

Master's Degree Programme in Psychology

**HANDBOOK ON PRACTICUM
IN MA SECOND YEAR
MPCE-014, MPCE-024, MPCE-034**



**Discipline of Psychology
School of Social Sciences
Indira Gandhi National Open University
Maidan Garhi, New Delhi-110 068**

Preparation Team

Prof. Swati Patra, Professor
Prof. Suhas Shetgovekar, Professor
Dr. Monika Misra, Assistant Professor
Dr. Smita Gupta, Assistant Professor
Dr. Bhagwanti Jadwani, Assistant Professor

Programme Co-ordinators

Prof. Swati Patra
Associate Professor, Psychology
School of Social Sciences
Indira Gandhi National Open University
New Delhi

Dr. Smita Gupta
Assistant Professor, Psychology
School of Social Sciences
Indira Gandhi National Open University
New Delhi

Print Production

Mr. Manjit Singh
Section Officer (Pub.), SOSS, IGNOU, New Delhi

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1.0 PRACTICUM IN MA SECOND YEAR (6 CREDITS)

Welcome to M.A. 2nd year. You have to choose one specialisation in this year, amongst three options offered. These are Clinical Psychology, Counseling Psychology or Industrial and Organisational Psychology. Related to each of the specialisation area, there are practical courses. Thus, we have Practicum in Clinical Psychology (MPCE 014), Practicum in Counseling Psychology (MPCE 024), and Practicum in Organisational Behaviour (MPCE 034). Each of these courses are of 6 credits.

The practicals are to be conducted in the psychology laboratory at the study centres. Psychological tests and other assessments, will be taught during contact classes in the laboratory. The conducted practicals should be written in detail in the practical note book. This note book is to be assessed and signed by the concerned academic counselor. Actual conduction of practicals and reporting it in practical note book (internal assessment) carries 50% weightage and the term end practical examination including viva- voce (external assessment) carries 50% weightage. The internal and external assessment will be in terms of marks.

According to the specialisation you have opted, the details of practicals are as follows:

MPCE 014: Practicum in Clinical Psychology

The following practicals are to be conducted

- Sentence Completion Test
- TAT
- Rorschach Inkblot Test
- Neuropsychological Test (AIIMS Neuropsychological Battery)
- Interviewing Practice in Laboratory (Case Study and Mental Status Examination)
- Draw a Person Test
- Beck's Depression Inventory
- State – Trait Anxiety Scale

Note: Out of the above, any five needs to be completed and noted down in the practical note book. However, TAT, Rorschach Inkblot Test, Neuropsychological test, and Interviewing practice in laboratory (case study, Mental Status Examination) are compulsory.

MPCE 024: Practicum in Counselling Psychology

The following practicals are to be conducted

- Interviewing Skill Practice
- Intelligence Testing (WAIS, Standard Progressive Matrices)
- Sentence Completion Test
- Bender Gestalt Test
- Differential Aptitude Test (DAT)

- Interest Inventory
- Career Preference Record

Note: Out of the above, any five needs to be completed and noted down in the practical note book. However, Interviewing skill practice is compulsory.

MPCE 034: Practicum in Organisational Behaviour

The following practicals are to be conducted:

- MBTI (Myers Briggs Typology Indicator)
- Achievement Orientation Test (Dev Mohan Achievement Test)
- Value System Test (Personal Value Scale)
- Personality Test (Multidimensional Personality Assessment Test)
- Sentence Completion Test
- Conflict Resolution Technique
- Competition Entrepreneurship Scale
- Job Stress Scale

Note: Out of the above, any five needs to be completed and noted down in the practical note book.

The counselling sessions for practicum (MPCE-014/024/034) will be organized at your respective study centre. You will have to contact your Study center Coordinator/In-charge with regard to the schedule of these sessions.

6 counselling sessions of 3 hours each will be organized for each of the practicum course (MPCE-014/024/034).

2.0 PROCEDURE TO BE FOLLOWED BY ACADEMIC COUNSELLOR

- 1) Go through the manual of the test thoroughly.
- 2) Explain the test in detail to the learners in the class.
- 3) Introduce the test in terms of:
 - History of the Test
 - Author
 - Development of the test
 - Features of the test (e.g. no. of items, dimensions, reliability, validity)
 - Administration
 - Scoring
 - Interpretation

- 4) After the introduction of the test, demonstrate to the learners how to administer the test.
- 5) The demonstration of administration will include the following:
 - a) Preparation for the test, like, keeping the test material (test booklet, answer sheet, stopwatch) ready.
 - b) Establishing rapport with the participant, making the participant feel comfortable.
 - c) Explaining the test (procedure, time limit, precautions).
 - d) Taking informed consent for undergoing the test and informing the subject that the test findings will remain confidential.
 - e) Taking permission to record the session, wherever applicable.
 - f) Reading the instructions for test administration from the manual and showing it to learners as to from where they have to read the instructions.
 - g) Clearing all doubts in the mind of the participant about the test administration.
 - h) Ensuring that the participant takes the test.
 - i) Taking the answer sheet from the participant after completion of the test.
- 6) Explain the scoring procedure (as given in the manual) to the learners.
- 7) Explain how to interpret the data.
- 8) Ask learners to administer the test on each other in pairs and monitor the same.
- 9) The learners will now administer, score and interpret the result.
- 10) The learners will have to write a report of the test in the practicum note book as per the given format which will be evaluated by the academic counsellors.

3.0 FORMAT FOR PRACTICUM

The academic counsellor will introduce you to the following format which you have to follow while preparing practicum notebook.

- **Title:** This heading will contain the ‘title’ or ‘name’ of the practical e.g, 16 PF.
- **Aims/ Objectives:** This will basically consist of the main objectives or purpose of the practical. For example, if you are performing a test on ‘16 PF’ then the basic objective of the test will be: ‘To assess the personality of the subject using 16 PF’.
- **Introduction:** Here, the historical background of the test/ experiment is mentioned. The concept is defined and discussed. For example, in case of 16 PF, the historical background of 16 PF is described. The concept of personality is defined and the theories related to it are discussed.
- **Description of the Test:** Under this, the details with regard to the test are mentioned, like author of the test, basic purpose of the test, number of items, dimensions/ factors, time limit, reliability, validity, scoring.
- **Materials Required:** The materials required for the administration of the test are mentioned. For example, in case of 16 PF, the test booklet, answer sheet, scoring key, pencil, eraser.

- **Participant's Profile:** This will contain all the detailed information about the participant, like, name (optional), age, gender, educational qualification and occupation.
- **Procedure and administration:** The following sub headings are included here,

Preparation: The material required for conduction of the test such as test booklet, apparatus or instrument, answer sheet, stopwatch are kept ready.

Rapport: You will have to mention that rapport was created with the participant and that s/he was well informed about the details of the test.

Instructions: Instruction as given in the test manual are included here.

Precautions: Precautions, if any, to be considered while administration of the test are mentioned under this sub heading.

Introspective Report: After completion of the test by the participant, an introspective report is to be taken from the participant. The report will include feelings overall experience & difficulties (if any) faced by the participant. **The report is to be written in practicum notebook in first person only.**

- **Scoring and Interpretation:** After the participant completes the test, the answer sheet is to be scored with the help of the scoring key and the data is to be interpreted with the help of the norms given in the manual. The scores can then be mentioned and interpreted under this heading. Any tables/figures/diagrams to be drawn in pencil on blank page with proper title and number.
- **Discussion:** You will discuss the result based on the interpretation. It may be further analysed in the light of the introspective report.
- **Conclusion:** Under this heading, you will conclude the findings of the test.
- **References:** The books, websites and the manual referred to by the learner are mentioned in American Psychological Association (APA) format.

References (APA style): References have to be written in APA format. These should be alphabetically listed. For example,

Books

Anastasi, A. (1968). *Psychological Testing*. London: MacMillan Company.

Journal Article

Dennison, B. (1984). Bringing corporate culture to the bottomline. *Organizational Dynamics*,13,22-24.

Book Chapter

Khan, A.W. (2005). Distance education for development. In: Garg, S. et.al. (Eds.) *Open and distance education in global environment: Opportunities for collaboration*. New Delhi: Viva Books.

Websites

<http://www.mcb.co.uk/apmforum> (accessed on 2.3.2011).

You will follow the given format for writing the practicum notebook. The practicum notebook should be **neatly written** on A4 size ruled pages and properly organized in a file. The notebook should contain the Title page (as given in Appendix 1), Certificate (as given in Appendix 2).

It should also have a table of Contents with name of the practicum and respective page numbers.

Note: Please maintain a photocopy of your practicum notebook and remember to take an acknowledgement (as given in **Appendix 3**) while submitting your notebook at the study centre.

4.0 EVALUATION

Actual Conduction of Practicals and reporting it in the practical note book in the prescribed format (internal assessment) carries 50% weightage. The Term End Practical Examination including Viva Voce (External Assessment) carries 50% Weightage. Total marks for practical examination will be 100 marks (Internal 50 marks and External 50 marks) Minimum passing mark is 40%. The learner has to attend the practical classes and conduct the prescribed practicals. S/he has to write all the practicals in the practical notebook. The learner also will be assessed through practical examination and viva voce.

