INdIAN jOURLaN OF
CLINICAL PSYCHOLOGY

Editorial Board, Journal Committee, Executive Council & Secretariat

Instructions to Authors

Editorial: Competencies in Clinical Psychology
K. S. Sengar

Presidential Address
Bridging the Gap between Child Development and Education with Children as the Resource
Malavika Kapur

Psycho Oration
Substance Use: A Psychosocial Perspective
L.N. Suman

Research Articles
Profile of Recognition of Emotion: A Study with Three Clinical Samples in a Comparative Context with Normals
L. Halder, N. Sanyal and S. Basu

Temperament and Character in Treatment Seeking Opioid Dependent Patients and their Personality Correlates
Ranjeet Kumar and Deapti Mishra

A Study of Personality Dimensions, Perception of Parents and Parenting Style in Conduct Disorder Children
Amrita Sen and Tilottama Mukherjee

Prevalence of Depression and Anxiety in Patients of Coronary Artery Disease: A Cross Sectional Study
RC Das, K. Srivastava, and S. Pundir

Efficacy of Yoga Therapy in the Management of Cognitive Symptoms of In-Patient having Schizophrenia

Hearing Impairment, Resilience and Emotional Processing Styles
Annalakshmi Narayanan and Ragitha Radhakrishnan

A Correlational Study of Rorschach Indices with Intellectual Endowment in Normal Indian Adults
Shweta, Ram. C. Bajpai, Archana Singh, K. S. Sengar, Amool R. Singh

Case Reports
Preliminary Test of Cognitive Drill as an Intervention
Rakesh Kumar, Ahmad Sameer and Bhupendra Singh

Assimilative Integration of Gestalt Therapy in the Treatment of Pentazocine Drug Dependence: A Case Report
O.D. Igbokwe, B.C.E. Agoha, A.C. Akomolafe and L.S.S. Manickam

Growth Oriented Therapy in the Treatment of Obsessive Compulsive Disorder
Krishnanand

www.iacp.in
Competencies in Clinical Psychology

K. S. Sengar

Generally, professionally qualified clinical psychologists are expected to possess and prove various competencies in their day to day practice. Such competencies encompass acquired professional knowledge, skills and abilities gained through education, training, exposure and experiences. Everyday, a new skill is added in list of our competencies.

A number of professional competencies have been enumerated and emphasised around the globe in last 15-20 years. Though, the exact nature of such competencies, also how are they evolved and thereafter brought into regular clinical practice remains obscure. Normally, competence commonly refers to broad domains such as "assessments", "intervention", and "research" with the implication that many sub-domains of competence are subsumed under each. The widespread commitment to the competence model brings a unifying force to professional psychology, yet it provides little guidance to educators, practitioners and credentialing bodies in how to proceed with competence modeling or setting standards for achievement (Thomos & Hersen, 2010).

Clinical Psychologists have been concerned about competence since formal training in clinical psychology began but have lacked consensus in terms of what it means to be competent. Since, competencies are developed, it is also necessary to distinguish between basic and expert (specialized) competencies. The basic level of competence is generally determined by completion of professional training programme (like two years M.Phil in Clinical Psychology from R.C.I. recognized institutes in India). Expert competency, it is assumed, are achieved by clinicians / researchers with additional training, exposure and experience who get opportunity to work extensively for a considerable period of time (at least 3 months or above) with a particular population, techniques and laboratory or community set ups.

Evaluating competency requires a context of what a clinical psychologist should know and that is determined by theoretical orientation and training model (Tryon, 2008). The most basic "Foundational competency" in clinical psychology primarily represents application of scientific approach of applied knowledge derived from various bio-psycho-social models of psychology. Again, functional competency also consists of "ensuring scientific approach to knowledge generation and applying such knowledge in day to day clinical practice. Such clinical experience means the proficiency and judgement that individual clinicians acquire through clinical practice. We have to inculcate "Scientific Mindedness" among clinical psychologists and the day to day clinical findings relating to initial assessment, psychometry, therapeutic management must be documented. Majority of clinicians working in non-academic setups shy away from sharing their valuable clinical experiences in academic forum. Similarly, the faculty members of academic and training institutions also confine generally themselves to institutional based clinical and research services. The professional gap between practicing clinicians and academicians is getting wider and wider day by day. This trend is further limiting expansion of profession in terms of evolving newer evidence based assessment as well as therapeutic measures to further the professional growth.

Identification and dissemination of scientifically based treatments or interventions is only helpful if they can be implemented in "real life" community based clinical settings. The critical skill of translating involves accurate assessment of clinical problems, client characteristic, matching available research on treatments, and the application of treatments to the client. Moreover, the accompanying clinical protocol needs to acquire in a highly
adherent way with the client. Thus, a clinical psychologist with this competency should be able to administer a treatment while following its manual and maintaining its integrity. The practitioner should have an understanding of specific change mechanisms associated with treatment and their theoretical underpinnings.

