GradeMax



Mark Scheme (Results)

Summer 2026

Pearson Edexcel International Advanced level In Psychology
Clinical Psychology and Psychological Skills
WPS04/01

GradeMax

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications are awarded by Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk. Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk

Summer 2026
Question Paper Log Number P78893A
Publication Code WPS04_01_2601_MS
All the material in this publication is copyright
© Pearson Education Ltd

General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

CLINICAL PSYCHOLOGY

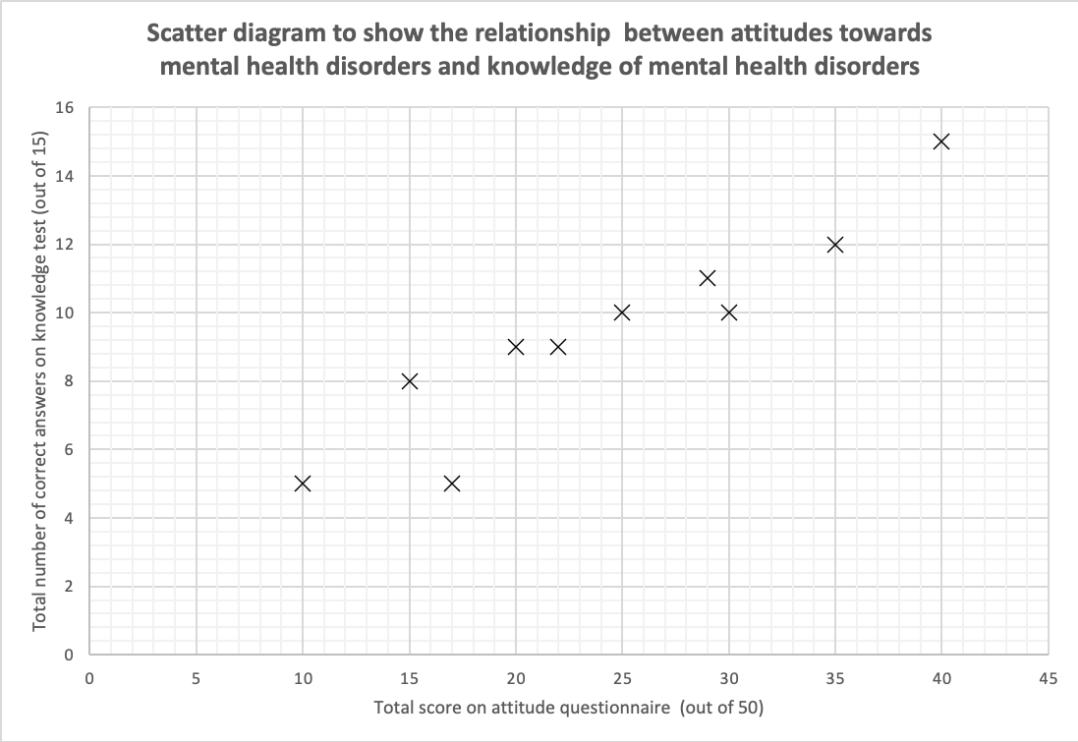
Question Number	Answer	Mark
1	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of one way (AO1). Credit **one** mark for justification/exemplification of the way (AO3). For example: • Individuals suffering from mental health disorders are now far more likely to be treated in the community rather than confined to mental health institutions/asylums as they were in the past (1) this helps decrease stigmatisation and change societal attitudes that individuals with mental health disorders are dangerous and need to be locked away (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
2(a)	**AO1 (2 marks), AO2 (2 marks)** Credit up to **two** marks for accurate description of why (AO1). Credit up to **two** marks for an accurate description in relation to the scenario (AO2). For example: • Paranoid delusions are a positive symptom of schizophrenia which lead to changes in an individual's behaviour such as refusing to eat (1). Drake is showing signs of paranoia as he is convinced that he is being plotted against by his father who has poisoned his food (1). Thought disorders are where thoughts and speech become jumbled or confused leading to conversations becoming difficult and words harder for others to understand (1). Drake is showing signs of disordered thinking as he is struggling to keep track of his thoughts and is changing topics in the middle of a sentence and saying words with little meaning (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(b)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and weakness linked to the scenario (AO2). Credit **one** mark for justification/exemplification of the strength and weakness identified (AO3). For example: Strength • Family therapy aims to improve the family's knowledge about Drake's behaviour such as why he accuses his father of poisoning his food, which will help the family manage his symptoms (1). Pharoah et al. (2010) found a positive impact on patient recovery, and reduction in relapse as a result of family therapy, indicating that it could be effective for Drake and enable him to have a conversation with his parents (1). Weakness • Family therapy may not be effective as Drake may not be fully committed to engaging in the process because he struggles to hold conversations with his family to improve their understanding (1), as Drake is suffering from paranoid delusions and thought disorders therefore struggles to communicate with his parents and does not trust his father as he believes he is poisoning him (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
3	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1). Credit **one** mark for justification/exemplification of the strength identified (AO3).. For example: • The extent of a person's failure to function can be measured using the Global Assessment of Function (GAF) scale which is a quantitative measure (1). This means that the decision on whether a person is showing abnormal behaviour can be objectively determined (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1). Credit **one** mark for justification of each point of analysis (AO3). For example: • Suzuki found that longer stays in hospital correlated with lower BMI and poorer nutritional and physical status (1) suggesting that patients diagnosed with schizophrenia should be treated as an inpatient in hospital for the shortest periods of time due to negative effects (1). Suzuki found that the prevalence of people underweight was higher in Japanese inpatients than the control group of healthy volunteers (1) suggesting that physical status of inpatients diagnosed with schizophrenia should be more closely monitored by clinicians (1). Suzuki found that inpatients with schizophrenia had cholesterol and bone density levels significantly lower than the control group of healthy volunteers (1) suggesting that the treatment regime within hospitals should be improved to ensure that all patients have a balanced diet, regular exercise and testing of cholesterol levels (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
5 (a)	**AO2 (3 marks)** **One** mark for an appropriate title **One** mark for correct labelling of axes **One** mark for correct plots For Example:  **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
5 (b)	**AO2 (1 mark)** Credit **one** mark for the correct answer. • 30 (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
