Psychology Bridging Work

Year 10 into 11 for 2023/24

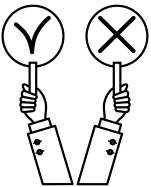Name: _____

Tutor Group: _____

Teacher: _____

Y10 BRIDGING WORK

PSYCHOLOGICAL PROBLEMS

PSYCHOLOGICAL PROBLEMS

This topic includes looking at 2 different mental health problems: depression and addiction. You will look at what the symptoms are, what causes them and how to treat them.

Psychological Problems Checklist:

Key:

☑=	Task – complete everything, unless otherwise stated
	Exam Questions – complete all unless otherwise stated
	Evaluation – Bronze = identify Strengths and Weaknesses, Silver = explanations Gold = add a key term in

*A mental health problem is a form of psychological problem where the **symptoms affect your mind and behaviour** – they affect how you think, how you feel, how you behave or how you relate to other people.*

Mind (2016) found that approximately 25% of people will suffer from a mental health problem each year.

Unipolar Depression:

☑=

Unipolar depression is a type of _____ disorder causing periods of feeling sad and lacking _____ to do everyday activities.

According to the World Health Organisation (WHO), approximately 1 in _____ people will suffer from an episode of serious depression every _____. It affects twice as many _____ as men, and seems to affect women for longer than it does for men.

The _____ of each mental health problem and how they should be _____ are listed in the International Classification of Diseases version 10 (ICD-10).

Key Terms: *mood, diagnosed, motivation, 15, symptoms, year, women*

Symptoms of Depression:

Task: *Match the symptoms in the **table above**, to the quotes below (either colour code or number)*

Lowering of mood	Lack of energy even after resting for a long time	Lack of motivation to do everyday activities	Feeling suicidal or attempting to commit suicide	Not enjoying activities that they used to enjoy	Poor sleep
Extreme tiredness that is not relieved by sleep	Poor appetite or an increase in normal appetite	Lack of self-esteem	Feelings of guilt or blaming themselves for problems	Acting nervously or feeling like their behaviour has slowed down	

Quotes:

"Will I ever get to sleep? I roam around the house at night watching the hours pass."	*"I'm tired all the time. I just can't seem to drag myself out of bed each morning."*
"I feel like I'm walking through my life in slow motion."	*"I feel so trapped within myself. Suicide seems like the only option."*
"Even when I've had a good night's sleep, I just can't be bothered to do a lot. It's like I have no energy…ever"	*"Meal times are terrible. I stare at the food in front of me but cannot bring myself to eat."*
"I just feel really empty, as if there is nothing inside of me. I'm so unhappy."	*"My parents have just split up – I know it's my fault. I'm so sad all the time and they just couldn't handle it."*
"I used to love shopping with my friends, but I just can't be bothered anymore."	*"I don't seem to have any enthusiasm anymore. I haven't cleaned my house in weeks; I just can't be bothered."*
"I'm really unlikeable. I have no friends, only people who tolerate me. It's understandable nobody wishes to be with me; I'm dull and talentless."	***Challenge:*** *write your own quote for a symptom…*

Application Practice:
Task: *read through the scenarios below and **highlight and annotate** the different **symptoms** of depression.*

My name is Rosy and I am 18 years old. For the last few months, I have felt really down. My parents have just split up, and I'm pretty sure it's my fault. I've been trying to get a job and haven't been successful so I'm clearly not a good enough daughter as I can't earn any money and contribute. I'm not sleeping well which isn't helping me at interviews. I'm hungry all of the time, and because I'm not playing netball like I used to, I'm gaining weight. I used to love netball, but I just don't enjoy it anymore. I'm struggling to get up in the morning and shower; the effort it takes is just too much.

Incidence of Depression over Time:
TASK: *You need to know TWO statistics about how many people have been diagnosed with depression over time. Highlight and learn the 2 statistics below:*

- There is evidence that more people are diagnosed with depression today than in the past. Seligman (1988) reported that in the 1980s people were 10 times more likely to be diagnosed with depression than they were in the 1940s.
- Teenagers and young adults have seen a large increase in depression diagnoses. Twenge et al. (2010) found that young adults in 2007 were significantly more likely to be diagnosed with depression than they were in 1938.This could suggest that modern life for this age group is particularly stressful.

How depression affects individuals and society:

TASK: *You need to know TWO ways depression affects an individual and TWO ways it affects society as a whole. For each point, identify whether its affecting individuals or society:*

Individual or Society?	Statement:
	Increased risk of suicide – the feelings of worthlessness and sadness in depression can make people feel as if they need a 'way out.' If they think that other people will not care if they are around or not, then suicide might feel like their only option. 10-15% of patients with severe depression will commit suicide.
	Work places – the Health and Safety Executive estimated that in 204-15, 9.9 million days of work were missed because of stress, depression or anxiety associated with work. There are cost implications for the company employing people with depression as they have to cover their workload.
	NHS – more people are being diagnosed with depression, meaning that more people require treatment. Antidepressant drugs can be prescribed, but these are expensive. Other therapies (e.g. counselling) can also be offered, but therapists need to be trained and made available. Figures from 2007 estimate that treatment for patients with depression cost the NHS £1.7 billion in hat year alone. This could put a strain on services provided by the NHS.
	Friendship and relationship problems – the lack of motivation to do everyday activities and not enjoying activities that they used to like doing can impact people with depression's friendships. They may be invited to activities but not go, and friendships may fade because of this. This also applies to their romantic relationships, including their sex life. This could increase their feelings of worthlessness and sadness mentioned above and so contribute to feeling suicidal.

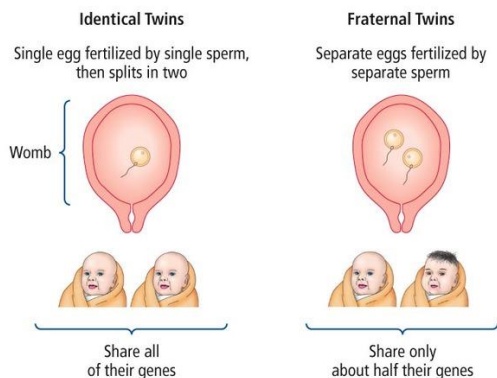**CHALLENGE - Features of Depression:**

Task: If you would like to challenge yourself, you could learn the table below which looks at how severe symptoms are. Have a think about how this table might be used medically.

Episode of depression:	Number of symptoms:	Features:
Mild	4	A patient may find their symptoms upsetting, but whey will probably be able to carry on with most day-to-day activities.
Moderate	5-6	A patient might have serious problems doing day-to-day activities, such as going to work or school.
Severe	7 or more, plus general feelings of worthlessness	A patient may have suicidal thoughts or engage in self-harm to cope with their feelings.

Genetic Explanation for Depression:

TASK: *fill in the gaps below, make sure you are comfortable with using the terms monozygotic and dizygotic to refer to identical and non-identical twins, as you need to know these for the exam.*

Identical Twins
Single egg fertilized by single sperm, then splits in two

Womb

Share all of their genes

Fraternal Twins
Separate eggs fertilized by separate sperm

Share only about half their genes

There is evidence that if someone in your family has been diagnosed with unipolar depression, there is a higher risk of you developing depression too. A recent study by Hyde et al. (2016) shows that there are 17 different _____ associated with depression.

_____ studies are often used to study the influence of genes. Identical twins (_____) share 100% of the same genes, while non-identical/fraternal twins (_____) only share 50%.

