



# VINAYAKA MISSION'S RESEARCH FOUNDATION

(Deemed to be University under section 3 of the UGC Act 1956)

## **M.Phil. CLINICAL PSYCHOLOGY NORMS, GUIDELINES AND COURSE CONTENT**

Effective from Academic Session 2023– 24

Two years duration

Faculty of Rehabilitation and Behavioural Sciences  
Department of Clinical Psychology  
School of Rehabilitation and Behavioral Sciences  
Aarupadai Veedu Medical College and Hospital Campus  
Pondicherry  
Kirumampakkam – 607 403  
[www.daslpvmrf.edu.in](http://www.daslpvmrf.edu.in)

## **M. Phil CLINICAL PSYCHOLOGY**

Regulations, Norms, Scheme of Examination and Curriculum – (2023-24)

(Non- Semester scheme)

### **1.0 NAME OF THE COURSE OFFERED**

The nomenclature of the program shall be Master of Philosophy (CLINICAL PSYCHOLOGY). M.Phil. (Clinical Psychology) shall be the short form.

### **2.0 OUTCOME OF THE M. PHIL (CLINICAL PSYCHOLOGY)**

The course is developed as a rigorous two-year program with extensive theoretical inputs and widespread clinical experience to acquire the necessary skills in the area of Clinical Psychology. On completion of the course, the trainee is expected to perform the following functions (outcome):

- 1) Diagnose mental health problems.
- 2) Conceptualize specific adult and child mental health problems within a psychological framework, giving due consideration to psychosocial/ contextual factors, and carryout relevant treatment / management.
- 3) Apply psychological principles and techniques in rehabilitating persons with mental health problems and disabilities.
- 4) Work with the psychosocial dimensions of physical diseases, formulate and undertake Focused / targeted psychosocial interventions.
- 5) Work with community to promote health, quality-of-life and psychological well-being.
- 6) Undertake research in the areas of clinical psychology such as, mental health/illness, physical health/diseases and relevant societal issues viz. misconception, stigma, discrimination, social tension, gender construction, life style etc.
- 7) Undertake responsibilities connected with teaching and training in core and allied areas of Clinical Psychology.
- 8) Undertake administrative and supervisory/decision-making responsibilities in mental health area.
- 9) Provide expert testimony in the court of law assuming different roles.

### **3.0 DURATION OF THE PROGRAM**

**3.1** This program consists of 2 academic years.

**3.2** The academic year is from the 1<sup>st</sup> week of September to last week of August.

### **4.0 MEDIUM OF INSTRUCTION**

Medium of instruction shall be in English

## **5.0 ELIGIBILITY FOR ADMISSION**

a) The candidate should have passed M.A. /M.Sc. full time degree in Psychology from a university recognized by the UGC with a minimum of 55% marks in aggregate, preferably with special paper in Clinical Psychology. For SC/ST category, minimum of 50% marks in aggregate is essential.

## **6.0 PROGRAM STRUCTURE**

### **Part - I (I Year)**

#### Group “A”

Paper I: Psychosocial Foundation of Behavior and Psychopathology

Paper II: Statistics and Research Methodology

Paper III: Psychiatry

Practical: Psychological Assessments including Viva Voce

#### Group “B”

Submission: Five full-length Psychodiagnostic Records

### **Part - II (II Year)**

#### Group “A”

Paper I: Biological Foundations of Behavior

Paper II: Psychotherapy and Counseling

Paper III: Behavioral Medicine

Practical: Psychological Therapies including Viva Voce

#### Group “B”

Submission: Five fully worked-out Psychotherapy Records

#### Group “C”

Dissertation: Under the guidance of a RCI registered Clinical Psychology faculty member with Ph.D. or minimum 2 years' experience (post-qualification) in clinical teaching or clinical research. If the research work is of interdisciplinary nature requiring input/supervision from another specialist, co-guide(s) from the related discipline may be appointed as deem necessary

## **7.0 CREDIT**

Minimum Credit Requirements:

The minimum credit points required for the award of MPhil in Clinical Psychology is 47.

Credits will be assigned on the basis of the lectures (L) / tutorials (T) Clinical Training (CR) / laboratory work (P) / Research Project (RP) and other form of learning in a year.

