Oxford Revise | AQA A Level Psychology | Answers

Chapter 17

All exemplar answers given would achieve full marks or the top level.

1. **Marks for this question: AO1 = 1**

   Precontemplation, contemplation, preparation, action, maintenance, termination

2. **Marks for this question: AO2 = 6**

   This question is level-marked:

Level	Marks	Description
3	5–6	• Knowledge of drugs and how they work to treat heroin addiction is clear and generally well detailed. • Application is mostly clear and effective. • The answer is generally coherent with appropriate use of specialist terminology.
2	3–4	• Knowledge of drugs and how they work to treat heroin addiction is evident. • There is some effective application. The answer lacks clarity in places. • Specialist terminology is used appropriately on occasions.
1	1–2	• Knowledge of drugs and how they work to treat heroin addiction is limited. • Application is either absent or inappropriate. The answer as a whole lacks clarity and has inaccuracies. • Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible AO2 application:

- Sawika's friend is referring to agonists and antagonists as different types of drug therapy.
- The agonists are the ones that seem to be a bit like heroin and the antagonists are the ones that block the effects of heroin.
- Methodone is an agonist that has similar effects to heroin but is considered safer as it is medically administered. It allows for a gradual reduction in dose that prevents withdrawal syndrome.
- Naltrexone is an antagonist. It works by binding to receptor sites and blocking them so that if the addictive drug (heroin) is taken, the individual feels no effect.
- Sawika could use naltrexone once she has undergone withdrawal from heroin to help her combat the psychological cravings.

Credit other relevant applications.

3. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	• Knowledge of the terms physical dependence and psychological dependence is clear and accurate. • The answer is mostly coherent with effective use of specialist terminology.
1	1–2	• Knowledge of the terms physical dependence and psychological dependence is briefly stated with little elaboration. • The answer may include inaccuracies and be poorly organised. Specialist terminology is either absent or inappropriately used. **OR** the term physical dependence **OR** psychological dependence is present at Level 2.
	0	No relevant content.

Possible AO1 content:

- Physical dependence means that if someone abstains from taking a drug, they experience withdrawal (painful and/or unpleasant physiological symptoms).
- Psychological dependence is when an individual is consumed by thoughts about their addictive substance or behaviour. They feel compelled to act on the thoughts, despite knowing it's harmful.
- Acting on the addictive behaviour results in a reward, such as pleasure or avoidance of discomfort. This reward, as far as the individual is concerned, outweighs any negatives. Abstinence causes powerful cravings, which make ending the addiction difficult.

Credit other relevant material.

4. Marks for this question: AO1 = 3

3 marks for a clear, coherent outline of how cognitive behavioural therapy can reduce addiction, using appropriate terminology.

2 marks for an outline of how cognitive behavioural therapy can reduce addiction that lacks some clarity or detail.

1 mark for a brief or muddled outline of how cognitive behavioural therapy can reduce addiction.

Possible AO1 content:

- Cognitive behavioural therapy (CBT) aims to change the addict's irrational and faulty thinking about their addiction, and to teach them how to cope with circumstances that lead to addictive behaviours.
- It usually takes 10 one-hour sessions to treat the addiction, with follow-up sessions to prevent relapse.
- The therapist identifies and challenges the addict's cognitive distortions (irrational and faulty beliefs surrounding their addiction).

- This causes a shift in their thinking (cognitive restructuring) that motivates them to change their behaviour.

Credit other relevant material.

5. Marks for this question: AO1 = 4, AO2 = 2

This question is level-marked:

Level	Marks	Description
3	5–6	• Knowledge of nicotine addiction is clear and generally well detailed. • Application is mostly clear and effective. • The answer is generally coherent with appropriate use of specialist terminology.
2	3–4	• Knowledge of nicotine addiction is evident. • There is some effective application. • The answer lacks clarity in places. Specialist terminology is used appropriately on occasions.
1	1–2	• Knowledge of nicotine addiction is limited. • Application is either absent or inappropriate. • The answer as a whole lacks clarity and has inaccuracies. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible AO1 content:

- An individual smoking a cigarette takes in 1–2mg of nicotine, which takes less than 10 seconds to reach peak levels in the bloodstream and brain.
- The nicotine attaches to nicotinic receptors (a type of acetylcholine receptor) in the ventral tegmental area.
- This triggers the release of the neurotransmitter dopamine in the nucleus accumbens, in the mesolimbic system. It also stimulates the release of the neurotransmitter glutamate, which triggers further release of dopamine.
- Dopamine produces pleasure and a drive to repeat the behaviour that caused it, leading to nicotine addiction.
- The physiological processes caused by abstinence are associated with a decrease in dopamine activity, which leads to withdrawal symptoms such as agitation, irritability, and intense cravings.
- Tolerance occurs because prolonged intake creates chronic desensitisation of nicotinic receptors. This can only be overcome by increasing nicotine intake.
- Withdrawal and tolerance create addiction by motivating an individual to smoke daily, and to increase their nicotine consumption through more cigarettes and/or brands with higher nicotine content.

Possible AO2 application:

- The physical sensation and 'rush' that Tamara describes from smoking is from the 1–2mg of nicotine that triggers the release of the neurotransmitter dopamine.
- She has started craving smoking alone and buying cigarettes with a higher nicotine content because of withdrawal and tolerance.

Credit other relevant material.

6. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	• Knowledge of the role of one social influence as a risk factor for the development of addiction is clear and accurate. • The answer is mostly coherent with effective use of specialist terminology.
1	1–2	• Knowledge of the role of one social influence as a risk factor for the development of addiction is briefly stated with little elaboration. • The answer may include inaccuracies and be poorly organised. • Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible AO1 content:

- Peer relationships are one of the most important risk factors for addiction in older children.
- Peers exert influence by introducing the individual to risky behaviours and pressuring them to take part.
- Adolescents tend to befriend others with similar habits, so they create a social network that reflects and reinforces their own behaviours. The risk of addiction increases when behaviours like smoking and drug abuse are modelled by peers, and when they are seen as positive and socially acceptable.
- Parental influences: Adolescents who believe their parents have positive attitudes towards drug use or behaviours like gambling are at increased risk of addiction.
- Parental influences: Researchers found that final year high-school students whose parents allowed them to drink alcohol at home drank excessively at college the following year.
- Parental influences: Modelling - Social learning theory states that children learn attitudes and behaviours from observation and imitation of significant role models. It follows that children observing parents who model addictive behaviours are at risk of addiction themselves.
- Parental influences: modelling - a study of gambling behaviour found gendered imitation of gambling patterns; boys followed their fathers and girls followed their mothers.
- Parental influences: Parental style - The 'authoritative' parent combines showing parental warmth with appropriate control and develops psychological resilience and emotional wellbeing, and is associated with

lower levels of substance abuse. Adolescents who believe their parents are not interested in monitoring their behaviour or intervening in their lives are more at risk of developing an addiction.

- Peer influences: The risk of addiction increases when behaviours like smoking and drug abuse are modelled by peers and seen as positive and socially acceptable.

Credit other relevant material.

7. Marks for this question: AO3 = 2

2 marks for a clear, coherent strength of the cognitive theory of gambling addiction, using appropriate terminology.

1 mark for a brief or muddled strength of the cognitive theory of gambling addiction.

Possible AO3 evaluation:

- 80% of gambling-related verbalisations made by heavy gamblers were classified as irrational. Research with recreational (non-regular) gamblers did not show the same high degree of cognitive biases. This suggests that irrational beliefs maintain gambling behaviour and make people vulnerable to addiction.
- Participants were given a modified Stroop test, with regular gamblers taking longer than controls to identify the colour of the word, when the word was related to gambling. They were unable to stop gambling information interfering with the task. This suggests that regular gamblers have a cognitive bias to automatically pay attention to gambling-related information, and it explains why they are able to place bets automatically.
- Evidence that gambling addicts have cognitive biases, and different ways of thinking from non-gamblers, has implications for treatment. Cognitive behavioural therapy challenges the gambler's irrational thoughts, such as the gambler's fallacy, and replaces them with rational thoughts.

Credit any valid strength.

8. Marks for this question: AO3 = 6

This question is level-marked:

Level	Marks	Description
3	5–6	• Evaluation of Prochaska's six-stage model of behaviour change is thorough and effective. • The answer is clear, coherent, and focused. • Specialist terminology is used effectively.
2	3–4	• Evaluation of Prochaska's six-stage model of behaviour change is thorough and effective. • The answer is clear, coherent, and focused. • Specialist terminology is used effectively.