Internal	Weightage	Marks	External	Weightage	Marks
Attendance	10%	10	Conduction	10%	10
Conduction	10%	10	Answer sheet	20%	20
Interpretation	10%	10	Viva Voce	20%	20
Practical notebook	20%	20			
TOTAL	50%	50	TOTAL	50%	50

5.0 A BRIEF GUIDE TO PRACTICUM IN MPCE 014

➤ Sentence Completion Test

Sentence completion tests can be described as semi-structured projective technique. They provide respondents with beginnings of sentences and the respondents are asked to complete the sentences in ways that are meaningful to them. Various Sentence Completion Tests are available and can be used in the practicum. One of them is the Sentence Completion Test developed by L. N. Dubey and Archana Dubey. The objective of this test is to measure three main traits of Personality, Sociability, Self Confidence and Ambitious. In the test incomplete sentences are given and the subject has to complete the incomplete sentences as quickly as possible with the first thought that comes to his/ her mind. The test consists of 50 incomplete sentences. There is no time limit but the subject must be asked to complete the test as quickly as possible. No sentence is to be left incomplete. All the sentences in the test are kept in such a way that they either reveal positive or negative aspect of any one given trait. Every sentence can thus be placed into three categories: Positive (2 marks awarded), negative (1 mark awarded), and neutral (0 marks awarded). The serial number of statements under each of the three dimensions is provided in the manual along with the interpretation of the raw scores.

➤ **Interviewing Practice in Laboratory (Case History, Mental Status Examination)**

Interviewing is one of the most important skills in practicum. This is useful not only to create rapport with the subject before the psychological tests are administered but they also help gain information about various details about the subject. In this section of the practicum the learner should have an understanding about how to take case history and to conduct Mental Status Examination.

CASE HISTORY: It is necessary to take case history of a subject so as to understand his/ her back ground. Case history covers personal information like name, age, gender, religion, education, income, socio economic status etc. It further covers information about family, job if any, medical complaints, medical or any other treatment or help sought by the subject.

A particular format may be followed by Psychologists in order to take case history of a subject.

A sample of Case History Format is given as follows:

- **Personal details:** These are mainly for the identification of the subject and to understand his/ her basic details. This will be followed by certain other details about the subject. They may be

Name:

Address:

Contact No.:

Gender: Male/ Female

Age:

Marital status:

Occupation:

Referred by:

Main/ Present/ Chief Complaint:

- **Personal History/Development:** This can cover various aspects like early development, childhood, school, adolescence, occupation, menstrual history, sexual history, marital history, details about children, social network, habits, leisure and forensic history.
- **History of Present Illness:** These are details of problems experienced by the subject. This covers common psychiatric symptoms, comment on the impact of the illness on the subjects' life, work, social relations and self-care. Details of previous treatment are also to be noted down with details about current problem and psychiatric issues. Further, details of previous episodes of illness, previous psychiatric admissions/treatment, suicide attempts/drug and alcohol abuse, interval functioning (what is the subject like between episodes/when "well").
- **Medical History:** The details of medical treatment that the subject has undergone or is undergoing has to be noted down.
- **Family History:** Parents and siblings, nature of the relationships between family members. Any family tensions and stresses and family models of coping. Family history of psychiatric illness (incl. drug/alcohol abuse, suicide attempts).
- **Social History:** The social interactions of the subject, including behaviour at work or in school or during social gatherings is to be noted down.

MENTAL STATUS EXAMINATION: A Mental Status Examination (MSE) is an assessment of a patient's level of cognitive (knowledge-related) ability, appearance, emotional mood, and speech and thought patterns at the time of evaluation.

It is one part of a full neurologic (nervous system) examination and includes the examiner's observations about the patient's attitude and cooperativeness as well as the patient's answers to specific questions.

The purpose of a MSE is to assess the presence and extent of a person's mental impairment. The cognitive functions that are measured during the MSE include the person's sense of time, sense of place, and personal identity; memory; speech; general intellectual level; mathematical ability; insight or judgment; and reasoning or problem-solving ability.

The MSE is an important part of the differential diagnosis of dementia and other psychiatric symptoms or disorders. The MSE results may suggest specific areas for further testing or specific types of required tests. MSE can also be given repeatedly to monitor or document changes in a patient's condition.

The MSE cannot be given to a patient who

- cannot pay attention to the examiner, for example as a result of being in a coma or being unconscious; or
- is completely unable to speak (aphasic); or
- is not fluent in the language of the examiner.

Description: Given below is the description of all aspects of MSE to be conducted. The history and Mental Status Examination (MSE) are the most important diagnostic tools to make an accurate diagnosis. Although these important tools have been standardised in their own right, they remain primarily subjective measures that begin the moment the patient enters the psychologist's room.

Steps to be followed are given here:

Step 1: The psychologist must pay close attention to the following regarding the patient:

- Patient's presentation,
- Patient's personal appearance,
- Patient's social interaction with office staff and others in the waiting area,
- Whether the patient is accompanied by someone (this helps to determine if the patient has social support).

The above few observations can provide important information about the patient that may not otherwise be revealed through interviewing or one-on-one conversation.

Step 2: When patients enter the office, pay close attention to the following:

- Note the personal grooming.
- Note things as obvious as hygiene,
- Note things such as, whether the patient is dressed appropriately according to the season.
(These types of observations are important and may offer insight into the patient's illness.)

- Note if patient is talking to himself or herself in the waiting area
- Note if the patient is pacing up and down outside the office door.
- Record all observations.

Step 3: Establish rapport

The next step for the psychologist is to establish adequate rapport with the patient by introducing himself or herself. Speak directly to the patient during this introduction, pay attention to whether the patient is maintaining eye contact. Mental notes such as these may aid in guiding the interview later. Note if patients appear uneasy as they enter the office, then immediately attempt to ease the situation by offering small talk or even a cup of water. Many people feel more at ease if they can have something in their hands. This reflects an image of genuine concern to patients and may make the interview process much more relaxing for them. A complete MSE is more comprehensive and evaluates the following ten areas of functioning:

- 1) **Appearance:** The psychologist notes the person's age, sex, civil status, and overall appearance. These features are significant because poor personal hygiene or grooming may reflect a loss of interest in self care or physical inability to bathe or dress oneself.
- 2) **Movement and behaviour:** The psychologist observes the person's gait (manner of walking), posture, coordination, eye contact, facial expressions, and similar behaviours. Problems with walking or coordination may reflect a disorder of the central nervous system.
- 3) **Affect:** Affect refers to a person's outwardly observable emotional reactions. It may include either a lack of emotional response to an event or an overreaction.
- 4) **Mood:** Mood refers to the underlying emotional "atmosphere" or tone of the person's answers. Whether the person is in a sad mood, happy mood, angry mood etc.
- 5) **Speech:** The psychologist evaluates the following:
 - a) the volume of the person's voice,
 - b) the rate or speed of speech,
 - c) the length of answers to questions,
 - d) the appropriateness of the answers,
 - e) clarity of the answers and similar characteristics.
- 6) **Thought content:** The examiner assesses what the patient is saying for indications of the following which are indicative of certain typical disorders. Each of the following will have to be checked by the psychologist trainee.

Hallucinations: Hallucinations are false or distorted sensory experiences that appear to be real perceptions. These sensory impressions are generated by the mind rather than by any external stimuli, and may be seen, heard, felt, and even smelled or tasted.

To test for hallucination the question to be asked is:

- Do you sometimes hear some voice telling you to do something or not to do something?
- Do you sometimes hear some voice when no one is present?

- Do you feel that someone is talking about you and loudly saying whatever you are doing?

Delusions: A delusion is an unshakable belief in something untrue. These irrational beliefs defy normal reasoning, and remain firm even when overwhelming proof is presented to dispute them. To test for delusions the questions to be asked are:

- Do you sometimes feel that people are after you?
- Do you sometimes feel that people are talking about you?
- Do you sometimes feel that your phone is tapped?
- Do you sometimes feel people are overhearing your conversation?

Dissociation: Dissociation refers to the splitting off of certain memories or mental processes from conscious awareness. Dissociative symptoms include feelings of unreality, depersonalization, and confusion about one's identity. The questions to be asked would include:

- What is your name?
- Who are you?
- What work do you do?
- Do you sometimes feel that you do not know who you are?

Obsessions: a persistent unwanted idea or impulse that cannot be eliminated by reasoning.

To find out about the obsessions, the questions to be asked include the following:

- Do you feel that a particular thought keep coming to your mind again and again despite your not wanting it?
- Do you feel sometimes a strange idea or feeling which you think is not correct and however much you try the thought does not go?
- Do you find sometimes an impulse to keep washing your hands or other things at home even though you know it is unwarranted?

7) **Thought process:** Thought process refers to the logical connections between thoughts and their relevance to the main thread of conversation. Irrelevant detail, repeated words and phrases, interrupted thinking (thought blocking), and loose, illogical connections between thoughts, may be signs of a thought disorder. These can be noted by the psychologist and recorded as and when these occur.

8) **Cognition:** Cognition refers to the act or condition of knowing.

The evaluation assesses the person's

- orientation (ability to locate himself or herself) with regard to time (Ask the person what time is it now?)
- orientation to place (Ask the person where are you now?)
- orientation to personal identity (Ask who are you and what your name is?)

