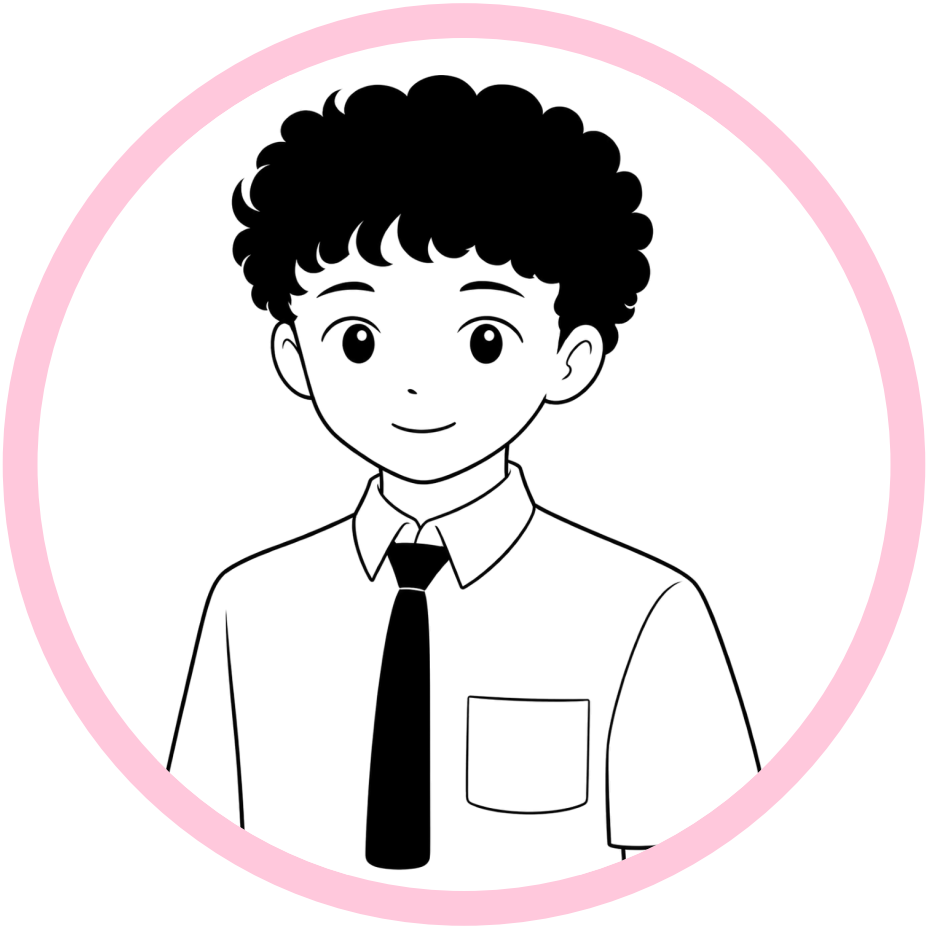
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.3.10 REDUCING ADDICTION

SCORE	PERCENTAGE
/94	%

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Q1.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Mark	Description
4	13-16	Knowledge of **one or more** ways of reducing addiction is accurate with some detail. Application is effective. Discussion is thorough and effective. Minor detail and / or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9-12	Limited knowledge of **one or more** ways of reducing addiction is evident but there are occasional inaccuracies / omissions. Application and / or discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5-8	Limited knowledge of **one or more** ways of reducing addiction is present. Focus is mainly on description. Any discussion and / or application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-4	Knowledge of **one or more** ways of reducing addiction is very limited. Discussion / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- drug therapy – replacement therapy using chemical substitutes or agonists (e.g. nicotine patches / gum / methadone etc); similar effect to addictive substance at the synapse; aversive drugs as used in aversion therapy, e.g. emetics to induce vomiting; use of blockers (antagonists) to prevent addictive substance having the desired chemical effect
- aversion therapy – based on classical conditioning; pairing of noxious stimulus (UCS) with undesired behaviour (NS); UCS causes unpleasant effect (UCR); through association NS acquires properties of UCS and becomes a conditioned stimulus (CS) creating an unpleasant conditioned response (CR). To avoid CR the CS is avoided. Credit concrete descriptions of the conditioning process using specified substances
- covert sensitisation – in vitro alternative to aversion therapy; use of revolting imaginal stimulus as an alternative to in vivo use of noxious stimulus; image can be suggested by therapist or devised in collaboration with client; classical conditioning principles as above
- cognitive behaviour therapy – focus on changing thinking and learning skills to avoid