1	1–2	• Evaluation of Prochaska's six-stage model of behaviour change is limited. • The answer lacks clarity and organisation. • Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible AO3 evaluation:

- A strength of the model is its view of relapse being an almost inevitable part of overcoming addiction, rather than a failure. Relapse is taken seriously, with different interventions identified at each stage. This reduces the stigma of relapse and shifts thinking towards getting back on track rather than feelings of guilt, which could themselves trigger more addictive behaviours.
- Researchers randomly allocated heavy drinkers to either a stage model intervention group or a control group who received minimal intervention. Only 2% gave up drinking, and 35% decreased their consumption. Importantly, there was no difference in beneficial effects between the staged intervention group and the control group, which suggests the effectiveness of the model may have been overstated.
- A critical review of Prochaska's model found that research tended to focus on stage progression rather than behaviour change (overcoming addiction). They concluded that the lack of empirical studies using behavioural outcomes as the measure of its effectiveness has led to its effectiveness being overstated.
- The same critical review found that few studies were of robust scientific design. They found methodological flaws, such as lack of control groups, self-selected samples, and confounding variables, such as nicotine replacement therapy being used alongside staged interventions. These problems make it hard to isolate the specific effects of the 'stages of change' approach.

Credit other relevant evaluations.

9. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	• Knowledge of the role of learning, and partial and variable reinforcement in gambling addiction is clear and accurate. • The answer is mostly coherent with effective use of specialist terminology.
1	1–2	• Knowledge of the role of learning, and partial and variable reinforcement in gambling addiction is briefly stated with little elaboration. • The answer may include inaccuracies and be poorly organised. • Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible AO1 content:

- Social learning theory explains gambling addiction as being reliant on various types of reinforcement.

- Partial reinforcement: Skinner's research on rats found that a partial reinforcement schedule, where behaviour was rewarded only some of the time, maintained the behaviour.
- In gambling, the reward of winning is uncertain. This makes the behaviour hard to stop, as the gambler hopes the next gamble will bring reward.
- Variable reinforcement is a type of partial reinforcement where only a proportion of gambles are rewarded with a win, and the schedule is completely unpredictable.
- Gambling machines use a 'variable-ratio' reinforcement schedule, in which the average payout is consistent, but the exact time at which the payout will happen is impossible to predict. The gambler has learned that if they keep playing, at some point they will win.

Credit other relevant material.

10. Marks for this question: AO1 = 3, AO3 = 5

This question is level-marked:

Level	Marks	Description
4	7–8	• Knowledge of personality as a risk factor in the development of addiction is accurate with some detail. • 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	5–6	• Knowledge of personality as a risk factor in the development of addiction is evident but there are occasional inaccuracies or omissions. • Discussion is mostly effective. • The answer is mostly clear and organised but occasionally lacks focus. • Specialist terminology is used appropriately.
2	3–4	• Limited knowledge of personality as a risk factor in the development of addiction is present. • Focus is mainly on description. Any discussion is of limited effectiveness. • The answer lacks clarity, accuracy, and organisation in places. • Specialist terminology is used inappropriately on occasions.

1	1–2	• Knowledge of personality as a risk factor in the development of addiction is very limited. • Discussion 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 AO1 content:

- A personality trait associated with increased risk of addiction is 'impulsivity', which is characterised by a desire for immediate gratification, high levels of risk-taking, and a failure to consider the consequences of behaviour.
- Antisocial personality disorder begins in adolescence, and has many personality risk factors for addiction, with the key one being impulsivity. A review of research found the prevalence of personality disorders is estimated to be 44% in alcoholics, 70% for cocaine addicts, and 79% for opiate addicts.
- The addiction-prone personality scale (APP) is a way of assessing the influence of personality factors on addictive behaviour. It can predict the severity of addiction and likelihood of remission during recovery. Researchers using the APP found that personality was a predictor of heavy marijuana use.

Possible AO3 evaluation:

- A longitudinal study found that adolescents who heavily abused alcohol tended to have higher impulsivity scores. Further research found higher mortality rates for such individuals, which is explained by the fact that impulsivity is linked to risk-taking behaviours (particularly illicit drug use, which could lead to overdose).
- Researchers have shown that personality is a key predictor in the development of substance abuse and dependence. This suggests that vulnerable individuals could be identified and given help to prevent the development of an addiction. This would transform their life and prevent the costs to society of their treatment.

Credit other relevant material.