- long- and short-term memory (Ask the person what he had for breakfast. To test long term memory, tell me the name of the school in which you studied.)
 - ability to perform simple arithmetic (counting backward by threes or sevens)
 - general intellectual level or fund of knowledge (identifying the last five Presidents, or similar questions)
 - ability to think abstractly (explaining a proverb)
 - ability to name specified objects and read or write complete sentences (Show some objects and ask the person to name the same. Show simple sentences and ask the person to read or write the same.)
 - ability to understand and perform a task (showing the examiner how to comb one's hair or throw a ball)
 - ability to draw a simple map or copy a design or geometrical figure, e.g. draw a design like square or a triangle and ask the person to draw it after you.)
 - ability to distinguish between right and left. (Touch the person's left hand and ask what hand is it? Same thing repeat with the right hand.)
- 9) **Judgment:** The examiner asks the person what he or she would do about a commonsense problem, such as running out of a prescription medication. Or ask the person what he would do if he or she finds a sealed envelope on the road)
- 10) **Insight:** Insight refers to a person's ability to recognise a problem and understand its nature and severity. (Do you think you are ill? If the person says he or she is not ill and that the family member who has brought him or her is ill, that shows lack of insight)

Note: The length of time required for a Mental Status Examination depends on the patient's condition. It may take as little as five minutes to examine a healthy person. Patients with speech problems or intellectual impairments, dementia, or other organic brain disorders may require fifteen or twenty minutes. The examiner may choose to spend more time on certain portions of the MSE and less time on others, depending on the patient's condition and answers.

After the Mental Status Examination is over, record the entire thing in detail. Then take up the interview with the family member or members who have accompanied the patient.

➤ **Thematic Apperception Test (TAT)**

Personality refers to organised, consistent and general pattern of behaviour of a person across situations which help understand his/her behaviour as an individual. There are a number of theories that explain and describe the concept of personality (these are covered in the theory courses of MA Psychology Part I).

One of the important areas under personality is its measurement. Various tools may be used to measure personality of a person including observation, rating scales, self report inventories, and projective techniques. Two such projective techniques are Thematic Apperception Teat and Rorschach Inkblot test that will be discussed in detail.

Thematic Apperception Test is a projective technique that can be used to measure aspects of personality of an individual. It was developed by Henry A. Murray and Christiana D. Morgan

during the 1930s to understand the underlying dynamics of personality, such as internal conflicts, dominant drives, interests, and motives.

There are 31 picture cards in the standard form of the TAT. Some of the cards show male figures, some female, some both male and female figures, some of ambiguous gender, some adults, some children, and some show no human figures at all. One card is completely blank. Although, the cards were originally designed to be matched to the subject in terms of age and gender, any card may be used with any subject. A set of ten cards is normally chosen for administration.

The cards are shown to the subject one by one and then the subject is asked to relate a story for each picture presented. The administrator asks questions like what has led up to the event shown? What is happening at the moment? What the characters are feeling and thinking? What the outcome of the story was.

The narrative provided by the subject is carefully recorded and analysed to uncover underlying needs, attitudes, and patterns of reaction. Although most clinical psychologists do not use formal scoring systems, several formal scoring systems have been developed for analysing TAT stories systematically and consistently.

Two common methods that are used are Defense Mechanisms Manual (DMM) and Social Cognition and Object Relations (SCOR) scale. DMM assesses three defense mechanisms: denial (least mature), projection (intermediate), and identification (most mature

SCOR scale that assesses four different dimensions of object relations: Complexity of Representations of People, Affect-Tone of Relationship Paradigms, Capacity for Emotional Investment in Relationships and Moral Standards, and Understanding of Social Causality.

➤ **Rorschach Inkblot Test**

Rorschach Inkblot test is one of the projective techniques. It is a psychodiagnostic test used in clinical setting for diagnosis and differential diagnosis. The test is named after Hermann Rorschach (1884-1922) who developed the inkblots, although he did not use them for personality analysis. The test is considered “projective” because the subject is supposed to project his or her real personality into the inkblot via the interpretation. The inkblots are purportedly ambiguous, unstructured entities which are to be perceived by the subject and interpret it in anyway he/she perceives it. The test is complex in its administration, scoring and interpretation. Rorschach Inkblot test consists of ten inkblots. Out of these ten inkblots, five are black ink on white, two are black and red ink on white and three are multicolored.

The psychologist shows the inkblots in a particular order and asks the subject for each card, “What might this be?” After the patient has seen and responded to all the inkblots, the psychologist then gives them to him/ her again one at a time to study. The subject is asked to list everything he sees in each blot, where he sees it, and what there is in the blot that makes it look like that. The blot can also be rotated. As the subject is examining the inkblots, the psychologist writes down everything the subject says or does, no matter how trivial. The psychologist also times the patient which then factors into the overall assessment. Using the scores for these categories, the examiner then performs a series of mathematical calculations producing a structural summary of the test data. The results of the structural summary are interpreted using existing empirical research data

on personality characteristics that have been demonstrated to be associated with different kinds of responses. Various methods of scorings developed by Beck, Klopfer, Rapport-Schafer, Hertz and Piotrowski may be used for scoring Rorschach Inkblot Test.

➤ **Neuropsychological Test (AIIMS Neuropsychological Battery)**

Neuropsychology is the study of the inter-relation between brain and behaviour. ‘Neuropsychological test is a cover term for a wide variety of tests that are designed to explore, evaluate and diagnose psychological disorders due to particular kinds of neurological dysfunction’ (Reber & Reber 2001: 465). Neuropsychological testing for brain dysfunction adopts multidimensional assessment approaches: mental status examination, psychological testing together with other tests like fMRI(Functional MRI) etc. are used together to ascertain the nature of dysfunction. Neuropsychological tests are used mainly to assess cognitive processing deficits like memory, attention, motor-coordination, language processing and perception etc.

The neurophysiological tests mainly help understand various higher mental processes. To arrive at a profile of cognitive, sensory and motor functions various neuropsychological tests may be used. Two prominent neuropsychological tests developed in India are NIMHANS Neuropsychological Test Battery developed in 1990 by NIMHANS (National Institute of Mental Health and Neurosciences), Bangalore and AIIMS Neuropsychological Test Battery in Hindi developed by AIIMS (All India Institute of Medical Sciences), Delhi, developed in 1994.

AIIMS Comprehensive Neuropsychological Battery in Hindi available in adult form and in Children Form. It is developed by Surya Gupta, S.K. Khandelwal, P. N. tendon, K.R. Sundaram, M.C. Maheshwari, V.S. Mehta and A.K. Mahapatra. The development of the adult form was initiated in 1986. It is based on Luris’s functional approach. The test includes following primary scales:

- 1) The motor scale
- 2) The tactile scale
- 3) The visual scale
- 4) The receptive speech scale
- 5) The expressive speech scale
- 6) The reading scale
- 7) The writing scale
- 8) The arithmetic scale
- 9) Memory scale
- 10) The intellectual process scale
- 11) Pathogenic scale
- 12) Left hemisphere scale
- 13) Right hemisphere scale
- 14) Total score scale

The total number of items is 200. The items falling under each primary scale are provided in tabular form in the manual. The description and the scoring method of the test items are also provided in the manual, along with a book of norms.

➤ **Draw A Person Test**

This test was developed by Goodenough-Harris. It helps to measure the cognitive development of children. Administrative procedure of this test involves the administrator asking the subject to complete three separate drawings on separate paper. Participant is asked to draw a man, a woman, and himself/ herself. The participant is free to draw the way he/she wishes to. No other instructions are given, however the participant is asked to draw a whole person each time and not certain body parts or face alone. There is no time limit. The drawing can be evaluated with the help of various scoring scales.

Draw-a- man test developed by Pramila Pathak may also be used. This test may be administered to a single child or a group of 20 children. However, individual administration is advised if the test is administered to a preschool child or child under clinical study. Material required for the test is just sheets of paper and a pencil. The scoring of the picture drawn is covered in detail in the manual provided with the test. The scoring mainly depends on the various parts of the body drawn by the child and their details. Calculation of IQ is possible by using the age-norms table provided in the manual.

Draw-a-man test is based on one single performance which hardly takes more than ten minutes. It is a quick measure of intelligence and hence is appropriate to use when a quick, but objective judgement is needed. For critical individual study the readings on draw-a-man test must be supplemented by some other tests.

➤ **Beck Depression Inventory**

Depression can be described as a mood state characterised by a sense of inadequacy, a feeling of despondency, a decrease in activity or reactivity, pessimism, sadness. It affects an individual's day-to-day life and activities by interfering with the individual's ability to work, study, eat, sleep, and have fun. The feelings of helplessness, hopelessness, and worthlessness are intense and unrelenting for the individual who is undergoing depression. Though individual difference exists in depression, there are certain common symptoms that may be displayed by depressed individuals, like, feelings of helplessness and hopelessness, loss of interest in daily activities, appetite or weight changes, sleep changes, anger or irritability, loss of energy, self-loathing, reckless behaviour, concentration problems, unexplained aches and pains. Depression is also a major risk factor for suicidal ideation and suicide. Depression can be measured using various tools, one of them is the Becks Depression inventory that will discussed in detail.

The Beck Depression inventory was developed by Aaron Beck. It is a self report inventory with multiple choices that was developed to measure depression. It consists of 21 questions. The test can be administered to subjects above 13 years of age. Each item in the inventory corresponds to a specific category of depressive symptom and/or attitude according to DSM-IV. These are sadness, pessimism, past failure, loss of pleasure, guilty feelings, punishment feelings, self- dislike, self-criticalness, suicidal thoughts or wishes, crying, agitation, loss of interest, worthlessness, loss of energy, changes in sleep pattern, irritability, changes in appetite, concentration difficulty, tiredness

or fatigues, loss of interest in sex. The inventory is very simple to administer as it is a self report inventory. The scoring procedure is equally simple. The scores on each question are added after the subject completes answering the inventory, and a total score is obtained.