Knowledge of ethnic, racial, cultural, gender, age, and linguistic variables reflect clinical skills for understanding how contextual variable may impact the entire testing process. APA (2003) suggests that multicultural competency involves recognition of the importance of cultural competence and an awareness of any personal biases the clinician may have that would have an uncounted influence on the assessment outcome. The clinician must also stay abreast of multicultural affairs and take part in multicultural educational opportunities.

Generally, research focused on specific management (intervention) programs with specific clients in specific contexts is often termed evidence-based treatment. There are several ways by which clinician /researcher can engage in a evidence - based practice process. Generally these includes the following five steps: (a) define the disorder, (b) search the treatment literature for the evidence, (c) critically evaluate the literature, (d) choose and apply the therapy, and (e) monitor patient outcome(s) (Singh et al., 2010). This first step is important because it assist the clinician in formulating the question that will eventually be the focus of the second and third step which make way for evidence - based pathway. Given an emphasis on clinical rather than research training of many clinical psychologist, the critical reviews and evaluation related to treatment outcome studies are the most demanding step in this process (Singh, 2006). Once the clinician makes a choice of an empirically validated treatment, the fourth step involves implementation of the appropriate management technique, and finally the fifth step involves monitoring and evaluation of outcome(s) to determine if the desired or expected results are achieved. The research and utility of this type of work is very specific in identifying outcomes processes, and clinical protocols (Alexander & Sexton, 2003).

Such works at times, provide a conceptual map for the practitioner that provides specificity, flexibility and direction in treatment when applying this evidence based practice. Instead of applying a single "research perspective", a "levels of evidence" approach allows the clinical practitioner to successfully apply knowledge from diverse research models. The "levels of evidence" view guides a practitioner in the process of matching their question with the type and "level of evidence" needed in order to make useful clinical decisions. For example, policy makers inquire and ask about what practices or treatment models to use, how to spend money, and what practices to promote regarding the pressing problems of the people and communities.

"Competencies" based approach of translating science into practice has become increasingly important in the field of clinical psychology. Competencies guide clinical training, establish standards for professional competence, and facilitate the measurement of professional standards. The approach should be such where compatibility of service and practice is conceived and above all should remain contingent on one another.

REFERENCES


Academic achievement is the only consideration that merits attention in the Indian education scenario. This would be true of most Asian and African countries among the developing nations. In the Asian context, developmental psychology and educational practices have remained disparate disciplines much to the disadvantage of the vast child population. As a result both child development and education have been largely neglected in the third world nations especially in India, despite the progress in higher education amongst a small group of relatively affluent elitist groups.

Developmental Psychology is anchored to the life cycle approach of study of the persons from conception to death. It is even of greater importance for the study of children in view of the rapid changes in the developing brain and the body and the impact of bio-psycho-social factors with the context in which the child lives. On the other hand, education while claiming to promote overall development mostly focuses on scholastic performance. Bridging the gap between the two is essential for promoting the overall development of children.

In the West, the educational pedagogy has focused on sound educational practice in line with the current concepts and insights of developmental psychology. Developmental psychologists have segmentally focused on the domains of development such as motor, cognitive, language, emotional, social, moral and sexual development. The integration of these domains emerging albeit, at a slow phase.

The Indian teachers and parents believe that play is a waste of time and that time should in fact be spent most profitably in studies. Academic achievement is the only goal, the altar at which the child's creativity is sacrificed. Sadly in India 80-90 percent children do not get quality education and those who get so called good education in private schools too are subjected very high academic pressure with no time for free play. There is complete neglect of psychosocial development and mental health of children.

For majority of Indian children in rural and urban slum schools, education is seriously compromised. The elementary education is shared by the States and Central government since 1986. Several programmes have evolved influencing funds, improving infrastructure to reach the aim of providing quality education for all the children of 6-14 years by 2010.

Some of the flagship programmes are:
- Sarva Shiksha Abhyan (SSA) 2001 ; Sarva Shiksha Abhyan (SSA) drive has been intensified in 2010 by adding Education Guarantee Scheme and alternative and innovative education (for those who are out of school) as component of SSA. One of the most important schemes is free mid day meal scheme for all the children from the year 1995 onwards. There has been some progress in the past five years but has been too slow and not enough.

For example, the latest NCERT (National Council for Education Research and Training) and ASER [Annual Status of Education (Rural) Report 2008] answer some of the questions about the outcome of the above efforts. In the last four years, the following has been noted:

(i) Proportion of children out of school has declined.
(ii) There is an increase in enrolment, but the children do not stay on in the schools, especially in the northern states.

---

National Institute of Advanced Studies, Indian Institute of Science Campus, Bangalore 560 012
Delivered on the occasion of the 37th National Annual Conference of Clinical Psychologists, held at Forensic Sciences University, Gandhi Nagar, Gujarat on 21-01-2011.
(iii) The teacher – pupil ratio has improved substantially.

