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PSYCHOLOGY PRACTICAL –III

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Experiment No.1: Transfer of Training

NOTES

Introduction:

Transfer of training or learning is an important learning principle that pervades the fields of educational psychology. It is a fact that knowledge acquired in one context could effect the performance of the individual positively or negatively in another context. To carry over of habits of thinking feeling or working of knowledge or of skills from one learning area to another usually is referred to as the transfer of training.

The transfer of training depends upon the similarity of context. When language like Hindi is learnt, it is easier to learn languages like Marathi, Gujarathi and the like. Transfer in this case is owing to the similarity of contents. Experimental studies have shown that similarity of principle and generalization also influences the transfer. Transfer also takes place in terms of generalization. That is, learning several ideals would enable the pupil to generalize the underlying principle. In another is used to facilitate performance.

If the learning of one task influences the learning of another task, it is called as positive transfer of learning or training. For example, learning to play the piano has facilitated the learning to play the Violin, it is a case of positive transfer. Transfer need not always be positive; there are several instances in our daily life of negative transfer also. When learning of one task interferes the learning of another task, we call this as negative transfer. For example, if learning a particular language (say Telugu) has hindered (or interfered with) the learning of another language (say kannada), it is a case of negative transfer. If learning to play the flute has had no influence in learning zoology, it is a case of neutral transfer.

The phenomenon of transfer can be demonstrated with simple motor skills. Most of us are right handed. Despite we have not learnt to write with the left hand, we could write it though it may look clumsy. In the laboratory, the mirror drawing apparatus is used to demonstrate transfer of training. This is an instance of bilateral transfer (transfer from right to left

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of the body). Like mirror drawing apparatus, cup and ball experiment also investigates the transfer of training in the subjects.

Aim:

To study the nature of transfer of training in the subject.

Materials required:

Mirror Drawing Apparatus, Eliminator or Battery Box, Error counter. Stylus with wire and stop clock.

Procedure:

The one lead of the battery box was connected to the Mirror drawing apparatus and the other lead to the error counter. The stylus was connected to the other lead of the error counter. When the stylus came into contact with the metallic portion of the star pattern in the mirror drawing apparatus, the errors are recorded in the error counter.

The subject was seated comfortable in front of the mirror drawing apparatus in such a way that the subject was able to see the reflection of the star pattern in the mirror. The stylus was placed at the starting point and asked him to trace the stylus along the groove in a particular direction indicated by the experimenter with his left hand (non preferred hand). In the same way, the subject was required to trace the star pattern with his right hand (preferred hand) for ten trials. In each of these ten trials, the number of errors committed and the amount of time taken in seconds were noted down. The average number of errors and the time taken in right hand (preferred) trial were calculated and recorded. The subject was finally asked to perform the task in the same manner with his left hand (non-preferred hand). The difference in time and the number of errors were worked out between the two non-preferred hand trials (Left hand before training and Left hand after training). The introspective report was collected and was presented after Table I.

Table 1 showing the individual data for the time taken and error committed in the experiment.

	Trial no.	Time taken in seconds	Errors
Left hand (non preferred hand)	I		
	1		
Right hand	2		
	3		
	4		

(preferred hand)	5		
	6		
	7		
	8		
	9		
	10		
	Mean		
Left hand (Non preferred hand)			

Table 2 showing the group data for the time taken and error committed in the experiment.

S.No	Initials	Left hand before training		Right hand		Left hand after training	
		Time in seconds	Errors	Time in seconds	Errors	Time in seconds	Errors
Mean of Group							

Results & Discussion

The present experiment has been conducted to study the nature of transfer of training taken place in the subject using mirror drawing apparatus. Transfer of training refers to shift the acquired training to the new situations or apply the acquired training to the similar problems. The aim of education is transformation of knowledge and training from one area to the other. Hence, it important to assess the nature of transfer of training from individual. On analysis of the individual data it is found that the subject () has taken seconds and committed errors for the left hand before training. The subject has taken seconds and committed errors for the left hand after training. On comparing the error committed by the subject for the left hand before and after training it is found that the subject (positive / negative) transfer of training

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have taken place. The subject has shown mean time seconds and committed errors on right hand training. The subject had shown considered decrement of time and error when trial passes by. This implies that training has been taken place in the subject. While comparing the subject data with that of the group left hand before training and left hand after training, right hand it is found that both the subject and group differ in their score. If we compare nature of training transfer of subject with that of group found that they do not differ. In other words, both the subject and group show the positive transfer of training.

On analysis of the group data it is found that the subject has taken highest time seconds and lowest time of seconds and the subject has taken highest error of and lowest error of seconds. The group has taken seconds and as mean time and error committer by the group for the left hand before and after training the group has shown less error after training. This implies that the positive transfer of training has been taken place in the group. Out of subjects have shown positive transfer of training and subjects have shown negative transfer of training.

1. The subject has shown (positive / negative) transfer of training.
2. (Majority / Few) of the subjects in the group have shown transfer of training.
3. Individuals differ / do not differ with regard to transfer of training.

References

1. Stephens, J.M. Transfer of Learning in Elementary Education. Review of Research in Education. New York: Macmillan, 1960.
2. Trow, W.C. The Problem of Transfer – Then and Now, Phi – Delta Kappan, 40, 68-71, 1958.

Expt No. :

Name of subject:

Date:

Name of experimenter:

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Experiment No.2: Self Esteem

NOTES

Introduction:

Self esteem may be defined simply as favorable or unfavorable attitude towards self (Rosenberg, 1965). Self esteem can also be defined as the perception of self worth, or the extent to which a person values, prizes, or appreciates the self (Blascovich & Tomaka, 1991). Smith and Mackie (2007) defined self-esteem as the positive or negative evaluations of the self, as in how we feel about it.

In sociology and psychology, self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude toward the self. Self-esteem encompasses beliefs about oneself, as well as emotional states, such as triumph, despair, pride, and shame. In psychology, the term self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions, and behaviors.

According to Branden (1969), there are three key components of self-esteem. They are

1. Self-esteem is an essential human need that is vital for survival and normal, healthy development.
2. Self-esteem arises automatically from within based on a person's beliefs and consciousness.
3. Self-esteem occurs in conjunction with a person's thoughts, behaviors, feelings, and actions.

Genetic factors that help shape overall personality can play a role, but it is often our experiences that form the basis for overall self-esteem. Those who consistently receive overly critical or negative assessments from caregivers, family members, and friends, for example, will likely experience problems with low self-esteem.

Low self esteem is a hopeless condition that keeps individuals from realizing their full potential. A person, who has low self esteem, feels

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incompetent, unworthy, and incapable. In fact, persons with low self esteem feels so poorly about them, these feelings make the person remain with continuous low self esteem. Shilling (1999) states that low self-esteem is a trait of financially unsuccessful people, which in turn results in low risk-taking ability.

People who have high self esteem generally feel good about their ability to participate, confident in social situations and happy with the way. Generally they have following things, they are confident, they have good sense of self-worth, they are positive, encouraging and supportive to others, and they possess good communication. They are extrovert, energetic, ambitious, and they learn from their mistakes. These things give them to strength and flexibility to take charge of their lives and grow from mistakes without any fear [Cutler, N. E. (1995)].

Self esteem plays an important role in how well the people do in their lives, which is not obvious to them, so that it can determine how successful they become. People with higher levels of self esteem will be motivated to preserve and improve their socioeconomic status. Korman (1970) finds that individuals with higher self esteem are likely to be higher achievers in all performance oriented tasks than those with lower self esteem because they will be more conscientious about better performance in order to maintain perceived self worth. Each individual should know about the level of self esteem and their self esteem was assessed through inventories.

Aim:

To identify the level of self esteem of the individual.

Materials required:

1. Inventory
 2. Pencil
-

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Please put (✓) in only one column for each statement. You can give your opinions according to Strongly Agree,

Agree, and Agree to some extent, Disagree and Strongly Disagree. There is no time limit but work rapidly.

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Scoring procedure

NOTES

Total score for this inventory is 250. Scores for Q.No 1,2,3,6,10,11,13,16,17,21,22,23,25,28,30,32,35,36,37,38,39,40,42,44,47,48 ,49 are Strongly Agree – 5, Agree – 4, Agree to some extent – 3, Disagree – 2, Strongly Disagree – 1. Scores for Q.No 4,5,7,8,9,12,14,15,18,19,20,24,26,27,29,31,33,34,41,43,45,46,50 are Strongly Disagree – 5, Disagree – 4, Agree to some extent – 3, Agree – 2, Strongly Agree – 1.