11. Marks for this question: AO1 = 3, AO2 = 2, AO3 = 3

This question is level-marked:

Level	Marks	Description
4	7–8	• Knowledge of the role of cue reactivity in nicotine 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	5–6	• Knowledge of the role of cue reactivity in nicotine 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	3–4	• Limited knowledge of the role of cue reactivity in nicotine addiction is present. • Focus is mainly on description. Any application/discussion is of limited effectiveness. • The answer lacks clarity, accuracy, and organisation in places. • Specialist terminology is used inappropriately on occasions.
1	1–2	• Knowledge of the role of cue reactivity in nicotine addiction is very limited. • Application/discussion 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 AO1 content:

- The pleasurable effect of smoking, caused by activation of the brain's reward centres because of the nicotine, is a primary reinforcer.
- Stimuli that are present at the same time as smoking are called secondary reinforcers because they are associated with the pleasurable effect rather than the smoking itself.
- Stimuli could be a cup of coffee, alcohol, or a particular person (anything or anyone that is repeatedly present at the same time as the nicotine intake).

- Cue reactivity means that the secondary reinforcers act as cues to smoke, because their presence produces similar physiological and psychological responses to nicotine.
- An individual reacts to the cues by craving nicotine and experiencing an increase in autonomic activity such as an increased heart rate.

Possible AO2 application:

- Celine associates a number of things with smoking, which act as cues when they are present.
- She associates Friday evenings, the pub beer garden, her friends, and alcoholic drinks with smoking. These things are secondary reinforcers.
- She can easily not drink during the week, but as soon as she enters the beer garden all the cues (secondary reinforcers) prompt her to crave cigarettes and smoke.

Possible AO3 discussion:

- A meta-analysis of 41 studies found evidence that when smokers were presented with secondary reinforcers (cues), their physiological arousal and desire to smoke increased.
- Many studies presented smokers with images of common cues, such as lighters and ashtrays. They found that dependent smokers reported high levels of cravings and increased physiological arousal. This suggests that cue reactivity can influence smoking behaviour.
- Cue exposure therapy (CET) is a treatment based on breaking cue reactivity. Smokers are presented with cues without the opportunity to smoke, which leads to 'stimulus discrimination': without the reinforcement provided by nicotine, the association between the cue and smoking is extinguished.
- A study of 76 smokers found that CET was effective in reducing cue reactivity after six sessions.

Credit other relevant material.

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

This question is level-marked:

Level	Marks	Description
4	13–16	• Knowledge of behavioural interventions used to reduce addiction is accurate and generally well detailed. • 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	• Knowledge of behavioural interventions used to reduce addiction is evident but there are occasional inaccuracies/omissions. • 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 behavioural interventions used to reduce addiction is present. • Focus is mainly on description. Any discussion 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 behavioural interventions used to reduce addiction is very limited. • Discussion 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 AO1 content:

- Behavioural interventions use counterconditioning to treat addiction.
- Aversion therapy aims to change the conditioned response of pleasure from the addictive behaviour (conditioned stimulus) to one that is unpleasant. The addict learns to associate the addictive substance or behaviour with an aversive reaction.
- Alcoholics are given a drug that makes them vomit 5 minutes after drinking a strong-tasting alcohol, like whisky. The process is repeated with higher levels of the drug, and different alcoholic drinks, until the addict has learned to associate alcohol with vomiting. The conditioned response to alcohol of pleasure is replaced with fear, and the desire to drink stops.
- Gambling addicts are given painful electric shocks when presented with materials specific to their gambling problem, such as images of casino chips or scratch cards. With repetition of the process, the addict learns to associate gambling with pain, resulting in a loss of desire to gamble.
- Covert sensitisation is a type of aversion therapy that uses imagined, rather than an actual, aversive stimuli.
- The alcoholic imagines themselves engaging in alcohol-related activities, such as going to the pub, pouring a glass of wine, or putting the glass to their lips. They then vividly imagine an unpleasant consequence, such as vomiting over themselves and others, causing pain and humiliation. Repetition of the process replaces the conditioned response of pleasure with one of disgust, and the desire for alcohol stops.

- Covert sensitisation for smokers may involve the smoker imagining being forced to smoke a cigarette that is covered in faeces. Through repetition, the addict learns to associate smoking with aversive feelings of sickness and disgust, so it breaks their addiction.