Psychologists study monozygotic and dizygotic twins where one of them is depressed. They then see how often the other twin also develops depression. If depression is _____, we would expect more of the monozygotic twins to _____ have depression compared to dizygotic twins because monozygotic twins share more genes.

McGuffin et al. (1996) found that if one _____ twin became depressed, there was a _____% chance that their co-twin would also develop depression. However, if a dizygotic twin became depressed, there was only a _____% chance that the other twin would also develop depression.

Not all family members who are related to someone who has depression, go on to become depressed themselves. This suggests there is a _____ _____ to becoming depressed. This means that there is a gene with can increase the chance of you become depressed. However, only if you have the environmental trigger such as a stressful life event, will you actually become depressed. This theory is known as the _____ _____ model.

Key Terms: *both, twin, dizygotic, genetic, predisposition, diathesis-stress, monozygotic, genes, monozygotic, 46.*

TASK: *summarise the information on genetic explanation of depression into two clear sentences below:*

_____

_____

_____

_____

Evaluation of the Genetic Explanation:

Strength or weakness?	Evaluation point	Explanation – why is this a strength/weakness?
	McGuffin et al. (1996) found that if one monozygotic twin became depressed, there was a 46% chance that their co-twin would also develop depression. However, if a dizygotic twin became depressed, there was only a 20% chance that the other twin would also develop depression.	
	Some people argue that the genetic explanation fails to take into account factors such as life events (e.g. a death in the family or losing their job) that may explain why someone may develop depression.	

	The genetic explanation assumes that if you have certain genes you are likely to be depressed, and you have no way to change that.	
	If we can explain depression by looking at the genes people might inherit, we can take away the stigma of being diagnosed with depression. If becoming depressed is in your genes, people can't blame you for being depressed.	
	Caspi et al. (2003) found that people with a variation of the serotonin transporter gene were more likely to react negatively to stressful life events and develop depression.	

Caspi et al. (2003) Influence of Life Stress on Depression: Moderation by a Polymorphism in the 5-HTT Gene.

This is the first of the two **key studies** for the topic, this means you need to know the aim, method, results and conclusion **in detail**.

Aims:
- The main aim was to see why stressful experiences lead to depression in some people but not others.
- The researchers wanted to investigate the role of a gene (5-HTT) involved with serotonin to see if it contributed to depression.

Procedure:
This was a longitudinal study and so investigated participants at ages 3, 5, 7, 9, 11, 13, 15, 18, 21 and almost all of them again at age 26 (96% of the original sample).

The participants were not recruited by the researchers but were taken from a previous study of 1037 people.

For Caspi et al.'s study, 847 Caucasian study members were selected from the previous study and then divided into three groups:

Group	Version of the 5-HTT gene
Group 1	Two copies of the short allele
Group 2	One copy of the short allele and one copy of the long allele
Group 3	Two copies of the long allele

Measure 1 – stressful life events
For each of the groups, the stressful life events occurring after their 21st but before their 26th birthdays were recorded using a **life-history calendar**. The 14 life events included employment, financial, housing, health and relationship stressors. On the calendar, participants wrote yes or no for whether each life event had occurred each month.

Measure 2 – depression
For each of the groups at age 26, the depressive symptoms for the past year were assessed using the **Diagnostic Interview Schedule**, which collected quantitative data. As well as that, an informant (someone who knew them well) was asked via questionnaire about the participant's depressive symptoms for the past year.

Results:
Overall trends

- Participants who were found to have at least one short allele of the 5-HTT gene and who had been through stressful life events between the ages of 21 and 26 had a significant increase in symptoms of depression after the life event, and up until they were 26 years old. They were more likely to be diagnosed with depression than participants with two long alleles of the gene. This was also true in the informant reports, which rules out self-report bias.
- Participants with at least one short allele of the 5-HTT gene were more likely to develop suicidal thoughts after stressful life events than those with two long alleles of the gene.
- Participants with two short alleles of the 5-HTT gene were most likely to report severe symptoms of depression if they had suffered a number of stressful life events, including a higher report of suicidal thoughts or attempts if they had faced more than three stressful life events.
- The presence of one or more long alleles of the 5-HTT gene reduced the impact of stressful life events.

Conclusions:

The evidence seems to suggest that there is an interaction between life events and the 5-HTT gene in causing depression. This suggests that both nature (genes) and nurture (stressful life events) work together to increase the likelihood of a person developing depression. A person seems to need to have both a specific gene and stressful life events in order to become depressed.

TASK: Summarise the study into the boxes below (remember it should be shorter than a page!)
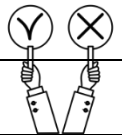
Make sure that you include the different conditions and how the results are different for different conditions.

Aims	
Procedure	
Results	
Conclusion	

Strengths and Weaknesses of Caspi's Study:

Strength or weakness?	Evaluation point	Why is this a strength/weakness?	Counterarguments
	There were 847 participants in the study.	This makes the study more generalisable to people suffering from depression.	The study is more expensive and therefore has negative economic implications
	The researchers thought that there was a chance that some people were naturally more likely to put themselves in situations where stressful life events might happen. The short version of the 5-HTT gene might be a natural factor that makes people prone to situations that are stressful. Therefore, the genes and life events may not be causing depression as such, but instead the person is in more stressful situation that could cause depression.	This does not support the genetic explanation of depression as it doesn't show cause and effect i.e. the cause of depression may be stressful life events and not genes. Therefore, the research takes a reductionist approach.	Easily generalisable and therefore a useful explanation.

Reductionist methods are more scientific than holistic methods. **What do these words mean?** |
	The evidence is collected from self-report data. This means that some people may exaggerate their symptoms of depression, while others might not want to 'make a big deal' of them.	Participants may be showing demand characteristics in the questionnaire. This reduces the internal validity of the study as the results may not be an accurate explanation of depression.	However, this method was the most suitable because it protected participants from harm compared to lab experiments.
	The questions used were closed questions, so quantitative data was collected.	Therefore the data collected is easier to analyse as it is quantitative and therefore the interpretation of the findings are more likely to be objective.	However, closed questions do not allow for elaboration and therefore the researcher might not get as accurate results.
Challenge:	The information from this study could be useful for doctors as it tells them that someone with depression could have different causes for their symptoms.	**What factors should doctors looks for to understand why someone might be depressed? How might it help their understanding of why people become depressed?**	**Can you think of a counter-argument?**

Drug Treatment for Depression:

Drug therapy is when people use a form of **anti-depressant** (tablets) to treat their depression.

Drug therapies are used if patients have a **history** of suffering from moderate or severe depression that keeps coming back, or if their depressive symptoms have lasted for a long period of **time.**

Drug therapies are also useful for patients with more mild depression if **other therapies**, such as CBT, have **not been effective**.

Neurons:

A **neuron** is a cell in our nervous system. Neurons send (**transmit**) **information** around our brain and body, in the form of **electrical** messages (called **action potentials**) <u>down</u> the neuron, and in the form of **chemical messengers** <u>between</u> neurons.

Watch the following video: https://www.youtube.com/watch?v=vyNkAuX29OU

BRONZE TASK: *How do neurons communicate with each other? Label the diagram below using the following key terms: synapse, action potential, neurotransmitters and dendrites.*

SILVER TASK: *fill in the gaps about how neurons work (remember that you know this from your science GCSE)*

When the electrical message called the _____ _____arrives at the end of the neuron, _____ called _____ are released. They _____ across the _____ to send a signal to the next neuron. When the neurotransmitters have done their job, they return to the neuron they were released from, and go through _____ – this means that the neuron _____ the neurotransmitters it released.