relapse; stages might include cognitive appraisal and restructuring, skills acquisition where client learns skills to avoid substance, e.g. assertiveness, self-monitoring etc, role play of potentially difficult situations.

Possible application:

- 'the patches' is a reference to nicotine patches, medication / drug substitutes, an example of agonist drug therapy; pills block the effects of nicotine - antagonist
- rapid smoking to induce 'feeling sick' is an example of aversion therapy / images of horrid things create aversion
- use of unpleasant imagery 'horrid things to her body' is a strategy used in covert sensitisation
- refusal training to say 'No' would be part of cognitive therapy; giving knowledge about effects is part of cognitive therapy.

Possible evaluation points:

- use of evidence for effectiveness / lack of effectiveness / effects on relapse
- whether the intervention has any long-term beneficial effects, e.g. increase in confidence following CBT
- ease of availability, e.g. drugs versus cognitive therapy
- appropriateness for certain client groups, e.g. need for motivation with CBT
- whether the intervention can be used in different settings, e.g. aversion therapy requires a controlled setting and cannot be practised at home
- side effects of medication – e.g. with nicotine replacement therapy; problems following regimen
- ethical issues, e.g. in use of aversion
- comparison of different ways of reducing addiction.

Credit other relevant material.

Can accept ways of reducing other addictions (e.g. gambling) but no credit for application.

[16]

Q2.

[AO1 = 2 AO3 = 2]

Level	Marks	Description
2	3 – 4	Outline of one method for reducing addiction is clear and has some detail. A limitation is clearly explained. The answer is generally coherent with effective use of terminology.
1	1 – 2	Outline of one method for reducing addiction lacks clarity. The limitation is generic / stated rather than explained. The answer as a whole is not clearly expressed. Terminology is either absent or inappropriately used. **Either** outline **or** limitation is done well.
	0	No relevant content.

Possible methods:

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- drug therapy, eg outline of named drug and mode of action
- behavioural interventions, eg outline of specific procedures and related mechanisms involved in aversion therapy or covert sensitisation
- cognitive behaviour therapy, eg outline of stage by stage process
- theory of planned behaviour and / or Prochaska's model as used to illustrate a method.

Credit other relevant methods.

Possible limitations:

will depend on the method outlined but likely responses include:

- drug therapy – side effects and dependency issues with drugs such as methadone
- aversion therapy – ethical issues
- CBT – issues of commitment and motivation
- theory of planned behaviour and Prochaska's model are more descriptive and lack empirical support for effectiveness.

Credit other relevant limitations.

Q3.

[AO3 = 16]

Level	Marks	Description
4	13 – 16	Knowledge of at least 2 behavioural interventions aimed at reducing addiction is accurate and generally well detailed. Evaluation is thorough.The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9 – 12	Knowledge of at least 2 behavioural interventions aimed at reducing addiction is evident. There are occasional inaccuracies. Evaluation is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places. **OR** knowledge and evaluation of one intervention at Level 1.
2	5 – 8	Some knowledge of at least 2 behavioural interventions aimed at reducing addiction is present. Focus is mainly on description. Any evaluation is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions **OR** knowledge and evaluation of one intervention at Level 3.
1	1 – 4	Knowledge of behavioural interventions aimed at reducing addiction is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.

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	0	No relevant content.

Possible content:

- Aversion therapy – elements and process of classical conditioning as relevant to aversion therapy
- Covert sensitisation –- individual is asked to imagine aversive consequences and associate this with the negative behaviour
- CBT, cognitive re-framing

Possible evaluation points:

Should address appropriateness and effectiveness

- Findings from studies of effectiveness
- Comparison with alternative interventions
- Practical issues – time commitment, expense
- Client characteristics – eg willingness to engage with CBT, type of addiction
- Ethical issues eg with aversion therapy, causing psychological harm to the client

Credit other relevant information.

