EVALUATION INDICATORS

1. Alignment Competence
2. Context Competence
3. Content Competence
4. Language Competence
5. Introduction Competence
6. Structure - Presentation Competence
7. Conclusion Competence

INSTRUCTIONS:

1. Do furnish the appropriate details in the answer sheet (viz. Name, ID Number and Test Code). The Candidate should fill the index table, especially for him/her.

2. In the left margin, she/he should write only question number and in the right margin, nothing should be written.

3. The page number should be coded by the candidate himself and the range of page number related to the answer of the question should be used to complete the index table.

4. All Parts of the questions should be written at one place.

5. No Supplementary sheet shall be provided by the management. So the candidate is advised to accommodate required information within the space provided.

6. The candidate need not write anything in his/her answer that derogates the dignity of an individual or an organization.

7. The candidate should respect the instructions, given be the invigilator.

8. The Examinee has to submit the answer sheet to the invigilator after completion of examination.

9. However, he/she is allowed the take away the question paper.

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SECTION A

Albert Bandura in his Social Cognitive Theory of personality argued that social learning or observational learning as per the Behaviourists, is not passive. The cognitive processes play a role as is evidenced by his experiment on children using the Bobo doll, where vicarious reinforcement shaped their behaviour.

Bandura talks about Triadic Reciprocal Determinism in which personality is shaped by three factors: Behaviour, Environment and person (cognition).

Self efficacy also plays an important role in individual's belief that he can perform successfully.

Julian Rotter also discussed the role of Expectancies and subjective reinforcement values in predicting behaviour. He divided people into two based on their 'beliefs' about the source of their reinforcement: internal locus of control and external locus of control.
Generalized Anxiety Disorder is when there is free-floating anxiety or worry not focused on any specific issue. According to psychoanalysis, if the defense mechanisms of the individual are not strong enough to control anxiety caused by unacceptable impulses trying to break through — that leads to GAD. Behaviourist see it as a result of modelling and learning by observing the reactions of others. According to cognitivism, a definite thought pattern characterized by pessimism and belief that negative events are unpredictable lead to GAD. Biological reasons include over-reactivity of neurotransmitters like GABA. The above are the potential causes of GAD as explained by different schools of thought. Another potential cause can be stress, coupled with a predisposition to anxiety, can lead to GAD. (Diathetic stress model)
Humanistic school of thought believed in the concept of 'self' and 'free will' as determinants of human behaviour.

Rogers' self theory talks about how individuals strive to become a 'fully functioning person' - ie to experience life to the fullest, live in here & now, trust own feelings. According to Rogers, every individual has an ideal self - the one he/she would like to be. If the gap between reality & ideal self concept is too large, it leads to maladjustment.

Similarly, Maslow in his needs hierarchy theory, described self-actualisation as the highest need. A self-actualized man accepts himself for what he is, is less inhibited & less likely to conform to others & society's experience, peak experiences - feelings of tremendous power & wonder.

Both 'fully functioning person' & 'self-actualized' person are those who have reached their maximum potential as human beings.
Bipolar disorders are characterized by wide swings in mood from deep depression to wild elation or mania. Symptoms of depression: person suffering experiences truly profound unhappiness. There is loss of energy or fatigue, insomnia, or hypersomnia, significant weight gain or loss. There is diminished ability to think or concentrate and the person gets recurrent thoughts of death or suicide.

Symptoms of mania: person experiences excessively high euphoria, there is increased energy, activity, and restlessness. The person has unrealistic belief in one's ability and power and may indulge in drug abuse, aggressive behaviour, or manic spending spree.

In bipolar disorder, every phase (depression or mania) terminates into normality. Every phase extends for about more than one week and shows combination of symptoms. Treatment includes use of tranquilizers and antidepressants apart from psychotherapy.
Big Five is a five factor trait model of personality which describes a person on five traits. Traits are stable over time, differ among individuals and influence behavior. Each of the five traits are bipolar and vary along a continuum:

1. Extraversion: A dimension ranging from energetic, sociable, talkative at one end to sober, reserved, uncooperative at the other.