The above reports provide the data on what the children have achieved in terms of reading, comprehension and arithmetic. ASER in addition, has attempted to assess whether the children can read time, understand the school time table and maps in the 2008 survey. Sadly at the national level the percentage of children in Classes 3 to 5 in the government schools can only read Class 2 level books (35% in 2006, 37% in 2007 and 36% in 2008). Children whose mothers did not attend schools have far less proficiency and the girls faring even worse. The state of Karnataka where the present work by the author was conducted has fared no better. A recent newspaper headline (May 24, 2009 Express News Services) shouts “91 percent primary schools in the state are headless” based on a report released by the National University of Educational Planning and Administration (NUEPA). Karnataka has better infrastructure, but has fewer teachers with graduate degree, has largest number of schools with no drinking water. A shocking statistic that more than one third schools have no toilets, 60% of the schools have no toilet facility for girls. With the massive infusion of funds into the government school as envisaged by the present central government the above picture there may be a sea change in the foreseeable future if only we could provide universal quality education.

The Right to Education Bill of 2010 is a very important step in promoting education in India. Yet the main question remains as to how do we provide quality education to the millions of children, when the promotion of psychosocial development and mental health remains elusive? I hope to provide some models that have been evolved and evaluated, keeping in mind the above realities.

The solution came by turning completely around the conventional Indian educational pedagogy by promotion of psychosocial development with children themselves as the resource, instead of the teachers. This became necessary as both the parents and teachers cannot shed the shackles of unidirectional instructional practice that is not child friendly. The use of play to bridge the gap between developmental psychology and education is supported by pioneer workers using play. Play has emerged as the one of the most important tool to promote the psychosocial development of children.

Elkind (2007) briefly describes play as follows:

Power Play: How spontaneous imaginative activities lead to happier, healthier children. To quote him ‘Mastery Play’ makes it possible for children to construct concepts and skills. “Innovative Play” occurs when the child has mastered the concepts and skills and introduces variations. “Kinship Play” initiates the child into the world of peer relations. “Therapeutic Play” gives children the strategies for dealing with stressful life events. In short, play promotes over all psychosocial development.

The author proposes to demonstrate the methods of bridging the gap between education and child development through play in the disadvantaged school children in India. She carried out the study (Kapur, 1995; 2007 a & b, 2008 a & b, 2011) in two samples of 1200 children from Class 1 to 9 in 15 rural schools run by the Education Department and 800 tribal children from Class 1 to 7 in residential schools run by the Social Welfare Department as the families live in inaccessible forest regions. The study also attempts to make a point about the efficacy of play as a powerful through outcome valuation of the projects.

Promotion of Psychosocial Development of Rural and Tribal School Children

The objective of the programmes was to evolve and evaluate the promotion of psychosocial development of 1200 rural and 800 tribal school children, of whom 1088 had psychological assessments before and after the interventions.

The psychological tests were used before and after the play sessions to evaluate outcome. In the younger children, Seguin Form Board and single and double colour cancellation tests were used with the rural children. In younger tribal children, further tests were developed to assess word and number skills for base line
assessment as the available test were beyond their comprehension. With the older children, single and double digit and letter cancellation tests, Coloured and Standard Progressive Matrices, Creativity, Vocabulary and Arithmetic tests were used. In the tribal group a memory test too was introduced.

The interventions carried out elsewhere in the country are mostly segmental in nature and mostly attempt to enhance the performance in the curricular subjects. The programmes also pay scant attention to evaluating the effectiveness of programmes. The present work adopts a comprehensive approach for the promotion of all the domains of development such as cognitive, language, emotional, social skills along with creativity. It also aims at objective evaluation of the outcome of the intervention using psychological tests. As the programme covers all the children in target population, it is termed as universal intervention.

Working with children in small groups, for an hour each day of the week, the stimulation programme consisted of a package of activities which adopted a child-to-child approach. The programme made use of play, games, artwork, number and word games, drama, song and dance activities to promote fine and gross motor, cognitive, language, emotional, social and moral development. Apart from games, innovative ways to promote creativity and ‘life skills’ education with older children were carried out. The programme was carried out with the involvement of teachers, villagers and older children teaching young children. Results indicate the following:

(a) The intervention programme has produced significant (Effect sizes – Cohen method) improvement as measured on the performance on tests of attention, memory, intelligence, arithmetic, language and creativity – on objective assessment.

(b) There are variations in improvement across age, gender and caste.

(c) The intervention consisted of 25-30 one-hour sessions per day, for six days a week.

(d) The teacher and community involvement render the programme more effective.

(e) Dysfunctional schools and homes appeared to lead to poor academic performance and mental health.

