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By: Anand Prakash Srivastava



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**Sample Preview
of the
Solved
Sample Question
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QUESTION PAPER

June – 2024

(Solved)

PSYCHODIAGNOSTICS

M.P.C.E.-12

Time: 2 Hours]

[Maximum Marks : 50

Note: All sections are compulsory.

SECTION-A

Q. 1. Discuss the data sources for psychological assessment.

Ans. Ref.: See Chapter-1, Page No. 2, 'Data Sources for Psychological Assessment'.

Q. 2. Describe direct observation and self-monitoring as forms of assessment.

Ans. Ref.: See Chapter-2, Page No. 15, 'Direct Observation and Self-Monitoring'.

Q. 3. Discuss the types of interviews conducted by a psychologist.

Ans. Ref.: See Chapter-7, Page No. 80, 'Types of Interviews'.

Q. 4. Elucidate the nature of projective tests and their clinical usefulness.

Ans. Ref.: See Chapter-13, Page No. 154, Q. No. 1, Q. No. 2, Page No. 155, Q. No. 4 and Page No. 152, 'Projective Testing'.

SECTION-B

Q. 5. Describe the administration and scoring of Thematic Apperception Test (TAT).

Ans. Ref.: See Chapter-15, Page No. 166, 'Administration' and Page No. 167, 'Scoring'.

Q. 6. Discuss ethical issues involved in Psychological testing.

Ans. Ref.: See Chapter-4, Page No. 44, 'Ethical Issues in Assessment'.

Q. 7. Explain the areas to be covered in diagnostic interview.

Ans. Ref.: See Chapter-5, Page No. 59, Q. No. 6.

Q. 8. Explain mental status examination.

Ans. Ref.: See Chapter-6, Page No. 73, 'Mental Status Examination'.

Q. 9. Discuss the uses of neuropsychological assessment.

Ans. Ref.: See Chapter-12, Page No. 136, 'Uses of Neuropsychological Assessment'.

SECTION-C

Q. 10. Strengths and weaknesses of self-report inventories.

Ans. Ref.: See Chapter-2, Page No. 14, 'Strengths and Weaknesses of Self-Report Inventories'.

Q. 11. Implicit memory.

Ans. Ref.: See Chapter-11, Page No. 123, 'Implicit Memory'.

Q. 12. Merits of projective tests.

Ans. Ref.: See Chapter-13, Page No. 153, 'Merits of Projective Tests'.



QUESTION PAPER

December – 2023

(Solved)

PSYCHODIAGNOSTICS

M.P.C.E.-12

Time: 2 Hours]

[Maximum Marks : 50

Note: All sections are compulsory.

SECTION-A

Q. 1. Discuss the formats of self-report inventories.

Ans. Ref.: See Chapter-2, Page No. 15, 'Formats of Self-report Inventories'.

Q. 2. Differentiate between psychodiagnostic assessment and psychiatric consultation. What are the areas covered in a diagnostic interview?

Ans. Ref.: See Chapter-5, Page No. 58, Q. No. 2, and Page No. 59, Q. No. 6.

Q. 3. Discuss the types of interviews conducted by a psychologist.

Ans. Ref.: See Chapter-7, Page No. 80, 'Types of Interviews'.

Q. 4. Elucidate the nature of projective tests and their clinical usefulness.

Ans. Ref.: See Chapter-13, Page No. 154, Q. No. 1, Q. No. 2, Page No. 155, Q. No. 4 and Page No. 152, 'Projective Testing'.

SECTION-B

Q. 5. Discuss ethical issues involved in assessment.

Ans. Ref.: See Chapter-4, Page No. 44, 'Ethical Issues in Assessment'.

Q. 6. Differentiate between psychological assessment and psychological testing.

Ans. Ref.: See Chapter-6, Page No. 68, 'Psychological Assessment Versus Psychological Testing'.

Q. 7. Explain the characteristics of tests of abstraction.

Ans. Ref.: See Chapter-10, Page No. 115, 'The Abstraction Attitude'.

Q. 8. Explain the administration and scoring of Rorschach test.

Ans. Ref.: See Chapter-14, Page No. 162, Q. No. 11 and Q. No. 12.

Q. 9. Discuss any personality inventories.

Ans. Ref.: See Chapter-16, Page No. 174, 'Measurement of Personality and Psychological Functioning'.