2. Agreeableness: Ranging from good-natured, trusting, helpful to irritable, suspicious at other end.

3. Conscientiousness: Ranging from well organized, careful, self-disciplined at one end to disorganized, impulsive, careless at other.

4. Neuroticism: Located, calm, composed at one end to nervous, anxious, high-strung at other.

5. Openness to Experience: A dimension ranging from imaginative, witty, having broad interests at one end to being slow to learn, simple, with narrow interests at other.

Trait theories are criticized as there is no consensus on traits, are generally descriptive in nature, don't answer how or why traits develop in an individual.
Dependency on drugs in a form of substance abuse which can be defined as a maladaptive pattern of substance (drug) use that results in repeated, significant adverse effects and maladaptive behaviours like failure to meet obligations at work, continued & repeated use of drugs despite its negative effects on self and others.

Behaviourists describe it as a learned behaviour conditioned to environmental stimuli. Shepherd Siegel (1984) interviewed heroin drug addict who had experienced near-fatal overdose. He found that in such cases they had injected a regular amount but in an unfamiliar situation. Cognitive factors like type of coping strategies, peer group pressure and inability to deal with negative thoughts lead to drug dependence. Stress is a big factor and often the individual develops 'tolerance' as more drugs is needed with time for the same effect. Stopping would lead to withdrawal symptoms and the individual keep on taking drugs to maintain homeostasis.
Cognitive therapies are based on the principle that what we think strongly influences how we feel and what we do.

For example, Albert Ellis (1987) in his Rational Emotive Therapy helps the individual to identify "irrational thoughts", challenge these irrational assumptions that underlie their thinking so that the individual may recognize them and not indulge in upsetting emotional reactions.

Aaron Beck (1985) gave his cognitive behavioral therapy for fighting depression. Beck describes the cause of depression as stemming from "illogical ideas" that lead to negative affect and negative thoughts and memories.

There is a cognitive triad where the individual holds unrealistically negative beliefs and assumptions about themselves, the future, and the world. In contrast to Rational Emotive Therapy, Becker therapy does not attempt to disprove the ideas of depressed people. Rather, "therapist and client work together to identify individual assumptions, beliefs, expectations and formulate ways to test them."
Carl Rogers, the founder of Client-Centred Therapy, argues that problems arise mainly because client's effort to attain 'self actualisation', i.e., growth and development are thwarted early in life by judgements and ideas imposed by other people. Such persons may perceive wide gap between their 'true self' and the 'ideal self' (i.e., the person they want to be). This leads to maladaptive behaviour and the person may indulge in drug abuse to counter this anxiety.

Client-centred therapy offers 'unconditional positive regard' or unconditional acceptance of the client and his feelings. There is a high level of empathetic understanding between the client and the therapist. In such an environment, the individual comes to see himself as a unique individual with many desirable characteristics. There is enhanced adjustment and the client understands that he need not depend on drugs to escape from anxiety but progress towards self-fulfilment on his own effort.
In psychodynamic therapy, Transference refers to redirection of a patient's feeling for a significant person to the therapist. It can be erotic attraction, rage, hatred, parentification etc. According to Freud, the analysis of transference, as it was done on an unconscious level helped to understand the patients problem, as it may reveal unresolved conflicts patients have with childhood figure.

Counter-transference is defined as redirection of a therapist's feelings toward a patient and is as helpful as transference in understanding the patient. For example, if a therapist is sexually attracted to a patient, the therapist must look at how the patient might be eliciting such feeling.

Once both transference and counter-transference are identified, the therapist must explore the underlying unconscious reason for them.