L - One credit for one-hour lecture per week

P/ T - One credit for every two hours of tutorial or practical

Clinical Rotation (CR) - One credit for three hours of clinical rotation

Research project (RP)- One credit for two hour of dissertation/ Project work per week

Refer the table below describe the credit hours of each course

M.Phil Clinical Psychology Degree Program															
PART I: YEAR I															
Course Number	Course Title	Result in Group (RG) #	Hours/ Week			Credits (C)	Hours /Year			Total Hours	Attendance (%)	Continuous Internal assessment C/A - Theory / Practical (a)	End Semester Assessment		Grand Total Theory: a+b = 100 Practical: a + c = 100
			Lecture (L)	Tutorial(T)/ Clinical Training(CT)	Practical (P)/Research Project		Lect. / Tut.	Practical/ TUT	Clinical Training				Theory (b)	Practical/ Viva (c)	
<b>Group A</b>															
1	Psychosocial Foundations of Behavior and Psychopathology	A	3	4	-	5	105	140	-	245	80	30	70	-	100
2	Statistics and Research Methodology	A	3	4	-	5	105	140	-	245	80	30	70	-	100
3	Psychiatry	A	3	4	-	5	105	140	-	245	80	30	70	-	100
4	Psychological Assessments and Viva Voce (Practicals)	A	-	-	6	3	-	210	-	210	80	30	-	70	100
<b>Group B</b>															
5	Psychodiagnostics Report		-	12	-	4			420	420	80	100	-	-	100
<b>PART I YEAR I</b>	<b>TOTAL</b>		9	24	6	22	315	630	420	1365	-	220	210	70	500

M.Phil Clinical Psychology Degree Program															
PART II: Year -II															
Course Number	Course Title	Result in Group (RG) #	Hours/ Week			Credits (C)	Hours /Year			Total Hours	Attendance (%)	Continuous Internal assessment C/A - Theory / Practical (a)	End Semester Assessment		Grand Total Theory: a+b = 100 Practical: a + c = 100
			Lecture (L)	Tutorial(T)/ Clinical Training(CT)	Practical (P)/Research Project		Lect. / Tut.	Practical/TUT	Clinical Training				Theory (b)	Practical/ Viva (c)	
<b>GROUP 'A'</b>															
6	Biological Foundations of Behaviour	B	3	4	-	5	105	140	-	245	80	30	70	-	100
7	Psychotherapy & Counseling	B	3	4	-	5	105	140	-	245	80	30	70	-	100
8	Behavioural Medicine	B	3	4	-	5	105	140	-	245	80	30	70	-	100
9	Psychological Therapies and Viva Voce (Practicals)	B	-	4	-	2	-	140	-	140	80	60	-	140	200
<b>GROUP 'B'</b>															
10	Psychotherapy Records		-	9	-	3			315	315	80	100	-	-	100
<b>GROUP 'C'</b>															
11	Dissertation & Viva-Voce				10	5		350	-	350	80	30	-	70	100
<b>PART II Year -II</b>	<b>Total</b>		9	25	10	25	315	910	315	1540		280	210	210	700
<b>Grand Total</b>			18	49	16	47	630	1540	735	2905		500	420	280	1200

## 8.0 GRADING SYSTEM:

Range of % of Marks	Letter Grade	Grade Point
95-100	O++	10.0
90-94	O+	9.5
85-89	O	9.0
80-84	A++	8.5
70-79	A+	8.0
60-69	A	7.0
55-59	B+	6.0
51-54	B	5.5
40-50	C	5.0
< Minimum Pass	U	0 (Reappear)
Absent	U	0 (AB)

- Computation of GPA and CGPA

i. The GPA is the ratio of sum of the product of the number of credits with the grade points scored by a student in all the courses taken by a student and the sum of the number of credits of all the courses undergone by a student, i.e.,

$$\text{GPA (Si)} = \frac{\sum(C_i \times G_i)}{\sum C_i}$$

where  $C_i$  is the number of credits of the course and  $G_i$  is the grade point scored by the student in the course.

ii. The CGPA is also calculated in the same manner taking into account all the courses undergone by a student over all the years of a program, i.e.,

$$\text{CGPA} = \frac{\sum(C_i \times S_i)}{\sum C_i}$$

Where,  $S_i$  is the GPA of the year and  $C_i$  is the total number of credits in that year.

iii. The GPA and CGPA shall be rounded off to 2 decimal points and reported in the transcripts

- Classification of Class based on CGPA

5.0 - 6.5	Second Class
6.5 - 8.0	First Class
8.0 and Above	First Class with Distinction

## 9.0 ATTENDANCE

- Attendance shall not be less than 80% in theory and 90% in Clinicals in each year for students to be eligible to appear for examination at the end of the year.
- Candidate who is shortage of attendance in any one of the subjects will be detained for the subject and continue the next semester. He/She has to compensate the required attendance in the next semester and take the examination for the subject along with other subjects of that semester.
- Condonation of shortage of attendance in genuine cases to a maximum of 10% which shall be approved by the Vice-Chancellor VMRF-DU.

