**AO1**

**Flooding**

* Uses Reciprocal inhibition – A person can’t be anxious and relaxed at the same time
* The patient is first taught relaxation techniques
* They are exposed to their most extreme fear in one long session, which usually lasts 2-3 hours
* This can be either in vivo (in real life) or in vitro (imagination or virtual reality).
* The patient will try to remain calm as they know they cannot avoid their feared stimulus and use relaxation techniques
* A persons fear response will naturally decrease as their adrenaline levels naturally decrease a new stimulus response link can be learned between a feared stimulus and relaxation.
* Once they have done this they have mastered their fear.

**Systematic Desensitisation**

* Produced by Wolpe in 1958
* Works on the principals of counterconditioning (anxiety replaced by relaxation)
* Reciprocal inhibition – A person can’t be anxious and relaxed at the same time
* The patient is first taught relaxation techniques
* They then rate their fear according to different levels
* The therapist and patient work together to create a hierarchy (most feared stimulus at the top and least feared stimulus at the bottom).
* Example of hierarchy given
* Patient is then exposed to feared stimulus whilst practicing relaxation
* The patient then works through the hierarchy and they must complete on level before moving onto the next.
* When all levels have been completed the patient has mastered their fear.
* In-vivo and In-vitro mentioned and explained

**Student name:**

**Essay title:**  Outline and evaluate the behavioural approach to treating Phobias **(Timed assessment)**

|  |  |  |
| --- | --- | --- |
| **1ST AO3** | **2ND AO3** | **3RD AO3** |
| Signposted point | Signposted point | Signposted point |
| Accurate evidence or example | Accurate evidence or example | Accurate evidence or example |
| Explained clearly  | Explained clearly | Explained clearly |
| Linked back to the behavioural approach of treating phobias  | Linked back to the behavioural approach of treating phobias |  Linked back to the behavioural approach of treating phobias |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level** | **AS Level** | **Knowledge** | **Accuracy** | **Evaluation** | **Focus** | **Specialist terminology** |
| **4** | 10-12 | **Well detailed** | **Accurate** | **Thorough and effective** | **Clear, coherent and focused** | **Used effectively** |
| **3** | 7-9 | **Evident**(reasonably detailed) | **Occasional inaccuracies** | **Mostly effective** | **Mostly clear and organised** | **Most used effectively** |
| **2** | 4-6 | **Present**(lacks detail) | **Numerous inaccuracies** | **Partly effective** | **Lacks clarity, accuracy and organisation**  | **Used inappropriately on occasions**  |
| **1** | 1-3 | **Limited** (limited/absent knowledge) | **Highly inaccurate** | **Limited, not effective or absent** | **Lacks clarity, many inaccuracies and poorly organised** | **Either absent or inappropriately used** |
| **0** | 0 | None | None | None | None | None |

**Re-draft:**

**KSTG: On/Above/Below KSTG**

**Mark out of 12:**

**Level:**

**KSTG: Above/On/Below KSTG**

**Mark out of 16:**

**Overall mark band:**