A contradictory approach is adopted by the classical Adlerian therapists who view counter-transference as an obstacle in psychotherapy and urge the therapist to take training to be able to avoid it.
In the earlier decades, institutionalization was considered the only way for those suffering with mental disorders. The worst implication of this was the social stigma attached with mentally ill. The environment of these ‘mental hospitals’ was also very restrictive in nature and many used chains to bind patients or beating to calm them.

Moreover, it was found that often the patients would get worse after institutionalization and those that were released after ‘treatment’ became homeless wanderers and caused harm to themselves & to others.

Gradually, it was realized that people suffering from mental disorders also had ‘right’ and deserved humane acceptance into the society. This began the movement towards deinstitutionalization. It has been seen that community therapy, interpersonal therapy & supportive environment can help patients to adapt & grow. Many people suffering from mild retardation or schizophrenia which were considered incurable are now adopted into society.
Mindfulness-based Cognitive Therapy (MBCT) utilizes the traditional Cognitive Behaviour Therapy methods (developed by Ellis) and adds in newer psychological strategies like mindfulness and mindfulness meditation.

MBCT is based on Barnard and Teasdale’s (1991) multilevel theory of mind called Interacting Cognitive Subsystems. It explains that mind works on multiple modes - the two main modes being the ‘doing’ mode (goal-oriented, to change things) and the ‘being’ mode (accepting, and allowing what is).

MBCT helps patients to be in the ‘being mode’ by bringing about metacognitive awareness and decentering to perceive thoughts as impermanent and objective occurrences in the mind.

MBCT program includes guided meditations and attempts to cultivate mindfulness in the daily life of the patient. It has been found to be effective in the treatment of depression and helps achieve relief of illness after treatment.
Primary prevention programmes involve reducing the possibility of disorders and fostering positive health. This may involve epidemiological studies to study risk factors that contribute to disorders and protective factors that foster well-being among people.

Secondary prevention programmes involve early detection and prompt treatment of disorders. For example, victims of violence if do not receive immediate treatment may develop Post Traumatic Stress Disorder.

Tertiary prevention programmes involve reducing long-term impact of a disorder. There are two ways modes of providing the same—first is providing therapeutic climate to patients in mental hospitals and second involves sound and complete aftercare.

Thus the role of a psychologist is important at all stages of prevention as well as treatment of mental disorders.
Client centered therapy introduced by Carl Rogers is based on unconditional positive regard and empathetic, genuine relationship shared by the patient and the therapist. The therapist doesn't follow any structure, give answers or interpret. He simply listens attentively & accepting and helps client to clarify his feelings & ideas.

This environment of trust is very important and the process of 'rapport formation' is one of the essential steps to be followed by the psychologist in any psychological intervention be it experiment, interview or therapy.

However, pure client centered therapy is rarely used these days. The approach is more according to the need of the situation and the disorder of the patient. For example, in case of phobic treatments, it's been shown that behavioural therapy of desensitization and modelling helps the client much more than other psychotherapies.

For disorders like schizophrenia, medical intervention may be required as the patient may not be in the state to engage in meaningful conversation.
A second problem with client-centred therapy is over-reliance on the factor of ‘trust’ and ‘positive regard’. It does not show how and in what way would ‘trust’ help the patient. Sometimes the root of the problem as argued by psychoanalysts, is in the unconscious and are repressed from conscious experience for years. Unless the psycho-therapist is trained to understand this, e.g., in ‘slip of tongue’ or ‘dream interpretation’ or ‘transference’, the problem will not be effectively solved.

Thirdly, focus on the relationship shared by patient and therapist may affect the treatment itself. The patient may become dependent on the therapist for support, or distort information to be seen in favourable light by the therapist (as in ‘demand characteristics’ or ‘experimental effect’). If ‘transference’ or ‘counter-transference’ take place, the nature of treatment may be altered.
Forthly, lack of structure in the client-centred therapy leads to vagueness and ambiguity in treatment. As there is no definite procedure to be followed, the success of the treatment depends on the individual potential of the therapist to treat effectively and the willingness of the patient to be treated.