**GOLD TASK:** *How do the drugs work? Fill in the gaps using the PowerPoint to help you.*

Psychologists think that _____ neurotransmitters are involved in depression – _____ and noradrenaline. These neurotransmitters are thought to play a role in controlling our _____.

_____ work by raising the levels of these neurotransmitters or by making their effects last _____, which then helps to improve our mood.

There are different types of antidepressant drugs that work in slightly different ways. Different _____ might work better for some patients because the effect they have will be slightly different.

SSRIs (selective serotonin reuptake inhibitors)

These drugs block the _____ of serotonin when it is released from a neuron. This means that the _____ is available for longer. This then allows more opportunity for other _____ to absorb it, which should help to _____ levels of serotonin in the brain, improving _____.
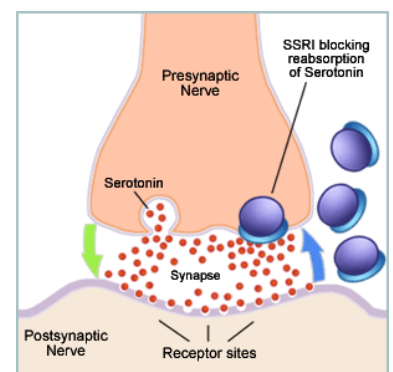
Key Terms: *two, serotonin, mood, antidepressants, drugs, mood, reuptake, increase, serotonin, longer, neurons.*

Evaluating Drug Therapies:

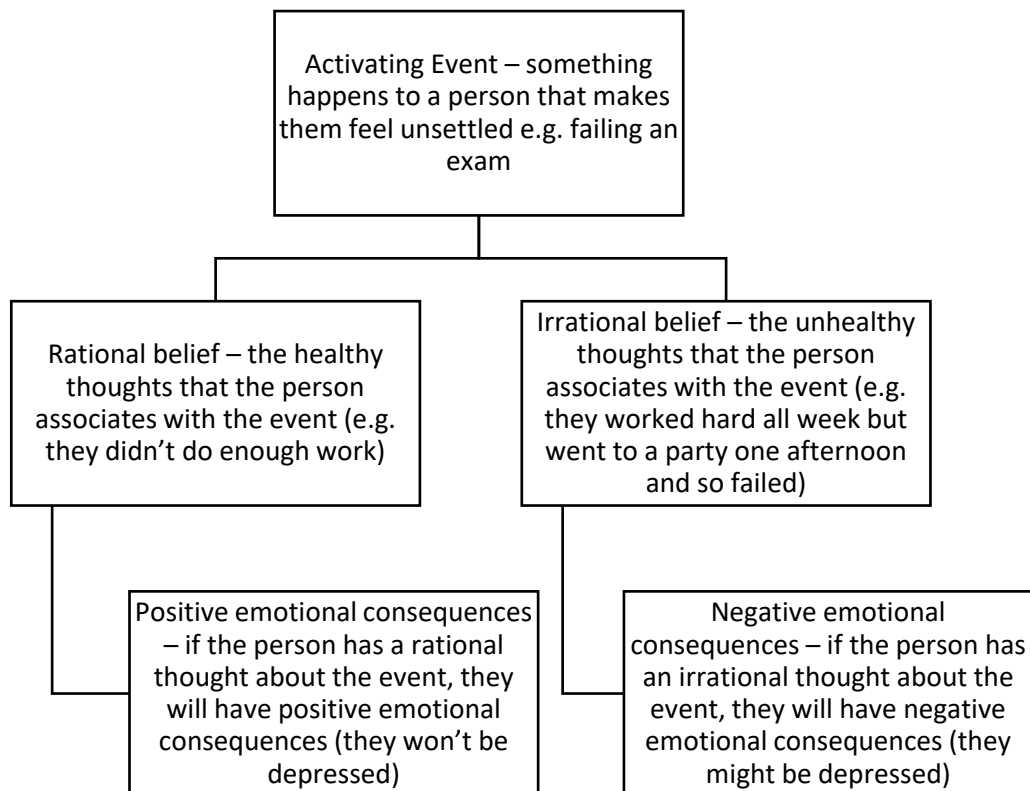| Strength or weakness?	Evaluation point:	Why is this a strength/weakness?	Counterarguments:
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	The researchers thought that there was a chance that some people were naturally more likely to put themselves in situations where stressful life events might happen. The short version of the 5-HTT gene might be a natural factor that makes people prone to situations that are stressful. Therefore, the genes and life events may not be causing depression as such, but instead the person is in more stressful situation that could cause depression.	This does not support the genetic explanation of depression as it doesn't show cause and effect i.e. the cause of depression may be stressful life events and not genes. Therefore the research takes a reductionist approach.	Easily generalisable and therefore a useful explanation. Reductionist methods are more scientific than holistic methods.
	The evidence is collected from self-report data. This means that some people may exaggerate their symptoms of depression, while others might not want to 'make a big deal' of them.	Participants may be showing demand characteristics in the questionnaire. This reduces the internal validity of the study as the results may not be an accurate explanation of depression.	However, this method was the most suitable because it protected participants from harm compared to lab experiments.
	The questions used were closed questions, so quantitative data was collected.	Therefore the data collected is easier to analyse as it is quantitative and therefore the interpretation of the findings are more likely to be objective.	However, closed questions do not allow for elaboration and therefore the researcher might not get as accurate results.
Challenge:	The information from this study could be useful for doctors as it tells them that someone with depression could have different causes for their symptoms.	**What factors should doctors looks for to understand why someone might be depressed? How might it help their understanding of why people become depressed?**	

Cognitive Theory of Depression:

There are 2 cognitive theories of depression – one is Ellis ABC model and one is Beck's Negative Triad; **you need to know BOTH** for your exam.

Cognitive theories are explanations that focus on how our brain processes information and therefore how we think (our thought processes) influence our behaviour.

In terms of depression, it suggests that our thought processes about can result in depression.

Ellis' ABC Model:

Watch the following video: https://www.youtube.com/watch?v=WRRdSm4ZjX4 and then decide which path shows a depressed persons thoughts and which path shows a 'healthy' persons thoughts.

```
                    ┌─────────────────────────────┐
                    │ Activating Event – something │
                    │ happens to a person that makes│
                    │ them feel unsettled e.g. failing an│
                    │           exam               │
                    └─────────────────────────────┘
              ┌───────────────┴───────────────┐
┌─────────────────────────┐     ┌─────────────────────────┐
│ Rational belief – the healthy│  │ Irrational belief – the unhealthy│
│ thoughts that the person │     │ thoughts that the person │
│ associates with the event (e.g.│ │ associates with the event (e.g.│
│ they didn't do enough work)│   │ they worked hard all week but│
└─────────────────────────┘     │ went to a party one afternoon│
                                 │       and so failed)     │
                                 └─────────────────────────┘
       ┌─────────────────────────┐     ┌─────────────────────────┐
       │ Positive emotional consequences│ │ Negative emotional       │
       │ – if the person has a rational│  │ consequences – if the person has│
       │ thought about the event, they│   │ an irrational thought about the│
       │ will have positive emotional│    │ event, they will have negative│
       │ consequences (they won't be│     │ emotional consequences (they│
       │       depressed)         │       │       might be depressed)│
       └─────────────────────────┘       └─────────────────────────┘
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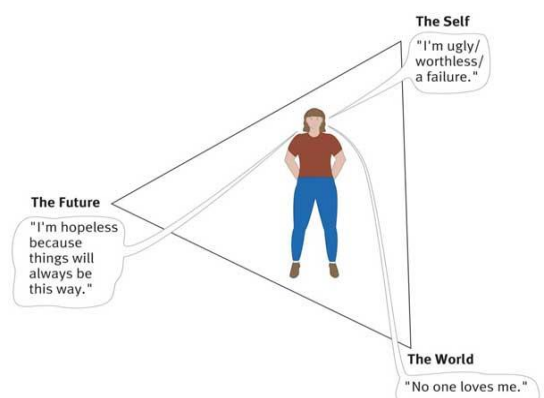
Research Methods Recap:

Beck's Negative Triad:
TASK: *fill in the gaps using the PowerPoint to help you*

Aaron Beck thought that depression could be explained by _____ negative thought patterns (a **negative triad**) that people may develop about themselves (negative views of the _____), the world in general (negative views of the world) and the _____ (negative views of the future). These are examples of biases in the way that people think, called _____ **biases** – things are viewed _____ and the person cannot see the positive aspects of the situations that they find themselves in. They see themselves in a negative way, think the world is generally a _____ place, and think the future is bleak. Beck believed that if a person has all _____ types of negative view, then it is likely that they will show signs of _____.

The Self
"I'm ugly/ worthless/ a failure."

The Future
"I'm hopeless because things will always be this way."

The World
"No one loves me."

Beck felt that this _____ triad probably develops from bad experiences in someone's past. Once they have a negative way of thinking, they are more likely to perceive things that happen to them in an abnormal (and often negative) way. This leads to **negative** _____, where a person's whole belief system about themselves is covered in _____.

Key Terms: *three, self, future, three, negative, depression, negatively, cognitive, negativity, bad, self-schema.*

TASK: *complete the knowledge check questions below (ALL required, apart from the challenge)*

Lucy has been feeling really low recently. She's lost her job, and thinks she will never be able to get one as she's just not valuable to any company. She's completely worthless. She thinks she has no friends and that no one likes her and that will never change. She thinks she's ugly so she'll never get a boyfriend and she feels like a complete failure. When she was younger, Lucy's parents divorced. After that, her grades went down at school.

BRONZE: Identify the negative thoughts about the self, world and future that Lucy is showing.
SILVER: Explain how Lucy's negative triad may have developed according to Beck.

_____

_____

_____

GOLD: Include key terminology in your silver answer.
CHALLENGE: which explanation of unipolar depression do you think is better? Genetic or cognitive theory? Justify your opinion.

_____

_____

_____

Evaluation of the Cognitive Theories of Depression:
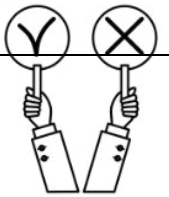
Strength? Weakness? Supporting evidence? Contradictory evidence?	Evaluation point	Why is it a strength/weakness? (match to point)
	Although some cases of depression can be seen to follow obvious activating events, some types of depression may not be so easily explained by thought processes. For example, post-natal depression (depression after giving birth) may have a lot to do with changing hormone levels after birth rather than thought processes.	This means the theory is more generalisable to those suffering from depression. It makes people feel like they can improve how they feel so they can get better more quickly.
	The cognitive theory has useful applications to therapy. Cognitive behavioural therapy (CBT) is one of the leading treatments of depression. CBT can challenge irrational thoughts people have to stop them feeling depressed, reducing the need to use antidepressant drugs.	This means that we cannot be sure of cause and effect, meaning it may not explain depression in real life, reducing the mundane realism of the theory.
	Boury et al. (2001) measured students' negative thoughts with a depression questionnaire. They found that people with depression misinterpret facts and experiences in a negative fashion, and feel hopeless about the future.	This increases the application to the real world as effective treatments have been created to improve the symptoms of depression.
	The cognitive theory takes into account the events in a person's life. It also recognises that these events could explain why the person has become depressed. Unlike the genetic explanation, which claims that some people are just naturally likely to become depressed, the cognitive theory accepts that there is often an event that triggers depression.	This reduces the validity of the approach as there is no clear cause and effect to depression.
	It is difficult to tell whether irrational thoughts are a cause of depression or a result of being depressed. Most people who have depression will only be tested after they have been diagnosed with the illness, and the research is only correlational. This means that it is unclear how their behaviour or thought processes changed before the diagnosis.	This increases the validity of the theory as there is supporting evidence to suggest those with depression have continuous negative thoughts.

Cognitive Behavioural Therapy (CBT) for treating Depression:

This is a type of therapy used to **treat many different mental health problems**, including depression.

The main aims of CBT are to:
- Help the patient change the way they think (the cognitive part of the therapy).
- Help the patient to change the way they act to improve the symptoms they are having (the behavioural part of the therapy).

CBT is based on the idea that the way we think affects how we feel, and how we feel influences how we behave. If a person changes the way they think, their behaviour should also change. So, if a depressed person changes the negative thoughts that make them feel depressed, the symptoms of depression should improve.

TASK: *complete the fill in the gaps using the PowerPoint and following video to help:*
https://www.youtube.com/watch?v=7LD8iC4NqXM

The first stage of CBT is for the patient to _____ all their symptoms with the _____ and explain how they _____ and what makes them feel this way. For example, someone who has lost their job might feel like a failure because they cannot provide for their _____ in the same way that they used to.

The next stage involves _____ these irrational ways of thinking. When a patient can recognise _____ that are irrational or negative they should try to replace them with more _____ and positive ways of thinking. For example, the person who has lost their job and feels like a failure might be encouraged to look at the reason _____ they lost their job. There could be a more likely explanation, such as the company having to save money by closing a department. The therapist often _____ the patient's thinking by asking the patient questions (e.g. where is your evidence that you lost your job because you are a failure?) and _____ to the patient that their thoughts aren't rational (e.g. reminding them that a whole department was closed to save money).

The patient will have a _____ of sessions of CBT. Between each session, they will have _____ to do. This might involve trying to change the way they _____ about a situation and then writing about how they feel in a _____. This stage of the therapy helps practise using more _____ thought processes. They can then _____ with the therapist at the next session.

Key Terms: *discuss, series, diary, discuss, therapist, rational, family, proving, challenging, feel, thoughts, why, think, challenges, homework, rational.*

TASK: *Knowledge Check Questions, complete the questions below:*

Stella is a 36-year-old depressed woman. Stella firmly believed that she would never be able to engage in activities as 'strenuous' as tennis and play well because she would never be any good. She thought that she had become so poor at tennis that no one would ever want to play with her and that everyone thinks she is awful at tennis. Her husband arranged for a private tennis lesson in an attempt to help his wife overcome her depression. She reluctantly attended the lesson and appeared to be 'a different person' in the eyes of her husband. She showed agility and hit the ball well. Despite her good performance during the lesson, Stella concluded that her skills had 'deteriorated' beyond the point at which lessons would do any good. She misinterpreted her husband's positive response to her lesson as an indication of how bad her game had become because in her view 'he thinks that I'm so hopeless that the only time I can hit the ball is when I'm taking a lesson.'