SECTION-C

Q. 10. Cross-cultural considerations and accommodations for person with disability.

Ans. Ref.: See Chapter-10, Page No. 118, 'Cross-Cultural Considerations and Accommodations for Persons with Disabilities'.

Q. 11. Kaufmann Assessment Battery for Children-Second Edition (KABC-11).

Ans. Ref.: See Chapter-12, Page No. 145, Q. No. 20.

Q. 12. Merits of projective tests.

Ans. Ref.: See Chapter-13, Page No. 153, 'Merits of Projective Tests'.



Sample Preview of The Chapter

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PSYCHODIAGNOSTICS

BLOCK-1: INTRODUCTION TO PSYCHODIAGNOSTICS

Introduction to Psychodiagnostics, Definition, Concept and Description



INTRODUCTION

All of these methods—intelligence tests, personality assessments, behavioural evaluations, and clinical interviews—produce potentially significant information about the subject of the test, but none of them offers a comprehensive evaluation of the examinee's level of functioning. In other words, no one test offers a whole portrait of the person; it merely offers a single piece of information. Assessing data from numerous tests, interviews, and observations and combining it to draw complicated conclusions about people is one of the main duties of psychologists working in assessment. If a person exhibits signs of trouble adjusting to the demands of daily life, for instance, a clinician must determine whether therapy would be beneficial and, if so, whether sort of therapy would be most suitable. Additionally, psychologists are requested to evaluate people in a number of non-clinical contexts. For instance, when proposing a kid be placed in a special education programme, school psychologists may take into account information regarding the child's academic performance, social skills, and home environment. Management trainees who take part in a series of evaluation exercises may be evaluated by industrial psychologists. In each instance, it is expected that the evaluation is more than just a compilation of test results; it is a professional assessment made by a trained individual.

CHAPTER AT A GLANCE

PSYCHODIAGNOSTICS

According to Korchin and Schulberg (1981), psychodiagnosis is a process that:

- (a) employs a variety of techniques,
- (b) aimed at engaging different psychological functions,
- (c) utilising projective approaches in addition to more standardised and objective examinations,

- (d) both at the conscious and unconscious levels,
- (e) in both situations, interpretation may rely on both scoreable responses and symbolic signs,
- (f) with the intention of using personological rather than normative language to describe individuals.

Psychodiagnosis might be better called clinical assessment. Clinical assessment centres on the clinician, not the exam. The clinician performs two crucial assessment tasks. First, the clinician needs data. Projective tests, interviews, and behavioural observations are the clinician's main measurement techniques. Second, the clinician must synthesise data from tests, interviews, and observations to assess the patient.

TESTING, ASSESSMENT AND CLINICAL PRACTICE

Psychological testing represented one of the most important activities of clinical psychologists (Korchin & Schulberg, 1981; McReynolds, 1968; Rabin, 1981). Clinical psychologists have prioritised treatment and adjustment over testing and diagnosis since the early 1980s. However, some assessments of research and practice suggest that testing will remain an important activity and that many of the tests already employed (e.g., standardised measures of intellect, the MMPI-2) will continue popular even if partially complemented by new testing methods.

Psychological testing is still crucial for physicians, even though they spend less time on it. Wade and Baker's (1977) survey found that over 85% of clinical psychologists employed tests and spent over 30% of their therapy time on test administration and evaluation. Since the 1970s, test use has been stable and likely will remain so. Regardless of therapeutic stance, psychologists test patients (e.g., behavioural, cognitive).

Three categories can be used to classify the most common clinical tests:

1. Individual tests of general mental ability
2. Personality tests, and
3. Neurological tests.

Most general mental ability tests include the Wechsler Intelligence Scales (WISC-III and WAIS-III) and Stanford Binet. These tests analyse people in two ways. First, since many behavioural issues are linked to intellectual impairments, assessing general mental aptitude is essential for understanding behaviour. Second, individual intelligence tests allow the examinee to demonstrate their persistence, maturity, problem-solving approaches, and other traits while completing multiple intellectually challenging activities.

The Rorschach, TAT, and MMPI are three popular personality tests. The MMPI is best at diagnosing psychopathology, while the TAT is best at assessing reasons and drives. Depending on the scoring system, the Rorschach can assess personality traits or diagnose perceptual abnormalities.