5(c)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and a weakness (AO1). Credit **one** mark for justification/exemplification of the strength and the weakness (AO3). For example: Strength • One strength of structured interviews is that they are easy to replicate as they comprise of a standardised set of questions about mental health disorders (1). This means that other researchers can use the same set of questions with other patients in order to test the results for reliability (1). Weakness • One weakness of structured interviews is that they lack the flexibility to ask further questions about attitudes to mental health disorders in order to clarify responses (1). This means that they are a more artificial type of interview which may not reflect the real-life attitudes of participants, reducing validity (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
6(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description of an appropriate symptom of chosen mental health disorder. For example: **Anorexia Nervosa** • One symptom is an intense fear of gaining weight or becoming fat (1) leading to behaviour that interferes with weight gain such as an individual eating very little food or avoiding food with any fat in it (1). **Unipolar depression** • One symptom is that an individual experiences low mood for the majority of the day on most days (1) leading to a withdrawal from social situations and activities that once gave them pleasure (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
6(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and a weakness (AO1). Credit **one** mark for justification/exemplification of the strength and the weakness (AO3). For example: **Anorexia Nervosa** Strength • The use of medication such as Olanzapine have been shown to be effective in helping those with anorexia achieve moderate weight gain due to lessening of anxiety and fear of food (1). Attia et al. (2019) found that the increase in body mass was greater in the Olanzapine group than a placebo group, suggesting that medication may be an effective way of treating low body weight in those with anorexia (1). Weakness • The use of medication may lead to serious physical side effects which may contribute to those with anorexia not taking the medication, lowering its effectiveness (1). Medication such as Olanzapine carry a risk of nausea and weight gain which may be counterproductive to those with anorexia and even lead to greater anxiety (1). **Unipolar depression** Strength • Medication such as serotonin re-uptake inhibitors (SSRIs) have been shown to reduce the symptoms of unipolar depression which will allow patients to access psychological treatments such as Cognitive Behavioural Therapy (CBT) (1). Cuijpers et al. (2020) found that a combination of CBT and medication was more effective at treating moderate depression than either treatment alone (1). Weakness • Medication used for unipolar depression has adverse reactions such as nausea, sleep disturbances and drowsiness which may lead to patients not taking the medication (1). Milan et al. (2020) found that adherence to anti-depressants was associated with side effects, with 30.7 % of all patients stopping taking tablets due to non-tolerable side effects such as sleep disturbance (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
7	**AO1 (6 marks), AO3 (10 marks)** **AO1** • When the criteria in the DSM and ICD accurately represent the actual symptoms people experience, the diagnosis can be considered to have validity. • Criterion validity is when the DSM and ICD are both used and diagnose the same disorder. • Cultural issues reflect the norms and values of different people and lifestyles that can account for how behaviours are viewed by others. • The DSM V includes culture-related diagnostic issues and formulation which outlines how cultural context should be considered. • The DSM would have strong inter-rater reliability if a patient presenting the same symptoms receives the same diagnosis by different clinicians. • Diagnosis should have 'test-retest reliability' meaning the same patient will be given the same diagnosis a number of weeks apart. **AO3** • Kim-Cohen et al. (2005) reviewed the DSM-IV diagnosis of conduct disorder using several data collection methods and found the diagnosis was a valid representation of the children's experiences. • Andrews et al. (1999) assessed 1500 people with the DSM-IV and ICD-10, finding agreement in diagnosis for depression, substance dependence and anxiety, highlighting good criterion validity. • Rosenhan (1973) found that all pseudo-patients were diagnosed with schizophrenia, however the pseudo-patients gave specific schizophrenia symptoms so indicates higher reliability. • Buckley et al. (2009) found that half of all patients diagnosed with schizophrenia also had a diagnosis of depression, suggesting that there may be difficulties in telling the difference between the two conditions, lowering validity. • Cultures view mental health differently; the Plains Indians may claim to hear dead relatives speak to them and would be considered normal but in North America this would be a symptom of schizophrenia. • Cooper et al. (1972) found New York psychiatrists were twice as likely to diagnose schizophrenia than London psychiatrists, when shown the same video-taped clinical interviews, suggesting cultural difference. • Lee (2006) found that using the DSM in Korea for diagnosis of ADHD was as valid as using it in the USA so cultural differences had no impact on diagnosis. • Brown et al. (2001) tested the DSM-IV for mood and anxiety disorders finding that independent interviewers came to the same diagnosis, so the DSM is a reliable diagnostic system.	**(16)**

