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St. Claret College

Autonomous, Bengaluru

ROLL NO:	
DATE:	



PG END SEMESTER EXAMINATION-JAN/FEB 2026

M.Sc. PSYCHOLOGY: SEMESTER III

MPYDSCP 3225: CLINICAL PSYCHOLOGY AND ASSESSMENTS

TIME: 3 hours.

MAX. MARKS: 70

This paper contains TWO printed pages and THREE parts

Instructions:

1. Verify and ensure that the question paper is completely printed.
2. Any discrepancies or questions about the exam paper must be reported to the COE within 1 hour after the examination.
3. Students must check the course title and course code before answering the questions.

PART-A

Answer FOUR questions out of SIX. Each answer carries FIVE marks.

[5x4 = 20]

1. Elucidate the psychological model of psychopathology.
2. Comment on the factors influencing assessment.
3. Differentiate between diagnostic interview and therapeutic interview.
4. Specify the assumptions of Behavior assessment.
5. Illustrate the different sub-tests in WISC-IV
6. Justify the use of drawing as a technique in assessment.

PART-B

Answer any TWO questions out of THREE. Each answer carries TEN marks.

[10x2=20]

7. Case-study:

Arjun, a 24-year-old final-year engineering student, was referred to the college counselling centre due to frequent absenteeism, reduced classroom participation, and a steady decline in grades over the past five to seven months. He reports feeling persistently "empty and exhausted," with a significant loss of interest in activities he previously enjoyed, including sports and socialising. He describes low energy levels, impaired concentration, disturbed sleep, reduced appetite, and a tendency to dwell on perceived past failures. He also reports excessive self-blame and difficulty making routine decisions, such as choosing courses or initiating assignments.

In addition to these concerns, Arjun experiences episodes of intense anxiety in situations involving performance evaluation, such as viva examinations, presentations, or speaking in class. During these situations, he experiences sweating, rapid heartbeat, trembling, and a strong urge to escape.

As a result, he avoids group work and oral assessments whenever possible. His developmental history indicates a highly critical and achievement-oriented family environment, where emotional warmth was limited and mistakes were often met with disapproval. There is a reported history of depressive illness in his maternal uncle. Recent stressors include failing an important competitive examination, increased academic pressure, and

social withdrawal following peer comparison. Although Arjun recognises that some of his fears may be irrational, he feels unable to control his thoughts and increasingly isolates himself, reinforcing feelings of worthlessness and inadequacy.

Questions:

- a) Identify the most probable diagnosis for this case, with co-morbidities **(2 marks)**
- b) Explain the client's difficulty using the biological model. **(2 marks)**
- c) Critically apply the stress–diathesis or biopsychosocial model to explain the interaction of predisposition and current stressors in this case. **(3 marks)**
- d) Comment on the role of parenting in this case. **(3 marks)**

8. Draw up the different models and levels of report writing.

9. Enumerate the clinical interview and its types.

PART-C

Answer any TWO questions out of THREE. Each answer carries FIFTEEN marks

[15X2=30]

10. Delineate the changes brought forward in ICD-11 and its usefulness in diagnosis.

11. Case-study:

Mr. A is a 28-year-old unmarried male, employed as a software engineer, referred for psychological assessment due to persistent interpersonal difficulties and emotional instability. Over the past year, he has reported frequent conflicts at work, irritability, mood fluctuations, and feelings of inner emptiness. Colleagues describe him as socially withdrawn and overly sensitive to criticism. He reports difficulty trusting others and often feels misunderstood.

Mr. A describes himself as anxious in social situations and admits to episodes of rumination and self-doubt. Sleep is disturbed due to excessive thinking, though appetite remains normal. There is no history of substance use or psychotic symptoms. Family history reveals a critical and emotionally distant father and limited emotional expression during childhood. Academic functioning was average, but he struggled with peer relationships from adolescence.

During the clinical interview, Mr. A was cooperative but guarded. Affect appeared constricted, and responses were often intellectualized. Given the complexity of personality dynamics and interpersonal issues, projective and objective personality assessments were planned to obtain a comprehensive understanding of his personality structure, emotional conflicts, and psychopathology.

Questions:

- a) Justify the utility of using a combination of projective test (eg: RIBT) and objective test (eg: 16PF) in this case. **(4 marks)**
- b) On Thematic Apperception test, what are the possible needs and presses that can be identified in the above case. Justify your answer. **(3 marks)**
- c) Which personality dimensions of the 16PF would be most relevant in this case and why? **(4 marks)**
- d) Based on the theoretical background, which personality test between MCMI and 16PF would you choose to administer to this client? **(4 marks)**

12. Explicate the assessments undertaken to diagnose Intellectual disability and Specific learning Disorder.

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