before exposure oe
- **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 10

- **M1** identifies flooding advantage: can be quicker and require fewer sessions, reducing therapist time and cost per patient oe
- **A1** explains why this saves cost/time, e.g. prolonged single-session exposure can extinguish fear rapidly compared with many gradual sessions oe
- **M1** identifies systematic desensitisation advantage: less distressing so fewer dropouts and better for patients who need gradual support oe
- **A1** 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
- **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 11

- **M1** states a suitable measure, e.g. behavioural approach task (BAT) measuring how close a participant will get to a live snake oe
- **A1** operationalises the BAT, e.g. a standardised ladder of steps from entering the room to touching the snake with clear scoring for each step oe
- **M1** gives a second suitable measure, e.g. self-report anxiety scale with validated questionnaire scores oe
- **A1** operationalises the questionnaire, e.g. using a 0 to 40 scale with higher scores indicating greater fear and administration at baseline and 12 months oe
- **M1** explains reliability or standardisation, e.g. using the same BAT procedure and same validated questionnaire for both groups to allow direct comparison oe
- **A1** explains why this matters, e.g. consistent measures reduce measurement bias and allow statistical comparison of long-term effectiveness oe
- **Answer: Measure example: a behavioural approach task (BAT) recording how many standardised steps a participant will complete towards a live snake, operationalised as a ladder from entering the room to touching the snake with scored steps. A second measure could be a validated self-report anxiety scale scored 0 to 40, administered at baseline and 12 months. Using standardised BAT procedures and the same questionnaire for both groups ensures reliable, comparable long-term outcome data.**

Question 12

- **M1** 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
- **A1** explains why this is a limitation, e.g. without addressing cognitions the phobia might recur because maladaptive beliefs remain oe
- **M1** suggests a clinician approach, e.g. combine behavioural treatment with cognitive techniques such as cognitive restructuring or CBT components oe
- **A1** explains how this helps, e.g. targeting beliefs reduces relapse risk by changing how the patient interprets the stimulus and their coping strategies oe
- **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**

Question 13

- **Level 4** (13-16): 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.
- **Level 3** (9-12): 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.
- **Level 2** (5-8): 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.
- **Level 1** (1-4): 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.
- **Level 0** (0): No creditable content.
- **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.