For example:

Question 10. Crying

0 I don't cry any more than I used to

1 I cry more than I used to

2 I cry over every little thing

3 I feel like crying, but I cant

The subject has to choose or tick mark from one of the above four options. The highest score for each of the questions is three; the highest possible total for the whole test would be sixty-three. The lowest score for each question is zero, so the lowest possible score for the test would be zero. A score between 1-10 is considered as normal. A score between 11-16 indicates mild mood disturbance. A score falling between 17-20 indicated borderline clinical depression. Score between 21-30 can be termed as moderate depression. A score between 31 to 40 indicates severe depression and a score over 40 indicates extreme depression.

➤ **State – Trait Anxiety Scale**

State anxiety can be described as transitory emotional state or condition of the individuals that is characterised by subjective, consciously perceived feelings of tension and apprehension, and heightened autonomic nervous system activity. Trait anxiety on the other hand explains relatively stable individual differences in anxiety proneness and refers to a general tendency to respond with anxiety to perceived threats in the environment. The State Trait Anxiety Scale was developed by Charles D. Spielberger, Richard L. Gorsuch, and Robert E. Lushene in 1964. It is a self report inventory that differentiates between the state anxiety and trait anxiety so as to help develop suitable intervention. The scale can be administered to subjects with age 15 years and above. It consists of two scales each containing 20 items to be answered on a four point Likert type scale. Thus the scores obtained by the subject on each scale (that of state anxiety and trait anxiety) will range from 20 to 80 with higher scores indicating higher anxiety.

The State Trait Anxiety Test (STAT) developed by Sanjay Vohra may also be used for the purpose of measuring State Trait Anxiety. The STAT was developed as a means of getting clinical anxiety information in an objective and standardized manner. The test can be administered to the subjects with age 14 years and above. It is a self report inventory and very easy to administer and score. STAT is based on MAP Series which measures 20 primary personality dimensions.

6.0 A BRIEF GUIDE TO PRACTICUM IN MPCE 024

➤ **Interviewing Skill Practice**

Counselling is a process where the counsellor helps the client to understand himself and his situation and accordingly make intelligent choices, plans and adjustments. It enables the client to take appropriate decisions. This requires the counselor to understand the client, his problems and his situation in a proper perspective. Hence correct identification of the client's problem is

a crucial part of the counselling process. In order to gain an understanding of the client's problem, the counsellor needs to first develop an understanding about the client – his needs, likes, interests, abilities, personality, values and goals etc. All these information are collected through an interview which is called History taking or Initial Interview. The counselor needs to be skilled in conducting this initial interview as it has significance in terms of getting to know the client, making the client feel accepted and understood and develop confidence in the counselor.

Initial interview helps the counsellor to build up rapport with the client. An informal method should be used to interview the client so that the client does not feel intimidated. The questions should be such to provide a wide understanding of the client's life, his/her interactions and relationships, emotions and motivations, behavioural problems and adjustments and goals in life. The process of intake interview or history taking usually starts with collecting standard information data or identification data such as name, age, address, education, occupation etc. In addition to collecting various information through questioning, the counselor needs to pay attention to the client's non-verbal behaviour also. The physical appearance, the present behaviour of the client, the body language of the client convey a lot about the client which the counselor needs to consider to get a comprehensive picture about the client. The most important thing before the interview is the assurance of confidentiality to the client. The client has to be assured of the security and confidentiality of all the information he will be providing during the counselling session and that no information will be disclosed without the client's consent.

An outline of the initial interview is given below:

1) **Identification Data:**

- a) Name, Address and Telephone. This will help in addressing the client in the first person and contacting the client whenever necessary. Information about the address will give an idea of the locality/area in which the client stays.
- b) Age, sex, education, occupation and marital status. This provides information about whether the client is a minor or mature enough to provide the counselor with reliable information. Further, it gives data about the educational and occupational status of the client.

2) **Information related to the problem:** Whatever information the client gives about his problem should be recorded as it is. The following can be asked to the client:

- a) Does the problem interfere with the client's day-to-day activities? To what extent?
- b) What are the thoughts, feelings and behaviour associated with the problem?
- c) Since when has the problem begun? How frequently does it occur?
- d) What pattern of events usually lead to the problem? When does it occur? With whom? What happens before and after the problem occurs?
- e) What made the client seek counselling?

3) **Client's present life situation:**

- a) How is a typical day or week in the client's life?
- b) What type of activities related to social, religious, recreational does the client take up?
- c) What is the nature of his present educational and vocational situation?

4) **Family Setting**

- a) Age, education and occupation of father and mother
- b) How are the personalities of the father and mother?
- c) How is the relationship between the father and mother, relationship of each parent with the client and with other siblings, relationship of the client with the grandparents etc.
- d) Number of siblings, their name, age, sex, birth order, education, occupation and marital status.
- e) Is there any history of long physical or mental illness/disturbances in the family?
- f) Family mobility: How many places family has lived in, how many times parents have changed jobs. This information will provide insight into the stability of the family and the kind of socio-cultural exposure the client has had.

5) **Personal History:**

- a) Educational history: academic progress and achievement from nursery to high school and post high school. How was the client in his academic career including his talents, hobbies, involvements in different activities, peer relationship and relationship with the teachers.
- b) Work experience: has the client held part time/full time jobs, nature and duration of jobs, any significant experience/achievement during work, relationship with the coworkers etc.
- c) Medical history: any major illness/injury/surgery since childhood to present
- d) Marital history: relationship with the opposite sex/partner/spouse, any present or previous emotional involvements, reasons for previous relationships breaking down
- e) Is there any previous experience with counselling?
- f) Is the client currently using drugs/alcohol or has used in the past; to what extent?
- g) Does the client have any personal or career goals in life? What are they?

6) **Description of the client during the interview:** It is very crucial to note down the client's appearance and behaviour during the counselling interview.

- a) Temperament: warm and friendly, energetic, lethargic, active etc.
- b) Behaviours/mannerisms: fidgeting, nail biting, disruptive/hyperactive behaviour, aloofness etc.
- c) Body language, facial expressions, postures and gestures, eye contact etc.
- d) Language: fluency, coherence, logical, tone of voice etc.

Observation and noting down of each and every aspect of client's behaviour and personality is crucial. How open was the client, degree of motivation and interest shown during counselling, the self concept of the client, client's strengths, weaknesses and competencies all should be noted and recorded.

7) **Summary:** At the end of the interview the counselor needs to analyse all the information obtained and see how the different information provided by the client may be linked to the problem that the client has presented in the beginning. This helps the counselor put the

problem in a proper perspective. This will also help in deciding what type of counselling approach/strategy will be helpful for the client. The counselor must also take into account the social and cultural background of the client to understand the problem and provide appropriate and effective counselling.

As part of your practical you will need to practice the interview skill by role playing in the class.

➤ **Intelligence Testing (WAIS, Standard Progressive Matrices)**

In our day to day life we often say, '*she is very intelligent*', or '*he is a brilliant learner*'. We make judgments about others' mental ability by their behaviours and specific achievements. Do you think one can measure '*how much intelligent a person is?*' This is exactly what psychologists started with and endeavored to develop some scientific procedures to tell about the how and what type of mental ability a person possesses. But measuring something which can't be directly seen, as with all psychological attributes, is really a very difficult task. And in case of intelligence, the task was more challenging. Since measuring something requires a simple answer to what is being measured. The interesting thing about intelligence is that every test developed to measure it defined it in its own way.

What is Intelligence?

Wechsler has defined intelligence as "the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with his environment." Alfred Binet, the inventor of modern intelligence test, believed that intelligent behaviour would be manifested in such mental abilities as reasoning, imagination, insight, judgement and adaptability. Some psychologists held the view that all the cognitive abilities (such as abstraction, learning and dealing with novelty) are the manifestation of a single underlying factor, called General factor and Specific abilities such as artistic ability, linguistic ability, mathematical or spatial ability referred constitute specific factor or *s* factor. Thus, we may define intelligence as

- The ability to behave adaptively.
- The ability to function successfully within a particular environment.
- Ability to learn new things quickly, to solve different kinds of problems.

Moreover it is said that intelligence is what the intelligence test measure, "Intelligence is, conceptually, what it has always been, the ability to profit from experience-and pragmatically, what it has become-that which the intelligence tests measure" (Reber & Reber 2001: 361).

Origin and Early Developments

The first attempt to develop tests of intellectual ability was made more than century ago by Sir Francis Galton, a naturalist and a mathematician, in 1884. James Mckeen Cattell (1860-1944) has also made significant contributions to the measurement of individual differences. But the mental testing movement began with the development of the first intelligence test by Alfred Binet and Théophile Simon in 1905.

The French government commissioned Binet to discover an objective method of assessing intellectual level of French school children. The major concern was to identify children who were unable to profit from public school education. The task for Binet and Simon was

- To devise a scale that would select retarded children.
- Indicate the nature of special instruction that could benefit those children.

- To improve the diagnosis of severely retarded institutionalized children, though it was the secondary objective.

