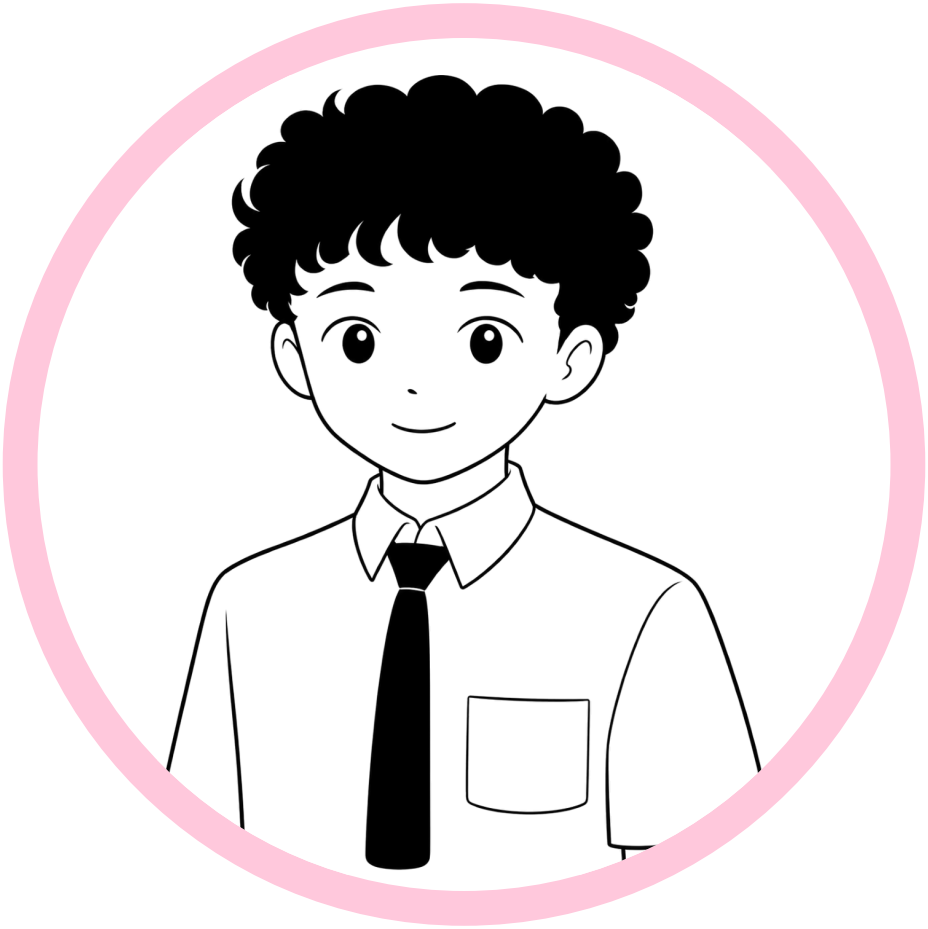
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.3.10 THEORIES OF BEHAVIOUR CHANGE

SCORE	PERCENTAGE
/26	%

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Q1.

[AO3 = 6]

Level	Mark	Description
3	5-6	Evaluation is effective and appropriate. Minor detail and / or expansion of argument is sometimes lacking. Answer is clear, coherent and focused. Specialist terminology is used effectively.
2	3-4	Evaluation is sometimes effective, mostly clear and focused. Specialist terminology is sometimes used appropriately.
1	1-2	Evaluation is very limited and lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible evaluation points:

- represents a positive move away from all-or-nothing view of addiction
- humane view - considers relapse as normal part of process rather than failure
- identification of separate stages should enable better understanding of the processes
- practical application – therapies can be devised that are appropriate for particular stages
- use of evidence to support / refute existence of stages
- use of evidence to show effectiveness or otherwise of stage specific therapies
- validity - stages may not be discrete/exclusive
- arbitrary nature of stages.

Credit other relevant material.

[6]

Q2.

(a) **[AO1 = 2]**

Possible content:

The theory of planned behaviour (TPB) has three interacting components;
- subjective norms, behavioural beliefs and attitude,
- perceived behavioural control.
- in combination these lead to behavioural intentions, and then to behaviour change

2 marks for outlining the three components of the TPB and their relationship to intentions and actions; a diagram would be an effective way to present this.
1 mark for reference to the three components

(b) **[AO3 = 2]**

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Possible limitations:

There are several limitations to this theory;

- there is no room for less logical emotional factors that can affect behaviour;
- the three components have been criticised as being conceptually vague and difficult to measure reliably;
- although the TPB can predict behavioural intentions, it is poor at predicting actual behaviour change

1 mark for outlining one limitation of the TPB.
1 further mark for accurate elaboration; examples or research findings would be creditworthy as illustrations/elaboration of one limitation of the TPB

Q3.