(f) The intervention can be replicated across schools in urban slums and rural India and across other developing nations and the disadvantaged sections of the developed nations.

The key components of the successful interventions are:

- Children being the resource for their learning
- Child centered play away methods
- No traditional instructional methods focusing only on academic skills
- Evaluation using pre and post assessment on psychological tests to assess the efficacy as well as to monitor and improve upon the methods if necessary and to fine tune these to suit age, gender and grade differences
- A subsample study on 261 children from class 1 to 8 showed that where ‘Nali Kali’, a joyful learning programme (all the teachers were previously trained in this) was used as intervention, improvement occurred after 3 months. Assessment was carried out in those schools where no intervention was given found no improvement occurred after 3 months. But they did show comparable improvement with rest of our groups after our intervention programme. (Kapoor, 2008 d).

Implications:

The present work has several implications. The first is that children can be the resource for promotion of their own psychological development and is mediated by age, gender and social class. Approaches to development should be inclusive of intervention of mental health and disabilities. However an integrated approach involving the health, education and welfare sectors is equally important in reaching out to children.
1. Children as the Resource:

Promotion of child development in the contemporary context of developmental psychology emphasizes approaches which are creative, flexible and child-centered. In developed nations especially for schools catering to the middle and upper strata of society, such approaches are widely practised. But these are expensive in terms of the toys and equipment and are manpower-intensive. In developing countries and in the disadvantaged populations across the world, such schooling remains beyond their dreams. The rural and urban government schools in India are unlikely to ever provide such educational facilities to their children in the near or far future.

In India, teachers are expected to use child-friendly methods in teaching while very few teachers are themselves child-friendly. They choose to follow traditional instructional methods, where teaching is unilateral, from the teacher to the child. It is essential to make them aware of the following:

Comparison of the Traditional and the Preferred Methods:

Traditional Practice Teacher | Preferred Practice Children (Resource)
---|---

Children | Community (Foundation)

Outcome:
(i) Minimal (i) Optimal Learning
(ii) Boring (ii) Interesting
(iii) Non-creative (iii) Creative

Child-friendly methods are interactive and teacher-friendly. When these methods are used contrary to their expectations, teachers need to teach less, prepare less and punish less.

Teachers can learn more from the children, as children think for themselves, work on their own and are more creative and imaginative than adults. But the teacher needs to develop a healthy respect for the child’s individuality and creativity. (Kappor, 2007 b).

2. Demographic Variables and Intervention Linkages:

Some of the variables that need to be taken into account for the preferred practices to succeed are-age, gender, schools and caste.

(i) Age and Maturational Age:

The activities or games that children get involved in should be appropriate to the age and the maturational age. For example, for young children who are unfamiliar with a pencil or slate, stick, crayons are the best option; while children of the same age who are familiar with the use of brush and colours can use them effectively. It is to be noted that age alone is a rough guide. Maturational age is when the previous experience of the child is taken into account as the main contributor to better performance. We find that pre-academic skills improve along with attention, memory, intelligence and creativity as a function of age and normal schooling. This is demonstrated by the baseline score on all the tests before the intervention. What is surprising is the leap that occurs in most children with intervention that consists of only 25 to 30 sessions of 90 minutes duration. It is as if they have caught up with the skills which normally take two years to catch up! An important point to make is that the pre-requisites for acquisition of pre-academic skills have already been put in motion. This gain cannot be lost unless the child drops out of school. Even if the intervention does not continue due to unavoidable reasons, the gains are substantial enough to give the child a head start. Skills such as simple colour and number concepts can be achieved very rapidly over a few hours. The gains in attention, memory, intelligence, creativity, arithmetic and vocabulary take longer time. But the time taken for the improvement is considerably shorter, being 20 to 25 hours, compared to the several months it takes as part of routine school hours. Even then the improvement may only be marginal as conventional methods of instruction are used.
Older children when they are given simple jigsaw puzzles initially find them very hard but soon enough want to be given difficult ones when they succeed with simple ones. The tasks have to be made more difficult as well as challenging. New games have to be introduced. Even when these are not provided, they would themselves introduce new and intricate steps to make the task more complex. Abstract activities such as life skills programmes are much appreciated and improvised by the children. With the older children there is much scope of innovations even in activities initiated by others.

(ii) Gender:

Younger girls in class one and two had better attention, vocabulary and arithmetic skills than the younger boys. However, the improvement was similar following intervention. The baseline performance of the boys was better than the girls. And the improvement with intervention was somewhat similar. Better baseline performance in this age group could be due to advanced maturity levels or better opportunities offered by the environment. It may be speculated that in rural homes as the girls are required to attend more to the verbal instructions from adults and do the allotted chores, the boys may be exposed to more opportunities to explore the environment. With older children in classes three to seven, the attention functions remain better. The baseline intelligence which was higher in the earlier stages is not maintained in the higher classes. It is noted that girls do not gain as much as boys on academic skills. On the whole, it appears that in the domains of cognitive functioning and academics, girls start with an advantage but lose them during adolescence. This is somewhat similar to what is found in child psychiatric disorders. The rate for most disorders except emotional disorders are higher for boys when young and the girls lose the advantage as they reach adolescence. These changes are a product of biological, psychological and social differences and disparities. These developmental trajectories need to be researched.