VARIABLE DOMAINS OF PSYCHOLOGICAL ASSESSMENT

Psycho diagnostic assessment approaches have been established for several trait and state factors impacting human behaviour. Performance and personality metrics are distinguished by Cronbach (1949) as measures of maximum behaviour and typical behaviour, respectively. Performance measures include intelligence exams and personality assessments like trait anxiety or extraversion-introversion. This difference is useful for descriptive reasons but not theoretical, as trait measurements of performance may correlate with trait measures of personality (e.g., speed of learning with trait anxiety).

The following summary list shows the range of behavioural variables for which evaluation processes have been created.

Performance Variables

Sensory processes (tactile sensitivity, visual acuity, colour vision proficiency, auditory intensity threshold) and perceptual aptitudes (tactile texture differentiation, visual closure, visual or auditory pattern recognition, memory for faces, visuo spatial activities, etc.) are measured. Measures of attention and concentration (tonic and phasic alertness; span of attention, distractibility, double performance tasks, vigilance performance over time), psychomotor aptitudes (including a wide variety of speed of reaction task designs), learning and memory (short-term vs. long-term memory, memory span, intentional vs. incidental memory, visual/auditory/kinaesthetic memory), cognitive performance and intelligence.

Personality Variables

These include the evaluation of the fundamental aspects of personality, particularly the so-called Big Five and numerous other more specific personality measurement scales; unique clinical schedules and symptom checklists (to evaluate anxiety, symptoms of depression, schizotypal tendency, personality disorders, etc.); motivation structures and interests; styles of daily living; pastime and life goals; evaluation of significant life events; evaluation of stress tolerance and

stress coping; and evaluation of motivation structures and interests.

DATA SOURCES FOR PSYCHOLOGICAL ASSESSMENT

A rough estimate states that questionnaires and objective exams make up more than 80% of all published assessment techniques. The spectrum of potential sources for assessment data, as we shall see in this section, is much wider. Psychologists also frequently use one or more non-questionnaire and non-test approaches to supplement (cross-check, or just expand) their assessments in practical assessment work. For instance, interview and actuarial/biographical data as well as behaviour observation and interview data are frequently regarded as essential extra information in clinical evaluations, just as they are in industrial and organisational assessments. Pawlik (1996, 1998) has more information on this categorisation of data sources.

Actuarial and Biographical Data

Descriptive information concerning a person's life history, educational, professional, and medical records, as well as any criminal records, falls under this category. Examples of actuarial and biographical data include age, education type and years, professional training type and positions held in the past, marital status, present employment and jobs held in the past, leisure activities, and past diseases and hospitalisations. Such data are typically highly reliable and frequently serve as essential information, for instance in clinical and business/organizational assessments. For specific applications, special biographical check list-item evaluation tools may be offered in a given language and culture.

Behaviour Trace

This includes physical evidence of human behaviour such as writing samples, artistic creations (such as drawings, compositions, poems, or other literary works), playground trash, the arrangement of one's home's living space (whether it be orderly or disorganised, or "chaotic"), as well as characteristics of one's appearance (such as bitten fingernails!) and clothing. Although occasionally intriguing, the validity of personality assessments based on behaviour traces might be fairly constrained from a larger humanistic perspective. For instance, it has long been recognised that graphology (handwriting analysis) fails to meet acceptable validity standards in meticulously conducted validation investigations (Guilford, 1959; Rohracher, 1969). On the other hand, behaviour trace variables might offer useful data in therapeutic settings and during the development stage of assessment hypotheses.

Behaviour Observation

Every assessment involves behaviour observation. Observation here means immediate recording, observing, describing, and operationally classifying human behaviour beyond the scoring logic of a questionnaire, interview schedule, or objective exam. An autistic child's conduct in a playground, a catatonic patient's

INTRODUCTION TO PSYCHODIAGNOSTICS, DEFINITION, CONCEPT AND DESCRIPTION / 3

24-hour behaviour, a trainee's performance in a newly built workplace, or a psychotherapy patient's mood swings between sessions are examples of behaviour observation. It is unfortunate that self-administered questionnaires and objective tests, developed in the 1920s and 1930s, have replaced thorough, systematic behaviour observation in the assessment process. Behaviour ratings have just recently been rediscovered for assessment, especially in clinical assessment and treatment situations using behaviour therapy techniques.