- If the scores lies between 200 – 250, then an individual is having high self esteem ability.
- If the scores lies between 150 – 200, then an individual is having moderate self esteem ability.
- If the scores lies less than 150, then an individual is having low self esteem ability.

Results

1. The score of an individual is
2. The self esteem ability of an individual is

References

1. Crocker J.; Park L. E. (2004). "The costly pursuit of self-esteem". Psychological Bulletin. 130 (3): 392–414.
2. Hill, S.E. & Buss, D.M. (2006). "The Evolution of Self-Esteem." In Michael Kernis, (Ed.), Self Esteem: Issues and Answers: A Sourcebook of Current Perspectives.. Psychology Press: New York. 328–333.
3. Mruk, C. (2006). Self-Esteem research, theory, and practice: Toward a positive psychology of self-esteem (3rd ed.). New York: Springer.
4. Rodewalt F.; Tragakis M. W. (2003). "Self-esteem and self-regulation: Toward optimal studies of self-esteem". Psychological Inquiry. 14 (1): 66–70.

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Expt No. :**Name of subject:****Date:****Name of experimenter:**

Experiment No.3: Interpersonal skills

Introduction:

Interpersonal skills can be defined as the skills need in order to communicate effectively with another person or a group of people (Rungapadiachy, 1999, p.193). Interpersonal skills are the skills used by a person to interact with others properly. Interpersonal skills include everything from communication and listening skills to attitude and deportment. Good interpersonal skills are a prerequisite for many positions in an organization. Interpersonal skills are closely related to the knowledge of social expectations and customs, and they take into account others' reactions to adjust tactics and communication as needed.

Interpersonal skills are the life skills we use every day to communicate and interact with other people, both individually and in groups. People who have worked on developing strong interpersonal skills are usually more successful in both their professional and personal lives. Individual can take to hone their interpersonal skills include expressing appreciation for team members and support staff, practicing empathy, moderating disputes quickly so they don't get out of control, and planning communications rather than saying or writing the first thing that comes to mind.

Interpersonal skills are often called "people skills" because they describe a person's ability to interact with other people in a positive and cooperative manner. Interpersonal skills are used to interact and communicate with individuals in an organizational environment. There are seven main areas of interpersonal communication that Fred explained are Verbal communication, Non-verbal communication, Listening skills, Negotiation, Problem-solving, Decision-making and Assertiveness. Interpersonal skills are assessed through inventories.

Interpersonal skill comprises of an array of aspects, including listening skills, communication skills and attitude. In the business world, the term may mean the ability of an employee to get along with his or her

colleagues at the workplace. Currently, proper interpersonal skills are vital in many job positions as well as organizations.

Practical

Interpersonal skills among individual can be developed through 1) Smile and Appreciative 2) Listen actively and pay attention to others 3) Resolving conflicts with others 4) Communicate clearly and use humor during communication 5) Understand others and avoid complaining.

NOTES

Aim:

To identify the level of Interpersonal skills of the individual.

Materials required:

1. Inventory
2. Pencil

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Please put (√) in only one column for each statement. You can give your opinions according to Strongly Agree, Agree, and Agree to some extent, Disagree and Strongly Disagree. There is no time limit but work rapidly.

Scoring procedure

Total score for this inventory is 170. All the statements are in positive nature and the Scores for choosing an option are Strongly Agree – 5, Agree – 4, Agree to some extent – 3, Disagree – 2, Strongly Disagree – 1.

1. If the scores lies between 140 – 170, then an individual is having high interpersonal skills.
2. If the scores lies between 100 – 140, then an individual is having moderate interpersonal skills.
3. If the scores lies less than 100, then an individual is having low interpersonal skills.

Results

- **The score of an individual is**
- **The interpersonal skills of an individual is**

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References

1. O'Donohue, W. (2003). Psychological Skills Training: Issues and Controversies. *The Behavior Analyst Today*, 4 (3), 331 -335
 2. Raymond G. Romanczyk, Sara White, and Jennifer M. Gillis (2005): Social Skills Versus Skilled Social Behavior: A Problematic Distinction in Autism Spectrum Disorders. *Journal of Early and Intensive Behavior Intervention* 2 (3), Pg. 177- 194
- Schneider, B.H. & Byrne, B.M. (1985). *Children's social skills training: A meta-analysis*. New York: Springer-Verlag.

Expt No. :

Name of subject:

Practical

Date:

Name of experimenter:

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Experiment No.4: Communication skills

Introduction:

Communication is simply the act of transferring information from one place to another, whether this be vocally (using voice), written (using printed or digital media such as books, magazines, websites or emails), visually (using logos, maps, charts or graphs) or non-verbally (using body language, gestures and the tone and pitch of voice). Developing communication skills can benefit in all aspects of life, from professional life to social gatherings is one of the most essential skills a candidate can have.

Communication is the heart of every organisation. Everything can be done in the workplace results from communication. Therefore good reading, writing, speaking and listening skills are essential for completion of work and to achieve goals.

Communication is the process by which we exchange information between individuals or groups of people. It is a process where we try as clearly and accurately as we can, to convey our thoughts, intentions and objectives. Communication is successful only when both the sender and the receiver understand the same information. While many individuals still continue to struggle, the inability to communicate effectively will hold them back not only in their careers, but in social and personal relationships.

Good communication skills are key to success in life, work and relationships. Without effective communication, a message can turn into error, misunderstanding, frustration, or even disaster by being misinterpreted or poorly delivered.

Here is a useful mnemonic to remember the benefits you and your organisation can achieve from effective communication:

- Stronger decision-making and problem-solving
- Upturn in productivity
- Convincing and compelling corporate materials

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- Clearer, more streamlined workflow
- Enhanced professional image
- Sound business relationships
- Successful response ensured

Good communication skills are keys to success in life, work and relationships. Without effective communication, a message can turn into error, misunderstanding, frustration, or even disaster by being misinterpreted or poorly delivered.

Communication skills are essential for the successful future career of a student. Reading, writing and listening carefully are the three most important communication skills for students. The technique to develop communication skill in students is group activities. This is so that there is more interaction among the students. This process helps a lot in the long run. By infusing a healthy feeling of competition and curiosity in students, it would become possible to develop communication skills for students.

The Communication Skills Inventory is designed to provide individuals with some insights into their communication strengths and potential areas for development. By answering each question candidly, an individual will receive a profile that displays their level of competence in four key communication areas. This inventory is intended to be viewed only by the individual who completes it.

Aim:

To identify the level of communication skills of the individual.

Materials required:

1. **Communication skills inventory**
2. **Pencil**

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. To complete this inventory, read each statement carefully and honestly assess how often the particular statement applies to you. For instance, in Section I - question number 1, if you sometimes find it difficult to talk to other people, you would place a check

mark in the "Sometimes" column for question number 1. And for question 2, if others often tend to finish sentences for you when you are trying to explain something; you would check the "Usually" column and so on until you have completed all questions in all four sections of the inventory'. There is no time limit but work rapidly.

Scoring procedure

Total score for this inventory is 120. Scores for Q.No 3,6,7,8,9,10,12,15,16,19,22,23,24,30,34,35,37,38 are Usually – 3, Sometimes – 2, Seldom – 1. Scores for Q.No 1,2,4,5,11,13,14,17,18,20,21,25,26,27,28,29,31,32,33,36,39,40 are Seldom – 3, Sometimes – 2, Usually – 1.

- If the scores lies between 66 - 120, then an individual is having good communication strength or potential strength in communication.
- If the scores lies between 48 - 66, then an individual is having areas of communication skills that need more consistent attention.
- If the scores lies less than 48, then an individual is having areas of communication skills that need improvement.

Results

1. Score obtained by the subject is
2. The communication skill of the subject is

References

1. Schramm, W. (1954). How communication works. In W. Schramm (Ed.), The process and effects of communication (pp. 3–26). Urbana, Illinois: University of Illinois Press.
2. Shannon, C. E., & Weaver, W. (1949). The mathematical theory of communication. Urbana, Illinois: University of Illinois Press
3. Trenholm, Sarah; Jensen, Arthur (2013). Interpersonal Communication Seventh Edition. New York: Oxford University Press. pp. 360–361.
4. Turner, L. H., & West, R. L. (2013). Perspectives on family communication. Boston, MA: McGraw-Hill.

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Expt No. :

Name of subject:

Date:

Name of experimenter:

Experiment No.5: Leadership

Introduction:

An effective leader is a person who creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision and coaches and builds a team, so that it is more effective at achieving the vision.