(iii) School:

Schools which lack teacher's commitment in general have impeded the improvement of children by not appreciating them or by being indifferent. In spite, of these problems, children have shown substantial gains through our interventions. In contrast, in schools with better infrastructure and teacher's motivation the baselines were better and improvements obviously not as much. Our impression is that no matter what kind of the school is, our programme works well because of the fact that the child is the resource. But there has to be an interested adult or an older child who can carry out the programmes and act as catalysts. The skill required is to provide the time, space and the materials. The person is a catalyst and does not need to be even a literate or skilled person. All that the children need is some encouragement and supervision.

(iv) Caste:

The teachers and the NGOs working in the areas believe that compared to the Kadu Kurubas, the Jenu Kurubas (those who gather forest products and those who gather honey) are more resistant to formal schooling. Our data does not show any difference between the two groups. They are equally shy with strangers and very warm and friendly once you get to know them. The shyness and fear predominantly occurs in a traditional classroom setting with a strict teacher. Often the understanding that they have their own unique language, songs, dances, stories and gods helps them to see themselves as persons of merit when appreciated for it.

3. Mental Health:

Despite high prevalence of learning difficulties a survey among the 1088 rural children found 47 children with emotion and conduct disorder, yielding a low prevalence rate of 5%. The high prevalence of pro-social behaviour and low aggressive behaviour among the tribals needs to be further examined (Kapoor, 2008 c). There were no reported cases of hyperactivity or conduct disorders in a population of 800 tribal children. This is in
contrast with urban schools. This leads us to wonder if these two conditions are culturally determined. Further exploration is called for as is timely and relevant in the background of increased aggression and violence in schools in most of the developed countries.

In addition an important construct that is completely over looked in the West as well as East in Temperament. Work of Kapur and Mukundan, (2002) on temperament based on ancient Indian thought and mental health, in a group of preschoolers suggests that good temperament is a protective factor while difficult temperament increases their vulnerability of psychological disorders. The author believes that in bridging the gap between education and development Temperament needs to be viewed as an important mediating variable.

**Mental Health and Educational Practices :**

i. Management of disruptive and emotional difficulties of children in the classroom setting is possible.

ii. Aggression by the teachers needs to be managed to a greater extent than that in children.

iii. Hostility and frustration of the teachers bar educational practices and hence need to be resolved.

iv. Conflict resolution amongst children, their families and teachers needs to be focused on.

In summary, our approach promotes healthy and overall psychosocial development of the children leading to better academic performance and healthier interpersonal relationships in the school setting.

**4. Sustainable Interventions :**

Short-term benefits, however substantial, do not ensure long-term sustainability. Successful innovative programmes all over the world have been questioned and discarded on the question of sustainability and applicability when tried on a nationwide scale. The present methodology is no exception. The following steps may ensure sustainability to some extent:

(a) Two of the most important aspects are - Practical exposure (to helpers, parents, older children and teachers) and hands on training for teachers. This is essential for continued use of this methodology.

(b) An agency to monitor and follow-up the programme and resolve short-term or long-term defaulting and put the programme back on the track.

(c) Continued and assured supply of minimum materials required, preferably directly to the schools or arranging for payments (not reimbursements) when directly brought by the schools.

(d) Study of the trajectory which the present batch of children take in the coming years, at least for ten years, to enable one to plan better use of the innovative methodology and compare the achievements of a group who have not been exposed to it.

(e) It must however be noted that in the realm of developmental psychology, early gains are likely to provide a strong foundation.

(f) For a large-scale transfer, the technology should be simple. What needs to be done with teachers is to bring about an attitudinal change to believing the child to be the centre of all the efforts. Elaborate training packages if given to them would only further strengthen the old style of instructional mode.

(g) Western tools of assessment such as Raven’s Progressive Matrices (RPM) and Seguin Form Board (SFB) can be misleading at providing the current level of intellectual functioning, as they yield very low scores in children with average intelligence in the rural areas. These can however be used as baseline measures to assess improvement.

To summarize, play away methods enhances wide range of skills. Western tools of assessment even for something as commonly accepted tests such as RPM and SFB are unreliable. The collaborative research often is
reflected in the practice of translating western tests to Indian languages. This approach, if followed, almost all Indian government school children are “untestable”. There is marked variation of the effect of intervention across schools, age and gender. Hence, special attention may be introduced into the intervention package. Cross cultural research into the above aspects may a fertile and exciting area that merits our attention.

