

Knowledge Organiser: Year 12 Psychology; PSYCHOPATHOLOGY

DEFINITIONS OF ABNORMALITY	DEPRESSION - EXPLANATIONS
 STATISTICAL INFREQUENCY: Numerically unusual behaviour or characteristics. STRENGTH – real-world application. WEAKNESS – unusual characteristics can be positive. DEVIATION FROM SOCIAL NORMS: Social judgements about what is acceptable. STRENGTH – real-world application. WEAKNESS – cultural and situational relativism FAILURE TO FUNCTION ADAQUATELY: Inability to cope with demands of everyday life. STRENGTH – represents a threshold for help. WEAKNESS – discrimination and social control. DEVIATION FROM IDEAL MENTAL HEALTH: Jahoda considered normality rather than abnormality. STRENGTH – comprehensive definition. WEAKNESS – might be culture-bound. 	 CHARACTERISTICS: Behavioural – low activity levels and difficulty sleeping/eating. Emotional – low mood and anger. Cognitive – poor concentration. BECK'S THEORY: Faulty information processing – thinking negatively about all situations. Negative self-schema – negative information about ourselves. Negative triad – negative views of self, world and future. EVALUATION: Research support Real-world application ELLIS' ABC MODEL: A – activating event B – belief C – consequence EVALUATION: Real-world application
DEPRESSION – TREATMENTS	 Reactive and endogenous depression.
 COGNITIVE BEHAVIOURAL THERAPY: Beck's cognitive therapy – aims to identify negative thoughts and challenge them. Ellis' REBT – ABC + D (dispute) and E (effect). Behavioural activation – encouraging the depressed person to engage in enjoyable activities. EVALUATION: Evidence for effectiveness Suitable for diverse clients Relapse rates 	PHOBIAS – EXPLANATION 4 CHARACTERISTICS: Behavioural – panic and avoidance. Emotional – anxiety and fear. Cognitive – irrational beliefs. TWO-PROCESS MODEL: Phobia is developed through classical conditioning. UCS is linked to NS and produces UCR (fear). Little Albert is supportive research. Phobia is maintained through operant conditioning – avoidance of phobic stimulus reinforces the fear (negative reinforcement). EVALUATION: Real-world application Fails to account for cognitive aspects of phobias. Phobias are linked to past trauma.



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PHOBIAS – TREATMENT

SYSTEMATIC DESENSITISATION:

- Create a anxiety hierarchy from least to most anxious situation.
- Learn and complete relaxation techniques at all levels.
- It's a gradual exposure through the hierarchy.

EVALUATION:

- There is evidence of effectiveness.
- Less traumatic than other treatments.

FLOODING:

- Exposes clients to a very frightening situation immediately.
- This aims to extinguish the fear response.

EVALUATION:

- This method is cost-effective
- This method can be traumatic for patients

<u>OCD - TREATMENTS</u>

DRUG THERAPY:

- SSRI'S: Antidepressants that increase levels of serotonin in the synapse.
- Combining SSRI'S with other treatments most effective when offered alongside CBT.
- Alternatives to SSRI'S tricyclics.

EVALUATION:

- Evidence for effectiveness.
- Cost-effective and non-disruptive
- Serious side effects.

OCD - EXPLNATIONS

CHARACTERISTICS:

- Behavioural compulsions are repetitive behaviours.
- Emotional anxiety and distress.
- Cognitive obsessive thoughts.

GENETIC:

5

- Candidate genes genes might be involved in producing symptoms of OCD.
- OCD is polygenic different combinations of up to 230 genetic variations.

EVALUATION:

- There is research support for genetics
- There could be environmental risk factors involved.

NEURAL:

- The role of serotonin low levels of serotonin linked to OCD.
- Decision-making systems frontal lobes and parahippocampal gyrus could be malfunctioning.

EVALUATION:

7

- There is research support.
- There are no unique neural systems.

6



How do we use Knowledge Organisers in Psychology

How can you use knowledge organisers at home to help us?

- **Retrieval Practice**: Read over a section of the knowledge organiser, cover it up and then write down everything you can remember. Repeat until you remember everything.
- **Flash Cards:** Using the Knowledge Organisers to help on one side of a piece of paper write a question, on the other side write an answer. Ask someone to test you by asking a question and seeing if you know the answer.
- **Mind Maps:** Turn the information from the knowledge organiser into a mind map. Then reread the mind map and on a piece of paper half the size try and recreate the key phrases of the mind map from memory.
- **Sketch it:** Draw an image to represent each fact; this can be done in isolation or as part of the mind map/flash card.
- **Teach it:** Teach someone the information on your knowledge organiser, let them ask you questions and see if you know the answers.

How will we use knowledge organisers in Psychology?

- **Test:** We will do regular low stakes tests to check your ability to retrieve information from memory.
- **Mark our answers**: Once you have done a low stake test you can mark your work using the knowledge organiser.
- **Improve our work:** Once you have finished a piece of work you may be asked to check your knowledge organiser to see if there is any information on it that you could add into an answer.

<u>ASSESSMENT</u>	SECTION ON KNOWLEDGE ORGANISER	<u>DATE</u>	<u>SCORE</u>
Learning Check point 1			/10
16 marker exam question			/16
MID UNIT			/20
Learning Check point 3			/10
16 marker exam question			/16
END OF UNIT			/40