Possible AO3 discussion:

- 600 alcoholic patients in three addiction treatment hospitals were given aversion therapy. 75 of the patients were also treated for cocaine addiction. 12 months after aversion therapy, 65% were abstaining from alcohol and 83.7% from cocaine. This provides support for the effectiveness of aversion therapy in treating alcohol and cocaine addiction.
- Critics argue that aversion therapy is unethical because it subjects addicts to extreme nausea, painful electric shocks, and indignity. Aversion therapy has high attrition, which limits its effectiveness and means there may be a systematic bias in the addicts who don't drop out. This may cause an overestimation of the efficacy of the treatment.
- Researchers found that aversion therapy was more effective for gambling addiction after one month than one year. A follow-up study (2–9 years later) found no difference compared to placebo. The treatment fails to address the underlying issues that led to addiction in the first place, and leaves people vulnerable to relapse.
- Researchers suggest that covert sensitisation is a fast and effective treatment for a variety of addictions in 90% of cases. They used hypnotic suggestion to associate feelings of nausea with cigarette smoking, alcoholism, and chocolate addiction, with one patient's craving for chocolate eliminated in just four sessions.
- Researchers compared electric shock aversion therapy with covert sensitisation in gambling addicts. After one year, the covert sensitisation group had reduced their gambling by 90% compared to 30% for aversion therapy, and they had fewer and less intense cravings. This is one of many studies that have found evidence that covert sensitisation is effective in treating addictions such as alcoholism, smoking, and gambling.

Credit other relevant material.

13. Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6

This question is level-marked:

Level	Marks	Description
4	13–16	• Knowledge of social influences as a risk factor in the development of addiction is accurate and generally well detailed. • 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	• Knowledge of social influences as a risk factor in the development of 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 social influences as a risk factor in the development of 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 social influences as a risk factor in the development of addiction is very limited. • Discussion and/or 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 AO1 content:

- Parental influences: Adolescents who believe their parents have positive attitudes towards drug use or behaviours like gambling are at increased risk of addiction.
- Parental influences: Researchers found that final year high-school students whose parents allowed them to drink alcohol at home drank excessively at college the following year.
- Parental influences: Modelling - Social learning theory states that children learn attitudes and behaviours from observation and imitation of significant role models. It follows that children observing parents who model addictive behaviours are at risk of addiction themselves.
- Parental influences: modelling - a study of gambling behaviour found gendered imitation of gambling patterns; boys followed their fathers and girls followed their mothers.
- Parental influences: Parental style - The 'authoritative' parent combines showing parental warmth with appropriate control and develops psychological resilience and emotional wellbeing, and is associated with lower levels of substance abuse. Adolescents who believe their parents are not interested in monitoring their behaviour or intervening in their lives are more at risk of developing an addiction.
- Peer influences: Peer relationships is one of the most important risk factors for addiction in older children.

- Peer influences: Peers exert influence by introducing the individual to risky behaviours and pressuring them to take part.
- Peer influences: Social networks - Adolescents tend to befriend others with similar habits, so the individual has a social network that reflects and reinforces their own behaviours.
- Peer influences: The risk of addiction increases when behaviours like smoking and drug abuse are modelled by peers and seen as positive and socially acceptable.

Possible AO2 application:

- The fact Justin's friends are smoking is a strong influence as peer relationships is one of the most important risk factors in addiction.
- Justin's peers exert influence by offering him a cigarette which is a risky behaviour as smoking kills.
- Justin's friends model the behaviour of smoking by smoking themselves.
- Justin's friends make smoking seem socially acceptable as everyone is doing it. It's seen as positive as they are all having a laugh together.
- Justin's social network have similar habits, so he has chosen to be with people that reflect and reinforce his own behaviour
- Justin thinking about his parents indicates they are a social influence.
- Justin saw his parents model the smoking behaviour. He has observed and imitated them as they are significant role models in his life.
- Justin is more likely to smoke as his dad smokes and research shows imitation of same sex role models is stronger.
- Justin's dad framed smoking as rewarding, so Justin has learned vicariously that is a way of relaxing after a busy day at work from his dad. He had a stressful day himself, so he has learned that smoking behaviour is a way of relaxing from the stress. .

