

Definitions of abnormality	1	What definition of abnormality is when a behaviour is very rare?	
	2	How is rarity worked out?	
	3	Give an example of a rare characteristic in which someone would need support.	
	4	What is subjective in this measurement and what does this lead to?	
	5	Which disorders would not be covered by this definition?	
	6	State 2 features suggested to define failure to function	
	7	State the other 3	
	8	Name the researchers who created this list.	
	9	Who does this not apply to that we would like to define as abnormal and why?	
	10	How may this definition apply to people we would not consider mentally ill?	
	11	What are social norms and when do they change?	
	12	Who are seen as abnormal according to this definition?	
	13	How may this definition change?	
	14	Researcher + a particular issue in schizophrenia?	
	15	What could this result in from a society perspective?	
	16	Give three aspects of deviation from ideal mental health	
	17	Give the other three	
	18	Who gave this definition and from what area of psychology?	
	19	Why is this seen as a positive approach to mental health?	
	20	Why may this definition not apply to everyone?	
	21	How could this definition be critised due to its criteria	
Characteristics	22	Name 2 cognitive characteristics of phobias	
	23	Name 2 behavioural characteristics of phobias	
	24	Name 2 emotional characteristics of Phobias	
	25	Name 2 cognitive characteristics of depression	
	26	Name 2 behavioural characteristics of depression	
	27	Name 2 emotional characteristics of depression	
	28	Name 2 cognitive characteristics of OCD	
	29	Name 2 behavioural characteristics of OCD	
	30	Name 2 emotional characteristics of OCD	
Behaviourist Treatment of Phobias	31	What is the model called by which phobas are learnt and then maintained? And who suggests it?	
	32	What is the psychological process for acquisition called?	
	33	Describe the above process	
	34	What is the process by which fear can be passed on to other similar stimuli?	
	35	What is the psychological process for maintenance called?	
	36	Describe the above process	
	37	Does social learning theory apply?	
	38	Researcher + Phobias induced in small child results	
	39	Researcher + Evidence that not all phobias are due to prior experience.	
	40	What practical application has been developed due to this theory?	
Behaviourist Treatment	41	How do behavioural therapies work?	
	42	What does these process assume about emotions?	
	43	What is SD, what does the patient need to create and what would the patient be taught?	
	44	What is important at every stage of the above treatment and what does it lead to?	
	45	What is the other behavioural approach to treating phobias and what does it do to the patients	

Of Phobias	46	What is assumed will happen to the patient during the treatment?	
	47	Give 1 comparison of the treatments.	
	48	Why may these treatments not be as effective as they seem?	
	49	What ethical concerns are there?	
	50	What biological alternatives are there for behavioural therapy?	
Cognitive Explanation of Depression	51	What do cognitive approach models suggest depression results from?	
	52	What are the mental frame works we have for understanding ourselves. How are they with depression?	
	53	Researcher + name of the triangle of beliefs, name of each belief	
	54	Name and briefly describe two things that the above process can lead to.	
	55	Reacher + name of his three step model + name of each stage.	
	56	The above researcher suggests people think in absolutes and become disappointed. Name of idea and example.	
	57	Researcher + findings comparing depressed and non depressed females	
	58	Why could this approach to understanding depression be good for sufferers?	
	59	What socially sensitive issue could arise from these theories of depression?	
	60	The effectiveness of what suggests the cognitive approach cant be a full explanation. What does this suggest?	
Cognitive Treatment of Depression	61	What is CBT?	
	62	Which type of CBT focuses on recording automatic negative thoughts and what is this process called?	
	63	What does the patient act like in the above form of CBT and how?	
	64	What are patients encouraged to take part in as part of this therapy and what is this called?	
	65	Which type of CBT expands on a three step model for depression and what is it called exactly?	
	66	What are the letters of each additional stage to the model and what do they stand for?	
	67	What are the two types of argument used and what do they mean?	
	68	Researcher + findings on effectiveness of CBT	
	69	How may CBT effect the economy?	
	70	Why is access to CBT often limited?	
Biological Explanation of OCD	71	What gene variations seem to be present with OCD sufferers? What is the term for being caused by a range?	