Binet assumed intelligence should be measured by tasks that required reasoning and problem solving abilities. Binet published the first test in 1905 in collaboration with Simon and revised it 1908 and in 1911. The test was constructed with items of common information, word definitions, reasoning items, and ingenuity. The measure of intelligence was mental age (MA). Binet and Simon assumed that intelligence grows with the child's chronological age (actual age). Thus the child who passes all the items at the 7 year level is mentally 7 years of age irrespective of his or her chronological age (actual age) or we can say the child is able to do the test items that 50 to 75 % of 7 year old children can pass. In Binet's views, a slow or dull child is like a normal child whose mental growth is retarded. The slow child would perform on the level that is below his actual age whereas the bright child can perform up to the level of the children above his/her chronological or actual age. The items in the Binet's scale are arranged in increasing difficulty. The higher a child could go on the scale in answering the item, the higher his/her mental age will be. In 1916, Lewis Terman, published the Stanford revision of Binet test, that is known as the Stanford Binet Intelligence Scale (SBIS). Terman adapted the test items developed by Binet for American school children. SBIS was revised in 1937, 1960, 1972 and in 1986. Binet's concept of MA was retained in SBIS. But Terman used *intelligence quotient* as an index of intelligence. The term IQ, from the German *Intelligenz Quotient* was suggested by the German psychologist William Stern (1912). Intelligence quotient (IQ) expresses the relation of mental age (MA) to the real age (chronological age-CA):

$$IQ = \frac{MA}{CA} \times 100$$

IQ is calculated by dividing a child's mental age in months by his CA. An average child of 7 years whose MA is also 7 years, his IQ will be $7/7 \times 100 = 100$. The number 100 is used as a multiplier to eliminate the decimals. So the IQ of this child will be 100. IQ in intelligence tests now is no longer calculated using this equation. Tables are used to convert raw scores on the test into standard scores, which express the IQ. 1986 version of the test uses percentiles to express the level of intelligence in a particular group. The 1986 revision of the Stanford-Binet is grouped into four broad areas: verbal reasoning, abstract/visual reasoning, quantitative reasoning and STM. Terman chose the following category ranges for score levels on that test with standard deviation 16.

Table 1: Terman's Stanford-Binet Fourth Revision Classification

IQ Range ("Deviation IQ")	Intelligence Classification
164 and over	Genius or near genius
148 - 164	Very superior intelligence
132 - 148	Superior intelligence
113 - 132	Above average intelligence
84 - 113	Normal or average intelligence
68 - 84	Dullness
52 - 68	Borderline deficiency
Below 52	Definite feeble-mindedness

The above scores are obtained by converting raw scores into standard scores. Raw scores are the actual scores obtained on the test. These scores are converted by the tables which contain age appropriate standardized scores given in the manual. It was felt that Stanford Binet test depended heavily on linguistic ability.

In 1939, David Wechsler developed a new test-Wechsler Adult Intelligence Scale (WAIS). WAIS comprises of a verbal scale and a performance scale. These two yield a separate IQ and a full IQ. Later, similar tests were used by Wechsler for children, Wechsler Intelligence Scale for Children-WISC (1958). The verbal scale in WAIS consists of information comprehension, arithmetic similarities, digit span, vocabulary and letter number sequencing. The performance scale consists of digit symbol, picture completion, block design, picture arrangement, matrix reasoning, object assembly and symbol search. Both the Stanford and Wechsler scales show good reliability and validity and are widely used tests to measure intelligence. Wechsler proposed different category ranges with a standard deviation of 15 by which I Q scores could be explained.

Table 2: Wechsler’s classification

IQ Range (“Deviation IQ”)	Intelligence Classification
145 and over	Very superior
130 - 145	Superior
115 - 130	Above average
85 - 115	Average
70 - 85	Below average
60 - 75	Borderline
60 and below	Defective

All the above tests were individual tests of intelligence, i.e. these tests can be administered on one person at a time. The wider social settings sought after the need for such test that can be given to a large number of population at a time. Group ability tests were devised for such purpose. Group ability tests can be administered to a large number of people by a single examiner and are usually pencil and paper test. Individual test focuses on global ability, their major purpose being to assess a general trait. The focus of the group tests is to predict academic or occupational performance. Group test of intelligence are more often used for initial screening in schools (Scholastic Assessment Test-SAT) and industries. These tests may be followed by individual testing if more information is required. Individual tests are preferred by psychologists in clinics, hospitals and other settings where a clinical diagnosis is required.

Apart from the individual and group test, another major division is verbal and non-verbal tests. As the name implies, verbal tests can be used with educated persons while non verbal tests are preferred for uneducated persons, and those handicapped in some respect (like blind, partially sighted). Paper pencil tests and performance tests are one more variant of intelligence test. Performance test require the some sort of activity, like arranging the blocks, completing a picture with the given cards and choosing a correct matched card for a particular picture or symbol. At

present, many IQ tests have been developed to suit the cultural milieu of an individual. There are also culture fair tests that are applicable to all the persons irrespective of their culture. Culture fair tests are free from any verbal content that measure culture specific and linguistic knowledge.

Now let us briefly describe the **Standard Progressive Matrices (SPM)** Test developed by J.C. Raven. Raven's test is a non verbal test and it has been proved an excellent measure of intelligence across the cultures. It can also be used for normal and clinical settings and it can be applied to all the age groups.

Purpose : Designed to measure a person's ability to form perceptual relations.

Population : Ages 6 to adult.

Score : Percentile ranks.

Time : 45 minutes.

Author : J.C. Raven.

The Raven's Progressive Matrices Tests (1938-1956) developed in England and widely used in the British armed forces during World War II. It is a non-verbal culture fair scale designed to evaluate the subject's ability to apprehend relationships between geometric figures and designs, and to perceive the structure of the design in order to select the appropriate part for completion of each pattern and system of relations.

Raven's Progressive Matrices (RPM) aims to measure educative component of 'g' as defined by Spearman's theory of cognitive ability. Educative is derived from the Latin root "educere", meaning "to draw out". "Educative ability is the ability to forge new insights, the ability to discern meaning in confusion, the ability to perceive and the ability to identify relationships" (Raven et al 2003). In each test item, the subject is asked to identify the missing item that completes a pattern. Many patterns are presented in the form of a 4x4, 3x3, or 2x2 matrix, which gave the test its name. The problems require analytic and integrating operations of the kind called "insight through visual survey

The test is available in three forms: Standard progressive matrices, colour progressive matrices and advanced progressive matrices. Here we will briefly tell you about SPM and CPM.

Standard Progressive Matrices (SPM): SPM was developed for use in homes, schools, and workplaces as well as in laboratories. The test is made of five sets (A to E) of 12 items each (e.g., A1 through A12). These sets contain diagrammatic puzzles exhibiting serial change in two dimensions simultaneously: pattern and shape. Each puzzle has a part missing, which the person taking the test has to find among the options provided. Thus total 60 problems become increasingly difficult. In each set the first problem is as nearly as possible self-evident. All items are presented in black ink on a white background. The five sets provide five opportunities to grasp the method of thought required to solve the problems and five progressive assessments of a person's capacity for intellectual activity. One of the puzzle from SPM is shown in Figure 1:

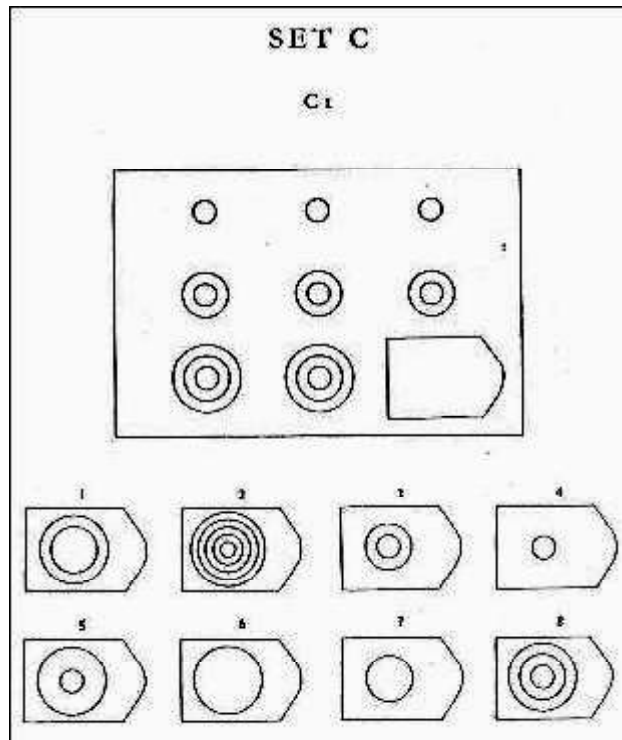


Fig. 1: A Puzzle from Raven's SPM. Subject has to find the missing part from the options given below the main figure.

Explaining Coloured Progressive Matrices: Designed for younger children, the elderly, and people with moderate or severe learning difficulties, this test contains sets A and B from the standard matrices, with a further set of 12 items inserted between the two, as set Ab. The total number of items is 36. The test items are arranged in increasing difficulty. It takes 30 minutes to answer all the subtests. Items are presented on a coloured background to make the test visually stimulating for participants.

Instructions: Before beginning the test, the academic counsellor (AC) should read the test manual thoroughly especially the part of instructions. The test instructions have to be followed very carefully. If the instructions are clearly given to the participants, the test results may not be valid, as disinterestedness, difficulty in understanding the test, guesswork and misunderstanding may spoil the test.