Behaviour Ratings

Behaviour rating evaluations ask people to rate their own or others behaviour using characteristics, judging scales, or checklist items. The method can be applied to concurrent behaviour under direct observation (as in modern assessment centre applications) or, more commonly, to the rater's explicit or anecdotal memory of the ratee's behaviour at prior times, in (possibly imagined) precise situations, or in general. Raters mental representations of the rated person's behaviour may be more important than the behaviour itself.

Clinical, industrial/organizational, psychotherapy, and fundamental personality studies use behaviour ratings. Modern personality research textbooks explain how to create behaviour rating scales and adjust for frequent error variance.

Expressive Behaviour

Expressive behaviour refers to a person's appearance, movement, speech and mood. Variations in expression behaviour include grimacing, trembling, reddening, sweating on the forehead, stepping hesitantly, and speaking loudly or frantically.

Expression refers to stylistic traits in a person's behaviour that lead an observer to deduce their state of mind, emotional tension, feeling state, and so on. Prescientific people assessed others through their expressive behaviour. This method is being used to analyse gross physical movement expression (Feldman & Rime, 1991). Psychological assessment and observer training teaching aids can benefit from this research.

Projective Technique

In the 1930s and 1940s, many clinical psychologists, influenced by psychoanalysis and other forms of depth psychology, expected projective techniques to induce a person to express her/his perception of the ambiguous stimulus material, thus willingly or unwillingly "uncovering" her/his personal individuality, including motives and emotions that the person may not even be aware of. In the 1950s and 1960s, research showed that such assessment systems lack scoring, objectivity, psychometric reliability, and, most importantly, validity.

However, projective tests still have some appeal, and research in the 1960s and subsequently improved scoring objectivity and reliability of methods like the Rorschach test. Thematic association approaches like the TAT may help deduce assessment hypotheses. Special TAT forms have been created to test motivation

variables like accomplishment motivation (McClelland, 1971). Projective approaches are no longer used for hypothesis testing, theory formulation, therapy planning, or evaluation in therapeutic settings.

Questionnaires

Personality inventories, interest surveys, and attitude or opinion schedules were originally written organised interviews with multiple-choice responses. Each question or phrase in a normal questionnaire has two or three response options, such as "Yes, do not know, No" or "True, Cannot Say: Untrue."

Clinical symptoms and syndromes dominated early clinical personality assessments like the Minnesota Multiphasic Personality Inventory (MMPI). In contrast, personality questionnaires that assess extraversion, introversion, neuroticism, and other personality traits in healthy normal people use item contents from empirical (mainly factor analytic) research of these primary personality components. Acquiescence (readiness to choose the affirmative response option, independent of content) and social desirability (desire for the socially more acceptable response alternative) were found in questionnaire data, as in behaviour ratings. The MMPI introduced validity scales to control for response sets in a person's procedure to address these sources of weak response objectivity. Individual response sets may also correspond to valid personality diversity.

Objective Test

Psychological evaluation has scientific credibility and a wide range of applications because of tests. A test is a representative selection of things, questions, problems, etc. that indicate the characteristic or state to be examined, such as aptitude, personality, or mood state like alertness. Test development objectivity includes administration, scoring, and response. All behaviour variables have objective tests. Their number goes into tens of thousands.

Individual tests are given by an examiner to the person being tested. Individual tests include psychomotor and performance testing. The Wechsler Adult Intelligent Scale (WAIS; Wechsler, 1958) and its variations are administered individually throughout. Group testing allow one examiner to test 20 to 30 people at once in the same setting.

Paper-and-pencil group tests had test items printed in a booklet and the person replying on a separate answer sheet.

Psycho Physiological Data

All behaviour and conscious experience are nervous system-based, including input from the honnone, immune system and peripheral biological processes. This should lead us to believe that individual differences as shown in psychological evaluation should be accessible too, and possibly even more directly, through monitoring psycho physiological system characteristics that relate to behaviour variations that an assessment target. These psycho physiological variables include measures of brain activity and brain function plasticity (electroencephalogram, EEG; functional magnetic resonance imaging, fMRI; magnetoencephalogram,

MEG), hormone and immune system parameters and response pattern and peripheral psycho physiological responses mediated by the autonomic nervous system (cardiovascular system response patterns: electrocardiogram, ECG; breathing parameters: pneumogram; variations in Psycho physiology textbooks (Caccioppo & Tassinari, 1990) include fundamentals and measurement. Modern computer-assisted recording and analysis of psychophysiological data allow online monitoring, frequently concurrent with objective testing, in an interview or, with portable recording equipment, in a person's regular life (ambulatory psychophysiology).