	• Cheniaux et al. (2009) found that when two psychiatrists were asked to independently diagnose 100 patients using the ICD and DSM criteria inter-rater reliability was poor, with one diagnosing 26 with schizophrenia according to the DSM and 44 with the ICD. • The diagnosis of a mental health disorder can be affected by what the patients tell a clinician, so if a patient tells two clinicians different things this may affect the reliability of their diagnosis. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
8 (a)	**AO2 (2 marks)** Credit up to **two** marks for description of how Shakima could gather her participants using a random sampling technique. For example: • Shakima could ask the university for a list of all people on her psychology course and give them all a number (1) Shakima could then use a random number generator and randomly pick 10 people to become her participants for her investigation on temperature and memory (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
8 (b)	**AO2 (1 mark)** Credit **one** mark for the correct calculation of the mean. • 11.4. **Look for other reasonable marking points.**	**(1)**

<table>
<tr><th>Question Number</th><th>Answer</th><th>Mark</th></tr>
<tr><td>8 (ci)</td><td>
AO2 (4 marks)

PLEASE CLIP WITH 8(cii)

Credit one mark for correct completion of difference
Credit one mark for correct completion of ranked difference
Credit one mark for a correct calculation of sum of both ranks
Credit one mark for a correct answer for T= 1.5

<table>
<tr><th>Participant</th><th>Condition A: number of words recalled in the warm room (out of 20)</th><th>Condition B: number of words recalled in the cold room (out of 20)</th><th>Difference</th><th>Ranked difference</th></tr>
<tr><td>A</td><td>10</td><td>8</td><td>+2</td><td>5</td></tr>
<tr><td>B</td><td>7</td><td>8</td><td>-1</td><td>1.5</td></tr>
<tr><td>C</td><td>15</td><td>13</td><td>+2</td><td>5</td></tr>
<tr><td>D</td><td>14</td><td>12</td><td>+2</td><td>5</td></tr>
<tr><td>E</td><td>4</td><td>2</td><td>+2</td><td>5</td></tr>
<tr><td>F</td><td>8</td><td>8</td><td>0</td><td>-</td></tr>
<tr><td>G</td><td>12</td><td>11</td><td>+1</td><td>1.5</td></tr>
<tr><td>H</td><td>18</td><td>14</td><td>+4</td><td>8</td></tr>
<tr><td>I</td><td>16</td><td>11</td><td>+5</td><td>9</td></tr>
<tr><td>J</td><td>10</td><td>8</td><td>+2</td><td>5</td></tr>
</table>

