4.7 The Cognitive Approach to Depression: Beck, Ellis and CBT: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Ellis's ABC model explains how an Activating event leads to emotional Consequences via Beliefs. State what A, B and C stand for and give a brief original example linking an activating event to an irrational belief and the emotional consequence.

(Total for Question 1 is 4 marks)

2 Explain one major methodological limitation of cognitive explanations of depression concerning cause and effect, and give one way researchers could address this limitation.

(Total for Question 2 is 4 marks)

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3 Discuss cognitive explanations and/or the cognitive approach to treating depression. Refer to Beck, Ellis and CBT and include evidence and evaluation where appropriate.

(Total for Question 3 is 16 marks)

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Mark scheme · 4.7 The Cognitive Approach to Depression: Beck, Ellis and CBT: 30-minute Pack

Question 1

A: Activating event, an external trigger such as a setback or rejection oe — **M1**

B: Beliefs, the persons interpretation, which may be irrational or rational oe — **M1**

C: Consequences, the emotional and behavioural outcomes that follow the belief oe — **M1**

gives a coherent mini-example linking A, B and C, e.g. being criticised at work (A) -> 'I must be perfect or Im worthless' (B) -> depressed mood and avoidance (C) oe — **A1**

Answer: A = Activating event, an external trigger. B = Beliefs, the interpretation often irrational. C = Consequences, emotional and behavioural outcomes. Example: being criticised at work (A) -> 'I must be perfect or Im worthless' (B) -> feelings of hopelessness and withdrawal (C).

Question 2

identifies the limitation: it is unclear whether negative thinking causes depression or is a consequence of it, so direction of causality is ambiguous oe — **M1**

explains why this matters, e.g. interventions targeting cognition may treat a symptom rather than the cause, limiting explanatory power oe — **A1**

suggests a research method to address it, e.g. longitudinal studies tracking cognition before onset, or experimental manipulation of cognition to test causal effects oe — **M1**

explains how this would help, e.g. longitudinal designs can show whether negative cognitions precede depressive episodes, supporting a causal role oe — **A1**

Answer: Limitation: the direction of causality is ambiguous, since negative thinking may be a symptom rather than a cause. Researchers can use longitudinal studies or experimental manipulation of beliefs to test whether cognitive changes precede or produce mood changes, clarifying causality.

Question 3

Level 4 Knowledge of cognitive explanations and treatments is accurate and detailed. Discussion and evaluation are thorough and well balanced, showing clear understanding of Beck and Ellis and CBT, and integrating empirical evidence and methodological critique. There is clear, sustained argument and effective use of relevant terminology and application. — **13-16**

Level 3 Knowledge is clear with good detail. Discussion and evaluation are relevant and mostly balanced, but may lack depth in places. Some integration of evidence and theory is present, and terminology is used appropriately. — **9-12**

Level 2 Knowledge is present but limited. Evaluation is superficial or one-sided. Application or use of evidence is limited. Terminology may be used inconsistently and arguments may be organised but not developed. — **5-8**

Level 1 Knowledge is very limited. Little or no relevant evaluation. Answers may be fragmented or list-like and lack clarity in argument and use of terminology. — **1-4**

Level 0 No creditworthy material. — **0**

Indicative content:

- AO1: Beck's cognitive explanation includes the cognitive triad of negative views of the self, the world and the future, negative self-schemas and cognitive distortions such as overgeneralisation and catastrophising.
- AO1: Ellis's ABC model explains emotional consequences as arising from irrational beliefs after an activating event, with musturbatory beliefs such as 'I must be loved/approved by everyone'.
- AO1: CBT aims to identify and challenge negative automatic thoughts and dysfunctional schema, using techniques such as behavioural experiments, Socratic questioning, empirical and logical disputation (Ellis) and behavioural activation.
- AO2: Apply theory to example situations, showing how Beck explains biased information processing and how Ellis links specific irrational beliefs to depressive consequences; show how CBT intervenes to alter thinking and behaviour.
- AO3: Evaluate empirical support for cognitive models, including evidence from randomised controlled trials that CBT reduces symptoms and from experimental or longitudinal studies that examine cognitive predictors of depression.
- AO3: Consider methodological limitations such as the direction of causality problem, reliance on self-report measures, and potential therapist effects in CBT outcomes.
- AO3: Consider alternative explanations, notably biological factors like genetic vulnerability and neurotransmitter changes, and evidence that combined drug and psychological treatments can be effective.
- AO3: Practical implications and ethical issues, for example CBTs practical value, accessibility, training needs, and whether focusing on cognition may blame the patient for their thinking.
- AO3: A balanced conclusion that weighs theoretical contribution, clinical utility and limitations, suggesting integration with biological approaches and need for further causal research.

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