Mark schemes

Q1.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Mark	Description
4	13-16	Knowledge of one or more ways of reducing 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 one or more ways of reducing addiction is evident but there are occasional inaccuracies/omissions. Application/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/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:

- aversion therapy or covert sensitisation – use of classical conditioning to pair an unpleasant, noxious event (unconditioned stimulus) with the undesired behaviour (NS); unpleasant event may be real (aversion) or imagined (covert sensitisation); with repeated pairings the undesired behaviour will become a CS that elicits fear/avoidance (CR) leading to extinction
- cognitive behaviour therapy – involves cognitive restructuring/analysis to identify risk situations, skills acquisition might include assertiveness training, problem solving, relaxation techniques.

Possible application:

- Asa could benefit from cognitive behaviour therapy to change his distorted thinking/cognitive biases – he only talks about when he has won and does not refer to the many losses, he ignores talk about losing, he believes he has particular skill

- Asa could be taught to identify risk times (on his own in the evenings) and situations (at the casino); he could practise self-assertiveness skills, eg positive self-statements 'I do not need to gamble', and relaxation techniques to use in the evening when he feels the urge to gamble
- Asa finds the casino exciting – therapist might try classical conditioning techniques such as covert sensitisation (or aversion) with Asa, pairing images of casino with negative/noxious images, eg extreme poverty, leading to conditioned avoidance.

Possible discussion:

- use of evidence to support/counter the effectiveness of different ways of reducing addiction, eg Young (2007) CBT for internet addiction; Cowlishaw (2012) CBT for gambling; McConaghy (1983) covert sensitisation for gambling dependency; Petry (2006) CBT v support group
- suitability for different client groups – clients must be motivated and articulate to benefit fully from CBT
- ethics of using real or imagined noxious stimuli – electric shocks have been used in aversion therapy for gambling addiction
- short-term versus long-term effects. Some evidence that aversion therapy is less effective in the long-term than covert sensitisation. Some studies show that CBT effects are not that durable
- high drop-out rates with use of aversion/covert sensitisation
- comparison with other therapies.

Credit other relevant material, for example, drug therapy (but using this does not lend itself easily to application).

[16]

Q2.

(a) **[AO1 = 1]**

1 mark for cognitive behaviour therapy.

1

(b) **[AO2 = 4]**

Level	Mark	Description
2	3-4	Outline of what the staff might do is clear and detailed. Application shows sound understanding of cognitive behaviour therapy as a way of dealing with addiction. The answer is coherent with appropriate use of specialist terminology.
1	1-2	Outline of recommendation is limited/muddled. Detail is lacking. Application shows some misunderstanding or lack of clarity. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- Warren would be taught to identify triggers for his gambling behaviour, eg being alone in the evening so going online to bet, passing by a betting shop, reading articles about people who have won the lottery
- Warren would be encouraged to develop alternate thought patterns to help him cope in trigger situations, eg thinking about how much money the online gambling firms make from people who lose; thinking about the tiny odds of winning at poker
- Warren would be taught new skills to cope in trigger situations: social and assertiveness skills: "No, I do not want to buy a lotto ticket"; positive self-talk/mantra "I am strong, I do not bet"; relaxation strategies eg breathing exercises; role play of situations where he does not gamble
- Warren would be introduced to new activities to substitute the time he habitually spent gambling, eg going to the gym in the evening instead of playing poker on the computer.

Credit other relevant material.

Note: can still credit relevant material for (b) even if the answer to (a) is incorrect or (a) is not answered.

Note: if answer to (a) is incorrect can credit (b) in respect of incorrectly identified therapy eg if answer to (a) is 'aversion therapy' then can credit any relevant application of aversion therapy in answer to (b).

4

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

2 marks for a clear and coherent limitation with some elaboration.
1 mark a limited/muddled explanation.

Possible limitations:

- only suitable for clients who can engage fully with the process – must be motivated and articulate
- use of evidence to contradict the effectiveness of cognitive behaviour therapy, eg evidence that effects are short-term rather than long-term (Cowlishaw et al, 2012)
- high drop-out rates in comparison to other forms of therapy (Cuijpers et al, 2008).

Credit other relevant limitations.

Note: credit limitations that match the answer to part (b)

Note: answer does not have to focus on gambling.

2

[7]

Q3.

[AO2 = 4]

Level	Mark	Description
2	3-4	Explanation of how covert desensitisation could be used to deal with Bertie's addiction is clear and appropriate. There is appropriate use of specialist terminology.
1	1-2	Explanation is limited, muddled or inappropriate. Use of specialist terminology is absent or inappropriate.
	0	No relevant content.

Possible application:

- Bertie would be taught to relax then therapist would use vivid guided imagery
- Bertie would be guided to visualise noxious chocolate-related images
- images could be visual, auditory, olfactory, tactile
- examples: Bertie vividly imagines himself eating heaps of chocolate then vomiting chocolate over his clothes; Bertie vividly imagines an overpowering sweet smell of chocolate that makes him feel he is suffocating
- by pairing the previously neutral substance chocolate (NS) with an unpleasant/noxious mental experience (UCS) Bertie develops a classically conditioned aversion (CR) to chocolate (CS)
- the more vivid/graphic the chocolate images the more effective the treatment
- Bertie's classically conditioned aversion to chocolate means he avoids chocolate in the future.

Credit other relevant material.

[4]

Q4.

[AO3 = 6]

For the strength, award marks as follows:

3 marks for a clear, coherent and detailed outline, using appropriate terminology.
2 marks for an outline which lacks some detail.
1 mark for a very limited/muddled outline.

Possible strengths:
- use of evidence to support the effectiveness, eg comparison with aversion therapy/control conditions
- underpinned by highly scientific theory and tested behaviourist principles
- more ethical in comparison to traditional in vivo aversion therapy – covert sensitisation is less traumatic and more dignified
- flexible so can be used with all types of addictive substances and with addictive behaviours, eg gambling.

PLUS

For the limitation, award marks as follows:

3 marks for a clear, coherent and detailed outline, using appropriate terminology.
2 marks for an outline which lacks some detail.
1 mark for a very limited/muddled outline.

Possible limitations:
- based on behaviourism so addresses the outward behaviour only – does not address the original cause so there is potential for relapse
- sustainability of effect over the long-term – questions over long-term effectiveness
- effectiveness is limited where the client is not well motivated or lacks the capacity for imagination.

Credit other relevant strengths and limitations.

[6]