

Name:  
Enrolment No:



**UNIVERSITY OF PETROLEUM AND ENERGY STUDIES**  
**End Semester Examination, May 2021**

**Course: Psychological Counselling skills**  
**Program: MSc Nutrition and Dietetics**  
**Course Code: HUMN 7005**

**Semester: II**  
**Time : 03 hrs.**  
**Max. Marks: 100**

**Instructions: Read all the Questions Carefully**

**SECTION A**

S. No.		30 Marks	CO
1	Q1 . What does DSM stand for:  a. Description so serious mental illness b. Diary of statistical methodology c. Descriptive symptoms and methodology d. Diagnostic and statistical manual of mental disorder	1.5	CO3
2	Jack thinks constantly about dirt and germs. He washes his hands hundreds of times a day. Jack is MOST likely suffering from :  a. Phobic disorder b. Obsessive-compulsive disorder (OCD) c. Hypochoondriasis d. Generalized anxiety disorder	1.5	CO2
3	'Friend and Befriend' is a concept associated with?  a. Excitement b. Anxiety c. Anger d. Stress	1.5	CO3
4	----- is the degree of change that occurs in autonomic & immune response as a result of stress.  a. Reactivity b. Proaction c. Passivity d. Response bias	1.5	CO1

5	<p>The phenomenon known as _____ refers to individuals who have experienced more than one disorder simultaneously.</p> <ul style="list-style-type: none"> <li>a. Cohabitation</li> <li>b. Codependence</li> <li>c. Comorbidity</li> <li>d. Coexistence</li> </ul>	1.5	CO2
6	<p>Anxiety disorders may be characterized by:</p> <ul style="list-style-type: none"> <li>a. Low affect</li> <li>b. Psychotic symptoms</li> <li>c. Somatic symptoms</li> <li>d. Excessive worry</li> </ul>	1.5	CO3
7	<p>According to Freud, Id works on the _____ Principle</p> <ul style="list-style-type: none"> <li>a. Imagination</li> <li>b. Fantasy</li> <li>c. Pleasure</li> <li>d. Aggressive</li> </ul>	1.5	CO1
8	<p>GAD stands for:</p> <ul style="list-style-type: none"> <li>a. Global Anxiety Disorder</li> <li>b. Generalized Anxiety Disorder</li> <li>c. General Activity Disorder</li> <li>d. Genetic Anxiety Disorder</li> </ul>	1.5	CO2
9	<p>Anxiolytic drugs are used to treat:</p> <ul style="list-style-type: none"> <li>a. The symptoms of depression and mood disorder.</li> <li>b. The symptoms of anxiety and stress.</li> <li>c. The symptoms of psychosis and schizophrenia</li> <li>d. None of the above.</li> </ul>	1.5	CO3

10	<p>Client– centered therapy is a type of:</p> <ul style="list-style-type: none"> <li>a. Humanistic therapy.</li> <li>b. Psychodynamic therapy</li> <li>c. Cognitive therapy</li> </ul> <p>Behavioural therapy</p>	1.5	CO1
11	<p>It is generally considered that Cognitive behavioural therapy changes:</p> <ul style="list-style-type: none"> <li>a. Thought processes.</li> <li>b. Behaviour.</li> <li>c. Thoughts and behaviour</li> <li>d. Mood states.</li> </ul>	1.5	CO2
12	<p>Why we use The psychological defense mechanisms?</p> <ul style="list-style-type: none"> <li>a. To deal with Id</li> <li>b. To deal with Pleasure</li> <li>c. To deal with anxiety</li> <li>d. To deal with ego</li> </ul>	1.5	CO3
13	<p>Counselling is a profession that aims to:</p> <ul style="list-style-type: none"> <li>a. Promote personal growth and productivity.</li> <li>b. Provide a successful diagnosis in psychopathology</li> <li>c. Ensure that clients are on the correct medication</li> <li>d. Solely address behaviour</li> </ul>	1.5	CO1
14	<p>Empathy involves:</p> <ul style="list-style-type: none"> <li>a. Feeling sorry for someone</li> <li>b. Putting others before yourself.</li> <li>c. Putting yourself in someone else's shoes.</li> <li>d. Putting yourself before others</li> </ul>	1.5	CO2
15	<p>Family– therapy is generally used to:</p> <ul style="list-style-type: none"> <li>a. Improve communications between members of the family.</li> <li>b. Resolve specific conflicts - for example between adolescents and their parents.</li> <li>c. Attempts to understand the family as a social system</li> <li>d. All of the above</li> </ul>	1.5	CO3