## 10.0 PROCEDURE FOR RE-JOINING AFTER BREAK OF STUDY:

- The candidate having availed a break of study between six months to five years shall apply for re-joining the program by remitting the stipulated fee for Condonation of break of study to the VMRF-DU through the Head of the Institution.
- The Head of the Institution shall not permit any candidate with a break of study as stipulated above to re-join the programme without obtaining the prior permission from the authorities of the VMRF-DU.

## 11.0 EXAMINATION PATTERN

### Part – I (I Year)

Papers	Title	Duration	Marks		
			Final Assessment (maximum)	Internal Assessment (Maximum)	Total
Group “A”					
Paper I	Psychosocial Foundations of Behavior and Psychopathology	3 hours	70	30	100
Paper II	Statistics and Research Methodology	3 hours	70	30	100
Paper III	Psychiatry	3 hours	70	30	100
Practical: Psychological Assessments and Viva Voce			70	30	100
Group “B”					
Submission of five cases of full-length Psychodiagnostics Report			None	100	100
Total					500

## Part -II (II year)

Papers	Title	Duration	Marks		
			Final Assessment (maximum)	Internal Assessment (Maximum)	Total
Group "A"					
Paper I	Biological Foundations of Behavior	3 hours	70	30	100
Paper II	Psychotherapy and Counselling	3 hours	70	30	100
Paper III	Behavioral Medicine	3 hours	70	30	100
Practical: Psychological Therapy and Viva Voce			140	60	200
Group "B"					
Submission of five cases of full-length Psychotherapy Report			None	100	100
Group 'C'					
Dissertation			70	30	100
				Total	700

### 11.1. EXAMINATIONS, ASSESSMENT AND CRITERIA FOR PASSING

- i. For all category of courses offered (Core Theory, Core Lab, Research Project), the assessment will comprise of Continuous Internal Assessment (CIA) and at the end of first year/second year, annual examinations. For each course in group "A" & "C" the total of 100% per course is determined from the CIA weighted at 30% and the Annual Exam weighted at 70%. For group "B" course 100% weightage by CIA evaluation.
- ii. Evaluation for a course shall be done on a continuous basis. The uniform procedures to be adopted is to conduct at least two continuous internal assessments (CIA) followed by one end year examination for each course.
- iii. Candidates having  $\geq 80\%$  attendance (theory) and 90% (Clinical) and obtaining 50% marks in the theory and practical internal assessments in each of the courses can alone qualify to appear for the end year examinations.
- iv. A candidate who has not appeared or failed in Part – I (1<sup>st</sup> year) of the regular examination may be allowed to continue the program for the II year and be allowed to take the supplementary Part – I examination.
- v. A candidate has to complete the course successfully within a period of four years from the year of admission to the course. Beyond this period, approval from the Vice Chancellor, VMRF-DU is required.

### 11.2. Appearance for each examination

- i. A candidate shall appear for all the Groups of Part – I and Part – II examination when appearing for the first time.
- ii. Candidate who fail in the Part - I can carry over to the second year. A candidate in Part – I and Part – II, failing in any of the "Group-A" subjects has to appear again in all the "Group-

A” subjects in the supplementary examinations at the end of six months after the announcement of the results.

iii. A candidate in Part – I, failing in “Group-B” has to resubmit five full- length Psychodiagnostic Records within three months.

iv. A candidate in Part – II, failing in “Group-B” has to resubmit five fully worked- out Psychotherapeutic Records within three months.

v. A candidate in Part – II, failing in “Group-C”, has to reappear/ resubmit the dissertation within three months.

- Group A
  - i) Each of the theory paper
  - ii) Each of the practical and viva voce examinations
- Group B
  - iii) Each of the submissions
- Group C
  - iv) The dissertation (in case of Part - II only)

### 11.3 CONTINUOUS INTERNAL ASSESSMENT

The CIA for each of the courses would have a total weightage of 30 marks which would be assessed in the following pattern.