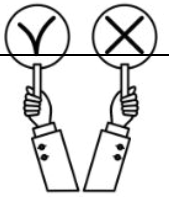
BRONZE: Explain why Stella is depressed according to Ellis' ABC Model and Beck's cognitive (negative triad).
_____

SILVER: Describe the first stage of CBT and give examples of what it would involve for Stella.
_____

GOLD: Which of Stella's irrational thoughts would need to be challenged during CBT? How would the therapist do it? Use examples from the information about Stella in your answer.
_____

CHALLENGE: how might CBT be a longer-lasting treatment for unipolar depression compared to drug therapy?

Evaluating CBT as a treatment for depression:

Strength? Weakness? Supporting evidence? Contradicting evidence?	Evaluation point	Why is this a strength/weakness?
	CBT relies on people wanting to change their behaviour and being able to recognise when their thoughts are irrational. A symptom of depression is lack of motivation, so the patient might not be able to do all the CBT sessions and the homework. This might make CBT ineffective.	This means that the therapy may not be protecting participants from harm and therefore patients should be careful when attending therapy.
	CBT may be a longer lasting treatment for depression than antidepressants. Patients learn how to control their symptoms by looking at their own thoughts and trying to change the negative and irrational ones. They then have the skills to do this whenever they need to.	This matters because it is not effective at treating depression and therefore there may be more effective ways such as SSRI's.
	CBT may help patients to feel better because they learn how to deal with their own symptoms. The feelings of helplessness associated with depression can be reduced because the patient feels that they can act to do something about their state.	This means shows that CBT is an effective way of treating depression, however the causes cannot be solely cognitive they must also be biological, as a combined treatment is more effective than CBT alone
	Evidence published by the NHS in 2012 suggests that when patients with depression are given CBT alongside their previous treatment (often antidepressants) there is a more significant improvement in their symptoms.	Although this shows the effectiveness of CBT, we don't know whether it is more or less effective than drug treatment or other therapies.
	There are concerns about ethical issues in the use of CBT. Some people argue that the therapist is encouraging the patient to think that their own thought processes are a problem and that they should think in a different way. This could change the way they interact with others or make some people feel that the way they think and behave is wrong in some way. The therapist may have the opportunity to abuse their position of power by telling the patient that they should change to suit what the therapist thinks is 'normal' and appropriate.	This means that CBT might be a more effective treatment over time. This means that the government can save money as they do not have to re-treat patients, this reduces the economic implications on the government.
	Beltman et al. (2010) found that depressed patients treated with CBT improved more than those who were still waiting for treatment or not receiving any treatment.	This means the treatment is effective in treating depression and therefore it is worthwhile the government spending money on treating people in this way. This means there are positive economic implications.

Addiction – Symptom, Incidences and Features:

An addiction is a mental health problem that means people **need to 'have' or 'do' something regularly** to avoid negative feelings and to go about their normal routine. Addiction can be to **substances** (e.g. alcohol or tobacco) **OR activities** (e.g. gambling, internet shopping).

The ICD-10 calls addiction a 'dependence disorder' because the body 'depends' on the substance to feel normal, and only focuses on addiction to substances.

TASK: *watch the video and complete the fill in the gaps below:*
https://www.youtube.com/watch?v=-yVjD-suNKg

Symptoms of addiction:
To be diagnosed as an addict, at least three of the symptoms below need to be present at the same time for one month in total, or for repeated occasions over a year:

- _____ – a set of unpleasant symptoms someone gets when they are trying to quit or cannot have or do what they are addicted to. They can make a person feel so bad that they might believe that they have to take or do the thing they are addicted to just to feel 'normal' again.
- _____ – this means that they need to increase the amount of substance used/activity done to get the same effect over time. With activities, they may need to do the activity more often or something more 'risky' to get the same 'buzz.'
- _____ normal fun activities with time spent using the substance/doing the activity or recovering from using/doing it.
- Ignoring evidence/arguments that the use of the substance/activity that they are doing is harmful to them.
- A _____ that they need to take the substance/do the activity
- Stopping or reducing use of the substance/activity is _____

Effects on the individual:
- Ignoring _____, friends and other activities – by 'doing' the thing that the person is addicted to, they may ignore their family and the things they regularly did, such as going to work or school. This could mean their grades/work performance suffers. This could result in them getting more exam results or being fired.
- Lower _____ of life – the addict may spend money that they normally would have used for other things, such as food or accommodation, on their addiction. This means that their quality of life could be affected because they are not able to invest in looking after themselves. They could end up homeless.
- _____ – addiction to substances can have long-term effects on the addict's health. These can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis etc.
- _____ - some people with addictions will turn to criminal behaviour to get money to fund their addiction e.g. stealing, fraud. This leads to a criminal record which can impact future employment opportunities.

Effects on society:
- _____ – people with addictions may develop health problems as a result of their addiction or lack of self-care due to time spent on their addiction. This could mean that they need to take time away from work, which will result in costs for the company in covering the workload of the individual.
- _____ – figures from the NHS claim that every year substance misuse costs the NHS £488 million, including the cost of rehabilitation programmes and treatment for associated health problems such as lung damage from smoking.
- _____ – the criminal behaviour of addicts has wider effects on society. As well as the emotional and physical costs for the victims, there is the cost of investigating the crimes. Figures presented by the NHS claim that drug-related crimes cost UK society £13.9 billion a year in total. This cost could include policing costs, the cost of trying a case in court, the cost of punishment and treatment programmes and the cost of supporting the victims of the crimes.

Key Terms: *workplaces, physical withdrawal symptoms, replacing, tolerance, quality, criminal behaviour, very difficult, feeling, family, criminal behaviour, health, health care services.*
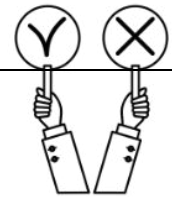
Features and incidence of addiction:

TASK: *identify which are the features and which are the incidence of addiction (use the features and incidence part of the depression topic to help you)*

Features or Incidence?	Statistic:
	Figures from Public Health England state that in 2014-15 there were 141, 646 adults being treated for problems with substance misuse.
	The NHS have estimated that about 2 million people in the UK are suffering from some kind of addiction, suggesting it is not a rare problem.
	In 2014, research was carried out in to the number of people who reported using illegal drugs. The results were reported in The Guardian newspaper: in 2008, 27% who completed the survey said that they had used an illegal substance; in 2014, 31% who completed the survey said that they had used illegal drugs.
	According to a recent study, approximately 6% of the world's population have problematic internet use, which could be categorised as an addiction. A 2014 survey in the UK found that 16% of the 1300 18-24-year-old participants admitted to using the internet for 15 hours every day.

Strengths and Weaknesses of CBT:

Strength? Weakness? Supporting evidence? Contradicting evidence?	Evaluation point	Why is this a strength/weakness?
	CBT relies on people wanting to change their behaviour and being able to recognise when their thoughts are irrational. A symptom of depression is lack of motivation, so the patient might not be able to do all the CBT sessions and the homework. This might make CBT ineffective.	This means that the therapy may not be protecting participants from harm and therefore patients should be careful when attending therapy.
	CBT may be a longer lasting treatment for depression than antidepressants. Patients learn how to control their symptoms by looking at their own thoughts and trying to change the negative and irrational ones. They then have the skills to do this whenever they need to.	This matters because it is not effective at treating depression and therefore there may be more effective ways such as SSRI's.
