PSY.PSYP7 The Cognitive Approach to Depression: Beck, Ellis and CBT

Total Marks

AQA 7182 · Calculators not allowed · about 80 minutes

Name: _____ Date: ____ / ____ / _____

Answer ALL questions. Show all your working.

1 Outline Beck's cognitive triad as it is used to explain depression, naming the three elements of the triad and stating how they interact in maintaining depression.

(Total for Question 1 is 2 marks)

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2 Explain what is meant by a negative self-schema in Beck's cognitive explanation of depression, and how a negative self-schema affects information processing about the self.

(Total for Question 2 is 4 marks)

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3 Outline two cognitive distortions commonly associated with depression, for example overgeneralisation and catastrophising. Define each and explain briefly how each could help maintain depressive thinking.

(Total for Question 3 is 4 marks)

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4 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 4 is 4 marks)

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5 Using Ellis's ABC model, apply the theory to the scenario below.

Prompt: Amelia is turned down for promotion at work. She thinks to herself, 'If I dont get promoted I am a complete failure and everyone will think less of me.' She avoids her colleagues and stops applying for new roles.

Part (a): Identify the Activating event (A), state a plausible irrational belief (B) in Ellis's terms that Amelia could hold about the event, and explain how that belief leads to the emotional and behavioural Consequences shown (C).

(Total for Question 5 is 6 marks)

6 Outline the main components of cognitive behaviour therapy (CBT) as applied to treating depression, including identification and challenging of negative thoughts and schema, Ellis's empirical and logical arguments, and behavioural activation.

(Total for Question 6 is 6 marks)

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7 Outline what is meant by behavioural activation within CBT for depression and give one specific example of a behavioural activation task a therapist might set for a client.

(Total for Question 7 is 4 marks)

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8 Outline one piece of empirical evidence that supports the effectiveness of CBT for treating depression. State the study or type of evidence and explain briefly how it supports CBT.

(Total for Question 8 is 4 marks)

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9 Explain two practical advantages of CBT as a treatment for depression compared with drug therapy.

(Total for Question 9 is 4 marks)

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10 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 10 is 4 marks)

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11 Explain how the cognitive approach to depression may neglect biological factors, and describe one piece of evidence that supports a biological contribution to depression which the cognitive approach must integrate or accommodate.

(Total for Question 11 is 4 marks)

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12 Discuss cognitive explanations and/or the cognitive approach to treating depression. In your answer refer to Beck, Ellis and CBT and include evidence and evaluation where appropriate.

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(Total for Question 12 is 16 marks)

Mark scheme · PSY.PSYP7 The Cognitive Approach to Depression: Beck, Ellis and CBT

Question 1

- **B1** names the three elements: negative view of the self, the world, and the future oe
- **B1** states that these negative views interact to reinforce each other and help maintain depressed mood oe
- **Answer: The cognitive triad comprises negative views of the self, the world, and the future; these interact so each negative belief reinforces the others and helps maintain depression.**

Question 2

- **M1** defines schema as a cognitive framework that organises knowledge and expectations oe
- **A1** applies this to a negative self-schema: a stable set of negative beliefs about oneself oe
- **A1** explains that a negative self-schema causes biased processing, attending to negative information and ignoring positive information oe
- **A1** explains that this biased processing maintains negative self-beliefs and low self-esteem over time oe
- **Answer: A schema is a cognitive framework; a negative self-schema is a stable set of negative beliefs about the self that leads to biased processing, so negative information is noticed and positive information discounted, which helps maintain depressive thinking.**

Question 3

- **M1** names and defines one distortion correctly, e.g. overgeneralisation: drawing a broad, negative conclusion from a single event oe
- **M1** names and defines a second distortion correctly, e.g. catastrophising: expecting the worst possible outcome from a minor setback oe
- **A1** explains how one distortion biases thinking to maintain depression, e.g. overgeneralisation makes one see failure everywhere oe
- **A1** explains how the other distortion biases thinking to maintain depression, e.g. catastrophising increases hopelessness by exaggerating future threat oe
- **Answer: Overgeneralisation is taking one negative event as evidence of a general pattern, so a single failure is seen as proof of overall inability. Catastrophising is imagining the worst outcome from a problem, increasing hopelessness. Both distortions bias thinking towards negativity and help maintain depression.**

Question 4

- **M1** 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
- **A1** 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
- **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 5

- **M1** identifies the Activating event correctly as being turned down for promotion (A) cao
- **M1** states a plausible irrational belief in Ellis terms, for example musturbatory belief such as 'I must be promoted or Im worthless' or 'If Im not promoted everyone will think less of me' oe
- **M1** links the irrational belief to an emotional consequence, e.g. feeling depressed, worthless or anxious oe
- **A1** explains how the belief causes the shown behavioural consequence: avoidance of colleagues and stopping applications as a result of feeling worthless or fearing negative evaluation oe
- **A1** notes that the belief, being irrational, magnifies the event and maintains the negative consequences beyond what the event alone would cause oe
- **A1** uses wording from the scenario to show specific application, e.g. connects 'everyone will think less of me' to social withdrawal and reduced job-seeking oe
- **Answer: A = turned down for promotion. B = irrational musturbatory belief such as 'If I dont get promoted Im a complete failure and everyone will think less of me'. C = emotional consequence: feeling worthless/depressed and behavioural consequence: avoiding colleagues and stopping applying for roles. The irrational belief exaggerates the meaning of the event and directly produces withdrawal and reduced job-seeking.**