- There will be two assessment test, two submission of assignments and two clinical examinations (Viva voce)

### 11.4 PATTERN OF QUESTION PAPER

M Phil (Clinical Psychology)		
THEORY QUESTION PAPER PATTERN FOR UNIVERSITY EXAMINATIONS [Group A]		
End of year Examination <b>Theory</b> (3 hrs)		
Pattern & Choices	Marks	Total Marks
Long Essay	1X20	20
Brief Essay	2X10	20
Short Notes	6X5	30
	Total	70
<b>Practical</b> question paper pattern for university examinations [Group A]		
End of year Examination <b>Practical</b>		
Part 1: Psychological Assessments and Viva Voce Logbook of the clinical work	70	
Part 2: Psychological Therapy and Viva Voce; Logbook of the clinical work	140	
End of year/ Viva voce for <b>Dissertation</b> [part –II; Group C]		
Assessment by External & Internal Examiners of Dissertation copy	Avg: 35	
Presentation and Viva-voce	Avg: 35	
Total		70



## **12.0. SUBMISSION OF LOGBOOK OF THE CLINICAL WORK**

At the time of practical examination, each candidate shall submit to the examiners the Logbook of the clinical work duly certified by the Head of the Department as a bonafide record work done by the candidate.

- i. Two months prior to Part - I examination the candidates are required to submit five full-length Psychodiagnostic Reports as outlined above.
- ii. Two months prior to Part - II examination the candidates are required to submit five full-length. Psychotherapy Records as outlined above.

## **13.0. DISSERTATION**

(a) All candidates should obtain the Institutional Research Committee and Institutional Ethics Committee approval of the dissertation research by end of the first academic year.

(f) Three hard copies and one CD of the dissertation work shall be submitted 15 days prior to the commencement of the University examination.

Dissertation shall be evaluated during end of academic year by two examiners (internal and external) under the following scheme:

- Introduction and review of literature (5 marks)
- Objective and scope (5)
- Methodology (10)
- Results and discussion (10)
- Summary and citations (5).

This evaluation would reflect the quality of work put into the dissertation by the student.

End of Year Practical & Viva voce: the total of 35 marks is determined from the evaluation weighted at 35 marks for the viva voce (35 marks each) by each examiner.

## **14.0. Additional Tuition Fees**

**14.1.** In-case of attending the program after the final examination the candidate has to pay the tuition fee for that year.

## **15.0 Award of Rank**

Classes, ranks and medals shall be awarded based on final CGPA for candidates who pass in the first attempt only.

## **16.0. Award of Degree**

The University shall award the degree after the candidates successfully complete all the examinations stipulated.

## Syllabus (Course content)

### Part - I (Year- I)

Course number	Course code	Course title	Total hours
1		Part 1 : Year 1	245
		Group A	
		Psychosocial Foundations of Behavior and Psychopathology	

Learning objectives	Learning outcomes
<p>The psychosocial perspectives attempt to understand human cognition, motives, perceptions and behavior as well as their aberrations as product of an interaction amongst societal, cultural, familial and religious factors. The overall aim is to introduce conceptualizations of mental health problems within the psychosocial framework, giving due considerations to contextual issues. Each unit in this paper pays attention to the different types of causal factors considered most influential in shaping both vulnerability to psychopathology and the form that pathology may take.</p>	<p>At the end of the course trainees will be able to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate working knowledge of the theoretical application of the psychosocial model to various disorders.</li> <li>2. Make distinctions between universal and culture-specific disorders paying attention to the different types of socio-cultural causal factors.</li> <li>3. Demonstrate an awareness of the range of mental health problems with which clients can present to services, as well as their psychosocial/contextual mediation.</li> <li>4. Carry out the clinical work up of clients with mental health problems and build psychosocial formulations and interventions, drawing on their knowledge of psychosocial models and their strengths and weaknesses.</li> <li>5. Apply and integrate alternative or complementary theoretical frameworks, for example, biological and/or religious perspectives, sociocultural beliefs and practices etc. in overall management of mental health problems.</li> <li>6. Describe, explain and apply current code of conduct and ethical principles that apply to clinical psychologists working in the area of mental health and illness.</li> <li>7. Describe Mental Health Acts and Policies, currently prevailing in the country and their implications in professional activities of clinical psychologists.</li> </ol>

### PART - A

#### Unit - I

Introduction: Scope of clinical psychology; overview of the profession and practice; history and growth; professional role and functions; current issues and trends; areas of specialization; ethical and legal issues; code of conduct.

#### Unit - II

Mental health and illness: Mental health care - past and present; stigma and attitude towards mental illness; concept of mental health and illness; perspectives - psychodynamic, behavioral, cognitive, humanistic, existential and biological models of mental health/illness

#### Unit - III

Epidemiology: Epidemiological studies in Indian context; socio-cultural correlates of mental illness, mental health, psychological well-being and quality of life.

#### Unit - IV

Self and relationships: Self-concept, self-image, self-perception and self-regulations in mental health and illness; learned helplessness and attribution theories; social skill model; interpersonal and communication models of mental illness; stress diathesis model,

resilience, coping and social support.

