Solutions

Each answer shows the steps, then the **result**.

2.1

- cognitive therapy targets patterns of thought that maintain distress; behavioural therapy targets the behaviours themselves

2.2

- random assignment removes systematic differences between groups, so any outcome difference can be attributed to the treatment rather than to who received it

2.3

(a)

- it manages symptoms rather than removing the underlying condition

(b)

- discontinuation should be planned and often combined with therapy to reduce relapse

2.4

(a)

- free association and dream interpretation

(b)

- active listening and unconditional positive regard

2.5

- the increased use and effectiveness of psychotropic medication allowed many to be treated in the community (deinstitutionalisation)

3.1 B

- exposure changes the behaviour and the conditioned response directly

3.2 B

- self-selection means the groups differed before treatment

3.3

(a)

- completers differ systematically from those who drop out, so the comparison is confounded

(b)

- a randomised controlled trial analysing all those assigned to each group regardless of completion

3.4

(a)

- it blocks the reuptake of serotonin into the presynaptic neuron, so more serotonin stays in the synaptic gap to act on the receptors

(b)

- **cognitive restructuring**
- negative thoughts about himself, the world and the future (Beck's cognitive triad)

(c)

- ECT passes an electric current through the brain under anaesthetic to cause a brief seizure; TMS uses magnetic pulses from a coil over the scalp, with no anaesthetic or seizure

(d)

- fidelity (keeping the trust of the client), or respect for people's rights and dignity (confidentiality), or integrity

3.5 C

- research does not support hypnosis for retrieving accurate memories or age regression, so A, B and D are unsupported

3.6 B

- both combine cognitive techniques (challenging thoughts or beliefs) with behavioural ones (practising new responses)