Leadership is the ability of an individual or organization to "lead" or guide other individuals, teams, or entire organizations. Leadership is defined as a process of social influence in which a person can enlist the aid and support of others in the accomplishment of a common task. Leadership is a holistic spectrum that can arise from higher levels of physical power, need to display power and control others, force superiority, ability to generate fear, or group-member's need for a powerful group protector (Primal Leadership), superior mental energies, superior motivational forces, perceivable in communication and behaviors, lack of fear, courage, determination (Psychoenergetic Leadership), higher abilities in managing the overall picture (Macro-Leadership), higher abilities in specialized tasks (Micro-Leadership), higher ability in managing the execution of a task (Project Leadership), and higher level of values, wisdom, and spirituality (Spiritual Leadership).

Studies of leadership have suggested qualities that people often associate with leadership are

- Technical/specific skill at some task at hand,
- Charismatic inspiration to others
- Preoccupation with a role
- A clear sense of purpose (or mission)
- Results
- Cooperation
- Optimism
- Rejection of determinism
- Ability to encourage
- Role model to others

- Self-knowledge
- Self-awareness
- Awareness of environment
- Empathy
- Integrity
- Sense of Humour

In 2008 Burman and Evans published a 'charter' for leaders:

- Leading by example in accordance with the company's core values.
- Building the trust and confidence of the people with which they work.
- Continually seeking improvement in their methods and effectiveness.
- Keeping people informed.
- Being accountable for their actions and holding others accountable for theirs.
- Involving people, seeking their views, listening actively to what they have to say and representing these views honestly.
- Being clear on what is expected, and providing feedback on progress.
- Showing tolerance of people's differences and dealing with their issues fairly.
- Acknowledging and recognizing people for their contributions and performance.
- Weighing alternatives, considering both short and long-term effects and then being resolute in the decisions they make.

An individual having leadership ability may have passion and self-sacrifice, Confidence, determination and persistence, building image, role model to others, external representation, expectations of and confidence in followers, selective motive arousal, inspirational communication, initiates action, providing guidance, creating confidence, building morale, builds work environment and co-ordination. Each individual should have leadership ability. They can assess their leadership ability through inventory.

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Aim:

To identify the level of leadership ability of the individual.

Materials required:

- 1. Inventory
- 2. Pencil

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given ‘Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Please put (√) in only one column for each statement. You can give your opinions according to Not at all, once in a while, sometimes, fairly often and frequently. There is no time limit but work rapidly.

Scoring procedure

The maximum score for the inventory is 144. Scores for the statements

4,6,9,10,11,13,14,15,16,17,18,21,22,23,25,26,27,29,30,31,32,34,35,36 are 0,1,2,3,4 and the scores for other statements are 4,3,2,1,0.

Sum up all the scores and the values are recorded.

- 1. Scores between 109 – 144 is having high leadership skill
- 2. Scores between 73-108 is having moderate leadership skill
- 3. Scores less than 72 is having low leadership skill

Results & Discussion

Table 1 shows the score and level of leadership of the subject

Subject	Score	Level of leadership

Table 2 shows the score and level of leadership of the group

S.No.	Subject	Score	Level of leadership

The leadership score of subject () isand the level of leadership is In the group, overall leadership ability is Male scored marks and Female scoredmarks. Level of leadership of Male is (higher / lower) than Female.

References

1. George, J. M. (2000). "Emotions and leadership: The role of emotional intelligence". *Human Relations*.53 (8): 1027–1055.
2. Henry P. Knowles; Borje O. Saxberg (1971).*Personality and Leadership Behavior*. Reading, Mass.: Addison-Wesley. pp. 884–89.
3. Mann, R. D. (1959). "A review of the relationship between personality and performance in small groups". *Psychological Bulletin*. 56 (4): 241–270.
4. Smith, J. A.; Foti, R. J. (1998). "A pattern approach to the study of leader emergence". *Leadership Quarterly*. 9 (2): 147–160.

Expt No. :

Name of subject:

Date:

Name of experimenter:

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Experiment No.6: Group Dynamics

NOTES

Introduction:

Group dynamics is a system of behaviours and psychological processes occurring within a social group (intragroup dynamics), or between social groups (intergroup dynamics). The study of group dynamics can be useful in understanding decision-making behaviour, tracking the spread of diseases in society, creating effective therapy techniques, and following the emergence and popularity of new ideas and technologies. Group dynamics are at the core of understanding racism, sexism, and other forms of social prejudice and discrimination.

Group dynamics deals with the attitudes and behavioral patterns of a group. Group dynamics concern how groups are formed, what is their structure and which processes are followed in their functioning. Thus, it is concerned with the interactions and forces operating between groups. Group dynamics are affected by each member's internal thoughts and feelings, their expressed thoughts and feelings, their nonverbal communication, and the relationship between group members. Group dynamics helps you understand how each person's actions make sense in the context of the group.

Every group demands reciprocity among its members. Every group influences, to a great extent, the behaviour of its members. Students interact with the environment for their development. This development depends on social interaction. A teacher should study group dynamics to deal with various groups of students.

For effective improvement of students in the classroom, the teachers has

- to provide appropriate guidance to students for their adjustment
- to improve the emotional and social climate of the class
- to improve group relations in the class
- to deal effectively with social groups
- to have a thorough knowledge of the interaction process

- to remove conflicts and stresses in the group

Intragroup dynamics (also referred to as ingroup-, within-group, or commonly just ‘group dynamics’) are the underlying processes that give rise to a set of norms, roles, relations, and common goals that characterize a particular social group. Examples of groups include religious, political, military, and environmental groups, sports teams, work groups, and therapy groups. Amongst the members of a group, there is a state of interdependence, through which the behaviours, attitudes, opinions, and experiences of each member are collectively influenced by the other group members. In many fields of research, there is an interest in understanding how group dynamics influence individual behaviour, attitudes, and opinions.

Intergroup dynamics refers to the behavioural and psychological relationship between two or more groups. This includes perceptions, attitudes, opinions, and behaviours towards one’s own group, as well as those towards another group. In some cases, intergroup dynamics is prosocial, positive, and beneficial (for example, when multiple research teams work together to accomplish a task or goal). In other cases, intergroup dynamics can create conflict.

Aim:

To identify the level of Group dynamic ability of the individual.

Materials required:

Group Dynamics Inventory and Pencil

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given ‘Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Indicate your answer to each questions by writing ‘yes’ or ‘no’ in the answer sheet against each item number. There is no time limit but work rapidly.

Results & Discussion

Table 1 shows the score and level of Group Dynamics of the subject

Subject	Score	Level of Group Dynamics

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Table 2 shows the score and level of Group Dynamics of the group

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S.No.	Subject	Score	Level of Group Dynamics

The Group Dynamics score of subject () isand the level of Group Dynamics is In the group, overall Group Dynamics is Male scored marks and Female scoredmarks. Level of Group Dynamics of Male is (higher / lower) than Female.

References

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5. Yalom, Irvin (1995). The theory and practice of group psychotherapy. New York: Basic Books.

Expt No. :

Name of subject:

Date:

Name of experimenter:

Practical

Experiment No.7: Neuro Psychological Assessment

NOTES

Introduction:

Neuropsychology is a branch of clinical psychology that studies how the brain and nervous system affect how we function on a daily basis. Unlike the use of neuroimaging techniques such as MRI, CT scans and EEG where the focus is on nervous system structures, neuropsychology seeks to understand how the various components of the brain are able to do their jobs. Clinical neuropsychology makes use of various assessment methods to ascertain function and dysfunction and applies this knowledge to evaluate, treat and rehabilitate individuals with suspected or demonstrated neurological or psychological problems.

Neuropsychology studies the structure and function of the brain as they relate to specific psychological processes and behaviors. It is an experimental field of psychology that aims to understand how behavior and cognition are influenced by brain functioning and is concerned with the diagnosis and treatment of behavioral and cognitive effects of neurological disorders. Classical neurology focuses on the physiology of the nervous system and classical psychology is largely divorced from it, neuropsychology seeks to discover how the brain correlates with the mind. It thus shares concepts and concerns with neuropsychiatry and with behavioral neurology in general.

The term *neuropsychology* has been applied to lesion studies in humans and animals. It has also been applied to efforts to record electrical activity from individual cells (or groups of cells) in higher primates (including some studies of human patients). It is scientific in its approach, making use of neuroscience, and shares an information processing view of the mind with psychology and cognitive science.

In practice, neuropsychologists tend to work in research settings (universities, laboratories or research institutions), clinical settings (involved in assessing or treating patients with neuropsychological problems), forensic settings or industry (often as consultants where

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neuropsychological knowledge is applied to product design or in the management of pharmaceutical clinical-trials research for drugs that might have a potential impact on CNS functioning).

