



Rambal

Avinashilingam Institute for Home Science and Higher Education for Women
Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD (now MoE)
Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC
Coimbatore - 641 043, Tamil Nadu, India

Bachelor's Degree Examination – November 2025
V Semester

Class : III UG
Major : Psychology

Time: 3 Hours
Max. Marks: 100

23BPSC09 Fundamentals of Clinical Psychology I

Course Outcomes:

- CO1: Developing a foundational knowledge of Clinical Psychology, its historical development (especially with reference to India), and professional ethics.
- CO2: Acquiring knowledge and skills for distinguishing normal and abnormal behaviour and learning the criteria of determining abnormality.
- CO3: Developing competencies for assessing the psychological functioning of individuals through techniques such as psychological assessment, observation, and interviewing.
- CO4: Developing familiarity with the current diagnostic systems (current edition of the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases – Mental Disorder section).
- CO5: Acquiring knowledge about Anxiety Disorders and Trauma & Stressor-related, Dissociative and Personality Disorders.
- CO6: Developing sensitivity towards individual and cultural diversity and understanding its implication in clinical work, especially within the Indian context.
- CO7: Understanding the essence of a reflective practitioner by engaging in reflective processes that make him or her aware of his or her strengths and vulnerabilities.

Part A

10 x 1 = 10

Choose the Correct Answer

- A key difference between clinical psychologists and psychiatrists in India is: CO1 K1
 - Clinical psychologists focus only on therapy, psychiatrists only on medication.
 - Psychiatrists hold an MBBS degree + specialization, while clinical psychologists typically hold an M.Phil. or PsyD/PhD.
 - Only psychiatrists are legally allowed to practice therapy.
 - Clinical psychologists require medical training.
- The primary body regulating the practice and training of clinical psychologists in India today is: CO1 K1
 - The Indian Psychiatric Society (IPS)
 - The Indian Association of Clinical Psychologists (IACP)
 - The Rehabilitation Council of India (RCI)
 - The National Institute of Mental Health and Neurosciences (NIMHANS)
- Which of the following is a core function of a clinical psychologist? CO2 K2
 - Performing brain surgery
 - Prescribing psychotropic medication
 - Psychological assessment and diagnosis
 - Managing hospital wards
- The primary purpose of a Mental Status Examination (MSE) is to: CO2 K2
 - Diagnose specific psychological disorders
 - Assess a client's current cognitive and emotional functioning
 - Gather detailed life history information
 - Administer neuropsychological tests
- A key difference between DSM-5 and ICD-11 is: CO2 K1
 - DSM-5 is used globally while ICD-11 is US-specific
 - ICD-11 includes diagnostic criteria for physical diseases
 - DSM-5 uses a dimensional approach exclusively
 - ICD-11 is published by the American Psychiatric Association
- Compulsions in OCD are primarily performed to: CO3 K2
 - Experience pleasure or gratification
 - Neutralize obsessions or prevent a dreaded event/reduce distress
 - Improve social skills
 - Enhance physical health
- Obsessions in OCD are defined as: CO3 K1
 - Repetitive behaviors aimed at reducing distress
 - Recurrent, persistent, intrusive thoughts/images/urges causing anxiety
 - Excessive worries about everyday life circumstances
 - Sudden episodes of intense fear
- In DID, "switching" refers to: CO3 K1
 - Avoidance of trauma memories
 - Transition from one identity state to another
 - Rapid mood swings in BPD
 - Shifting blame onto others in NPD

9. Avoidant Personality Disorder (Cluster C) involves: CO4 K2
- Attention-seeking and exaggerated emotions
 - Hypersensitivity to criticism, social inhibition, feelings of inadequacy
 - Suspiciousness and distrust of others
 - Magical thinking and eccentric behavior
10. The *core feature* of PTSD is: CO4 K1
- Excessive worry about daily events
 - Re-experiencing trauma (e.g., nightmares, flashbacks), avoidance, negative alterations in mood/cognition, hyperarousal
 - Compulsive rituals to reduce anxiety
 - Paranoid ideation and social detachment

Part B

5 x 6 = 30

Answer ALL questions

Each answer should not exceed 400 words or two pages

- 11.a. Explain the historical development of clinical psychology in India. CO1 K3
(or)
- 11.b. Why is "Cultural Relativism" critically important when defining abnormal behavior? Discuss the potential pitfalls of ignoring cultural context. CO1 K2
- 12.a. Explain how neuropsychological testing differs from general psychological testing. Provide two examples of neuropsychological tests and their clinical applications. CO2 K2
(or)
- 12.b. Demonstrate the strengths and limitations of behavioral observation as an assessment method. CO2 K3
- 13.a. Elucidate the difference between Panic Attack and Panic Disorder. What are the diagnostic criteria for Panic Disorder? CO3 K3
(or)
- 13.b. Describe the "Fear-of-Fear" cycle or Catastrophic Misinterpretation model as it applies to Panic Disorder. CO3 K3
- 14.a. Compare the *stressors* and *symptom duration* required for Adjustment Disorder vs. PTSD. CO4 K4
(or)
- 14.b. Elaborate the three etiological factors contributing to PTSD (e.g., neurobiological, cognitive, trauma severity). CO4 K3
- 15.a. Dissect why Adjustment Disorder is considered a "residual" diagnosis and its key subtypes. CO2 K3
(or)
- 15.b. Assess the concept of "Informed Consent" in therapy. Why is it ethically crucial, and what essential elements must be included? CO3 K3

Part C

5 x 12 = 60

Answer ALL questions

Each answer should not exceed 800 words or four pages

- 16.a. Describe the ethical principles of clinical psychologist. CO1 K3
(or)
- 16.b. Explain the concept of Abnormality. CO1 K5
- 17.a. Discuss the Mental Status Examination as both an art and science. CO2 K4
(or)
- 17.b. Analyze how cultural factors influence each stage of clinical assessment. CO2 K4
- 18.a. Critically examine the Biopsychosocial Model for understanding the etiology of anxiety disorders. CO3 K5
(or)
- 18.b. Outline the key clinical information you would gather to differentiate between GAD, Social Anxiety Disorder, Panic Disorder, and OCD. CO3 K3
- 19.a. "*Adjustment Disorder, PTSD, and DID represent a continuum of trauma responses*". Critically dissect this statement by comparing their clinical presentations, etiological mechanisms, and diagnostic boundaries. CO4 K4
(or)
- 19.b. Compare Cluster A, Cluster B and Cluster C disorders in terms of Key clinical features and behavioral example. CO4 K3
- 20.a. Denote critically how Specific Phobias and Social Anxiety Disorder represent more complex phenomena than just conditioned fear responses. CO3 K3
(or)
- 20.b. Critically analyze how changes in diagnostic criteria for PTSD represent a shift in the conceptualization of trauma.