Client-centred Therapy is based on the humanistic principles of psychotherapy which seek to help individuals to attain 'self-fulfilment' and adjust to the differences they perceive in their realistic self and ideal self concept. Though the humanistic school of thought is touted as the fourth force in psychology and has helped keep up a positive outlook towards therapy and psychological counselling, its application in pure form is limited.
Psychosocial rehabilitation centers on teaching patients to cope more effectively with their disorders. It is especially effective with older adults suffering serious mental illness as at their stage complete cure of disorder may not be possible.

The following essentials will be required to form an effective psychosocial rehab plan for such adults:

1. **Individuation**: Service must be custom-tailored to the individual. This means that program delivery must be flexible and driven by individual choice. For example, if an adult is interested in gardening, courses offered in that area must be provided.

2. **Hope and Ongoing Support**: At all stages the adult must feel that they have the potential to change, grow. Ongoing support keeps the motivation levels high.

3. **Focus on Skills**: The core of rehabilitation is increased competencies through skill acquisition, they should be given training to be as self-dependent as possible for it.
1. Preparing meals, using public transport etc.

2. Environmentally specific: strenght & abilities must be assessed in relation to specific environment.

3. That is, skills must be taught which are culturally relevant and environmentally feasible. (e.g., in an area where there are many manual labour requiring factories, teaching them art & craft skills may not be relevant.

4. Care Management: A single professional should coordinate effort to help the patient with respect to employment, housing etc. so that they do not "slip between the cracks".

5. In all such programme, role of community is very important. Awareness must be generated about the disorders and available treatment & rehabilitation opportunities.

   Family & community support will ensure maximum benefit to individuals with disorders.
sublimation is a defense mechanism that allows us to act out unacceptable impulses by converting these behaviors into socially acceptable forms.

Freud believed that sublimation was a sign of maturity that allows people to function normally in socially acceptable ways.

For e.g. if someone has an aggressive urge, he may direct his aggression in sports like rugby, weightlifting, kickboxing, wrestling as it is “allowed”.

In the same way, someone with an urge to kill might join the army as the act of killing is now justified as ‘protecting their country’.

Sexual sublimation involves transforming sexual impulses or ‘libido’ into creative energy.

For e.g. Leonardo da Vinci the great artist was also a homosexual which was socially unacceptable at those times.

Most successful the sublimation, better is the conflict resolution by the individual as it happens outside conscious awareness and spares the person of anxiety.
Some people who abuse drugs may show symptoms similar to those of schizophrenia, for example, delusion and hallucination. Due to this, people with schizophrenia may be mistaken as 'high' on drugs.

Most researchers do not believe that drug abuse causes schizophrenia but it has been found that people who have schizophrenia often abuse alcohol or drugs and may have particularly bad reactions to certain drugs.

It has been found that marijuana speeds the onset of schizophrenia if the person is genetically predisposed to it.

Generally, the relationship is the other way round. People suffering from schizophrenia use drugs, alcohol, tobacco as self medication.

According to National Alliance on Mental Illness, USA, in USA 47% people with schizophrenia also have a substance abuse problem.

The prevalence of smoking is three times higher than the general population in schizophrenia. Nicotine is an addictive stimulant and may temporarily stimulate motor and cognitive performance.
area of brain that schizophrenia negatively affects.

It has to be understood that such high prevalence of drug abuse in schizophrenia is due to unawareness of their problem as well as depends on the availability of substances (alcohol, drugs) to the patient.

In case a patient is found to be addicted to drugs or other substances, dual diagnosis is required. Nicotine has been found to block the effect of schizophrenic medication, hence higher doses may be required.

Timely intervention and family support are essential in effective treatment.
Projective tests such as the Rorschach (inkblot) test claim that it can be used cross culturally as it does not require literacy, not culture bound, and can be used at all ages. However, its validity is in debate. First is the problem of ethnocentricism. Researchers from other cultures may be looked upon with suspicion, and the researchers themselves may judge another culture solely on values and standards of their own culture.