During the session, the first thing is to make the learners sit comfortably. AC can ask the participants what they know about measurement. Then briefly discuss about the psychological measurement and that the procedures are very simple and interesting. They should also tell them to perform on these tests honestly. Intelligence tests contain some problems to which they are required to answer. The participants should be explained the concept of intelligence and the measurement of intelligence and what do they come to know after the taking the test. Then, they should ask the participants if they are ready to take the test. If yes, it can be given individually or in group. For both the test administration situations, instructions are given in the manual that AC must read before the test session.

Each person taking the test needs: Pencil, test booklet, and an answer sheet which should be same as the version of the test booklet. The academic counsellor should proceed in the following steps:

- First, AC should tell the participants not to make any on the *Progressive matrices* test booklet in any way. Tell them to fill in their name, date, age and date of birth at the top of the answer sheet. Answers should be made on the answer sheet.
- Showing the test booklet tell to the persons taking the test the aim of the test and what they have to do in the test. The test booklet should not be opened until asked for.
- Demonstrate them how to do it by showing problem A1 and where to fill the answer for the problem. Check that everyone is following the instructions properly. Then tell them to move to the problem A2 and check that everyone is filling the answer at the appropriate space in the answer sheet. Remind them again not to write anything in the test booklet.
- Test taker should tell the participants not to rub the wrong answer. They can put a cross through the incorrect answer and then write the number of the correct answer. Tell them to complete the booklet in the same way and go round to see if they are getting on all right. Keep asking, if there are any doubts.
- Let them work at their own pace.
- Note the time.
- If test takers find any difficulty in taking the test, re-demonstrate the problem A1.
- After successful completion of the test, thank all the participants for their co-operation. Ask them about the test.

Scoring: The SPM consists of 60 items arranged in five sets (A, B, C, D, & E) of 12 items each. Each item contains a figure with a missing piece. Below the figure are either six (sets A & B) or eight (sets C through E) alternative pieces to complete the figure, only one of which is correct. Each set involves a different principle or “theme” for obtaining the missing piece, and within a set the items are roughly arranged in increasing order of difficulty.

Score one point for each correct answer. If the person taking the test has given more than one answer to a question, treat it as incorrect. The raw score is converted to a percentile rank by using the appropriate norms.

Then persons’ intelligence is classified in the following categories as per their percentiles:

Grade I	Intellectually Superior – Score at or above 95 th Percentile
Grade II	Above the Average – at or above 75 th Percentile. II+ If Above 90
Grade III	Average-25 th -75 Percentiles. III+ If Above 50, III- If Below 50
Grade IV	Below Average, at or Below 25 th Percentile. IV- If 10 or Below 10
Grade V	Intellectually Impaired, at or Below 5 th Percentile

SPM was designed to cover the widest possible range of mental ability and to be equally useful with persons of all ages, whatever their education, nationality or physical conditions.

➤ **Sentence Completion Test**

Sentence completion tests can be described as semi-structured projective technique. They provide respondents with beginnings of sentences and the respondents are asked to complete the sentences in ways that are meaningful to them. Various Sentence Completion Tests are available and can be used in the practicum. One of them is the Sentence Completion Test developed by L. N. Dubey and Archana Dubey. The objective of this test is to measure three main traits of personality, Sociability, Self Confidence and Ambitious. In the test incomplete sentences are given and the participant has to complete the incomplete sentences as quickly as possible with the first thought that comes to his/ her mind. The test consists of 50 incomplete sentences. There is no time limit but the subject must be asked to complete the test as quickly as possible. No sentence is to be left incomplete. All the sentences in the test are kept in such a way that they either reveal positive or negative aspect of any one given trait. Every sentence can thus be placed in to three categories: Positive (2 marks awarded), negative (1 mark awarded) and neutral (0 marks awarded). The serial number of statements under each of the three dimensions is provided in the manual along with the interpretation of the raw scores.

➤ **Bender Gestalt Test**

Bender Visual Motor Gestalt Test (BVMGT or BGT) was developed by psychiatrist Lauretta Bender in 1938. It is also referred as B-G in short for Bender Gestalt. The term Gestalt is used as the test is based on the Gestalt psychology. The main assumption behind the test is that any pathological condition that inhibits the functioning of ‘integrated organism’ would be reflected in a disturbed capacity to reproduce the integrated figures. The test was originally developed to test the maturation of visual motor functioning in children but it was quickly adopted by clinicians as a general test of brain dysfunction. It is used both as a general test of brain dysfunction and a measure of specific function (e.g. visual-construction ability). The test is preferred to be used with other psychological tests for psycho-diagnosis and it is advised not to be used as only test for any clinical purpose. The other important precaution is that it should be administered and interpreted only by a trained psychologist.

The test consists of nine geometric figures (e.g. a circle and a diamond). Each design is shown to the examinee on 3×5 card and s/he is instructed to copy it on a blank sheet of paper. The instructions given to examinee are, ‘you will be shown some cards, one at a time. You will see a figure on each card. It is not a test of artistic ability. Try to copy the figure as accurately as possible. There is no fixed time, take your time to copy the figures.’

There is no time limit for the test but it takes 15-20 minutes to administer the test. There are many scoring systems devised to see whether examinee’s performance shows any impairment in brain functioning. One of the scoring systems for adults is proposed by Lacks (1999). Lacks identified 12 qualitative signs that are marked absent vs. present. The presence of any five of the signs is indicative of brain damage. The 12 diagnostic signs are given in the table 1.3.

Table 1.3: Diagnostic Signs on the Bender-Gestalt

<ol style="list-style-type: none">1. Rotation- Figure is rotated 80 to 180 degrees.2. Overlapping difficulty- Problem in drawing the portions of a single figure that should overlap.3. Simplification-Figure is simplified4. Fragmentation- Figure is broken up so that the overall gestalt is lost.5. Retrogression- Substitution of a more primitive gestalt form than the stimulus.6. Perseveration- Features of a previous stimulus carry over in the current stimulus.7. Collision- Two separate figures overlap or collide with each other.8. Impotence- Numerous erasures and inability to finish a drawing to personal satisfaction9. Closure difficulty- Difficulty in getting adjacent part of a figure to touch.10. Motor incoordination- Tremor is evident in drawing.11. Angulation difficulty- Severe difficulty in reproducing the angulation of drawings12. Cohesion- Isolated decrease or increase in size of sub-portion of one drawing.
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Source: Lacks, P. (1999). Bender Gestalt Screening for brain dysfunction (2nd edition). New York: Wiley.

The test performance is often evaluated qualitatively, but some scoring guides are also available for the test performance scoring. The learners are advised to follow the format of scoring and interpretation in the test manual available at the study centre or the version of the test used.

➤ **Differential Aptitude Test (DAT)**

Aptitude has great relevance in educational and vocational guidance and counselling. Assessment of aptitude alongwith other aspects of behaviour such as interest, abilities, achievement and personality will provide useful information to arrive at a better understanding of the individual. Aptitude tests came into existence as a result of the increasing need for career guidance and counselling.

Aptitude refers to the potential that the individual has, e.g., s/he has aptitude for music. This means s/he has the potential for music; with suitable training he'll be able to develop this ability. On the other hand, if a person does not have an aptitude for music, no amount of training can help him develop musical talent. Thus, aptitude can be termed as a special ability or cluster of special abilities required to do a job or perform a task. It indicates the probability of success in a particular area of work.

It'll be useful to distinguish the terms aptitude, ability and achievement here. Ability refers to what the individual is capable of achieving in the present situation. Whereas Achievement refers to what the individual has been able to learn/achieve. Thus, ability is concerned with the present whereas achievement depends on past experience and training. Aptitude is concerned with future performance, what the individual can achieve with necessary training input given. There is

difference between aptitude and interest too. Interest refers to one's preferences whereas aptitude refers to potential. For example, a person may like to sing (an interest), but may not have any musical potential to sing well (aptitude).

Aptitudes are assessed by administering Aptitude Tests. These tests usually consist of a number of subtests. The most commonly used Aptitude tests are Differential Aptitude Test (DAT), David's Battery of Differential Aptitude (DBDA), General Aptitude Test Battery (GATB) etc.

Differential Aptitude Test (DAT), developed by Bennett, Seashore and Wesman (1984), consists of eight subtests. These are Verbal Reasoning, Numerical Reasoning, Abstract Reasoning, Spatial Reasoning, Clerical Speed & Accuracy, Mechanical Reasoning, Language Usage, and Spelling and Grammar. Combination of these abilities is required for success in different occupations. Administration of the whole battery may be time consuming; so combination of subtests can be used as per requirement.

Aptitude test scores must be used along with previous achievement data, present interests, work preferences, general mental ability etc. in order to effectively guide the person. It may be noted that aptitude data provide only clues/suggestions to help in educational and career planning. It does not explicitly establish a fit between the individual and the job. Other factors such as interest, motivation, hard work etc. also contribute a lot. These must be taken into account before reaching a conclusion.

➤ **Interest Inventory**

Interest refers to one's likings and preferences. You may like to play football more than reading a story. This reflects your interests. This means you have more liking for playing football compared to reading. It does not mean that you'll not be able to do well in reading. However, it indicates your natural inclination or natural desire to undertake one activity in place of another. Thus, an interest is a tendency to become absorbed in an experience and to continue it and to enjoy it.

Interest is an integral part of our personality. The development of interests depends on our environment. If a child is exposed to a family environment where everybody talks about music then there is more likelihood that the child will develop interest in music. Once an interest is developed, it may continue long term or it may even change also. Interests change depending on one's motives, experiences, exposures and emotional responses. However, many of our interests get stabilized by the age of adolescence and young adulthood.