16	<p>Faulty learning involves:</p> <ul style="list-style-type: none"> <li>a. Acquiring psychological disorders through poor school attendance.</li> <li>b. Acquiring psychological disorders through low self esteem.</li> <li>c. Acquiring psychological disorders by exposure to aversive stimuli.</li> <li>d. All of the above.</li> </ul>	1.5	CO1
17	<p>Functional analysis is a therapy based on:</p> <ul style="list-style-type: none"> <li>a. Classical conditioning.</li> <li>b. Humanistic principles.</li> <li>c. Operant conditioning.</li> <li>d. Psychodynamic principles.</li> </ul>	1.5	CO2
18	<p>Which of the following statement best defines maturation?</p> <ul style="list-style-type: none"> <li>a. It is directly based on Social-Cognitive learning.</li> <li>b. It is an automatic biological development of the body that naturally unfolds overtime.</li> <li>c. It does not take place in human beings.</li> <li>d. It is the basis of all physical and psychological developments.</li> </ul>	1.5	CO3
19	<p>. A psychologist was administering a projective test which involved a word association task. She tended to nod and smile every time a plural word was given by the respondent. The following testing bias was seen–</p> <ul style="list-style-type: none"> <li>a. Favouritism</li> <li>b. Test wiseness</li> <li>c. Selective reinforcement</li> <li>d. Gender of assessor</li> </ul>	1.5	CO1
20	<p>Which is the correct order of the emergence of following Psycho-Social strengths?</p> <ul style="list-style-type: none"> <li>a. Love, Fidelity, Wisdom, Care</li> <li>b. Care, Fidelity, Love, Wisdom</li> <li>c. Fidelity, Love, Care, Wisdom</li> <li>d. Care, Fidelity, Wisdom, Love</li> </ul>	1.5	CO2

**SECTION B the word limit 20 marks 4 questions 5 marks each**

Q		20 Marks	CO
1	. Describe the Importance of nutrition and health counseling in rural and urban areas.	5	CO1
2	Describe Problems of Childhood and Adolescence with examples.	5	CO2
3	What is Play Therapy ? State some preventive counselling strategies.	5	CO4
4	Write about the differences between Guidance & Counselling . Give some present day examples to support your answer	5	CO1

**SECTION C 30 marks**

Q	Two case studies 15 marks each subsections	30 Marks	CO
1	<p><b>CASE-STUDY:1</b></p> <p>The COVID-19 pandemic in Ireland resulted in a nationwide quarantine on March 27, 2020 . This study represents the first assessment of rates of anxiety and depression in the general population of Ireland during the pandemic.</p> <p>Our first aim was to estimate the probable prevalence rates of generalized anxiety disorder (GAD) and depression and to identify sociodemographic risk factors associated with screening positive for GAD or depression. Our second aim was to determine if COVID-19 related anxiety was highest amongst those in society at greatest risk of mortality from COVID-19 .</p> <p>Self-report data were collected from a nationally representative Irish sample (N = 1041) online between March 31 and April 5; the first week of the nationwide quarantine measures. Recognized cut-off scores on the GAD-7 and PHQ-9 were used to estimate rates of GAD and depression. Correlates of screening positive for GAD or depression were assessed using logistic regression analysis.</p> <p>Results say that GAD (20 . 0%) , depression (22 . 8%) and GAD or depression (27 . 7%) was common. Screening positive for GAD or depression was associated with younger age, female sex, loss of income due to COVID-19, COVID-19 infection and higher perceived risk of COVID-19 infection. Citizens aged 65 and older had significantly higher levels of COVID-19 related anxiety than adults aged 18–34 .</p> <p>Initial results from this multi-wave study monitoring changes in population anxiety and depression throughout the pandemic indicate that GAD and depression were common experiences in the population during the initial phase of the COVID-19 pandemic.</p> <p><u>QUESTIONS:</u></p>	15	CO3