	CBT may help patients to feel better because they learn how to deal with their own symptoms. The feelings of helplessness associated with depression can be reduced because the patient feels that they can act to do something about their state.	This means shows that CBT is an effective way of treating depression, however the causes cannot be solely cognitive they must also be biological, as a combined treatment is more effective than CBT alone
	Evidence published by the NHS in 2012 suggests that when patients with depression are given CBT alongside their previous treatment (often antidepressants) there is a more significant improvement in their symptoms.	Although this shows the effectiveness of CBT, we don't know whether it is more or less effective than drug treatment or other therapies.
	There are concerns about ethical issues in the use of CBT. Some people argue that the therapist is encouraging the patient to think that their own thought processes are a problem and that they should think in a different way. This could change the way they interact with others or make some people feel that the way they think and behave is wrong in some way. The therapist may have the opportunity to abuse their position of power by telling the patient that they should change to suit what the therapist thinks is 'normal' and appropriate.	This means that CBT might be a more effective treatment over time. This means that the government can save money as they do not have to re-treat patients, this reduces the economic implications on the government.
	Beltman et al. (2010) found that depressed patients treated with CBT improved more than those who were still waiting for treatment or not receiving any treatment.	This means the treatment is effective in treating depression and therefore it is worthwhile the government spending money on treating people in this way. This means there are positive economic implications.

Genetic Explanation of Addiction:

TASK: *fill in the gaps below, using the PowerPoint to help you.*

This theory suggests that addiction might be _____ through _____ shared by family members.

Lots of people do activities that could become _____ but don't become addicted to them. Others will very _____ show signs of addiction to these activities after only doing them a _____ times. If addiction is genetic, that would explain why _____ everyone becomes addicted, because some people don't have the _____ that cause addiction.

One gene, called the _____ gene has been shown to be related to developing addiction. A variation of this gene, called the A1 (DRD2 A1) has been linked to a number of different _____.

This gene is thought to affect the way the brain reacts to _____ activities so that a person needs to do something _____ often to get a normal 'buzz' from it.

Key Terms: *addictive, DRD2, inherited, not, pleasurable, addictions, quickly, genes, more, few, genes.*

TASK: *complete the tasks below (make sure you complete a minimum of the Bronze and Silver tasks for each piece of research)*
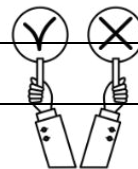
- **BRONZE:** Identify whether the study supports or contradicts the genetic explanation of addiction (or both).
- **SILVER:** Explain how the study supports/contradicts the genetic explanation.
- **GOLD:** Create a counterargument – is there any way that a supporting study has a contradictory element or vice versa?
- **CHALLENGE:** there is lots of control in studies like this. What is the benefit of there being lots of control? Use key evaluation terminology in your answer.

Study 1 – Carmelli et al. (1992):	Study 2 – Goodwin et al. (1973):
They found that in monozygotic twins, if one of them was a smoker there was a higher chance of the other one smoking than if the twins were dizygotic. *Supporting, contradicting or both?* Explanation:	They found that adopted children who had at least one biological parent with alcohol addiction were highly likely to show signs of alcohol addiction themselves. *Supporting, contradicting or both?* Explanation:
Counterargument:	Counterargument:
Study 3 – Cadoret et al. (1987): They found that adopted children who shared a biological link with someone with alcohol problems were more likely to have problems with alcohol themselves. They also found that if there was alcohol misuse in the adoptive family, then the adoptee had a greater risk of developing an addiction to alcohol. *Supporting, contradicting or both?* Explanation:	**Study 4 – Martinez et al. (2004):** They found that heavy users of cocaine were more likely to have the A1 version of the DRD2 gene. *Supporting, contradicting or both?* Explanation: Counterargument:
Counterargument:	

Strengths and Weaknesses of the Genetic Explanation of Addiction:

Strength/ Weakness	Statement:
	There is a lot of scientific evidence to support the genetic explanation for addiction. Twin studies and adoption studies act as a control for possible factors that could explain addiction. The control makes it easier to be sure that the most likely explanation come from genes rather than other variables. Thus, the research is more _____.
	The explanation can explain why only some people are vulnerable to becoming addicts. Som epeople seem naturally more liekly to develop addictions, while others might take part in many potentialyl addictive behaviours but find it easy to stop and start. This could help us be more understanding of those in treatment for addiction, because if it is in their genes, they cannot help the way they behave. This makes the explanation more _____.
	The explanation fails to take social factors that may be important in causing addiction into account. There is evidence that family members might share genes that would explain why addiction runs in families, but the results could also be explained by other shared factors. For example, many of the identical twins in Carmelli et al.'s (1992) study would have shared the same home environment, which might be a factor in their smoking addiction. This means that the explanation is _____ for not taking other explanations into account.
	Research has not been able to find a single gene that explains where addiction comes from. This makes it difficult to pinpoint exactly what is causing the addiction. The DRD2 A1 gene has also been linked to autism, as well as addiction. Autism and addiction have very different symptoms and features, so it is not clear how exactly the gene relates to addiction.

Drug Therapy of Addiction:

TASK: *fill in the gaps below, using the PowerPoint to help. For this section, you may want to remind yourself of the drug therapy for depression as this would help.*

How drug therapies can help people with addictions:
Drug therapies can help addicts to cope with the effects of _____. Many substances can cause unpleasant _____ when patients stop using them. Medication can help to reduce these effects and help the patient to _____ their addiction.

Helping people with drug addictions:
Withdrawal:
When a person stops using a substance that they have been addicted to, they can face _____ symptoms of withdrawal as the substance leaves their system. For example, they may experience _____, insomnia (not being able to sleep), shaking, lack of appetite, _____ and irritability. This can make detoxification a difficult process. Medication (drug therapy) can be given to patient to _____ these symptoms of withdrawal and reduce the chance if the patient _____ and using the substance again.

Reducing cravings:
Many patients who have addictions to substances will find that they crave it when they stop using it. This can be because their _____ _____ has become used to the effects of the substance and when they stop using it their body feels like it needs the substance again to 'feel normal.'

Medication can be given to _____ these symptoms. For example, _____ can be given to people addicted to _____ (e.g. heroin) because methadone acts on the brain in a similar way to heroin, but is less dangerous. This can _____ the cravings that the addict feels from not using heroin. Smokers can use different forms of nicotine-replacement therapy e.g. chewing gum and patches. These help to reduce cravings for _____

and prevent the person from starting to smoke again. Other drugs have been developed to treat alcoholics, such as **naltrexone**, which stops the craving for _____.

Treating other underlying mental health problems:
Some patients with addictions also have other mental health problems, such as _____ and anxiety. Drugs such as _____ and **anti-anxiety medication**, can be offered to those with addictions. These drugs reduce the symptoms of the problems that could cause a relapse in substance misuse.

Helping people with behavioural addictions (e.g. video gaming, internet shopping, gambling etc.)
Although these addictions are not typically treated using _____ therapy, there is evidence that drugs can be effective for some patients.
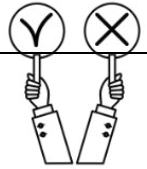
Doctors are now prescribing **naltrexone** (see above) to some patients with severe _____ addiction. Naltrexone can help to lessen the _____ in people with this addiction and help to stop gambling addicts from relapsing when they stop gambling. _____ have been used to treat some **behavioural addictions**. These seem to help patients control their _____ to participate in the behaviour they are addicted to, although it is unclear exactly how or why SSRIs are _____.

Key Terms: *alcohol, cravings, control, nicotine, drug, detoxification, antidepressants**,** opiates, reduce, relapsing, side effects, physical, sweating, methadone, control, headaches, effective, reduce, nervous system, SSRI's, depression, gambling, urge.*