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Neuropsychological testing can help in planning and developing remedial education, rehabilitation and vocational programs for individuals with neurological or developmental problems. Neuropsychological assessment was traditionally carried out to assess the extent of impairment to a particular skill and to attempt to determine the area of the brain which may have been damaged following brain injury or neurological illness.

Neuropsychological assessment is a performance-based method to assess cognitive functioning. This method is used to examine the cognitive consequences of brain damage, brain disease, and severe mental illness. A core part of neuropsychological assessment is the administration of neuropsychological tests for the formal assessment of cognitive function, though neuropsychological testing is more than the administration and scoring of tests and screening tools. It is essential that neuropsychological assessment also include an evaluation of the person's mental status. This is especially true in assessment of Alzheimer's disease and other forms of dementia.

Miller outlined three broad goals of neuropsychological assessment. Firstly, diagnosis which helps to determine the nature of the underlying problem, secondly, to understand the nature of any brain injury or resulting cognitive problem and its impact on the individual, as a means of devising a rehabilitation programme or offering advice as to an individual's ability to carry out a certain tasks and lastly, assessments may be undertaken to measure change in functioning over time, such as to determine the consequences of a surgical procedure or the impact of a rehabilitation programme over time.

Aim:

To identify the level of neuro psychological ability of the individual.

Materials required:

Neuro Psychological Assessment chart and pencil.

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Indicate your answer to each questions by writing 'yes' or 'no' in the answer sheet against each item number. There is no time limit but work rapidly.

Results

1. The neuropsychological score of the subject is
-

References

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2. Gregory, Robert. "Psychological Testing, 5th ed.". Pearson, 2007, p.466.
3. Lezak, Muriel D.; Howieson, Diane B.; Bigler, Erin D.; Tranel, Daniel (2012). Neuropsychological Assessment (Fifth ed.). Oxford: Oxford University Press.
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Practical

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Expt No. :

Name of subject:

Date:

Name of experimenter:

NOTES

Experiment No.8: Decision making

Introduction:

Decision-making can be regarded as a problem-solving activity terminated by a solution deemed to be satisfactory. It is therefore a process which can be more or less rational or irrational and can be based on explicit knowledge or tacit knowledge. In psychology, decision making is regarded as the cognitive process resulting in the selection of a belief or a course of action among several alternative possibilities. Every decision-making process produces a final choice that may or may not prompt action. Decision-making is the process of identifying and choosing alternatives based on the values and preferences of the decision-maker.

A major part of decision-making involves the analysis of a finite set of alternatives described in terms of evaluative criteria. Then the task might be to rank these alternatives in terms of how attractive they are to the decision-maker(s) when all the criteria are considered simultaneously. Another task might be to find the best alternative or to determine the relative total priority of each alternative when all the criteria are considered simultaneously.

Solving such problems is the focus of multiple-criteria decision analysis (MCDA). This area of decision-making, although very old, has attracted the interest of many researchers and practitioners and is still highly debated as there are many MCDA methods which may yield very different results when they are applied on exactly the same data. This leads to the formulation of a decision-making paradox.

Characteristics of decision-making

- Objectives must first be established
- Objectives must be classified and placed in order of importance
- Alternative actions must be developed
- The alternatives must be evaluated against all the objectives
- The alternative that is able to achieve all the objectives is the tentative decision
- The tentative decision is evaluated for more possible consequences

- The decisive actions are taken, and additional actions are taken to prevent any adverse consequences from becoming problems and starting both systems (problem analysis and decision-making) all over again
- In a situation featuring conflict, role-playing may be helpful for predicting decisions to be made by involved parties.

Aim:

To identify the level of decision making ability of the individual.

Materials required:

1. Inventory
2. Pencil

Procedure:

The subject was seated comfortably. The inventory and pencil were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Please put (√) in only one column for each statement. You can give your opinions according to Not at all, Rarely, Sometimes, Often and Very often. There is no time limit but work rapidly.

Scoring procedure:

Each statement is positive in nature and it carries 5 marks for very often, 4 marks for often, 3 marks for sometimes, 2 marks for rarely and 1 mark for not all. Maximum marks for this test is 90. Count all the marks in each statement should be summarized and calculated. If decision making score lies between 18 and 42, then your decision making hasn't fully matured. If the score lies between 43 and 66, then your decision making process is OK and if the score lies between 67 and 90, then you have an excellent approach in decision making.

1. Questions 3,7,13,16 are related to establishing a positive decision making environment.
2. Questions 4,8,11 are related to generating potential solutions
3. Questions 1,6,15 are related with evaluating alternatives
4. Questions 5,10,17 are related to deciding process
5. Questions 2,9 are related to checking the decision
6. Questions 12,14,18 are related to communicating and implementing.

Practical

Results & Discussions:

The score of an individual is

NOTES

The decision making ability of an individual is

References

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Expt No. :

Name of subject:

Date:

Name of experimenter:

Practical

NOTES

Experiment No.9: Disability Assessment

Introduction:

A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognizes the role of physical and social environmental factors in affecting disability outcomes.

Types of disabilities include various physical and mental impairments that can hamper or reduce a person's ability to carry out his day to day activities. These impairments can be termed as disability of the person to do his or her day to day activities. "Disability" can be broken down into a number of broad sub-categories, which include the following:

a) Mobility and Physical Impairments

Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability. This category of disability includes people with varying types of physical disabilities including:

- Upper limb(s) disability
- Lower limb(s) disability
- Manual dexterity
- Disability in co-ordination with different organs of the body

b) Spinal Cord Disability:

Spinal Cord Injury(SCI) is a kind of injury mostly occurs due to severe accidents. In some cases spinal cord disability can be a birth defect.

c) Head Injuries - Brain Disability

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A disability in the brain occurs due to a brain injury. The magnitude of the brain injury can range from mild, moderate and severe.

There are two types of brain injuries:

- ✓ Acquired Brain Injury (ABI)
- ✓ Traumatic Brain Injury (TBI)

d) Vision Disability

There are hundreds of thousands of people that suffer from minor to various serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma, to name a few. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.

e) Hearing Disability

Hearing disabilities includes people that are completely or partially deaf, (Deaf is the politically correct term for a person with hearing impairment). People who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example Meningitis can damage the auditory nerve or the cochlea.

Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages".

f) Cognitive Disabilities

Cognitive Disabilities are kind of impairment present in people who demonstrate impaired cognitive functioning termed as intellectual disabilities.

g) Psychological Disorders

Affective Disorders: Disorders of mood or feeling states either short or long term. Mental Health Impairment is the term used to describe people who have experienced psychiatric problems or illness such as: 1. Personality Disorders - Defined as deeply inadequate patterns of behavior and thought of sufficient severity to cause significant impairment to day-to-day activities. 2. Schizophrenia: A mental disorder characterized by disturbances of thinking, mood, and behavior.

h) Invisible Disabilities

Invisible Disabilities are disabilities that are not immediately apparent to others. It is estimated that 10% of people in the U.S. have a medical condition considered a type of invisible disability.

The World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF) in 2001 that covers;

- Activity
- Participation
- Body Structures
- Body Functions
- Personal Factors
- Health Conditions
- Activity Limitations
- Functional Limitations
- Environmental Factors
- Participation Restrictions

Aim:

To identify the intellectual impairment among the individual

Materials required:

Basic Assessment (Basic MR) Scale is in the website of NIMH. (<http://www.nimhIndia.gov.in/Behavioural%20assessment%20scales%20for%20indian%20children-basic-mr.pdf>)

Procedure:

The subject has to be seated comfortably and make them to receive response from the assessment scale (p.no 31- 35). The subject is asked to collect information from the child they are going to investigate for Disability. After collecting information, make the subject to compare with the assessment scale and the results are tabulated and give results. In the results, the subject have to describe the child reacted for the materials.

Results & Discussion

1. The child have responded materials.
2. The level of disorder for the child is(high / low / moderate).

Practical

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References

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- Linton, Simi (1998). *Claiming Disability: Knowledge and Identity*. New York: New York University Press.
- Shakespeare T (2001). "The social model of disability: An outdated ideology?". *Research in Social Science and Disability*. **2**: 9–28.
- Smith, T.B. (2012). A New and Emerging Model of Disability: The Consumer Model. White Paper. The Pennsylvania State University
- Stiker, Henri (2000). *A History of Disability*. Ann Arbor, Michigan: University of Michigan Press. p. 91.