Interest may be intrinsic or extrinsic, e.g. playing hockey or tennis for the sake of it is intrinsic interest, whereas playing it for earning money is extrinsic interest. Thus extrinsic interests are connected with the pursuit of different activities which give rise to satisfaction or pleasure; intrinsic interests are those related to the pursuit of the activity itself. Super (1990) has classified interests into three groups:

- 1) Expressed Interests: These are the interest expressed or told by the individual. These reflect the subjective opinion of the individual.
- 2) Manifest or Observed Interests: These are the interests which we observe in a person by seeing that person involve in some or the other activity. However, the observation has to be on a long term basis and across different occasions to arrive at an accurate data.

- 3) Measured or Tested Interests: These refer to interests found by assessing/testing the individual by using different types of Interest Inventories.

Thus it can be said that interests can be assessed formally as well as informally. The first two types of interest represent informal assessment whereas the third one involves formal assessment. In other words, when you ask somebody about her interest, this is eliciting information at an informal level. Informal assessment techniques include client's expression of interests and observation. As a guidance counselor, you can interview the client and collect information regarding the client's interests.

On the other hand, Formal assessment techniques make use of interest inventories. There are different types of Interest Inventories. Important ones are Kuder's Preference Record (KPR) and Strong's Vocational Interest Blank (SVIB). The first systematic assessment of vocational interests was the development of Strong Vocational Interest Blank by Edward K. Strong Jr. The SVIB helps to reveal the client's interest patterns by asking the subjects to indicate their preference in terms of Like (L), Indifferent (I) or Dislike (D). It uses a category response type of assessment. The SVIB is designed to find out the extent to which the interest of an individual corresponds to those of people who are successful in a given occupation.

Kuder Preference Record (KPR) developed by G. Frederic Kuder, measures preferences of the individual for specific activities. Each item contains three choices. The subject has to select one of the three choices as her first choice, and another as her third choice. An example is given below:

- Build birdhouses
- Write articles about birds
- Draw sketches of birds

This particular item aims to assess three types of interests such as mechanical, literary and artistic interest. In contrast to SVIB, the KPR uses a forced choice pattern type of assessment where the individual is forced to say which one of the three activities she likes best and which one she likes least, even though she may not like any of these.

There are also R.P. Singh Interest Record and Chatterjee's Non-language Preference Record. Some other tools like Self Directed Search (SDS) (Holland, Powell, Fritzsche, 1994) and the Unisex Edition of the ACT Interest Inventory (UNIACT) (Swaney, 1995) developed on the lines of Holland's theory are also frequently used to assess interest.

Assessment of interest provides useful information about the individual which is important for providing educational and vocational guidance and counselling. As part of your practical course work, any type of Interest Inventories can be used.

➤ **Career Preference Record**

Career planning at the stage of entering adulthood is a very serious concern among youths and their parents, because the entire base of life is dependent at this crucial point of life (Bhargava and Raina, 2001). Hence career planning should be done keeping in mind a host of factors including one's potentials as well as limitations and family situation. However, we find many youths choosing their career randomly and without any clear cut future goals.

In this fast changing competitive world, youths face a real challenge in planning and selecting their career. There are so many new careers and new fields emerging everyday. Media like newspaper, television, and internet bombard the individual with so much of information. In addition there is the influence of the family members, parents, teachers, friends, neighbours and others on the individual while planning for a career. The social traditions, cultural determinants and religious practices also affect the individual behaviour.

To choose a right career, one needs to be clear about one's preferences, abilities, interests, skills, values and personality. This will help the person to select a career which will provide job satisfaction. Hence it is very crucial to know oneself, to know the world of work, i.e. the various types of jobs available in the present day world and then decide upon a career.

Career Preference Record (CPR) is one instrument which helps the students/youth to make a wise choice in his career preferences or vocations. CPR covers 10 main areas of vocational interest. They are:

- 1) Mass Media & Journalism
- 2) Artistic & Designing
- 3) Science & Technology
- 4) Agriculture
- 5) Commerce & Management
- 6) Medical
- 7) Defence
- 8) Tourism & Hospitality Industry
- 9) Law & Order
- 10) Education

Career preference record helps the students to know their preferences so that they can prepare themselves accordingly. It consists of a number of careers in pairs. The student has to give his/her preference out of the two careers. The result of this test helps in finding out High, Above Average, Average, Below Average and Low Career Preference of the student for various careers. This enables the student to plan for his/her future in a better way.

7.0 A BRIEF GUIDE TO PRACTICUM IN MPCE 034

➤ **MBTI (Myers Briggs Typology Indicator)**

The Myers-Briggs Type Indicator (MBTI) is one of the techniques of assessing preferences in how people perceive the world and make decisions on basis of their self perceptions. It was first published in 1962 and basically focuses on normal populations and emphasizes the value of naturally occurring differences. The inventory is based on the theory of 'psychological type' developed by Carl Jung. According to Jung, people take decisions on basis of two dichotomous pairs of cognitive functions:

- The "rational" (judging) functions: *thinking* and *feeling*
- The "irrational" (perceiving) functions: *sensing* and *intuition*

According to the theory, individuals are either born with, or develop, certain preferred ways of thinking and acting. Their thinking and assumptions may be based on rational (that is judging the situation before taking any decision) or irrational (taking decisions on basis of intuitions) thought process. The MBTI on basis of the above mentioned processes of thinking, categorizes these differences in the processes of thinking in to four opposite pairs known as ‘dichotomies’, these dichotomies or the pairs can explain 16 possible types of psychological differences. None of these types are *better* or *worse*; however, Briggs and Myers theorized that individuals naturally *prefer* one overall combination of type differences. The 16 types are typically referred to by an abbreviation of four letters—the initial letters of each of their four type preferences (except in the case of *intuition*, which uses the abbreviation *N* to distinguish it from Introversion). Say for example, the dichotomy ESTJ refers to extraversion (E), sensing (S), thinking (T) and judgment (J). Similarly, the other dichotomy INFP refers to introversion (I), intuition (N), feeling (F) and perception (P).

The details of all the dichotomies along with the scoring are mentioned in the manual of the practical. The learners are supposed to go through the manual of the practical before conducting the practical on the subject.

➤ **Achievement Orientation Test (Deo Mohan Achievement Test)**

Motivation can be described as the psychological processes that arouse and direct goal-directed behaviour, a set of forces that cause people to behave in certain ways and the force that helps action along a particular direction and towards a particular end in the individual. There are various theories of motivation. One of them is Acquired-Needs Theory by McClelland that states that three needs—achievement, affiliation, and power—are major motives determining people’s behaviour. Need for achievement can be described as a basic human need that concerns issues of excellence, competition, challenging goals, persistence, and overcoming difficulties. Need for Power can be described as basic human need to make an impact on others, influence others, change people or events, and make a difference in life and need for Affiliation can be described as basic human need to establish and maintain warm, close, intimate relationships with other people. Motivation can be measured using various tests. A test to measure achievement motivation is discussed as follows:

Deo Mohan achievement test was developed by Prof. Pratibha Deo (former head & professor, Bombay University, Mumbai) and Dr. Asha Mohan (Reader, Punjab University, Chandigarh) to assess the level of achievement motivation within an individual or a group (25-30 people). The scale consists of 50 items out of which 13 are negative and 37 are positive items or statements. These items are related basically to 3 major areas:

- i) **Academic factors** – The items related to this field tries to assess the potentials of the group or individual in the degree of need of achieving a target, work methods, intensity of facing academic challenges and so on.
- ii) **Factors of general field interest** – The items are concerned with extra curricular activities like dancing, painting, music, fine arts and so on.
- iii) **Factors of Social interest** – The items related to this field assess the level of interest of the subject in organising and participating social activities.

The items of the scale are supposed to be rated on a five point likert type rating scale. The scoring is supposed to be done with the help of stencil given along with the practical. The method of the scoring and interpretation is present in the manual of the practical in detail.

➤ **Value System Test (Personal Value Scale)**

A value can be described as belief or a philosophy that is meaningful. Every individual has a core set of personal values. Values can range from belief in hard work and punctuality, to the more psychological, such as self-reliance, concern for others, and harmony of purpose. Values reflect a person's sense of right and wrong or what "ought" to be and they influence attitudes and behaviours of individuals. Thus measurement of values at workplace is significant as it can have an impact on the behaviour and performance at the workplace. One of the scales that can be used to measure personal values is the Personal Values Questionnaire. The Personal Values Questionnaire was developed by Dr. Sherry (Ex-Director, Dayalbagh Educational Institute, Agra) and Late Prof. Verma (Banaras Hindu University, Varanasi). The scale tries to assess the human values in Indian culture. It contains total 40 items or statements which assesses following ten values:

- i) Religious value – It refers to degree of faith in god and religion.
- ii) Social value – It refers to the degree of love, sympathy and kindness for others.
- iii) Democratic value – The statements related to this value tries assesses the degree of respect for individuality.
- iv) Aesthetic value – It refers to the extent to which an individual appreciates beauty, art, music, painting and so on.
- v) Economic value – The economic value refers to the desire for money and material gains.
- vi) Knowledge value – It refers to the love for knowledge and discovery of truth.
- vii) Hedonistic value – An individual, who has higher level of hedonistic value, loves pleasure and avoids pain.
- viii) Power value – It refers to the desire of ruling over others or leading others.
- ix) Family prestige value – It refers to desirability of role, functions and relationships within the family.
- x) Health value – An individual who values health much tries to keep his/her body in a fit state.