Question 6

- **M1** identifies identification of negative automatic thoughts and negative schema as a CBT component oe
- **M1** explains challenging/disputing irrational beliefs, including Ellis techniques using empirical and logical argument oe
- **M1** identifies behavioural activation as encouraging activity to counter withdrawal and increase positive reinforcement oe
- **A1** explains how empirical argument works, e.g. asking for evidence for the belief and testing it against reality oe
- **A1** explains how logical argument works, e.g. showing beliefs are inconsistent or illogical and reframing them oe
- **A1** explains that CBT is collaborative and time-limited and integrates cognitive and behavioural techniques to reduce symptoms and prevent relapse oe
- **Answer: CBT involves identifying negative automatic thoughts and underlying negative schema, then challenging irrational beliefs using empirical argument (testing evidence) and logical argument (showing inconsistencies), plus behavioural activation to increase activity and positive reinforcement. It is a collaborative, time-limited therapy combining cognitive restructuring with behavioural change.**

Question 7

- **M1** defines behavioural activation as encouraging patients to engage in activities to increase contact with positive reinforcement and reduce avoidance oe
- **A1** explains why this helps, e.g. breaks the cycle of withdrawal and improves mood through activity and mastery oe
- **M1** gives a specific example of a task, e.g. activity scheduling such as arranging daily walks, meeting a friend once a week, or graded homework to re-engage with hobbies oe
- **A1** links the example to outcome, e.g. increasing pleasant activities to improve mood and provide evidence against negative beliefs oe
- **Answer: Behavioural activation means encouraging clients to re-engage in rewarding activities to counter withdrawal. Example task: an activity schedule with graded goals, such as starting with a 10-minute walk three times a week, increasing social contact and providing mastery experiences to improve mood.**

Question 8

- **M1** identifies relevant empirical evidence e.g. randomised controlled trials showing CBT reduces depressive symptoms compared with no treatment or with medication in some studies oe
- **A1** explains the finding, e.g. participants receiving CBT show greater symptom reduction or lower relapse rates than controls oe
- **M1** states why this supports CBT, e.g. demonstrates that changing cognition and behaviour can reduce depression and has practical clinical benefit oe
- **A1** notes any caveat such as variability between studies or the role of therapist competence affecting outcomes oe
- **Answer: Randomised controlled trials have found CBT leads to greater reductions in depressive symptoms than waiting-list controls and comparable outcomes to antidepressant medication, supporting CBT as an effective treatment. However, outcomes vary by study and depend on therapist skill and adherence.**

Question 9

- **M1** identifies one practical advantage, e.g. CBT provides patients with coping skills and techniques that can reduce relapse risk oe
- **A1** explains why this matters, e.g. skills learned can be used after therapy ends, giving longer-term benefits beyond symptom suppression oe
- **M1** identifies a second practical advantage, e.g. CBT has no pharmacological side effects and may be preferred when medication is contraindicated oe
- **A1** explains the consequence, e.g. avoids issues of drug interactions, side effects and patient non-adherence to medication regimes oe
- **Answer: CBT teaches coping skills that reduce relapse risk and can be used after therapy ends, providing longer-term benefit. CBT also avoids drug side effects and interaction problems, making it suitable when medication is contraindicated or not preferred.**

Question 10

- **M1** identifies the limitation: it is unclear whether negative thinking causes depression or is a consequence of it, so direction of causality is ambiguous oe
- **A1** explains why this matters, e.g. interventions targeting cognition may treat a symptom rather than the cause, limiting explanatory power oe
- **M1** 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
- **A1** explains how this would help, e.g. longitudinal designs can show whether negative cognitions precede depressive episodes, supporting a causal role oe
- **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 11

- **M1** explains the neglect: cognitive models focus on thoughts and beliefs and may underplay genetic, neurochemical or neurobiological influences on mood oe
- **A1** explains why this is a problem, e.g. treatments addressing cognition alone may be less effective for cases with strong biological drivers oe
- **M1** gives supporting biological evidence, e.g. family and twin studies showing heritability of depression or findings that antidepressant drugs alter serotonin levels and reduce symptoms oe
- **A1** links the evidence back, e.g. such findings suggest cognitive models should consider biological vulnerabilities and that combined treatments may be needed oe
- **Answer: The cognitive approach can underplay genetic and neurochemical factors by concentrating on thoughts. Twin studies showing heritability and research showing antidepressants altering neurotransmitter function and reducing symptoms indicate biological contributions. Cognitive models should therefore accommodate biological vulnerabilities and support combined treatments when appropriate.**

Question 12

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