Q4.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

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AO1

Credit is awarded for a description of drug therapy as a biological intervention for addiction. These are generally divided into agonist substitution, partial agonist and antagonist treatment. Students are likely to refer to these in the context of smoking, but biological interventions for other addictions (eg methadone) are creditworthy.

- Agonist substitution (eg nicotine replacement therapy, methadone) these provide the person with a safer drug. Nicotine patches mimic or replace the effects of nicotine. They may also desensitize nicotine receptors in the brain. They relieve withdrawal symptoms and stop cravings. The removal of withdrawal symptoms is an example of negative reinforcement.

- Partial agonists, eg varenicline binds with acetylcholine receptors preventing nicotine binding and reducing the reinforcing effects of smoking

- Antagonist treatments (eg Bupropion) block the effects of the substance / drug, ie block nicotine receptors.

Description could cover the biological action of the intervention as well as practical information (time taken, frequency, etc).

Students can take a specific route focusing on a particular drug group or a more general approach focusing on different types of drug treatment, both are creditworthy.

AO3

Credit evaluation of the effectiveness of the biological intervention. Students can refer to success rate, relapse / dropout rate, cost effectiveness. References to appropriateness must be explicitly linked to effectiveness to gain credit. Students may use outcome studies related to specific interventions, for example Watts (2002), O'Brien (1996). Ethical issues can be credited if linked to effectiveness.

Q5.

Marks for this question: AO2 = 10

Level	Marks	Description
4	9 – 10	Intervention is clear and application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	7 – 8	Intervention is evident. Application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	4 – 6	Intervention is present. Application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 3	Intervention is limited / muddled. Application is

		limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

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AO2 / AO3

Candidates are required to identify one or more interventions for reducing addictive behaviour and then justify their choice by referring to the scenario. Candidates can choose to discuss biological and / or psychological interventions:

- Biological interventions: would be helpful at tackling Kerry's unpleasant withdrawal symptoms and high levels of anxiety / stress. Nicotine replacement therapy would be useful to reduce Kerry's withdrawal symptoms. Bupropion would also be helpful at blocking pleasurable effects of smoking.
- CBT / cognitive restructuring: would be appropriate to tackle Kerry's belief that she will not succeed and could be useful as a method of preventing relapse.
- Theory of planned behaviour (TPB): this approach focuses on developing a sense of perceived behavioural control / self-efficacy for smokers which would be helpful for Kerry and develop her belief that she can give up smoking.

Candidates may also justify their choice of intervention with reference to research studies. This approach is credit-worthy. Other interventions such as public health interventions eg Quitline should only receive credit if applied to Kerry.

Q6.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used

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		inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

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AO1

Credit is awarded for an outline of one psychological intervention aimed at reducing addictive behaviour. Answers may be based on any relevant psychological intervention including:

- cognitive behaviour therapy
- behavioural interventions including aversion therapy and covert sensitisation

Biological interventions should not be credited here. Public health interventions can only be credited if the candidate clearly addresses a psychological component within a public health intervention (for example, banning advertising must be explicitly linked to social learning theory).

AO3

Credit is awarded for appropriate evaluation / commentary relating to the intervention presented.
Examples of relevant issues include:

- effectiveness of the intervention including references to outcomes of research
- short-term versus long-term outcomes
- practical implications such as duration and availability of specialist resources
- ethical issues

Credit may also be given for comparison of different types of intervention as long as it is part of a sustained commentary on the chosen intervention. Credit use of relevant evidence.

Q7.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused.

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		Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / valuation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

AO1

Types of intervention included on the specification are: drug therapy, behavioural interventions - aversion therapy and covert sensitization, and cognitive therapy. It is acceptable for candidates to describe one type of intervention in a general way or in the context of a particular type of addiction eg smoking.
If candidates offer more than one intervention, credit the best one.