Cross Cultural Implications of the Study:

- Cross cultural resource on process and outcome evaluation of selected disadvantaged school population in India, UK and Holland.

- Study of the three key parameters, namely temperament, child rearing practices and school practices and their impact on psychosocial development and mental health, using quantitative and qualitative methods.

- The construct of Temperament of the child though used commonly in UK and Holland in child development studies is hardly ever used in the context of education. But is as important as individual differences in intelligence that is given greater prominence. The ‘Triguna’ model (Kapur 2008 b) based on ancient Indian thought refers to temperament, an important construct though much neglected in all the three countries.

- Child rearing practices in the three nations and possible links with child development and mental health.

- School systems and appropriate interventions.

REFERENCES


The problem of psychoactive substance abuse and dependence has been increasing in India over the past few decades. The abuse of alcohol, nicotine and illicit drugs has shown a significant increase in many parts of the country. This has become a public health issue requiring effective treatment strategies. Intervention with the substance abusing population requires a thorough understanding of the sociodemographic and psychosocial variables that mediate recovery. The innate strengths and resources of the substance dependent person have to be harnessed to ensure a substance free lifestyle.

Alcohol dependence has adverse impact on the cognitive functions of the abuser as well as on their emotional regulation. This often leads to poor control over anger and aggression. The impact is also felt by family members, especially the spouses and children. Spouses and children of alcohol dependents tend to be significantly distressed and report severe family dysfunction and domestic violence as primary causes of their distress. These issues have to be factored in while planning interventions. Studies on risk and protective factors for alcohol and tobacco use among college students have indicated that psychological factors such as attitudes, normative beliefs, expectancies, affect, religiosity and self-regulation are important determinants. The studies indicate that early intervention and prevention of psychoactive substance abuse are important issues that require more attention from mental health professionals.

**Key Words:** Alcohol, Tobacco, Psychosocial Factors, Treatment Challenges
Profile of Recognition of Emotion: A Study with Three Clinical Samples in a Comparative Context with Normals

L. Halder¹, N. Sanyal², and S. Basu³

ABSTRACT

Emotions are an integral part of life dynamics, be it in balanced or imbalanced rigid frames. The present study is a journey to probe into whether recognition of emotion expressed by facial emotion differs among the three major psychiatric groups, i.e., Schizophrenia, Depression and Anxiety, compared with the normal control group, and to find out the sex difference, if any. The study involves a sample of 80 subjects- 20 subjects in each group. It deals with finding out the ability to recognize the six emotions from a series of photographs exhibiting Anger, Surprise, Happiness, Fear, Disgust and Sadness (Saha et al., 1984). The ratio of male-female subjects in each group and their respective ability to recognize the emotion correctly were analyzed. The data were analyzed using Mean, Standard Deviation, Chi Square Test, One way ANOVA and Duncan’s Multiple Range Test. Results revealed that there are significant differences among the groups with respect to identification of the emotion of surprise; significant difference between normal control with depression and schizophrenia, and also between schizophrenia with depression and anxiety in terms of identifying the emotion of fear; and significant difference between anxiety group with depression and normal control in terms of identifying the emotion of happiness.

Key words: Recognition of emotion, Schizophrenia, Depression, Anxiety

Temperament and Character in Treatment Seeking Opioid Dependent Patients and their Personality Correlates

Ranjeet Kumar¹ and Deapti Mishra²

Abstract

Personality plays a key role on development of behaviour and in habit formations. Many mental health problems can be conceptualize in the frame of personality formation and manifestations of presently traits/character. Present study aims to study temperament and character in treatment seeking opioid dependents patients. The sample of present study consist of 117 cases. The clinical group of 100 subjects diagnosed cases of opioid dependence were included and 70 subject normal control were included in the present study. Before inclusion in the study control group was screened on General Health Questionnaire (GHQ - 5). Both groups were assessed with Temperament and Character Inventory. Mean, SD and t test was calculated. Result suggests Opioid dependent patients in general were characterized by high novelty seeking & self transcendence and low self-directedness & cooperativeness. Findings of the present study were concluded with that Opioid dependent have specific personality traits in comparison to normal control.

Key words: Temperament, character, TCI, opioid
A Study of Personality Dimensions, Perception of Parents and Parenting Style in Conduct Disorder Children

Amrita Sen¹ and Tilottama Mukherjee²

Abstract

The present study involved an in-depth probe into the selected personality variables of children with conduct disorder (CD) and comparison to their normal counterparts (NC) to provide a better understanding of their psychopathology. A sample of 16 children with conduct disorder and 16 children without any behavioral problems between 9 and 13 years of age and their respective parents, either mother or father were studied based on their availability. Child Behaviour Questionnaire (CBQ) was used as a screening tool for selecting the control group of children without Conduct Disorder. Personality dimensions of children were assessed on Junior Eysenck Personality Questionnaire (JEPQ), children’s perception of the parents was evaluated by using Parent-Child Relationship Scale (PCRS) and parenting style of the parents of these children was measured through Multidimensional Parenting-Scale (MDP-Scale). The mean values and standard deviations of the variables for each group were calculated. Student’s t-test was used to assess the differences between patients and their control counterparts. The children with conduct disorder were found to have the higher predisposition for neuroticism, psychoticism and lie scale. The CD children perceived their parents negatively compared to the normal children. Parents of CD group also showed significantly negative parenting style. The CD children’s negative appraisal of the parents reflects poor parent child bondage.