Secondly, culture determines how a particular stimulus would be interpreted by the observer. For example, there is a popular 'bat-card' in the Rorschach test, but for someone who is like the Eskimo, who has never seen a bat, may not interpret that inkblot as a 'bat'.

Thirdly, language can be a problem. Both in terms of explaining and interpreting cross-cultural differences and similarities. Even if the researcher is trained in a language, such problems are not absent even if reduced. For example, there is no direct translation for many Hindi words which are culture specific.
fourthly. The interpretation of a lot of projective tests are normed with western subjects. Therefore responses are deemed 'normal' or 'abnormal' depending on how they match with average western response.

The above problem should be kept into consideration while using projective tests. As most of the projective tests are developed in the western world, the best technique to counter these would be to develop culture specific norms and trained researchers to effectively use these.
Psychoanalytical therapy stresses on the role of 'insight' in treating disorders. 'Insight' means to identify unconscious troubling material and cope with it using conscious rational processes. Such insight, according to Freud, can be gained through free association, dream analysis, and interpretation of client-therapist relationship.

The successful treatment of the paralysis of Franklin Elizabeth by Freud showed that when Franklin gained 'insight' about her hatred towards sexual desires towards her brother-in-law, she could be cured.

However, many schools of thought have challenged this assumption that once insight is acquired, mental health will automatically follow. For e.g., a child may have developed fear of heights because he once fell from a tree. As an adult, he may know that the fall caused his fear but it may not help him get rid of the phobia. A behavioral therapy with desensitization and role modeling may be more effective.
Another limitation of 'insight' is that it greatly depends on how educated and well read a person is. A patient who is illiterate and does not have good vocabulary may not be able to articulate his thoughts well and with care. In such cases, 'insight' may be difficult to achieve.

Psychoanalytical therapy is also criticized because it follows a closed logical system. The 'insight' that the therapist may have interpreted if not accepted by the patient is often turned as 'resistance' to avoid anxiety or guilt. It may involve repressed sexual or aggressive urges.

Finally, another factor that limits the effectiveness of insight is that it is unscientific in nature and purely subjective. In reality, a patient may never know the real reason for or the underlying cause of a problem as it all is 'unconscious'.
Finally, the whole process is costly and time consuming. As a lot of it depends on association
or dream analysis, relationship between
patient & therapist, 'insight' may be an
desire concept to capture.

Psychologists today use a variety of techniques to help patients in psychotherapy.
Cognitive, reflective, & behavioral techniques
coupled with neurological understanding
has helped researchers develop more
scientific & structured forms of therapy.
Behaviorism is the technique that can be effective in rehabilitation of criminals. Firstly, clear identification of undesirable or maladaptive behaviour must be made. Secondly, identification of event that reinforce and maintain such responses. Thirdly, efforts should be made to change the environment so that the 'rewards' and 'reinforcement' for the maladaptive behaviour are no longer present.

Use of Token Economics is often found to be effective. Criminals can be given various rewards for e.g. TV watching, sweet trips to the market etc. for various adaptive behaviour e.g. being cooperative, participative etc.

All rewards should be such that the criminal feels motivated. Modelling is also used for such rehabilitation programmes. Individuals who were criminals in the past but now have successfully overcome their problems could
lead normal life can come and interact with the criminals. Positive example can also be shown through film and story telling — and vicarious reinforcement in terms of social acceptance and integration will provide hope and strengthen adaptive behaviour.

Modelling can also be used for 'assertive training' in which participants may learn to express their feelings & desires more clearly & effectively. This will help them in controlling aggression and engaging in meaningful interpersonal relationships.

Finally, rehabilitation should aim at developing skills in the client that help them integrate into the society & lead a 'normal' life. The society itself should provide positive reinforcement for those who support truth, peace & harmony and firmly punish the criminals and wrong doers.