

ANSWER KEY & MARKING SCHEME · CBSE CLASS 12**Therapeutic Approaches**

Psychology, CI-12 · Chapter 5 · Use this with the Board Paper · Companion to Quick Drill

HOW TO USE

Attempt the Board Paper first (closed-book, full time). Then come here. For 2-mark+ questions, compare your answer to the model. For 3-4 mark questions, also consult the **Topper Templates** below — these show the exact step-by-step structure that scores full marks per CBSE marking-scheme conventions.

MODEL ANSWERS · BOARD PAPER**Section A — Objective (1 mark each)****Q1. Who developed Rational Emotive Behaviour Therapy? [1 mark]****Ans:** Albert Ellis (1962).**Q2. Name the principle on which systematic desensitisation is based. [1 mark]****Ans:** Reciprocal inhibition — a relaxed body cannot simultaneously experience anxiety.**Q3. List Beck's negative cognitive triad. [1 mark]****Ans:** Negative views of (1) the SELF, (2) the WORLD, and (3) the FUTURE.**Q4. What does the 'B' stand for in Ellis's ABC model? [1 mark]****Ans:** B = BELIEF held about the activating event A; distress flows from B, not directly from A.**Section B — Short Answer I (2 marks each)****Q5. What is transference? Distinguish positive from negative transference. [2 marks]****Ans:** Transference = the client begins relating to the therapist AS IF the therapist were a significant figure from the client's past (often a parent). POSITIVE transference shows up as affection, idealisation or dependence; NEGATIVE transference shows up as anger, suspicion or hostility. Analysing both gives the client a chance to re-work the original relationship safely.**Q6. List any four components of the rehabilitation of mentally ill persons. [2 marks]****Ans:** (1) Social skills training (role-play of conversation, eye contact, refusal). (2) Vocational training (a trade skill for income generation). (3) Occupational therapy (structured daily activities rebuilding concentration and self-esteem). (4) Family education (family learns the disorder, lowers high-expressed-emotion, supports medication adherence).**Section C — Short Answer II (3 marks each)****Q7. Explain the three therapeutic conditions Rogers considered essential for client growth. [3 marks]****Ans:** Carl Rogers' client-centred therapy specifies three core therapist conditions. (1) UNCONDITIONAL POSITIVE REGARD — non-judgemental acceptance of the client as a worthwhile human being regardless of behaviour. (2) EMPATHY — the therapist accurately senses the client's inner world 'as if' it were their own, without losing the 'as if' quality. (3) CONGRUENCE / GENUINENESS — the therapist is real and transparent, not hiding behind a professional mask. Under these conditions the client's self-actualising tendency is released and they move towards becoming a fully functioning person.**Q8. Describe Beck's cognitive triad and its role in depression. [3 marks]****Ans:** Beck argued that depression is held in place by three simultaneous negative cognitions — about the SELF ('I am defective / worthless'), about the WORLD ('everyone is hostile / nothing supports me'), and about the FUTURE ('nothing will ever improve'). These appear as rapid, involuntary AUTOMATIC THOUGHTS triggered by ordinary events. Therapy first trains the client to catch each thought, then test it like a scientific hypothesis — through evidence-gathering and small behavioural experiments — gradually replacing the triad with realistic appraisals. This is the most empirically supported psychotherapy for depression today.

Section D — Long Answer (4 marks each)

Q9. Explain the technique of systematic desensitisation with an example. [4 marks]

Ans: Systematic desensitisation, developed by Joseph Wolpe (1958), is a behaviour-therapy technique for phobias and anxiety disorders. It rests on the principle of RECIPROCAL INHIBITION — a relaxed body cannot simultaneously be anxious. The procedure has three steps. STEP 1: the client is trained in deep relaxation (typically progressive muscle relaxation) over several sessions. STEP 2: client and therapist together construct an anxiety HIERARCHY of about ten imagined scenes, ranked from least to most frightening. STEP 3: while deeply relaxed, the client visualises the lowest scene; when it no longer triggers anxiety, they climb to the next rung. EXAMPLE — for a fear of lifts the hierarchy may run from 'looking at a picture of a lift' (low) through 'standing in the open lift on the ground floor' (middle) to 'riding the lift alone between floors' (top). By the end of treatment the relaxation-response has been conditioned to every rung, replacing the original anxiety-response. The maladaptive S-R link is dismantled and the phobia disappears.

Q10. Discuss the ABC model of Rational Emotive Behaviour Therapy. Extend it to show how the therapist intervenes. [4 marks]

Ans: Albert Ellis (1962) developed Rational Emotive Behaviour Therapy (REBT). Its core is the ABC chain. A = ACTIVATING EVENT (e.g., 'I failed my pre-board exam'). B = BELIEF about that event ('I MUST always succeed, otherwise I am completely worthless'). C = emotional/behavioural CONSEQUENCE (depression, withdrawal, refusal to study). Ellis's central insight is that A does NOT cause C; B does. The same event held with a rational B ('I would have PREFERRED to pass, but failure does not equal worthlessness') yields a healthy C (disappointment + renewed effort). The therapist therefore inserts D = DISPUTE — logical, empirical and pragmatic challenge of the irrational belief ('Where is it written that you MUST always succeed? Is one mark the proof of your worth?'). This produces E = EFFECTIVE new belief and F = new healthy FEELING. With practice the client is trained to perform the ABCDEF chain independently, becoming their own therapist.