Expt No. :

Name of subject:

Date:

Name of experimenter:

Practical

Experiment No.10: Phobia

NOTES

Introduction:

A phobia is a type of anxiety disorder, defined by a persistent fear of an object or situation. A phobia is an excessive and irrational fear reaction. The fear can be of a certain place, situation, or object. Unlike general anxiety disorders, a phobia is usually connected to something specific.

The phobia typically results in a rapid onset of fear and is present for more than six months. The affected person will go to great lengths to avoid the situation or object, typically to a degree greater than the actual danger posed. If the feared object or situation cannot be avoided, the affected person will have significant distress.

Genetic and environmental factors can cause phobias. Children who have a close relative with an anxiety disorder are at risk for developing a phobia. Distressing events such as nearly drowning can bring on a phobia. Exposure to confined spaces, extreme heights, and animal or insect bites can all be sources of phobias.

Specific phobias should be treated with exposure therapy where the person is introduced to the situation or object in question until the fear resolves. Medications are not useful in this type of phobia. Medications used include antidepressants, benzodiazepines, or beta-blockers.

Specific Phobias affect about 6-8% of people in the Western world and 2-4% of people in Asian, Africa, and Latin America in a given year. Social phobia affects about 7% of people in the United States and 0.5-2.5% of people in the rest of the world. Agoraphobia affects about 1.7% of people. Women are affected about twice as often as men. Typically onset is around the age of 10 to 17. Rates become lower as people get older. People with phobias are at a higher risk of suicide.

People with ongoing medical conditions or health concerns often have phobias. There is a high incidence of people developing phobias after

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traumatic brain injuries. Substance abuse and depression are also connected to phobias.

Phobias can be divided into specific phobias, social phobia, and agoraphobia. Types of specific phobias include to certain animals, natural environment situations, blood or injury, and specific situations. The most common are fear of spiders, fear of snakes, and fear of heights. Occasionally they are triggered by a negative experience with the object or situation. Social phobia is when the situation is feared as the person is worried about others judging them. Agoraphobia is when fear of a situation occurs because it is felt that escape would not be possible.

The American Psychiatric Association recognizes more than 100 different phobias and the few are Agoraphobia is a fear of places or and it also refers to “fear of open spaces”. Social phobia is also referred to as “social anxiety disorder.” This is extreme worry about social situations that can lead to self-isolation. Glossophobia is the fear of speaking in front of an audience. Acrophobia is the fear of heights. Claustrophobia is the fear of enclosed or tight spaces. Aviatophobia is the fear of flying. Dentophobia is the fear of the dentist or dental procedures. Hemophobia is the fear of blood or injury. Arachnophobia is the fear of spiders. Cynophobia is the fear of dogs. Ophidiophobia is the fear of snakes. Nyctophobia is the fear of the nighttime or darkness.

The most common and disabling symptom of a phobia is a panic attack.

Features of a panic attack include:

- pounding or racing heart
- shortness of breath
- rapid speech or inability to speak
- dry mouth
- upset stomach or nausea
- elevated blood pressure
- trembling or shaking
- chest pain or tightness
- choking sensation
- dizziness or lightheadedness
- profuse sweating
- sense of impending doom

Aim:

To identify the level of phobia of the individual

Practical

Materials required:

1. Fear inventory
2. Pencil

NOTES

Procedure:

The subject was seated comfortably. The inventory and answer sheet were given to the subject and the following instructions were given 'Read each questions carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Indicate your answer to each questions by writing 'yes' or 'no' in the answer sheet against each item number. There is no time limit but work rapidly.

In this questionnaire you have 27 statements. For each statement a scale from 1 to 7 is provided ranging from agree to disagree. In each case please (√) a number from 1 to 7 to indicate whether or not you agree with the statement. There is no right or wrong answer. Please answer all items.

Scoring

Each statement carries marks from 1 to 7. If the scores ranges from 27 to 100, then the fear of an individual is low and if the scores are greater than 100, then the level of fear is high and others fall under moderate.

Results & Discussion

Table 1 shows the score of the subject in Fear inventory

Subject	Score	Level of Fear

Table 2 shows the score of the group in Fear inventory

S.No	Subject	Score

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Practical

NOTES

The fear score of the subject () isand the level is In the group, the subject (s) scored high marks and the subject (s)..... scored low marks. Male scored marks which is(greater / lower) than Female.

References

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- Rachman, S.J. (1978). *Fear and Courage*. San Francisco: WH Freeman & Co.
- Tamparo, Carol; Lewis, Marcia (2011). *Diseases of the Human Body*. Philadelphia, PA: F.A. Davis Company.

Expt No. :

Name of subject:

Date:

Name of experimenter:

NOTES

Experiment No.11: Depression

Introduction:

Depression is a state of mindset that can affect a person's thoughts, behavior, feelings and sense of well-being. An individual who is in depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, angry, ashamed or restless. They also lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details or making decisions, experience relationship difficulties and may contemplate, attempt or commit suicide. The individual with depression may experience Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy.

A DSM diagnosis distinguishes an episode (or 'state') of depression from the habitual (or 'trait') depressive symptoms someone can experience as part of their personality.

In adulthood stage, depression may be occurred due to bereavement, neglect, mental abuse, physical abuse, sexual abuse and unequal parental treatment of siblings. Depression may cause due to childbirth, menopause, financial difficulties, unemployment, work stress, medical diagnosis (cancer, HIV, etc.), bullying, sudden demise of loved one, isolation, rape, trouble with others, jealousy, separation.

Depression of an individual can result to diseases like infectious, nutritious and neurological. Some of the diseases are Stroke, Diabetes, Cancer etc. The mood disorders are happened due to disturbances of one's mood or mindset. The main disorder due to depression is Major Depressive Disorder (MDD) which makes the individual to lose interest or pleasure in all activities of daily life.

Beck Depression Inventory or the Children's Depression Inventory is one of the best methods to identify depression among individual or child. The World Health Organization (WHO) has predicted

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that by 2030, depression will account for the highest level of disability accorded any physical or mental disorder in the world (WHO, 2008). The UK National Institute for Health and Care Excellence (NICE) 2009 guidelines indicate that antidepressants should not be routinely used for the initial treatment of mild depression, because the risk-benefit ratio is poor.

Women are having more depression than men. With the depression, most of the women are having somatic symptoms, such as appetite, sleep disturbances and fatigue accompanied by pain and anxiety, than men, the gender difference is much smaller in other aspects of depression. The more depression may lead women to commit suicide than men.

Aim:

To identify the level of depression of the individual

Materials required:

1. Beck's Depression Inventory
2. Pencil

Procedure:

The subject was seated comfortably. The inventory was given to the subject and the following instructions were given 'Read each statement carefully and answer them honestly and thoughtfully. There is no right or wrong answers. Indicate your answer to each questions by $\sqrt{\quad}$ in the answer sheet against any of the 4 options given. There is no time limit but work rapidly. The score for the options are a) 1, b) 2, c) 3 and d) 4.

If the subject has chose a) option more, then they have low depression.

If the subject has chose b) or c) more, then they have moderate depression.

If the subject has chose d) more, then they have high depression.

Results & Discussion

Table 1 shows the score and level of depression of subject ()

Subject	Score	Level of Depression

Table 2 shows the score and level of depression of group

S.No	Subject	Score	Level of Depression

The marks scored by the subject () is and the level of depression is(high / low). In the group, the subject (s) are scored high marks of and their level of depression is high. The subject (s) are scored low marks of and their level of depression is low. Male scored marks which is (greater / lesser) than the marks scored by the Female.

References

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- *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.(2013). American Psychiatric Association.
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- Kovacs, M. (1992). *Children's Depression Inventory*. North Tonawanda, NY: Multi-Health Systems, Inc.

Expt No. :

Name of subject:

Date:

Name of experimenter:

Experiment No.12: Obsessive Compulsive Symptom / Disorder

Introduction:

If an individual's primary fear or anxiety is of an object or situation as a result of obsessions (e.g., fear of blood due to obsessive thoughts about contamination from blood-borne pathogens [i.e., HIV]; fear of driving due to obsessive images of harming others), and if other diagnostic criteria for obsessive-compulsive disorder are met, then Obsessive-Compulsive Disorder should be diagnosed.

Obsessive-Compulsive and related disorders should have "good or fair insight" to "poor insight" to "absent insight/delusional beliefs". For individuals whose Obsessive-Compulsive and related disorder symptoms warrant the "with absent insight/delusional beliefs" specifier, these symptoms should not be diagnosed as a psychotic disorder.