TASK: *consider the following scenario and answer the questions below:* Robbie has decided that he wants to quit drinking alcohol. So far he has done so for three days, but now he really wants a drink and has started shaking. He feels really low because of it.

- Identify the effects of detoxification that Robbie is showing.
- Explain how medication can be used to reduce one of these effects so that Robbie can control his addiction.
- Explain how medication can be used to reduce all of the effects of detoxification so that Robbie can control his addiction.

Strengths and Weaknesses of Drug Therapy for Addiction:

Strength? Weakness? Supporting evidence? Contradicting evidence?	Evaluation point	Why is this a strength/weakness?
	Evidence supporting the effectiveness of drug treatment is very mixed. While evidence has shown that drugs can provide effective treatment, not all of the evidence agrees. Krystal et al. (2001) found that there was no significant difference in relapse rates over a 12-month period between alcoholics taking naltrexone and those taking a placebo drug.	
	Won Kim et al. (2001) found that 75% of gambling addicts who were treated with naltrexone showed a significant improvement in their symptoms. This was compared to only 24% of gambling addicts who had been treated with a placebo drug.	
	Winder et al. (2014) found some evidence that treatment using SSRIs can help to reduce thoughts about sex in a group of sex offenders. However, it is unclear how this therapy is effective, so research is still being conducted to see whether this could be a useful treatment in the future.	
	Some people argue that giving medication to patient who are already addicted to something, especially if the medication is another substance, could make their problems worse in the long-term as they may become dependent on the medication. For example, a patient with a heroin addiction who is treated using methadone could then become dependent on methadone. They will eventually have to be weaned off methadone and may then experience withdrawal symptoms again. This could increase their chances of relapse.	
	Medication may help the patient to access other types of therapy that could help them to control their addiction in the long-term, by dealing with some of the problematic short-term symptoms associated with stopping their addiction. For example, a heroin addict could take methadone to control their withdrawal symptoms. They may then be able to access CBT, counselling or support in getting a job. They may then have more success at remaining substance free in the long-term.	

Learning Theories of Addiction:

There are several learning theories of addiction (if you have the textbook you may see them called classical and operant conditioning, however you only need to know ONE for the exam. We are going to do social learning theory.

TASK: *complete the fill in the gaps below.*

Social learning claims that behaviour is learned as a result of _____ other people and learning from them, especially those we consider to be _____ (people we look up to) and modelling our behaviour on theirs (_____ or copying). We are more likely to model (copy) the role model's behaviour if we see that they are _____ in some way for their behaviour. This is called _____ reinforcement.

Social learning theory uses _____ processes which are cognitive (thought) processes between the stimulus and the _____. Mediational processes help us to decide whether or not we are going to imitate the behaviour we have observed. The first is _____, we will only copy the behaviour if we want to, normally this is because we have seen someone receive a reward for it. However, this will only happen if we have paid _____ to the behaviour in the first place. Once, we have paid attention we must _____ it for the next time we can carry out the observed behaviour. Finally, we will only carry out the behaviour if we believe we are able to do it ourselves, this is known as _____.

Key Terms: *imitating, observing, attention, response, rewarded, retain, role models, mediation, vicarious, motivation, reproduction.*

TASK: *check your knowledge of social learning theory by answering the questions below:*

Tom's older brother Adam plays video games all night long. He is particularly good at call of duty and attends competitions and wins money for his gaming. Tom has recently got into playing video games. His mum has noticed that he has been playing them all night. Toms teachers are concerned as he is not able to concentrate at school and he hasn't handed in any of his homework.

BRONZE: What symptoms of addiction is Tom showing?

_____

_____

SILVER: Who is Tom's role model?

_____

GOLD: Why is does Tom want to copy his role model?

_____

_____

CHALLENGE: In your answers to gold include the key terms: **vicarious reinforcement** and **modelling**
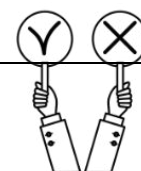
Annabelle keeps buying clothes. She loves to spend her money on online shopping. Annabelle often doesn't have any money left at the end of the month because she has spent it all on clothes. Every day she buys new clothes online. Her friends all compliment her on her new clothes. Annabelle watches a lot of youtube and she really likes how Zoella always gets new clothes and everyone thinks she's really cool.

BRONZE: What symptoms of addiction is Tom showing?

_____

_____

SILVER: Who is Tom's role model?

_____

GOLD: Why is does Tom want to copy his role model? In your answers to gold include the key terms: **vicarious reinforcement** and **modelling**

_____

_____

Strengths and Weaknesses of Learning Theories of Addiction:

Strength? Weakness? Supporting evidence? Contradicting evidence?	Evaluation point	Why is this a strength/ weakness?
	Akers and Lee (1996) conducted a longitudinal study about adolescent smoking behaviour and found results that support the role of social learning theory in smoking. They found significant correlations between peers' smoking behaviour and participants' smoking behaviour.	
	By assuming that addictions are the result of learning, they are behaviours we can unlearn. This is an important factor in treating addiction because it means that any addiction should be treatable if the association or the consequences can be re-learned to avoid the problem behaviour.	
	The theory ignores the role of biological factors that could influence addiction.	
	Social learning theory can explain why lots of people try drugs etc. but only a small number become addicted. If someone tries drugs but a role model of theirs is not addicted, then it would make sense that they would not continue with an addiction.	

CBT as a treatment for addiction:

Although you have looked over CBT previously in depression, this type of CBT is different to the treatment for depression, so make sure you are comfortable with both.

TASK: *fill in the gaps below using the PowerPoint to help you.*

When treating addicts, CBT occurs in two key stages**: functional analysis** and **skills training**.

Functional analysis:
Functional analysis involves looking closely at the _____ behaviour and working out what makes them turn to their addiction. The _____ and the addict might look at what _____ make the addict turn to their addiction or _____ is around when they feel the urge to engage in their addiction. By understanding the _____ of the addiction, the addict (with help from the therapist), can learn what _____, people and/or feelings to avoid in order to stop doing the thing that are addicted to.

Skills training:

Once they have completed a _____ analysis, the therapist will help the patient to learn _____ that they can use to _____ doing the addictive behaviour. There are a wide variety of skills that can benefit each addict, but the skills are developed _____ depending on the specific addiction, and the things that trigger it. Some examples of skills include:

- How to cope with _____, which might be useful for drug addicts or alcoholics.
- _____ training, which might be useful if other people are often encouraging them to participate in the thing that are addicted to.
- Improving _____ – helping them to commit to the therapy and stop the addictive behaviour.

In between CBT sessions, the patient will be asked to keep a _____ of important events to record their progress as a form of _____. They can make a note of times they felt tempted, how they felt, what they did and how this made them feel.

CBT can be combined with other therapies that help addicts deal with the _____ effects of withdrawal from their addiction e.g. _____ therapy.

Key Terms: *places, avoid, drug, functional, addict's, motivation, cravings, therapist, who, skills, emotions, individually, sources, assertiveness, homework, diary, physical.*
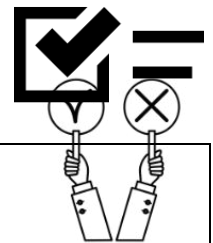
Evaluating CBT as a Treatment for Addiction:

Strength? Weakness? Supporting evidence? Contradicting evidence?	Evaluation point and why it's a strength/weakness
	CBT aims to give the patient control to stop their own addictive behaviour. This means that they are building up skills to help stop their addiction and stay away from the behaviour in the future. As long as the addict is motivated to change their behaviour, they can reduce their own addiction using these skills.
	The addict has to be motivated to change their behaviour when using CBT. One of the symptoms of addiction is that the addict finds stopping difficult, and they will refuse to face evidence that their addiction is harmful. This means that they might find committing to treatment for their addiction difficult. As CBT relies on the addict using the skills they learn, the therapy will only work if the patient wants it to.