	72	What is the incidence of OCD in the general population? If your first degree family member has it? MZ twin?	
	73	What could changes in genes impact?	
	74	Which neurotransmitter is most implicated and in what way?	
	75	Name the area of the brain that is implicated and why this area is also related to Parkinsons	
	76	What other area of the brain that is associated with predicting future events is linked to OCD?	
	77	Which area of the brain that is for the regulation of unpleasant emotions shown unusual activity?	
	78	Researcher + What was found between OCD sufferers and controls?	
	79	Why isn't genetic explanations a full explanation? Or Why isn't neurotransmitter explanations a full explanation?	
	80	What is a alternative explanation for OCD that avoids biological determinism and why?	
Biological Treatment of OCD	81	What is drug therapy and what do they target in OCD?	
	82	What the drugs used for OCD usually used for and why?	
	83	And how long do they need to be used before effective?	
	84	What does SSRI stand for and what is the main type?	
	85	What does the above drug do?	
	86	Name two drug alternatives to SSRI and briefly describe.	
	87	Name a non drug treatment and briefly describe	
	88	Researcher + results of meta-analysis	
	89	and side effects + Researcher+ results of relapse	
	90	Give a practical benefit of drugs or criticise validity.	

Definitions of abnormality	1	What definition of abnormality is when a behaviour is very rare?	Statistical infrequency.
	2	How is rarity worked out?	Statistical measures/graphs such as a normal distribution curve show outliers.
	3	Give an example of a rare characteristic in which someone would need support.	Exceptionally low IQ.
	4	What is subjective in this measurement and what does this lead to?	Where the cut off point is for abnormality. Some people just missing out on support
	5	Which disorders would not be covered by this definition?	Very common disorders such as depression in anxiety. 17% meet criteria for a common mental health disorder.
	6	State 2 features suggested to define failure to function	Maladaptive behaviour, Personal Anguish, Observer discomfort, Irrationality and unpredictability, Unconventionality
	7	State the other 3	Maladaptive behaviour, Personal Anguish, Observer discomfort, Irrationality and unpredictability, Unconventionality
	8	Name the researchers who created this list.	Rosenhan and Seligman (1989)
	9	Who does this not apply to that we would like to define as abnormal and why?	Psychopaths, they are able to cope in day to day life
	10	How may this definition apply to people we would not consider mentally ill?	Maladaptive behaviour would apply to people who smoke, drink and eat unhealthy as they are harmful activities.
	11	What are social norms and when do they change?	unwritten expectations of behaviour that may differ from culture to culture. Often change over time or context.
	12	Who are seen as abnormal according to this definition?	People who break social norms “social deviants”
	13	How may this definition change?	Across different cultures there are different social norms
	14	Researcher + a particular issue in schizophrenia?	Fernando (1998) 7x higher diagnosis of people from afro-Caribbean heritage. They have cultural tradition of talking to angels.
	15	What could this result in from a society perspective?	Punishing people who express their individuality
	16	Give three aspects of deviation from ideal mental health	Environmental mastery, Autonomy, Resisting stress.
	17	Give the other three	Self Actualisation, Positive attitude to oneself, Accurate perception of reality.
	18	Who gave this definition and from what area of psychology?	Maire Jahoda (1958) Humanism.
	19	Why is this seen as a positive approach to mental health?	Identifies areas for improvement rather than disability and is holistic
	20	Why may this definition not apply to everyone?	Created with western ideas such as autonomy and personal freedom. These are less important in non western cultures.
	21	How could this definition be criticised due to its criteria	They are too difficult with most people unable to reach all of the criteria all of the time.
Characteristics	22	Name 2 cognitive characteristics of phobias	Irrational beliefs, Reduced cognitive capacity ( <i>can you describe what these are?</i> )
	23	Name 2 behavioural characteristics of phobias	Avoidance, Panic, Failure to function ( <i>can you describe what these are?</i> )
	24	Name 2 emotional characteristics of Phobias	Anxiety, Fear ( <i>can you describe what these are?</i> )
	25	Name 2 cognitive characteristics of depression	Poor concentration, Persistent concern ( <i>can you describe what these are?</i> )
	26	Name 2 behavioural characteristics of depression	Weight loss, Low energy, Self Harm, Poor personal hygiene (can you describe what these are?)