Key words: Conduct disorder children, personality, perception of parents, parenting style

¹. Research Scholar, 2. Asst Professor, Department of Psychology, University of Calcutta. 
Corresponding author. Email: tilottamamukherjee3@gmail.com
Prevalence of Depression and Anxiety in Patients Of Coronary Artery Disease : A Cross Sectional Study

RC Das¹, K Srivastava², and S Pundir³

ABSTRACT

There is extensive Western literature available on the subject however, in Indian-scenario information on the prevalence of depression among patients of CAD is sparse. The study group comprised of 119 fresh cases of coronary artery disease, within four weeks of being diagnosed as having coronary artery disease. Hospital Anxiety and Depression Scale (HADS) and Beck Depression Inventory (BDI) were administered among depressed cases of coronary artery disease. They were assessed for changes with time in depressive symptomatology, and anxiety symptoms. Patients found to be depressed as per BDI and HADS scales were also subjected to a detailed psychiatric examination and depressed patients were treated with an anti-depressant (Citalopram) and followed up 1 & 3 months at the time of review at the Cardiology OPD. Non-depressed patients were also asked to be reviewed in every 3 months. Data was analyzed for prevalence of depression and anxiety symptoms, and their relation to the cardiovascular status. Result reveals the mean age of the participants was 47.25 years (SD = 4.599 years). Out of the 119 cases of CAD, 13 (10.92%) fulfilled the criteria for depression. Conclusion: The prevalence of clinical depression among cases of CAD in the patients is 11%, which is somewhat lower than most studies among the general population. 40% of patients of CAD in the study sample had sub-syndromal depressive symptoms. Hence psychological assessment and intervention is implicated in Cardiac cases.

Key Words: Coronary Artery Disease, Depression, Anxiety

¹. Brigadier, ². Scientist F, Dept of Psychiatry AFMC, Pune. ³. Surg Cdr, CI, Spl, Marine Medicine, INM Mumbai

Corresponding author : kalpanasrivastava@hotmail.com
Efficacy of Yoga Therapy in the Management of Cognitive Symptoms of In-Patient having Schizophrenia

Deoshree Akhourī¹, P.K. Singh², Masroor Jahan³, Amool R. Singh⁴ and Niteesh K Sinha⁵

Abstract

Patients of schizophrenia often have difficulty in cognitive functioning even when they receive medical treatment for which a separate management programme may be required. The present study was conducted to assess the efficacy of yoga therapy as an effective adjunct to pharmacotherapy in the management of cognitive dysfunctioning. Sample consisted of 30 patients of schizophrenia (15 patients in experimental group and 15 patients in control group). The total duration of the study was two months. At baseline both groups were comparable in terms of cognitive symptoms. Post-treatment data was compared for experimental and control group. Result reveals patients receiving yoga therapy showed more improvement in attention/concentration and executive functions. Yoga therapy may be used as an effective adjunct to pharmacotherapy in the management of cognitive symptoms of patients of schizophrenia.

Keyword: Schizophrenia, Yoga therapy, Cognitive function.
Hearing Impairment, Resilience and Emotional Processing Styles

Annalakshmi Narayanan¹ and Ragitha Radhakrishnan²

Abstract

Life style and physical impairment may mutually determine psychodynamic development of an individual. Courage and social interest, or the lack of them determines whether having a hearing impairment permits a good adjustment or lead to permanent failure of the individual. Resilience refers to the time taken to get back to normalcy after a set-back, reaction to negative events, perception of the effects of past negative events, reaction to risk factors in life, defining problems, confidence in coping with future, and openness to experience and flexibility. Emotional processing is a process whereby emotional disturbances are absorbed, and decline to the extent that other experiences and behaviour can proceed without disruption. The present study examines the emotional processing styles adopted by the hearing impaired and the resilient individuals. A purposive sample of 80 hearing impaired and 89 non-impaired adolescents were taken in the investigation. The sample was drawn from two Government schools situated in Thrissur, Kerala. Bharathiar University Resilience Scale and The Emotional Processing Scale were used. ANOVA revealed that the Hearing impaired group uses Suppression, Unregulated emotions and impoverished emotional experience to a significantly greater extent than the non-impaired group. The high resilience group uses Impoverished Emotional Experience to a significantly lesser extent than the low resilience group in their processing of emotion. Hearing impairment and resilience do not interact to have an effect on emotional processing style. It is likely that typical styles of emotional processing may be associated with hearing impairment and resilience.