Sum of positive ranks = 43.5

Sum of negative ranks = 1.5

Look for other reasonable marking points.
</td><td>(4)</td></tr>
</table>

Question Number	Answer	Mark
8(cii)	**AO2 (1 mark)** Credit **one** mark for an accurate statement. **PLEASE CLIP WITH 8(ci)** For example: • The result is significant at p≤0.05 for a two-tailed test where N=9 as the calculated T value of 1.5 is less than the critical value of 5 (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
8(d)	**AO3 (1 mark)** **PLEASE CLIP WITH 8(ci)** Credit **one** mark for an appropriate conclusion. For example: • Colder temperatures reduce an individual's ability to memorise lists of words (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(1)**

Question Number	Answer	Mark
9(a)	**AO2 (1 mark)** Credit **one** mark for correct identification of the type of observation used. For example: • Covert observation as D'Angelo was not in the same room as the child (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(1)**

Question Number	Answer	Mark
9(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for identification of an accurate strength in relation to the scenario (AO2). Credit **one** mark for exemplification/justification of the strength (AO3). For example: • One strength is that D'Angelo used a standardised procedure such as using the same behavioural categories and same toys with all children (1). This means that another researcher could use the same procedure with other children and the same toys to see if the results would be the same, increasing reliability (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
9(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for identification of an accurate weakness in relation to the scenario (AO2). Credit **one** mark for exemplification/justification of the weakness (AO3). For example: • One weakness of D'Angelo's study is that it lacks ecological validity because the children were observed in a research centre which is not a normal environment for the children (1), leading to the children not behaving naturally, meaning that D'Angelo's observations will not be representative of the children's real-life play (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Indicative Content	Mark
10	**AO2 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate point identified in relation to the scenario (AO2). Credit **one** mark for exemplification/justification of each point (AO3). For example: • Case studies provide an opportunity for Marlo to investigate Avon's brain injuries through the use of multiple different methods such as unstructured interviews and observations (1), this may allow Marlo to gain in depth qualitative data about Avon's behavioural changes which can be compared across all methods increasing the validity of his findings (1). Case studies would allow Marlo to study aspects of Avon's behaviour, such as short-term memory loss, which would not be ethical or practical to study experimentally (1), for example, the case study of Henry Molaison (HM) increased the understanding of how memory functions and is organised in the brain (1). Marlo may be subjective in his interpretations of Avon's behaviour due to working so close with him over twelve months (1). This will reduce the reliability of the findings about changes to Avon's aggression due to brain injury because of researcher bias (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(6)**

Question Number	Indicative Content	Mark
11	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Skinner (1948) suggested that a desired behaviour is strengthened through the use of positive reinforcement, which is the addition of a positive (desired) consequence when a certain behaviour or action is shown. • Skinner (1948) suggested that an undesired/unwanted behaviour is less likely to be repeated through the use of positive punishment, which is the addition of an undesired consequence for a specific action/behaviour such as getting poor marks in a test. • Vygotsky suggests that when a skill is too difficult for a child to master on their own, the use of a more knowledgeable other can help the child master that skill. • Scaffolding refers to the activities provided by a more skilful person such as a teacher of more knowledgeable peer to support a student, in order to aid them to master a task. **AO2** • Similar to Skinner, Khalid et al. (2021) study suggests that knowledge of learning theories could help improve student's academic performance in school as the use of both reinforcement and punishment increased those student's performance on their test. • Khalid et al. (2021) found that reinforcement was more effective than punishment, suggesting that schools should concentrate on rewarding students who perform or behave well such as through the use of praise within the classroom rather than punishing those who do not perform well. • Al Ameer et al. (2021) would suggest that collaborative learning is important in improving academic performance, such as through the use of group work with more competent others; enabling students to learn the skills needed to improve performance and work independently. • It is important within the classroom that lessons are scaffolded with the use of discussion which would enable students to learn more complex skills, as Al Ameer et al. (2021) found that the scaffolded group performed better in maths than the group who were taught using normal methods. **Look for other reasonable marking points.**	**(8)**