	27	Name 2 emotional characteristics of depression	Sadness, Reduced self worth (can you describe what these are?)
	28	Name 2 cognitive characteristics of OCD	Recurrent thoughts, Understand irrationality ( <i>can you describe what these are?</i> )
	29	Name 2 behavioural characteristics of OCD	Compulsions, Avoidance, Social impairment ( <i>can you describe what these are?</i> )
	30	Name 2 emotional characteristics of OCD	Extreme Anxiety, Distress / depression ( <i>can you describe what these are?</i> )
Behaviourist Treatment of Phobias	31	What is the model called by which phobas are learnt and then maintained? And who suggests it?	Mower (1960) Two process model
	32	What is the psychological process for acquisition called?	Classical Conditioning—Learning by association
	33	Describe the above process	Phobic object becomes a conditioned stimulus after being presented at the same time as an unconditioned stimulus.
	34	What is the process by which fear can be passed on to other similar stimuli?	Generalisation
	35	What is the psychological process for maintenance called?	Operant Conditioning.—Learning by trail an error
	36	Describe the above process	Avoiding stutions with the phobic object reduces anxiety caused by the phobia. Negative reinforcement.
	37	Does social learning theory apply?	People could learn phobias vicariously, watching their response and seeing them rewarded by attention.
	38	Researcher + Phobias induced in small child results	Watson and Rayner (1920) little albert demonstrated how phobias could be induced in a child by making a loud noise when presenting a rat to a child.
	39	Researcher + Evidence that not all phobias are due to prior experience.	Menzies and Clarke (1993) only 2% of children with a fear of water could recall a traumatic experience with water.
	40	What practical application has been developed due to this theory?	The development of effective treatments such as flooding and systematic desensitisation
Behaviourist Treatment	41	How do behavioural therapies work?	Therapies attempt to replace the fear association with an <b>antagonistic response</b> , one of relaxation/calm. ( <b>counter condition</b> )
	42	What does these process assume about emotions?	fear and relaxation are two opposite emotions, and cant co-exist at the same time ( <b>reciprocal inhibition</b> ).
	43	What is SD, what does the patient near to create and what would the patient be taught?	<b>Systematic desensitisation, Fear/anxiety hierarchy, relaxation techniques.</b>
	44	What is important at every stage of the above treatment and what does it lead to?	Relax at each stage (stepped approach) - <b>extinction</b> of fear association .
	45	What is the other behavioural approach to treating phobias and what does it do to the patients	Flooding. Immediate and full exposure to the maximum level of the phobic stimulus

Of Phobias	46	What is assumed will happen to the patient during the treatment?	Temporary panic will stop and the client will calm down due to exhaustion.
	47	Give 1 comparison of the treatments.	Systematic client in control, Flooding therapist in control. Systematic has a higher completion rate. Flooding is not appropriate for older or younger people.
	48	Why may these treatments not be as effective as they seem?	While they may work in the clinicians room, the effect may not be generalised to the outside world
	49	What ethical concerns are there?	Flooding could cause severe emotional harm, and lead to a worse phobia if ended too early.
	50	What biological alternatives are there for behavioural therapy?	drug treatments, such as anxiety disorder tranquilisers (Benzodiazepines) and beta blockers (Propranolol) and anti-depressants
Cognitive Explanation of Depression	51	What do cognitive approach models suggest depression results from?	faulty cognitions / faulty schema / information processing/ negative thinking about events / Disturbance in thinking
	52	What are the mental frame works we have for understanding ourselves. How are they with depression?	Self-Schema (Negative)
	53	Researcher + name of the triangle of beliefs, name of each belief	Beck - Negative triad, Negative views/schemas about “the world”, “oneself” and “the future”
	54	Name and briefly describe two things that the above process can lead to.	overgeneralisation (a problem in one situation being a problem in others) , magnification of problems (seeing them as more important than they are) selective perception (focusing on the negative) and absolutist thinking (all or nothing)
	55	Reacher + name of his three step model + name of each stage.	Ellis—ABC Model. A-activating event, B - Belief, C—Consequence.
	56	The above researcher suggests people think in absolutes and become disappointed. Name of idea and example.	Musterbatory thinking, & “the world must be perfect” “I must get an A”
	57	Researcher + findings comparing depressed and non depressed females	Hammond and Kranz (1976) Depressed females make more errors in logic in interpreting narrative of short story than non depressed females.
	58	Why could this approach to understanding depression be good for sufferers?	Empowers the patient in acting as an engaged and active force in their own recovery
	59	What socially sensitive issue could arise from these theories of depression?	“Potentially blames the victim” when there could be deeper situational or sociological problems like grief or poverty.
	60	The effectiveness of what suggests the cognitive approach cant be a full explanation. What does this suggest?	Drug therapies that work on neurotransmitter levels. There may b a biological cause.