AO3

The evaluation / commentary depends on the type of intervention chosen.
Candidates are likely to focus on the effectiveness of each type of intervention since this is required on the specification, but any appropriate commentary is creditworthy.
Candidates can gain credit by referring to other types of intervention provided that they do so as part of a sustained commentary on their chosen intervention. They might also gain credit by considering some of the ethical and / or practical implications.

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Q1.

There were many high scoring responses. Most answers referred to combinations of drug therapy, aversion therapy and covert sensitisation. Very few used cognitive behaviour therapy. Weaker responses were characterised by sparse knowledge, for example, students referring to drug therapy failed to explain the difference between the effects of agonists and antagonists. Similarly, explanations of the conditioning principles underpinning aversion / covert sensitisation were absent from the weaker answers. As with parallel questions, applications ranged from merely likening a named way to one of the quotes in the Table, to detailed and sustained explanatory links with different aspects of the therapy.

Q4.

This question required students to outline one biological treatment for reducing addiction and evaluate the effectiveness of the approach. Responses to this question were disappointing. While many students were able to identify biological interventions such as methadone or nicotine replacement therapy, very few were able to describe their mode of action with accuracy or any detail. This meant that most answers were at best basic. Discussions often failed to focus on the effectiveness of the intervention as the question directed. Very few scripts actually made any reference to research or outcome studies that had investigated effectiveness.

There was a worrying tendency here for students to present material on antabuse as a biological treatment. This could gain credit when students were able to discuss the mode of action (for example ways in which antabuse interferes with the metabolising of alcohol) but very few were able to do this. Most resorted immediately to the language of behaviourism making reference to association, classical and in some cases, operant conditioning which gained minimal credit.

Q5.

AO2 / AO3 credit was achieved by applying knowledge of interventions for addictive behaviour to the scenario provided (Kerry). The scenario included a range of factors for students to choose from including withdrawal symptoms, lack of self-belief / efficacy and the role played by smoking friends and co-workers. Students could achieve credit by covering all of these in less detail or a couple of factors in greater detail.

Many students focused on biological interventions to target withdrawal symptoms, although they often did little to justify why these might be effective. Other popular approaches included cognitive behavioural interventions, doctor's advice and the NHS quit line. Some students focused on public health interventions. One common example of this was to give the smoking ban as an example of a public health intervention, which could potentially help 'Kerry' – but showed little awareness that this has been in place for 5 years. Others described Ajzen's Theory of Planned Behaviour at length but struggled to identify a clear intervention as the question required (for example developing self-efficacy). General descriptions of TPB without application were classed as rudimentary.

As ever, application and good psychology was key to higher marks. The most successful students were those who identified one of the cues in the scenario, (withdrawal symptoms) went on to link this to an appropriate intervention (nicotine patches or gum) and explained how and why this might be useful for 'Kerry' with reference to relevant research findings. Those students who focused clearly on what they were asked to do and who provided detailed evidence justifying their suggestions scored highly.

Q6.

Most students described an appropriate psychological intervention in this question. Answers generally focussed on behavioural or cognitive behavioural methods including aversion therapy and cue avoidance. Many descriptions were rather basic and lacking in detail, so students should be encouraged to think carefully about the amount of depth required in this area. A small number of students focussed on self help / support groups or public health interventions. These could receive credit, providing psychological components were clearly identified but few students going down this route were able to do this. A few students wrongly chose a biological intervention.

AO2 / 3 credit was awarded for an evaluation of the intervention presented. The most obvious route to achieving AO2 / 3 was to use research evidence to consider the effectiveness of the intervention; students who could do this were on the way to good marks. Many weaker answers focussed on ethical issues and potential side effects and had a rudimentary AS feel with little elaboration.

Q7.

The answers to this question were very centre-specific. There were some excellent and informed answers at the top end but also some that demonstrated little more than a rudimentary knowledge of any intervention. Some candidates appeared to treat public health and legislation as if they were the same type of intervention. This is not the case and in such answers, only one would gain credit. No credit was given for models of prevention. The commentary depended on the type of intervention chosen, but many candidates considered effectiveness and used relevant studies to support their point.

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