Q11. Differentiate biomedical therapy from psychotherapy on any four dimensions. [4 marks]

Ans: BIOMEDICAL therapy targets the brain through medication, ECT or rTMS, working from the OUTSIDE-IN — altering neurotransmitter activity to relieve symptoms. PSYCHOTHERAPY targets the mind through a structured interpersonal relationship, working from the INSIDE-OUT. They differ on (1) MODE — drugs/current vs talking + structured techniques. (2) ASSUMED CAUSE — neurochemical imbalance vs unconscious conflict / faulty learning / faulty cognition / blocked self-actualisation. (3) PRACTITIONER — psychiatrist (MD) vs clinical psychologist / counsellor (MA/PhD). (4) SPEED & DURABILITY — drugs act faster on symptoms but symptom-return is common on discontinuation; psychotherapy is slower but produces more durable change and skill transfer. In practice the two are combined — drugs stabilise the patient enough to engage in therapy, and therapy + rehabilitation produce long-term recovery.

★ TOPPER ANSWER TEMPLATES

3 TEMPLATES · MEMORISE THE FORMAT

★ TOPPER TEMPLATE — Explain systematic desensitisation with an example. (4 marks)

Common

Step 1 [1 mark]	Step 1	1-line definition + credit Wolpe (1958)
Step 2 [1 mark]	Step 2	Underlying principle — reciprocal inhibition (relaxation incompatible with anxiety)
Step 3 [1 mark]	Step 3	Three-step procedure — relaxation training, hierarchy construction, graded pairing
Step 4 [1 mark]	Step 4	Concrete example (lift phobia / exam phobia / spider phobia)
Step 5 [1 mark]	Step 5	Closing: works because new relaxation-response replaces the anxiety-response at each rung

COMMON LOSS OF MARKS:

- Skipping definitions or terminology mid-answer
- No clear paragraph/point structure
- Conclusion absent or one-line

★ **TOPPER TEMPLATE — Discuss the ABC model of REBT. (4 marks)**

Common

Step 1 [1 mark]	Step 1	Open with Ellis (1962) + name in full: Rational Emotive Behaviour Therapy
Step 2 [1 mark]	Step 2	Define A, B, C with one example sentence each
Step 3 [1 mark]	Step 3	Critical insight — distress flows from B, not A
Step 4 [1 mark]	Step 4	Therapist's tool — D (Dispute) of irrational beliefs
Step 5 [1 mark]	Step 5	Outcome — E (new Effective belief) + F (new Feeling)
Step 6 [1 mark]	Step 6	Close: it teaches the client to be their own therapist

COMMON LOSS OF MARKS:

- Skipping definitions or terminology mid-answer
- No clear paragraph/point structure
- Conclusion absent or one-line

★ **TOPPER TEMPLATE — Explain Rogers' three therapeutic conditions. (3 marks)**

Common

Step 1 [1 mark]	Step 1	Name the school — Client-centred (humanistic-existential)
Step 2 [1 mark]	Step 2	Condition 1: Unconditional Positive Regard — non-judgemental acceptance
Step 3 [1 mark]	Step 3	Condition 2: Empathy — entering the client's perceptual world
Step 4 [1 mark]	Step 4	Condition 3: Congruence / Genuineness — therapist is real, not role-playing
Step 5 [1 mark]	Step 5	Result: client's self-actualising tendency is released

COMMON LOSS OF MARKS:

- Skipping definitions or terminology mid-answer
- No clear paragraph/point structure
- Conclusion absent or one-line

MARKING SCHEME — GENERAL NOTES

- Section A: full mark only for the precisely-named term/credit. No marks for vague paraphrase.
- Section B: 1 mark for clear definition + 1 mark for distinction or four-component list. Award half-marks for partial lists.
- Section C: 1 mark per condition / vertex (x3). Bonus credit not given for over-long answers; deduct 0.5 if any condition is missing.
- Section D Q1 (Desensitisation): 0.5 for crediting Wolpe; 0.5 for reciprocal inhibition; 1 for the three-step procedure; 1.5 for a coherent worked example; 0.5 for closing principle.
- Section D Q2 (REBT): 1 for ABC defined with an example; 1 for the A-does-not-cause-C insight; 1 for D-E-F extension; 1 for the 'own-therapist' closing line.
- Section D Q3 (Differentiation): 1 mark per dimension up to four; reward students who close with a paragraph on COMBINED use (drugs + therapy + rehab).
- Penalise wrong attribution (Ellis ↔ Beck swap, Wolpe ↔ Skinner swap) by 1 mark wherever it appears.