Cognitive Treatment of Depression	61	What is CBT?	Talking therapy that focuses on identifying and challenging irrational thoughts.
	62	Which type of CBT focuses on recording automatic negative thoughts and what is this process called?	Becks CBT, thought catching.
	63	What does the patient act like in the above form of CBT and how?	A scientist, test irrational thoughts by reality testing them with homework tasks, then evaluating evidence.
	64	What are patients encouraged to take part in as part of this therapy and what is this called?	Enjoyable activities, behavioural activation.
	65	Which type of CBT expands on a three step model for depression and what is it called exactly?	Ellis’s CBT, Rational Emotive Behaviour Therapy (REBT)
	66	What are the letters of each additional stage to the model and what do they stand for?	D (disputation of irrational beliefs) leading to E (effective change)
	67	What are the two types of argument used and what do they mean?	logical (do the beliefs make sense?) or empirical (is there any evidence for these beliefs)
	68	Researcher + findings on effectiveness of CBT	March et al (2007) found an effectiveness rate of 81% for both CBT and Medication.
	69	How may CBT effect the economy?	People being in more control of their mental health results in fewer sick days and an improvement in their productivity while at work.
	70	Why is access to CBT often limited?	16-20 sessions with a trained professional is a considerable investment in time and has considerable costs associated to it.
Biological Explanation of OCD	71	What gene variations seem to be present with OCD sufferers? What is the term for being caused by a range?	Gene 9, COMT, SERT—Polygenetic
	72	What is the incidence of OCD in the general population? If your first degree family member has it? MZ twin?	Concordance rates of—General population 2%, first degree family member 10%, MZ twin 87%
	73	What could changes in genes impact?	Neural system functioning, (neuro-transmitters/ large neural structures)
	74	Which neurotransmitter is most implicated and in what way?	Serotonin. Too low, serotonin prevents repetition of tasks (inhibitory). Removed too quickly from synapse.
	75	Name the area of the brain that is implicated and why this area is also related to Parkinsons	Basal Ganglia. OCD often occurs in people with Parkinsons. Repetitive motor functions seen in both.
	76	What other area of the brain that is associated with predicting future events is linked to OCD?	Orbito-frontal Corex
	77	Which area of the brain that is for the regulation of unpleasant emotions shown unusual activity?	Parahippocampal gyrus
	78	Researcher + What was found between OCD sufferers and controls?	HU (2006) Genetic differences that coded for serotonin functioning
	79	Why isn't genetic explanations a full explanation? Or Why isn't neurotransmitter explanations a full explanation?	Genetic: unable to separate the role of nature and nurture in these studies. Could be learnt behaviour Neurotransmitter: Drugs in brain in hours, but take weeks to come into effect.
	80	What is a alternative explanation for OCD that avoids biological determinism and why?	According to the cognitive explanation you have the ability to use your consciousness to challenge irrational thoughts.
Biological Treatment of OCD	81	What is drug therapy and what do they target in OCD?	Chemical treatments that influence the functioning of the body. Neurotrasnmitters, serotonin.
	82	What the drugs used for OCD usually used for and why?	Anti-depressant drugs, inhibit feelings of anxiety (Anxiolytics)
	83	And how long do they need to be used before effective?	3-4 months <i>(suggesting neuro-transmitter imbalance isn't full story as drug in brain with hours)</i>
	84	What does SSRI stand for and what is the main type?	Selective Serotonin Re-uptake inhibitors - SSRI’s : fluoxetine (Prozac)
	85	What does the above drug do?	Inhibits the re-uptake which is too fast in people with OCD. Serotonin stays in cleft and active.
	86	Name two drug alternatives to SSRI and briefly describe.	Tyicyclics (Clomipramine) or SNRI, influence noradrenaline.
	87	Name a non drug treatment and briefly describe	Psychosurgery, cut link between oribito frontal cortex and other areas or Deep brain stimulation, electrodes stimulate.
	88	Researcher + results of meta-analysis	Greist et al (1995), (N=1520) four main drugs used for treatment significantly more effective than placebo
	89	and side effects + Researcher+ results of relapse	Insomnia and nausea - Simpson (2004) 45% relapse within 12 weeks, compared to 12% within 12 weeks for CBT.
	90	Give a practical benefit of drugs or criticise validity.	Cost is cheap compared to CBT, more attractive to health services. <b>Or</b> Publication bias, Positive results in drug trails are more likely to be published than negative. Drug companies driven by profit to show drugs are effective.