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

The characteristic symptoms of OCD are the presence of obsessions and compulsions (Criterion A). Obsessions are repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent or horrific

scenes), or urges (e.g., to stab someone). Importantly, obsessions are not pleasurable or experienced as voluntary: they are intrusive and unwanted and cause marked distress or anxiety in most individuals. The individual attempts to ignore or suppress these obsessions (e.g., avoiding triggers or using thought suppression) or to neutralize them with another thought or action (e.g., performing a compulsion). Compulsions (or rituals) are repetitive behaviors (e.g., washing, checking) or mental acts (e.g., counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Most individuals with OCD have both obsessions and compulsions. Compulsions are typically performed in response to an obsession (e.g., thoughts of contamination leading to washing rituals or that something is incorrect leading to repeating rituals until it feels "just right"). Compulsions are not done for pleasure, although some individuals experience relief from anxiety or distress.

Aim:

To identify the level of obsessive compulsive symptom / disorder of the individual

Materials required:

Paper and Pencil

Procedure:

The subject has to conduct a case study for the child or individual. From the symptoms & characteristics of Obsessive – Compulsive Disorder prescribed in Diagnostic and Statistical Manual (DSM) – V, compare with it to the child.

Results & Discussion

- 1. The child have symptoms and characteristics common with DSM - V.**
- 2. The level of Obsessive – Compulsive Disorder for the child is(high / low / moderate).**

References

- *The National Institute of Mental Health (NIMH) (2016). "What is Obsessive-Compulsive Disorder (OCD)?"*. U.S. National Institutes of Health (NIH).
- *Diagnostic and statistical manual of mental disorders: DSM-5 (2013)*. Washington: American Psychiatric Publishing. 5th Ed. pp. 237–242.
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- Hyman, Bruce and Troy DeFrene (2008). *Coping with OCD*. New Harbinger Publications.

Appendix

Self Esteem Inventory

Practical
NOTES

S. No	Statement	Strongly Agree	Agree	Agree to some extent	Disagree	Strongly Disagree
1	I feel confident about my abilities.					
2	I deserve to be well respected by others.					
3	I feel that I am a successful person.					
4	I have a low opinion about myself.					
5	I am not able to take decisions as I want.					
6	People trust me as I keep my promises					
7	I have done nothing to be proud of					
8	I am unable to fully utilize my abilities in performing my different duties					
9	I find it difficult to talk to a group					
10	I consider myself superior to others in many respects.					
11	I am satisfied with myself					
12	I am slow in adopt new changes					
13	I feel that I will					

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	certainly achieve my objectives					
14	I don't seem to be as smart as others					
15	I cannot live up to my own expectations					
16	I have a positive attitude towards myself.					
17	Failure does not disappoint me					
18	I feel that there is nothing in which I can excel					
19	I cannot discharge my responsibilities effectively					
20	I think myself a worthless individual					
21	I am capable of taking my own decisions					
22	I don't bother about unusual things					
23	I am competent to do things like most of the people					
24	I cannot take initiative					
25	I have the capacity to adjust in any situation					
26	I feel inferior to					

	most of the people I know					
27	I fail when I try to do important things					
28	I have handled myself well at social gathering					
29	I cannot control my emotions easily					
30	My friends appreciate my dealings with them					
31	It is hard for me to see any good qualities in myself.					
32	I know what to say to the people					
33	I find it hard to make up my mind and stick to it					
34	I feel that I am not good at all					
35	I am usually a centre of attraction in a group of other people					
36	I feel awkward when I commit a mistake					
37	I have leadership qualities					
38	I would like to change a lot of things					

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39	I am pretty sure of myself					
40	I impress others easily by my personality					
41	I am confused most of the times					
42	I have no doubt about my social competence					
43	Most people are better than me					
44	My choices are by far the best					
45	I don't seem to accomplish as much as others					
46	I feel inadequate if someone does better					
47	Everyone is at ease in my company					
48	I have strong will power					
49	I occasionally dislike myself					
50	I cannot be easily misled					

Inter personal skills inventory

S.No	Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	I can encourage others to work even when things					

	are not favorable					
2	People tell me that I am an inspiration for them					
3	I am able to encourage people to take initiative					
4	I am able to make intelligent decisions using a healthy balance of emotions and reason					
5	I do not depend on others encouragement to do my work well					
6	I can continue to do what I believe in, even under severe criticism					
7	I am able to assess the situation					
8	I can concentrate on the task at hand in spite of disturbances					
9	I pay attention to the worries and concerns of others					
10	I can listen to					

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	someone without urge to say something					
11	I am perceived as friendly and outgoing					
12	I have my priorities clear					
13	I can handle conflicts around me					
14	I do not mix unnecessary emotions with issues at hand					
15	I try to see the other person's point of view					
16	I can stand up for my beliefs					
17	I can see the brighter side of my situation					
18	I believe in myself					
19	I am able to stay composed in both good and bad situations					
20	I am able to stay focused even under pressure					
21	I am able to maintain the					

	standards of honesty and integrity					
22	I am able to confront unethical actions of others					
23	I am able to meet commitments and keep promises					
24	I am organized and careful in my work					
25	I am able to handle multiple demands					
26	I am comfortable and open to novel ideas and new information					
27	I pursue goals beyond what is required and expected of me					
28	I am persistent in pursuing goals despite obstacles and setbacks					
29	I have built rapport and made and maintained personal friendships with work associates					

Practical
NOTES

30	I am able to identify and separate my emotions					
31	I think that feelings should be managed					
32	I am aware of my weaknesses					
33	I feel that I must develop myself even when my job does not demand it					
34	I believe that happiness is positive attitude					

Communication skill Inventory

S.No	Statement	Usually	Sometimes	Seldom
1	Is it difficult for you to talk to other people?			
2	When you are trying to explain something, do others tend to put words in your mouth, or finish your sentences for you?			
3	In conversation, do your words usually come out the way you would like?			
4	Do you find it difficult to express your ideas when they differ from the ideas of people around you?			
5	Do you assume that the other person knows what you are trying to say, and leave it to him/her to ask you questions?			
6	Do others seem interested and attentive when you are talking to them?			
7	When speaking, is it easy for			

	you to recognize how others are reacting to what you are saying?			
8	Do you ask the other person to tell you how she/he feels about the point you are trying to make?			
9	Are you aware of how your tone of voice may affect others?			
10	In conversation, do you look to talk about things of interest to both you and the other person?			
11	In conversation, do you tend to do more talking than the other person does?			
12	In conversation, do you ask the other person questions when you don't understand what they've said?			
13	In conversation, do you often try to figure out what the other person is going to say before they've finished talking?			
14	Do you find yourself not paying attention while in conversation with others?			
15	In conversation, can you easily tell the difference between what the person is saying and how he/she may be feeling?			
16	After the other person is done speaking, do you clarify what you heard them say before you offer a response?			
17	In conversation, do you tend to finish sentences or supply words for the other person?			
18	In conversation, do you find yourself paying most attention to facts and details, and frequently missing the emotional tone of the speakers' voice?			
19	In conversation, do you let the other person finish talking before reacting to what she/he says?			
20	Is it difficult for you to see things from the other person's point of view?			
21	Is it difficult to hear or accept constructive criticism from the other person?			

Practical
NOTES

22	Do you refrain from saying something that you think will upset someone or make matters worse?			
23	When someone hurts your feelings, do you discuss this with him/her?			
24	In conversation, do you try to put yourself in the other person's shoes?			
25	Do you become uneasy when someone pays you a compliment?			
26	Do you find it difficult to disagree with others because you are afraid they will get angry?			
27	Do you find it difficult to compliment or praise others?			
28	Do others remark that you always seem to think you are right?			
29	Do you find that others seem to get defensive when you disagree with their point of view?			
30	Do you help others to understand you by saying how you feel?			
31	Do you have a tendency to change the subject when the other person's feelings enter into the discussion?			
32	Does it upset you a great deal when someone disagrees with you?			
33	Do you find it difficult to think clearly when you are angry with someone?			
34	When a problem arises between you and another person, can you discuss it without getting angry?			
35	Are you satisfied with the way you handle differences with others?			
36	Do you sulk for a long time when someone upsets you?			
37	Do you apologize to someone whose feelings you may have hurt?			
38	Do you admit that you're wrong when you know that you are/were wrong about			

	something?			
39	Do you avoid or change the topic if someone is expressing his or her feelings in a conversation?			
40	When someone becomes upset, do you find it difficult to continue the conversation?			

