

Theories of Behaviour Change - Mark Scheme

Q1.

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 programmes 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. |

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| <p>1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and / or inaccurate. Lacks organisation and structure.</p> |
| <p>0 marks No creditworthy material.</p> |

Q2.

[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
- 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.