PRACTICAL APPLICATIONS

You will be introduced to some regularly used psychological assessment techniques in this part for three commonly encountered assessment issues: testing of intellectual and other aptitude functions; psychological evaluation in clinical settings; and testing for career counselling.

Assessment of Intelligence and Other Aptitude Functions

Objective behaviour tests focus on this. First-ever testing procedures included cognitive and other aptitude exams. Following Binet and Henri (1896)'s scaling proposal of mental age (age equivalence, in months, of the number of test items solved correctly), German psychologist William Stern proposed an intelligence quotient (IQ), defined as the ratio of mental age over biological age, as a measurement concept for assessing a gross function like intelligence in a score that would be comparable across individuals. After studies showed psychometric flaws in this calculation, US psychologist David Wechsler developed an age-standardized normalised standard score (with mean of 100 and standard deviation of 15) for IQ (Wechsler, 1958). This test package, now redesigned and standardized as Wechsler Adult Intelligence Scale (WAIS), Wechsler Intelligence Scale for Children (WISC), and Wechsler Pre-School Test of Intelligence, is the most widely used intelligence test system worldwide. So, its assessment framework should be examined.

For instance, the WAIS includes ten individually administered tests of two different types: verbal tests (general information, general comprehension, digit memory span, arithmetic reasoning, finding conceptual similarities) and five performance tests (digit symbol substitution, completing pictures, arranging pictures in the proper order for a story, designing a mosaic test block, and object assembly of two-dimensional puzzle pictures).

- (a) Verbal IQ
- (b) Performance IQ, and
- (c) Total IQ

Psychological Assessment in Clinical Context

Clinical psycho diagnostics also include testing for personality factors, behaviour disorders, and specific symptomatology's, such as hyperactive attention deficit disorder or posttraumatic stress disorder syndrome.

Like the Wechsler intelligence tests, the MMPI, a classic clinical personality test, has been translated

into many languages. The MMPI's more than 550 items have also been used to create many unique questionnaire measures, including the Taylor Manifest Anxiety Scale (MAS by Taylor, 1953). The 16 Personality Factors Questionnaire (16 PF; Cattell, Cattell, & Cattell, 1994; widely adapted and translated into numerous languages) is a modern clinical psycho diagnostic personality questionnaire.

These broad-band multi-scale surveys are among several narrower assessment tools. The Beck Depression Inventory, phobic or obsessive symptom assessment tools, and DSM and ICD descriptive disease categorization interview and diagnostic inference protocols are examples.

DSM IV- and ICD IO-based assessment procedures, often touted as the gold standard of clinical psychodiagnostics, have recently come under fire for being simply descriptive and theoretical, without addressing behaviour disorder aetiology or development. This criticism may lead to more etiological clinical assessment philosophies.

Assessment in Vocational Guidance Testing and Job Selection / Placement

Since the 1920s, many conceptual band width tests have been designed to examine various aptitudes and interest characteristics relevant to vocational training curricula and on-the-job labour needs. Many countries use integrated multi-dimensional vocational guidance testing systems like Paul Host's 1950s Washington State system. For senior high school vocational guidance counselling, the German Bundesanstalt für Arbeit (Federal Office of Labor) developed a multi-dimensional assessment and prognosis system. German Armed Forces Psychological Service Unit created a CAT-formatted multidimensional test system. UK and US guidelines and placement systems are similar. Industrial and organisational psychology job selection/placement testing is narrower than these broad-band assessment systems but more rigorous in specific functions and job-related qualifications.

Before establishing such an assessment system, employment structure, professional expectations, and environmental aspects must be carefully analysed. The literature provides a toolkit for such analyses (Kleinbeck & Rutenfranz, 1987). Since the 1970s/80s, the "assessment centre" has provided behaviour observation, behaviour rating, and interview assessment data in selected social scenarios designed to mimic key demand conditions in future job performance (Lattmann, 1989). Assessment centres are now the preferred way for hiring managers in continental Europe.

SELF-ASSESSMENT QUESTIONS

Q. 1. Define psycho diagnostics and describe its features.

Ans. Psychodiagnosis is described by Korchin and Schulberg (1981) as a process that;