Key Words: Hearing Impairment, Resilience and Emotional Processing Styles

¹. Associate Professor, 2. Doctoral Res. Scholar, Dept. of Psychology, Bharathiar University, Coimbatore – 641 046. Corresponding Author : E-mail: annalakshmi.narayanan@gmail.com
A Correlational Study of Rorschach Indices with Intellectual Endowment in Normal Indian Adults

Shweta1, Ram. C. Bajpai2, Archana Singh3, K. S. Sengar4 and Amool R. Singh5

Abstract

Projective Tests may not having direct assessment value of intelligence but they give very significant information regarding conceptualization of the environment which infer the functional constructs of the individual. Rorschach Ink Blot definitely has its significance on measurement of intellectual functioning of individual. This study was conducted on 238 normal adults of both sexes between the age range of 20 to 30 years to find out the relationship between various Rorschach variables and intelligence test (IQ) scores. Subject for the study were selected by using systematic random sampling technique. All the subjects were literate at least 10th standard. Descriptive statistics and spearman rank correlation coefficient was used to analyze the nature of data and to study the strength of the relationship between Rorschach variables and intelligence score on WAIS. Overall Responses (R), Whole responses (W), Movement responses (M) and Human responses (H) were seems to be highly correlated with IQ. Simultaneously, minor detail (Dd), minor detail with white response (Dds), and Animal response (A + %) were negatively correlated among males and F+%, Anatomy (An) and Botany (Bt) responses were negatively correlated among females.

Keywords: Rorschach, IQ, WAIS, Intelligence, Correlation.

Preliminary Test of Cognitive Drill as an Intervention

Rakesh Kumar1, Ahmad Sameer2 and Bhupendra Singh3

Abstract

Exposure and response prevention (ERP) and cognitive behaviour therapy are the first line and established treatment for persons with obsessive compulsive disorder (OCD). While working with an adult with chronic OCD; we came up with a procedure which we labelled as “Cognitive Drill” that yielded rapid and durable results which were later extended to a series of cases for exploring its efficacy and maintenance of outcomes. The sample consisted of five adult patients, selected according to ICD-10 diagnostic criteria for OCD. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used for baseline and post-treatment assessment. The intervention lasted for ten sessions. At the end of ten sessions four patients showed significant reduction in YBOCS measures, which were statistically significant indicating initial success of the procedure.

Keywords: Obsessive Compulsive Disorder, Cognitive drill, Cognitive Behaviour Therapy.
Assimilative Integration of Gestalt Therapy in the Treatment of Pentazocine Drug Dependence: A Case Report

O. D. Igbokwe 1, B. C. E. Agoha2, A. C. Akomolafe3, and L. S. S. Manickam4

Application of gestalt therapy is not common with Nigerian clients. The more common psychotherapy modalities are the indigenous psychotherapy models of either Harmony Restoration Therapy or Meseron Therapy. This paper presents a case report of Ms. J. E, a 28 year old single graduate, a civil servant. Client was misdiagnosed at the age of 24 years as being anaemic while undergoing her National Youth Service Corps (NYSC) Scheme and was placed on injectable Pentazocine. Client became addicted to the drug, using it as a stimulant when depressed. Client’s abuse of the drug led her to stealing personal belongings of family members to purchase the drug. Client stole her mother’s gold trinkets worth about 5 million Nairas, which purportedly led the mother developing kidney failure and her eventual death. Client had gone for previous rehabilitation, which did not achieve positive result. Client was treated with gestalt therapy in order to resolve the unfinished business that she had with her mother. Client improved following treatment and is still stable after two years follow-up.

Keywords: Drug dependence, Assimilative integration, Gestalt therapy, Pentazocine.

Growth Oriented Therapy in The Treatment of Obsessive Compulsive Disorder

Krishnanand1

Abstract

Obsessive compulsive disorder is defined as the presence of either obsessions or compulsions, cause marked distress, is time- consuming, or significantly interferes with person’s normal routine or functioning. Many methods of therapy have been used like drug therapy, behaviour therapy, psychotherapy, combination of drug therapy and behaviour therapy etc. In present study ‘Growth Oriented Therapy’ which includes ‘Humming’, ‘Non-verbal expressive therapy,’ Breathing Exercise, and ‘Attitudinal Changes' has been used for the treatment of 27 years old unmarried male suffering from obsessive compulsive disorder who did not improve on above mentioned methods. Patient was assessed by using Yale-Brown Obsessive Compulsive Scale and depressive scales before treatment and after one year follow up. The patient became well and functioning nicely.

Keywords: Growth Oriented Therapy, Humming, Non-Verbal Expressive Therapy, Obsession and Compulsion.