Leadership Inventory

S.No	Statement	Not at all (0)	Once in a while (1)	Sometimes (2)	Fairly often (3)	Frequently (4)
1	I provide others with assistance in exchange for their efforts					
2	I re-examine critical assumptions to question whether they are appropriate					
3	I fail to interfere until problems become serious					
4	I focus attention on irregularities, mistakes, exceptions, and deviations					

Practical
NOTES

	from standards					
5	I avoid getting involved when important issues arise					
6	I talk about my most important values and beliefs					
7	I am absent when needed					
8	I seek differing perspectives when solving problems					
9	I talk optimistically about the future					
10	I instill pride in others for being associated with me					
11	I discuss in specific terms who is responsible for achieving performance					

	targets					
12	I wait for things to go wrong before taking action					
13	I talk enthusiastically about what needs to be accomplished					
14	I specify the importance of having a strong sense of purpose					
15	I spend time teaching and coaching					
16	I make clear what one can expect to receive when performance goals are achieved					
17	I show that I am a firm believer					
18	I go beyond self-interest for the good of the group					
19	I treat others as					

Practical
NOTES

	individuals rather than just as a member of a group					
20	I demonstrate that problems must become chronic before I take action					
21	I act in ways that build others' respect for me					
22	I concentrate my full attention on dealing with mistakes, complaints, and failures					
23	I consider the moral and ethical consequences of decisions					
24	I keep track of all mistakes					
25	I display a sense of power and confidence					

26	I articulate a compelling vision of the future					
27	I direct my attention toward failures to meet standards					
28	I avoid making decisions					
29	I consider an individual as having different needs, abilities, and aspirations from others					
30	I get others to look at problems from many different angles					
31	I help others to develop their strengths					
32	I suggest new ways of looking at how to					

Practical
NOTES

	complete assignments					
33	I delay responding to urgent questions					
34	I emphasize the importance of having a collective sense of mission					
35	I express satisfaction when others meet expectations					
36	I express confidence that goals will be achieved					

Group Dynamics Inventory

S. No	Statement	Not at all	Rarely	Sometimes	Often	Very Often
1	I felt that helping others in the group has given me more self respect.					
2	I felt like putting others in the group needs before my					

	own needs					
3	I was forgetting myself and thinking of helping others in the group					
4	I was giving parts of myself to others in the group					
5	I felt that I was helping others in the group and having an important impact in their lives					
6	I felt a sense of belongingness to the group and that the group accepted me					
7	I felt like keeping in touch with other people in the group					
8	I felt that after revealing embarrassing things about myself, I was still accepted by the group					
9	I have the feeling that I am no longer alone in the group					
10	I feel that I belong to a group of people who understand and accept me					
11	I learned that I am					

Practical
NOTES

	not the only one with my types of problem in the group					
12	I am seeing that I was just as well off as other people in the group					
13	I learned that others in the group have some of the same bad thoughts and feelings as I					
14	I learned that others in the group had parents and backgrounds as unhappy or mixed up as I					
15	I learned that I am not very different from other people and that the group gave me a nice feeling.					
16	I recognized that life is at times unfair and unjust					
17	I recognized that ultimately there is no escape from some of life's pain and death					
18	I recognized that no matter how close I get to other people					

	in the group, they still must face life alone					
19	I learned that by facing the basic issues of their life and death, I am more able to live my life more honestly and be less caught up in trivialities					
20	I learned that I must take ultimate responsibility for the way I live my life no matter how much support and guidance I get from others in the group					

Neuro Psychological Assessment Scale

(Please fill this out prior to your appointment and bring it with you.)

Name: _____ Date of appointment: _____

Date of birth: _____ Age: _____

Address with contact number:

Educational Qualification: _____

Occupation: _____

Name and address of referring doctor:

Practical

NOTES

Primary reason for having this neuropsychological examination (e.g., types of cognitive problems, related medical condition or injury):

Date of onset or diagnosis of primary condition:

What are the main diagnostic tests and treatments you have had related this current problem or condition? Please provide locations and approximate dates.

MRI or CT scan of the brain:

EEG:

Prior neuropsychological, educational or personality testing:

Other tests, treatments:

Are you currently involved in any legal action? Please specify:

CURRENT PROBLEMS

INDEPENDENCE

Check any of the following daily activities you *cannot* do fully independently.

Bathe Use toilet Get dressed Prepare food Walk in house
House work Yard work Home repairs Grocery shop Use telephone
Pay bills Bank account Take medicine Be home alone Drive a car
Describe any other activities for which you need assistance below.

COGNITIVE PROBLEMS

Please check all of the following that *currently* give you difficulty:

- Mental processes slowed down
- Trouble concentrating or easily distracted
- Difficulty doing math in your head
- Trouble thinking of words or the names of things you want to say
- Trouble remembering what to buy when you go shopping
- Forgetting peoples' names
- Losing things
- Forgetting recent events or experiences
- Trouble recalling experiences or things you learned long ago
- Getting lost or difficulty using maps
- Trouble solving complex problems
- Disorganized
- Acting impulsively (without planning or anticipating consequence)
- Other:

Did these cognitive problems come on gradually or suddenly?

When did you first become aware of them?

What do you think caused them?

Since they started, have they become worse, stayed the same or gotten better?

What do these cognitive problems prevent you from doing that you used to do?

What have you done to help you cope with or overcome these cognitive limitations?

PSYCHOLOGICAL, EMOTIONAL AND INTERPERSONAL PROBLEMS

Please check all of the following that you have recently or currently experience:

- Large or rapid fluctuations in mood
- Anxious, fearful, nervous

Practical

NOTES

Self-Instructional Material

Practical
NOTES

- Tense, high strung or have difficulty relaxing
- Depressed mood
- Tendency to be self-critical or perfectionistic
- Embarrassed by your limitations
- Feel like a burden on others
- Life is hardly worth the struggle, feel like giving up
- Often irritable or frustrated
- Angry or have difficulty controlling temper
- Have thoughts most people would consider to be strange or bizarre
- Hallucinations - seeing, hearing, smelling or feeling things that weren't there
- Delusions - believing things that are very unlikely to be true
- Difficulty trusting others
- Obsessive repetition of thoughts that bother you
- Compulsive repetition of behaviors that are not really necessary
- Serious conflict between family members
- Marital problems
- Sexual difficulties
- Suffering the effects of prior physical, sexual or emotional abuse
- Other:

MEDICAL HISTORY

List any *major* illnesses you have had in the past by approximate date:

List any *major* surgeries you have had in the past by approximate date:

List any past psychological or psychiatric difficulties for which you have had treatment with approximate dates. List any medications you were given for these difficulties.

The following may affect or involve brain functioning. Please check any you have had:

- ___ Medical complications during your mother's pregnancy or your birth
- ___ Late to start walking, talking or going to school
- ___ Learning disability in school (anytime from 1st – 12th standard)

- ___ Attention or behavior problems in school (anytime from 1st – 12th standard)
- ___ Loss of consciousness from a blow to or rapid movement of the head
- ___ Deprived of oxygen (suffocated, nearly drowned, medical complications)
- ___ Sleep apnea (stopping breathing in your sleep)
- ___ High blood pressure
- ___ High cholesterol
- ___ Heart problems (arrhythmia, heart attack, bypass surgery)
- ___ Stroke, or stroke symptoms which went away
- ___ Diabetes
- ___ Low thyroid
- ___ Seizure
- ___ Infection of the brain (encephalitis, meningitis, abscess, etc.)
- ___ Hydrocephalus (water on the brain, high intracranial pressure)
- ___ Diagnosed with cancer or a tumor anywhere in your body
- ___ Been a heavy drinker for an extended period of time (years)
- Current amount of alcohol consumed _____ per day, week
- ___ Used recreational drugs for an extended period of time (months or years)
- ___ Exposed to toxic chemicals which might damage the nervous system

Other: _____

Please check any of the following experienced by any of your close blood relatives.

- ___ Learning disability
- ___ Attention deficit disorder
- ___ Seizures/epilepsy
- ___ Neurological illness
- ___ Psychiatric problems
- ___ Alcohol or drug abuse
- ___ Dementia (reduced mental abilities late in life greater than expected from aging alone)

SOCIAL HISTORY

Place of birth: _____

Mother Tongue: _____

Educational Qualification of Mother: _____ Occupation: _____

Educational Qualification of Mother: _____ Occupation: _____

How many siblings do you have? Brothers: _____ Sisters: _____

How many of your siblings completed high school? _____ Attended college? _____

Did you have difficulty achieving academically in general or passing certain subjects?

Did you have special education, extra help or tutoring for reading, spelling, math or other

subjects in school?