[AO1 = 3 AO3 = 5]

Level	Marks	Description
4	7 – 8	Outline of the Prochaska model of behaviour change is accurate and generally well detailed. Evaluation is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5 – 6	Outline of the Prochaska model of behaviour change is evident. There are occasional inaccuracies. There is some effective evaluation. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3 – 4	Outline of the Prochaska model of behaviour change is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1 – 2	Outline of the Prochaska model of behaviour change 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.
	0	No relevant content.

Possible content:

Prochaska's model of behaviour change includes the following stages;

- Precontemplation - individual does not consider they have a problem
- Contemplation - Individual is considering changing behaviour
- Preparation/action - making plans to change behaviour
- Maintenance – change in behaviour continues

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- Relapse – return to earlier stages, contemplation, preparation
- Cyclical nature of the model - appropriately detailed diagram with stages in correct order and linking arrows would be an acceptable.

Possible evaluation points

- Useful model of the transitions between eg smoker and non-smoker
- Incorporates dynamic and flexible nature of the transition to eg non-smoker; incorporates relapse and return to earlier stages
- Research support for the different stages
- Can be used to design effective interventions and predict outcomes
- Helps clients understand the processes they are going through, increasing chances of successful outcomes
- Problems in defining/measuring the stages

Credit other relevant material.

Q4.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

AO1 = 4

AO1 credit is awarded for an outline of the theory of planned behaviour (Ajzen 1985) as a model for addiction prevention TPB claims that:

- behaviour is a function of three factors, personal attitudes, subjective norms (other people's views) and perceived behavioural control
- perceived behavioural control (or self-efficacy) – strength of your belief or conviction that you can carry out the behaviour
- SE reflects past experience (e.g. of trying to quit smoking) as well as obstacles
- developing behavioural control is an important aspect of preventing addiction (e.g. education programmers aimed at children).

TPB is derived from the Theory of Reasoned Action and basic credit can be awarded for reference to the link between TRA and TPB. Diagrams of TPB can also

receive credit.
Maximum 3 marks if material is not shaped to addiction prevention.

AO1 Mark bands Knowledge and understanding
4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.
3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.
2 marks Basic Knowledge and understanding are basic / relatively superficial. Organisation and structure of the answer are basic.
1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and / or inaccurate. Lacks organisation and structure.
0 marks No creditworthy material.

Q5.

[AO1 = 2, AO2 =2]

AO1

Up to two marks for an outline of the Prochaska model. 1 mark for a brief / vague outline. 2 marks for an outline with some detail. Relevant points include: six stage process, cyclical nature of the model and knowledge of specific stages. The most likely stages to be explained are: contemplation – person is aware of the problem and thinking about changing behaviour; preparation / decision – person is deciding that they will take steps to change; action / active – person is changing behaviour. Simply naming 2 or more stages – 1 mark. Comprehensive description is not required for full marks.

AO2

One mark for each relevant application to Nadine and smoking. Likely points: Nadine appears to understand she has a problem ie may be in the contemplation stage; but she may be entering the decision / preparation stage – she has a plan to buy fewer cigarettes, or action stage – she buys only one packet. Credit any other relevant links to the model.

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Q1.

This was often badly answered, usually because students confused the model with a treatment.

Q4.

This option was attempted by around 50% of students.

This question required students to describe the theory of planned behaviour (TPB) as a model for addiction prevention. About a quarter of the students who answered this question gained one or zero marks implying that this theory had not been covered during the course of study. Other students were able to describe the model but the requirement to tailor the description to prevention of addiction was ignored by many. More successful students shaped their description of TPB to a specific addiction such as smoking and illustrated the importance of altering subjective norms or individual attitudes which was sufficient for top band marks. Again, more successful students thought about the question, selected and shaped material appropriately.

Q5.

This question was often well done, with some accurate descriptions of the Prochaska model and sound application to the case of Nadine. Not uncommonly, answers consisted of excessively detailed outlines covering each stage of the model in some depth, all of which was not necessary for the outline marks.