	<p>Q1 . What does the above case study represent?</p> <p>Q2 . What is GAD? what are the symptoms and cure of GAD?</p> <p>Q3 . Who was at the greatest risk due to COVID pandemic? Among which age group was anxiety &amp; depression was commonly found during COVID -19?</p> <p>Q4 . Which factors were closely associated with COVID-19 positive diverse affects?</p> <p>Q5 . As a psychological counsellor, how will you treat the young and old suffering from GAD ? Give some realistic examples to support your answer.</p>		
2	<p>CASE STUDY:2 (MM-15)</p> <p>The patient was examined at the age of six. She is the third child of healthy, unrelated parents, aged 32 and 34 years, respectively, at the time of the patient's birth. Two elder siblings are healthy and normally developed. One first cousin of the mother is severely mentally retarded, cause unknown; no other instances of mental or neurological diseases are known in the family. Pregnancy, delivery, birth weight (3230 g) and neonatal period were normal. The patient has always been healthy except for minor upper respiratory infections. Physically she has developed normally, but her mental development has been slow. This was first observed by her parents when the girl was about six months old. She still lacked head control and paid no attention to toys. Head control was achieved at the age of 9 months; she reached out for objects at 10 months, could sit without support at 15 months, walked by herself at 22 months, was toilet trained at 3 years and started to use single words at age 4 . At examination, the girl was found to have an essentially normal physical appearance . Her height, 119 cm, and weight, 17 kg, are normal for her age. Head circumference, 46, 5 cm, is about 4 cm less than the average for her age. Routine physical examination revealed no abnormalities. A straight and low hairline in the neck, overstretchability of finger joints, a slightly stiff gait, clumsy small-finger movements, and convergent strabism were observed; the result of the neurological examination, including otoneurological and ophthalmological examinations, was otherwise normal. Dental development was normal. Routine blood and urinary tests were normal. A normal amount of amino acids was found in the urine; phenistix was negative. The spinal fluid contained 2 cells per mm', protein was 30 mg per 100 ml with a normal electrophoresis. EEG was interpreted as mildly abnormal because of an increased amount of diffusely spread slow activity. X-ray of the skeletal system, heart, and lungs revealed no abnormalities. Three attempts at pneumoencephalography failed, as no gas passed into the ventricular system; the filled basal cisterns were normal. Carotid arteriograms were performed on both sides with normal results. A vertebral arteriogram revealed no abnormalities in the posterior fossa. A peculiar distribution of vessels was noted: The posterior inferior cerebellar artery started on the left side from the upper part of the vertebral artery and on the right side from the basilar artery, and the right superior cerebellar artery was doubled. These findings were considered an anomaly of no clinical significance. The girl's speech was immature. She spoke in simple sentences and her articulation and vocabulary were poor for her age. Her drawing was immature, mainly</p>	15	CO4

	<p>scrawling. Her play was purposeless and unconcentrated according to formal testing.</p> <p>Q1 . The patient was suffering from which disease at the age of six?</p> <p>Q2 . What was found abnormal in the six year old girl when formally tested?</p> <p>Q3 . What is the accurate age of achieving head control in a normal human being?</p> <p>Q4 . How will you treat this six year old girl as a psychological counsellor if her parents approach you after clinical examination?</p> <p>Q5 . Give two related examples from your neighbourhood.</p>		
	<b>SECTION- D 20 marks</b>		
<b>Q</b>		<b>20 Marks</b>	<b>CO</b>
<b>1</b>	Critically analyze issues and debates in counselling psychology . Write about some effective counselling skills required for a Psychological Counselor.	<b>10</b>	<b>CO5</b>
<b>2</b>	Define the term "Intellectual Exceptionality" ? How it is related to Care and Education of the Exceptional child . Explain through examples .	<b>10</b>	<b>CO3</b>