Practical

Circle your highest educational qualification (if less than 12): 1 2 3 4 5 6 7
8 9 10 11 12

NOTES

Typical academic grades last few years of school: A's B's C's D's F's
Trade school or technical training:

College or university attended:

College major: _____ GPA: _____ Degree: _____

Year: _____

Graduate

degree(s): _____

OCCUPATION

Major types of employment you have had:

Current or most recent job title:

Major duties in above

job: _____

If retired or out of work, for how long?

Reason for

retirement _____

Current hobbies, interests, spare time

activities: _____

MARRIAGE & HOME LIFE

Are you currently married? ___ How many years? ___ Number prior
marriages ___

Widowed or widower? ___ How many years? ___ Divorced? ___ How
many years? ___

Spouse's occupation:

Spouse's health:

Children: Sex Age Highest level of education Occupation

M F _____

M F _____

M F _____

M F _____

Who currently lives with you in your

residence? _____

How do you typically spend most of your time each day? What activities
do you usually
engage in?

List any major changes you expect in your life in the near future:

ANSWER THE FOLLOWING ON THE DAY OF YOUR APPOINTMENT

How many hours of sleep did you get last night? _____

How is your mental energy today?

How is your mood today?

Are you nervous or bothered by anything that may distract your attention?

Do you have body pain or headache today?

Did you ingest any alcohol or recreational drugs in the past 48 hours?

List all of your present medications and indicate what each is for:

Any recent change in your medications?

Decision making Inventory

S. No	Statement	Not at all	Rarely	Sometimes	Often	Very Often
1	I evaluate the risks associated with each alternative before making a decision					
2	After I make a decision, its final – because I know my process is strong.					
3	I try to determine the real issue before starting a decision making process.					

Practical
NOTES

4	I rely on my own experience to find potential solutions to a problem.					
5	I tend to have a strong “gut instinct” about problems, and I rely on it in decision making.					
6	I am sometimes surprised by the actual consequences of my decision					
7	I use a well defined process to structure my decisions					
8	I think that involving many stakeholders to generate solutions can make the process more complicated than it needs to be					
9	If I have doubts about my decision, I go back and recheck my assumptions and my process					
10	I take the time needed to choose the best decision making tool for each specific					

	decision					
11	I consider a variety of potential solutions before I make a decision					
12	Before I communicate my decision, I create an implementation plan					
13	In a group decision making process, I tend to support my friend's proposals and try to find ways to make them to work					
14	When communicating my decision, I include my rationale and justification					
15	Some of the options I've chosen have been much more difficult to implement than I had expected					
16	I prefer to make decisions on my own, and then let other people know what I've decided					
17	I determine the factors most					

Practical
NOTES

	important to the decision, and then use those factors to evaluate my choices.					
18	I emphasize how confident I am in my decision as a way to gain support for my plans					

**Disability Assessment Scale
Basic MR**

Download the link and do the assessment and state the report
Fear of Success scale

S.No.	Statement	Agree to Disagree						
		1	2	3	4	5	6	7
1	I expect other people to fully appreciate my potential.							
2	Often the cost of success is greater than the reward							
3	For every winner there are several rejected and unhappy losers							
4	The only way I can prove my worth is by winning a game or doing well on a task							
5	I enjoy telling my friends that I have done something especially well							
6	It is more important to play the game than to win it							
7	In my attempt to do better than others I realize, I may lose many of my friends							
8	In competition, I try to win no matter what							
9	A person who is at the top faces nothing but a constant struggle to stay there							
10	I am happy only when I am doing better than others.							
11	I think 'Success' has been emphasized too much in our culture							
12	In order to achieve one must give up the fun things in life.							
13	The cost of success is overwhelming responsibility							
14	Achievement commands respect							
15	I become embarrassed when others							

	compliment me on my work								
16	A successful person is often considered by others to be both aloof and snobbish								
17	When you are on the top everyone looks up to you								
18	Peoples' behaviour change for the worst after they become successful								
19	When competing against another person I sometimes feel better if I loose than if I win								
20	Once your' on top, everyone is your buddy and no one is your friend								
21	When you are the best, all doors are open								
22	Even when, I do well on a task, I sometimes feel like a phony or a fraud								
23	I believe that successful people are often sad and lonely								
24	The rewards of the successful competition are greater than those received from cooperation								
25	When I am on the top, responsibility makes me feel uneasy								
26	It is extremely important for me to do well in all the things I undertake								
27	I believe, I will be more successful than most of the people I know								

Beck's Depression Inventory

Read each statements and please (✓) in one among the four.

1. a) I do not feel sad
 - b) I feel blue or sad
 - c) I am so blue or sad that I can't snap out of it
 - d) I am so sad or unhappy that it is very painful.
2. a) I am not particularly pessimistic or discouraged about the future.
 - b) I feel discouraged about the future.
 - c) I feel I have nothing to look forward to/ I feel that I won't ever get over my troubles.
 - d) I feel that the future is hopeless and that things cannot improve.
3. a) I do not feel like a failure,
 - b) I feel I have failed more than the average person.

Practical
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- c) I feel I have accomplished very little that is worthwhile or that means anything / As I
look back on my life all I can see is a lot of failures.
- d) I feel I am a complete failure as a person (parent, spouse)
4. a) I am not particularly dissatisfied.
b) I feel bored most of the time / I don't enjoy things I used to.
c) I don't get satisfaction out of anything any time.
d) I am dissatisfied with everything.
5. a) I don't feel particularly guilty.
b) I feel bad or unworthy a good part of the time.
c) I feel quite guilty / I feel bad or unworthy practically all the time now.
d) I feel as though I am very bad or worthless.
6. a) I don't feel I am being punished.
b) I have a feeling that something bad may happen to me.
c) I feel I am being punished or will be punished.
d) I feel I deserve to be punished / I want to be punished.
7. a) I don't feel disappointed in myself.
b) I am disappointed in myself / I don't like myself.
c) I am disgusted with myself.
d) I hate myself.
8. a) I don't feel I am any worse than anybody else.
b) I am very critical of myself for my weakness or mistakes.
c) I blame myself for everything that goes wrong.
d) I feel I have many bad faults.
9. a) I don't have any thoughts of harming myself.
b) I have thoughts of harming myself, but I would not carry them out.
c) I feel I would be better off dead / I have definite plans about committing suicide / I feel my
family would be better off if I was dead.
d) I would kill myself if I could
10. a) I don't cry any more than usual.
b) I cry more than I used to
c) I cry all the time now and I can't stop it.
d) I used to be able to cry, but now. I can't cry at all even though I want
11. a) I am no more irritated now than ever.

- b) I get annoyed or irritated more easily than I used to be.
 - c) I feel irritated all the time.
 - d) I don't feel irritated at all at the things that used to irritate me.
12. a) I have not lost interest in other people.
- b) I am less interested in others now than I used to be.
 - c) I have lost most of my interest in other people and have little feeling for them.
 - d) I have lost all my interest in other people and don't care about them at all.
13. a) I make decisions as well as ever.
- b) I am less sure of myself now and try to put off.
 - c) I can't make decisions any more without help.
 - d) I can't make any decisions at all anymore.
14. a) I don't feel I look any worse than I used to.
- b) I am worried that I am looking old or unattractive.
 - c) I feel that there are permanent changes in my appearance and they make me look unattractive.
 - d) I feel that I am ugly or repulsive looking.
15. a) I can work as well as before.
- b) It takes extra effort to get started at doing something / I don't work as well as before.
 - c) I have to push myself very hard to do anything.
 - d) I can't do any work at all.
16. a) I can sleep well as usual.
- b) I wake up more tired in the morning than I used to
 - c) I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - d) I wake up early every day and can I get more than 5 hours of sleep.
17. a) I don't get any more tired than usual
- b) I get tired more easily than I used to.
 - c) I get tired from doing anything.
 - d) I get too tired to do anything.
18. a) My appetite is no worse than usual.
- b) My appetite is not as good as it used to be.

Practical
NOTES

- c) My appetite is much worse now.
 - d) I have no appetite at all anymore.
19. a) I haven't lost much weight, if any, really.
- b) I have lost more than 5 pounds.
 - c) I have lost more than 10 pounds.
 - d) I have lost more than 15 pounds.
20. a) I am no more concerned about my health than usual.
- b) I am concerned about aches and pains or upset stomach or constipation or other feelings in my body.
 - c) I am so concerned with how I feel or what I feel that it is hard to think of anything else.
 - d) I am completely absorbed in what I feel.
21. a) I have not noticed any recent change in my interest in sex.
- b) I am less interested in sex than I used to be.
 - c) I am much less interested in sex now.
 - d) I have lost interest in sex.

Experiment No.12: Obsessive Compulsive Symptom / Disorder

Conduct a case study based on DSM – V