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content	Mark
12	**AO1 (8 marks), AO2 (4 marks), AO3 (8 marks)** **AO1** • Social power theory suggests that people will obey an authority figure such as a police officer or government official due to legitimate and expert power. • Milgram (1964) suggested that obedience comes from an individual undergoing the agentic shift where they become agents of a person who is perceived to have legitimate authority. • Minority influence is where an individual/minority group may change the minds of the majority group through the use of commitment, flexibility, and consistency. • Conformity may be due to informational social influence where an individual believes the group has more knowledge than they do about a situation, this especially happens in crisis situations. • The multi-store model of memory suggests that short- and long-term memory are separate stores and rehearsal is needed for information to move to long-term memory or it will be displaced. • The working memory model includes the phonological loop which deals with auditory i.e., spoken, and written, material. • The working memory model suggests that it is difficult to perform two auditory tasks at the same time as the phonological loop can get overloaded or blocked by similar types of information. • Reconstructive memory suggests that memories are affected by past experiences, emotions, and culture. **AO2** • Individuals will follow instructions during emergency situations as they may not have experienced one previously and have little knowledge of what to do, whereas the police officer will be perceived to have greater knowledge of the situation. • Individuals may not follow instructions if a member of their family or friendship group does not do so, especially if it is assumed that the group members have more knowledge about the situation i.e., they have gone through an emergency situation previously. • Individuals may not follow instructions due to the information they received at the time of the emergency being too long and complex meaning that they may forget elements of it and therefore will not be able to follow instructions. • An individual may reconstruct a memory of a previous experience of an emergency situation, and this may influence their current actions, and may lead to them following instructions or not. **AO3** • French and Raven (1959) state that expert power is the belief that individuals such as policemen would have more expertise about an emergency situation, therefore people will follow instructions as they believe it is the right course of action. • Latane (1981) suggests that if there is only one source giving information but many targets then levels of obedience will be diffused, suggesting that not following instructions is more likely if a	**(20)**

	single person or media outlet is giving out an instruction to leave an area to a large number of people. • Milgram (1963) found that 65% of participants gave up their free will and followed the instructions of an authority figure to give shocks up to 450 volts, suggesting that individuals will follow the instructions of an authority figure in emergency situations even if they do not believe it is correct. • Moscovici (1969) found a consistent minority is more effective at changing the majority group's opinion than an inconsistent minority, suggesting that if a small group of individuals are consistent in their approach to how to respond to the emergency situation, they may influence other people's behaviour. • Peterson and Peterson (1959) found that after 18 seconds, less than 10% of trigrams were recalled by participants, who were unable to rehearse; therefore, not following instructions may be due to the verbal instructions given being longer than 18 seconds. • Glanzer and Cunitz (1966) found that individuals can remember words at the beginning and end of a list but tended to forget those in the middle, suggesting that not following instructions in emergency situations may be due to the middle sections of the information given not being remembered. • Baddeley (2003) found that memory recall of written words was worse when participants were asked to recite irrelevant words out loud, suggesting that if two different bits of auditory information i.e., written leaflets and verbal instructions are given at the same time, memory will worsen leading to people not following instructions. • Gershon et al. (2007) found that those that evacuated the World Trade Center immediately when told to had increased perceived risk due to experience of previous emergency situations and/or experience in taking part in evacuation drills, suggesting that schema is an important part of the process when following instructions**.** **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (8 marks), AO2 (4 marks), AO3 (8 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs judgement/conclusion in their answer. Application to the scenario is capped at maximum 4 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) A judgement/decision may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material leading to a judgement/decision being presented. Candidates will demonstrate a grasp of competing arguments but response may be imbalanced. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Displays a mostly developed and logical argument, containing mostly coherent chains of reasoning. Demonstrates an awareness of competing arguments, presenting a judgement/decision which may be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates throughout the skills of integrating and synthesising relevant knowledge with consistent linkages to psychological concepts and/or ideas. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to a balanced judgement/decision. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and comprehensive knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates consistently the skills of integrating and synthesising relevant knowledge with thorough, accurate linkages to psychological concepts and/or ideas. (AO2) Displays a well-developed and logical argument, containing logical chains of reasoning throughout. Demonstrates a full awareness of competing arguments and presents a fully balanced response, leading to an effective nuanced and balanced judgement/decision. (AO3)