Possible AO3 discussion:

- Challenge to peer influences on smoking: parental smoking behaviour was a stronger predictor of smoking adoption than peer behaviour.
- Smoking is unlikely to occur from peer pressure, but rather from adolescents seeking friends with similar habits to their own.
- Research for perceived parental approval: perceived parental approval was a characteristic strongly associated with binge drinking, smoking and drug use.
- Most family interventions focus on the adolescent and their parents. However, researchers suggest the interventions may be undermined by siblings who are engaging in addictive behaviours. Siblings exert a strong influence, and researchers claim that failure to address this may lead to later substance dependence or relapse.
- Although parental influence is a risk factor, its influence is entwined with peer influence: as adolescents whose parents are tolerant to substance use are more likely to find peers with similar addictive behaviours, which further increases risk of addiction.

- Reason for lack of parental control: when children disclose too much information about their substance to use to their parents, their parents feel the situation is beyond their control, so they withdraw monitoring. The adolescent is then more likely to find friends with similar addictive behaviours, which further increases the risk of addiction.
- Researchers believe that understanding the risk factors in addiction can help with the creation of effective programmes to prevent and treat addictions. For example, researchers created a peer-pressure resistance training programme to equip young people with the skills to not start smoking .

Credit other relevant material.

Questions on previous content

1. **Marks for this question: AO1 = 3**

   3 marks for a clear and coherent explanation using appropriate terminology.

   2 marks for an explanation that lacks some clarity or detail.

   1 mark for a brief or muddled explanation.

Possible AO1 content:

- The 5% level of significance is the conventional level of probability employed by psychologists because it strikes a balance between the risks of making a Type I and Type II error.
- The 0.01 level of probability is too stringent and may cause a Type II error. This means the researcher has accepted the null hypothesis when the alternative is true.
- The 0.10 level of probability is too lenient and may cause a Type I error. This means the researcher has accepted the alternative hypothesis when the null is true.
- Higher levels of probability are used in clinical trials, but if research is investigating non-sensitive topics that are unlikely to affect health, the 0.05 level is acceptable.

Credit other relevant material.

2. **Marks for this question: AO2 = 3**

   3 marks for a clear and coherent limitation of using a repeated measures design in a study where participants must recall facts about a crime from a video, using appropriate terminology.

   2 marks for a limitation of using a repeated measures design in a study where participants must recall facts about a crime from a video that lacks some clarity or detail.

   1 mark for a brief or muddled limitation of using a repeated measures design in a study where participants must recall facts about a crime from a video.

   0 marks for general limitations of a repeated measures design without referring to the context.

Possible AO2 application:

- The order effect of 'practice' would invalidate the results if the videos were the same. The videos would therefore need to be different and matched for similarity in terms of crime to avoid the order effect of 'practice', but one video may still be easier to recall than other, which would invalidate the results.
- Even if the videos were evenly matched for recall of the crimes, the participants are doing both conditions of the independent variable, so may display demand characteristics where they guess that their recall should be better/worse in a certain condition and behave in a way they think they should, which would invalidate the results.

Credit any valid limitation.

3. Marks for this question: AO3 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	• One strength **AND** one limitation of qualitative data is clear, appropriate, and effective. • There is appropriate use of specialist terminology.
1	1–2	• One strength **AND** one limitation of qualitative data is limited or muddled. • Use of specialist terminology is either absent or inappropriate. **OR** only one strength **OR** one limitation is explained at Level 2.
	0	No relevant content.

Possible AO3 evaluation:

- Qualitative data tends to paint a rich and detailed picture of participants. External validity is high, as researchers gain a meaningful insight into the motivations of participants.
- Participants' responses may suggest further valuable lines of investigation.
- Analysis is slow, laborious, and often influenced by investigator bias, as subjective interpretation is required to draw conclusions.
- It is harder to make comparisons between groups, because often the data can't be summarised through descriptive statistics.

Credit any valid strength or limitation.

4. Marks for this question: AO1 = 4

1 mark to identify inter-observer reliability as the means of measuring the reliability of an observation.

A further **3 marks** for the following points:

- Two or more observers agree behavioural categories.
- They independently observe the same situation and tally behavioural categories.
- They compare their tallies using a Spearman's Rho test. If their scores correlate by 0.8 (accept 0.7) or more, then the observation is reliable.

Credit any other relevant material.

5. Marks for this question: AO1 = 4

1 mark to identify a pilot study as a method to measure the validity of a questionnaire.

A further **3 marks** for any three of the following qualities of good questionnaire design:

- Use good questions that are open and/or closed.
- Include enough questions that the aim is met, but not so many that participants get bored and give up.
- Consider the sequence of questions; start easy, to relax participants.
- Potentially use filler (irrelevant) questions to hide the true aim.

Credit other relevant material.