Out of the 40 questions of the scale, each value is assessed with the help of 12 statements. It can be administered to an individual or group as well. The scoring and interpretation of the scale is given in details within the manual of the Personal Value Questionnaire.

➤ **Personality Test (Multidimensional Personality Assessment Test)**

Personality refers to organised, consistent and general pattern of behaviour of a person across situations which help understand his/her behaviour as an individual. There are a number of theories that explain and describe the concept of personality (these are covered in the theory course of MPC-003 of MA Psychology Part I).

There are two main trends in the area of personality assessment: use of unstructured projective techniques (for example, Rorschach Inkblot test) and structured approaches such as self report inventories and behaviour ratings. Personality inventories are questionnaires that assess personality. Personality inventories are questionnaires on which individuals report their reactions or feelings in certain situations. Responses to subsets of items are summed to yield scores on separate scales or factors within the inventory' (Hilgard and Atkinson 2003: 459). Several personality inventories are based on preexisting theories. Some examples of theory guided inventories are Edward Personal Preference Schedule (EPPS), Personality Research Form (PRF) (both based on Murray's need press theory of personality) and Myers-Briggs Type Indicator (MBTI) (based on Carl Jung's theory of personality types). Apart from theory based inventories, factor-analytic approaches contribute in developing theories based on the initial test findings. With factor analysis, psychologists identify personality dimensions that can define personality. Cattell has identified 16 personality factors using factor analysis. Hans Eysenck (1953) arrived at two personality factors: introversion – extraversion and emotional instability – stability (neuroticism). The third dimension added later is- Psychoticism.

The Multi Dimensional Personality Assessment Test is a question based inventory, which tries to assess an individual's personality on basis of several dimensions like- emotional stability, maturity, imagination, leadership, innovation, mental health, self control and so on. The test provides a sequence of scales, which measure the same dimensions of personality at different age groups. The test has various forms. Form A is meant for assessing the personality dimensions of individuals belonging to the adult group. Form T is used for assessing the personality dimensions of the teenagers. Likewise, Form C is meant for all children and Form P is meant for assessing the personality dimensions of individuals belonging to the primary level. It can accordingly be used on the age group of 5 and above. All the forms can be administered at individual as well as group level. The subjects are supposed to make their responses (by opting for the most preferred choice out of the given alternatives against each statement). The booklets are later scored with the help of provided stencils by the administrator. The scorings are interpreted with the help of manual.

➤ **Sentence Completion Test**

Sentence completion tests can be described as semi-structured projective techniques. They provide respondents with beginnings of sentences and the respondents are asked to complete the sentences in ways that are meaningful to them. Various Sentence Completion Tests are available and can be used in the practicum. One of them is the Sentence Completion Test developed by L. N. Dubey and Archana Dubey. The objective of this test is to measure three main traits of personality, Sociability, Self Confidence and Ambitious. In the test incomplete sentences are given and the subject has to complete the incomplete sentences as quickly as possible with the first thought that comes to his/ her mind. The test consists of 50 incomplete sentences. There is no time limit but the subject must be asked to complete the test as quickly as possible. No sentence is to be left incomplete. All the sentences in the test are kept in such a way that they either reveal positive or negative aspect of any one given trait. Every sentence can thus be placed in to three categories: Positive (2 marks awarded), negative (1 mark awarded) and neutral (0 marks awarded). The serial number of statements under each of the three dimensions is provided in the manual along with the interpretation of the raw scores.

➤ **Conflict Resolution Technique**

When the people interact with each other within an organisation, the individual differences might lead to a discrepancy of thoughts and perceptions amongst the employees. These discrepancies generate conflicts within the work place. We've all seen situations where different people with different goals and needs have come into conflict. And we've all seen the often-intense personal animosity that can result. The fact that conflict exists, however, is not necessarily a bad thing: As long as it is resolved effectively, it can lead to personal and professional growth. There are several techniques which can be administered on the group of employees in order to find out the solution for resolving conflicts. The learners may be explained about any of the techniques available. This will provide them more practical understanding on how to resolve a conflict if it appears at work place.

➤ **Competition Entrepreneurship Scale**

Competition and Entrepreneurship Scale helps the learners to understand and find out the standards of competition, of selling effort, and of the fundamental weaknesses of contemporary welfare economics. The scale helps the administrator to understand the latest trend as well as requirement for an individual to become a successful entrepreneur within the competitive market. It helps in assessing whether an individual has the potentials of becoming a successful entrepreneur. It helps in finding out the ways with the help of which an individual can turn in to a creative business man or an innovator.

Comprehensive Battery of Scale of Entrepreneurship by V. P. Sharma may be used to measure potentials to becoming successful designed to discover entrepreneurship qualities of youth through six sub-tests self perception of entrepreneurship traits, organisational ability and management skills, personality maturity, executive reaction pattern, (v) human relations, and (vi) human engineering. It contains 180 items and time schedule is 150 minutes. The scale was found highly reliable and valid.

Entrepreneurial Talent Scale by D S. Agarwala and Ira Das is another scale that is available in Hindi. It contains 103 items and measures entrepreneurial talents/dispositions through 7 sub-tests risk taking, achievement motivation, leadership, self concept, capability for persuasion, attitude towards entrepreneurs and problem solving. One takes normally 40 minutes to complete it. Norms were prepared on male and female university students of four faculties between age range of 18- 25 years.)

➤ **Job Stress Scale**

Stress can be described as an internal state, which can be caused by physical demand on body, environmental situation and social situations which are evaluated as potentially harmful, uncontrollable or exceeding the coping resources. It can also be described as negative emotional experiences associated with behavioural, biochemical, and physiological changes that are related to perceived acute or chronic challenges. It is a perception that the event or situation is threatening.

Stress at workplace can occur due to various factors like overload of work, pressure from the superiors, role and goal ambiguity etc. Stress beyond an optimal level can have a negative impact on the employee and on his/her performance and productivity and leads to increased absenteeism, accidents, worker turnover and stress-related health problems that all cost companies large amounts of money every year. By identifying major sources of stress in a workplace, management

can help to identify changes in the work environment and other interventions that will reduce stress and increase productivity. Thus it is necessary to measure stress of employees in a workplace in order to design suitable intervention to manage stress.

There are different scales or questionnaires which can be administered on the different level of employees of the organisation. The basic purpose of these scales is to administer the extent to which an employee is facing stress or pressure at his or her work place. The scoring and interpretation is done with the help of the available manual of the practical being used. The test helps in finding out the reasons which are leading to a stressful environment for the employees and help the organisation to find out ways with the help of which they can manage stress. Various tests are available that measure stress at workplace. One of the tests is Occupational Stress Index by A. K. Srivastava and A. P. Singh, that may be used to measure stress at workplace. This test consists of 46 items and related to different stresses-over-load, role ambiguity, role conflict, group pressure, responsibility, under-participation, powerlessness, poor peer relationship.

8.0 CONDUCTION OF TERM END EXAMINATION IN MPCE 014/ 024/ 034

Duration: 3 hours

The learners have to conduct the practical and submit their practicum notebooks to the academic counsellor and get it corrected before the Practicum Term End Examination. The learner has to bring her/his practicum notebook at the time of examination.

The examination will be conducted at the respective study centre. The duration will be of three hours. During the examination, the learner will conduct the practical and submit the answer sheet. The practical may be allotted to the learner by way of lottery system. Chits with names of various practicals may be prepared beforehand and the learner may be asked to pick one chit at the time of the examination. S/he may then collect the test material and start conducting the practical. **S/he will have to bring one participant along with her/him on whom the test/ experiment will be conducted.** Once the learner finishes conducting the practical, s/he will have to report the findings in the answer sheet. This will be followed by the viva voce.

The practicum answer sheets will be corrected by the external examiner and the viva voce will also be conducted by the external examiner.

Note: The learner has to pay Rs.120/- as examination fee for TEE in MPCE-014/024/034 (for TEE).

Dates for Term End Examination of Practicum

Admission Cycle	Date Range for TEE of MPCE-014/024/034
July	1st July to 14th August
January	1st January to 15th February

The dates for TEE of MPCE-014/024/034 will not appear in the datesheet provided by SED, IGNOU. For this, please contact your respective study centre.

TITLE PAGE FOR PRACTICUM NOTEBOOK

IGNOU

MA (PSYCHOLOGY)

Programme Code : MAPC

Course Code : MPCE-014/024/034 (Kindly write the relevant course code)

Name of the Learner:

Address:

Phone No.:

Email:

Study Centre Name/Code/Address:

Regional Centre:

Date:

Signature of the Learner

CERTIFICATE

This is to certify that Ms/ Mr./ Dr. _____
Enrolment No.: _____ of MA Psychology Second Year has conducted and
successfully completed Practicum in Clinical Psychology (MPCE 014)/ Practicum in Counseling
Psychology (MPCE 024)/ Practicum in Organisational Behaviour (MPCE 034).

Signature of the Learner

Name:

Enrolment No.:

Name of the Study Centre:

Regional Centre:

Place:

Date:

Signature of Academic Counsellor

Name:

Designation:

Place:

Date:

ACKNOWLEDGEMENT

IGNOU

MA (PSYCHOLOGY)

This is to acknowledge that Ms./Mr.

Enrollment No. of MAPC (IInd year) has submitted the

Practicum Notebook at the study centre, Regional

Centre

Date:

Signature (with stamp)
(Coordinator, Study Centre)