	Morgenstern and Longabaugh (2000) found that alcoholics often showed the ability to cope with their addiction after CBT, but did not always put these skills into practice and actually stop drinking. Therefore, even though addicts can learn better coping skills from CBT, this does not always mean that they will reduce the problem behaviour.
	Young (2007) found that CBT was effective for treating people with internet addiction both in the short-term and up to 6 months after treatment ended. This suggests that it is an effective way of treating addiction, and can provide long-term treatment for those with addictions.

Young (2007) Cognitive Behaviour Therapy with Internet Addicts: Treatment Outcomes and Implications

This is the second of the TWO key studies for the topic, therefore you need to know the aim, procedure, results and conclusion **in detail**.

Aim:
To see how effective cognitive behavioural therapy (CBT) would be for those suffering from internet addiction.

Procedure:

Participants were 114 clients recruited from the Centre for Online Addiction, a website dedicated to treating people with internet addiction in the USA. Of these, 42% were women, 84% were Caucasian. They had mean ages of 38 for men and 46 for women, and 61% had a 4-year bachelor's degree (i.e. a university degree).

All participants had been screened using the Internet Addiction Test and were shown to have an addiction to the internet. Any addicts who were shown to have other psychological problems were not chosen as participant.

After initial screening, participants had sessions with a principle investigator over a number of weeks involving a course of online CBT:
- The first sessions (functional analysis) focused on finding out information about the background of the client (participant), when their symptoms had started, what kind of symptoms they had as an individual, and how serious those symptoms were.
- The next few sessions (skills training) helped the client to develop skills to treat their symptoms. For example, stopping using online apps that were causing a problem, and using different strategies to reduce the amount of time spent online. The therapist also worked with the client to solve other 'problems' they were facing that could increase their internet use e.g. problems at work, home or school.

To measure the effectiveness of CBT, participants filled in a client outcome questionnaire. This was given to the participants at the 3rd, 8th and 12th online sessions and then at a 6-month follow-up. There were 12 questions which used a 5-point Likert scale (where 1 = not at all, and 5= extremely helpful). Questions included 'rate your ability to control your computer use' and 'rate how your ability to engage ion offline activities away from the computer has improved.' The 12 questions in the questionnaire measured:
- how effective counselling was at helping the clients achieve the targeted treatment
- goals, and the quality of the counselling relationship
- motivation to quit abusing the internet
- ability to control offline activities
- improved relationship functioning
- improved offline sexual functioning (if applicable).

Results:
The most common problematic online applications reported by the clients were:
- pornography, chat (sexual), gambling for men (with a minority reporting gaming)
- chat (sexual) for women (with a minority reporting general chat, online auction houses, shopping and gaming).

The problems associated with compulsive use of the internet were:
- time (96%)
- relationship (85%)
- sexual (75%)
- work (71%)
- financial (42%)
- physical (29%)
- academic (15%).

The table below shows mean ratings given by the clients for the outcome goals using the 5-point Likert scale (1=not at all; 5=extremely helpful).

Outcome goal	Session 3	Session 8	Session 12	6-month follow-up
Motivation	4.22	3.96	4.54	4.36
Time management	3.95	4.06	4.33	4.22
Relationship function	2.95	3.66	4.42	3.99
Sexual function	2.15	2.99	3.26	3.16

Engagement in offline activities	2.67	4.46	4.66	4.87
Abstinence from problematic applications (i.e. not doing them)	3.45	4.28	4.55	4.35

Most clients showed continuous improvement by session 3 and effective symptom management by sessions 8 and 12, with overall improved symptom maintenance by the 6-month follow-up.

Young was also interested in finding out about the effectiveness of the interaction/relationship between the therapist and client. The table below shows the mean ratings given by the clients using the 5-point Likert scale (1=not at all; 5=extremely helpful) for the therapist–client interaction across the sessions and during follow-up.

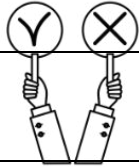| Therapy variable	Session 3	Session 8	Session 12	6-month follow-up
Ability to develop a supportive relationship	3.85	4.28	4.58	3.96
Overall quality of the counselling environment	3.56	4.12	4.36	3.90
Overall quality of the counselling relationship	3.35	4.25	4.55	4.10

Clients found the counselling environment comfortable to conduct therapy, and their relationship with the therapist improved over time.

Conclusions:
The results of the study seem to suggest that CBT can be an effective treatment for internet addiction because clients reported an increase in their ability to control problem behaviours. CBT enabled clients to decrease thoughts and behaviours associated with compulsive internet use.

CBT also seems to give long-term benefits (relapse prevention) because after 6 months, many of the clients still reported similar ratings of control over their behaviour. Furthermore, rationalisations that led to compulsive use were reduced and proactive lifestyle changes to adapt to life without the internet were achieved.

Strengths and Weaknesses of Young's (2007) study:

Strength or weakness?	Evaluation point	Why is it a strength/weakness?
	114 participants were studied which is fairly large sample size.	
	The questionnaire collected quantitative data and so the results were not reliant on the researcher's interpretation.	
	Different types of internet addiction were identified and it is not clear whether all types of addiction got the same effects from treatment. Young identified online gambling addicts, those addicted to internet chat rooms among others. However, the results only show the overall treatment outcomes for each goal with no breakdown for the type of addiction.	

	The clients filled in questionnaires about their own feelings and behaviour, which might not be accurate. People might lie on a questionnaire when they know they are supposed to be getting better (stopping using the internet).	

Debate – Nature vs. Nurture

This is the part of the topic where there is an issue or debate, similar to the brain and neuropsychology topic which talks about the history of Psychology over time. You could be asked a 9 Marker on this.

This is a debate about what has biggest effect on who we are and **all of our behaviour** – **nature** (our biological make-up) or **nurture** (learning from the environment). Some psychologists think that one side has more of an effect than the other, whilst others feel that both nature and nurture are equally important as they interact to influence development.

- **Nature** = **biological factors** that can influence a person's behaviour, and these are generally in place before we are born e.g. the genes we inherit from our parents.
- **Nurture** = the **environmental factors** that can influence a person's behaviour, mostly after they are born.

TASK: *look back through your notes on the whole topic and find a piece of research that supports each of the following:*

	Evidence: (find this in the strengths and weaknesses table)
A study to support nature (genes) for depression	
A study to support nurture (the environment) for depression	
A study to support nature (genes) for addiction	
A study to support nurture (the environment) for addiction	

9 Marker:

TASK: *complete the 9 Marker below, using the planning grid to help you.*

Unipolar depression is one of the most common mental health problems experienced. Jean was diagnosed with depression because she felt very low in mood and lacked energy and motivation. Her doctor explained that her depression could have been inherited through her family as her father also suffered from depressive episodes. However, Jean did not agree with her doctor and believe that her depression was due to recently losing her job.

Assess how far nature and nurture would account for Jeans depression **(9 Marks)**

AO1: Define nature. Explain in detail what you mean by nature in reference to mental health disorders i.e. how does nature cause a mental health issue generally.
AO2: Apply your knowledge of nature to the scenario. Refer to the person in the scenario by name and explain how their addiction might be caused by nature. (In detail e.g. refer to the DRD2 gene)
AO3: Find a study which supports the idea that addiction is caused by genes. (Look at the strengths/weaknesses table). Then link this back to the person in the scenario
AO1: Define nurture. Explain in detail what you mean by nurture in reference to mental health disorders i.e. how does nature cause a mental health issue generally.
AO2: Apply your knowledge of nurture to the scenario. Refer to the person in the scenario by name and explain how their addiction might be caused by nature. (In detail e.g. refer to social learning)
AO3: Find a study which supports the idea that addiction is caused by social learning. (Look at the strengths/weaknesses table). Then link this back to the person in the scenario.
Conclusion: Overall explain which one is better at explaining what causes someone's addiction. Remember not to include your opinion in this section. It is an academic conclusion based on the evidence you have given.