Unit - V

Family influences: Early deprivation and trauma; neglect and abuse; attachment; separation; inadequate parenting styles; marital discord and divorce; maladaptive peer relationships; communication style; family burden; emotional adaptation; expressed emotions and relapse.

Unit - VI

Societal influences: Discrimination in race, gender and ethnicity; social class and structure, poverty and unemployment; prejudice, social change and uncertainty; crime and delinquency; social tension & violence; urban stressors; torture & terrorism; culture shock; migration; religion & gender related issues with reference to India.

Unit - VII

Disability: Definition and classification of disability; psychosocial models of disability; impact, needs and problems; issues related to assessment/certification of disability - areas and measures.

Unit - VIII

Rehabilitation: Approaches to rehabilitation; interventions in the rehabilitation processes; models of adaptation to disability; family and caregivers issues; rights of mentally ill; empowerment issues; support to recovery.

Unit - IX

Policies and Acts: Rehabilitation Policies and Acts (Mental Health Act of 1987, National Mental Health Program 1982, the Persons With Disabilities (equal opportunities, protection of rights and full participation) Act 1995; Rehabilitation Council of India (RCI) Act of 1992, National Trust for Mental Retardation, CP and Autistic Children 1999, Juvenile Justice Act of 1986; Mental Health Care Bill 2011; ethical and forensic issues in psychiatry practice); assistance, concessions, social benefits and support from government and voluntary organizations; contemporary challenges; rehabilitation ethics and professional code of conduct.

Part – B (Psychopathology)

Unit - X

Introduction to psychopathology: definition; concepts of normality and abnormality; clinical criteria of abnormality; continuity (dimensional) versus discontinuity (categorical), and prototype models of psychopathology; classification and taxonomies reliability and utility; classificatory systems, currently in use and their advantages and limitations.

Unit - XII

Psychological theories: psychodynamic; behavioral; cognitive; humanistic; interpersonal; psychosocial; and other prominent theories/models of principal clinical disorders and problems, viz. anxiety, obsessive-compulsive, somatoform, dissociative, adjustment, sexual, substance use, personality, suicide, childhood and adolescence, psychotic disorders, mood disorders, and culture-specific disorders.

Unit - XIII

Indian thoughts: Concept of mental health and illness; nosology and taxonomy of mental illness; social identity and stratification (Varnashrama Vyavastha); concept of - cognition, emotion, personality, motivation and their disorders.

Essential References:

- An Introduction to Social Psychology, 2nd ed. Kuppaswamy, B. Konark Publishers: New Delhi
- Culture, Socialization and human development, Saraswathi, T.S (1999). Sage publications: New Delhi
- Asian perspectives in Psychology, Vol. 19. Rao, H.S.R & Sinha D. (1997). Sage publications: New Delhi

- Indian Social Problems, Vol 1 & 2, Madan G.R (2003). Allied Publishers Pvt. Ltd., New Delhi.
- Elements of ancient Indian Psychology, 1st ed. Kuppaswamy, B. (1990) Konark Publishers: New Delhi.
- Handbook of Social Psychology, Vol 1 & 5. Lindzey, G., & Aronson, E. (1975). Amerind Publishing: New Delhi
- Family Theories - an Introduction, Klein, D.M. & White, J.M. (1996). Sage Publications: New Delhi.
- Personality & Social Psychology: towards a synthesis, Krahe, Sage Publications: New Delhi
- Psychopathology, Buss A.H. (1966). John Wiley and sons: NY
- Making sense of Illness: the social psychology of health and disease. Radley, A. (1994). Sage publications: New Delhi
- The Sociology of Mental Illness. 3rd ed. Irallagher, B. J. (1995). Prentice Hall: USA
- Oxford Textbook of Psychopathology, Millon, T., Blaney, P.H. & Davis, R.D. (1999). Oxford University Press: NY
- Abnormal Psychology, 13th ed, Carson, R.C, Butcher, T.N, Mureka, S. & Hooley, J.M. (2007). Dorling Kindersley Pvt Ltd: India
- Developmental Psychopathology, Achenback T.M. (1974). Ronald Press Co.: NY
- Fish's Clinical Psychopathology, Fish, F, & Hamilton, M (1979). John Wright & Sons: Bristol.
- Psychopathology in the aged, Cole, J.O. & Barrett, J.E. (1980). Raven Press: NY
- Abnormal Child Psychology, Mash, EJ & Wolfe, D.A. (1999). Wadsworth Publishing: U.S.A
- Handbook of Clinical Child Psychology, 3rd ed. Walker, C.E & Roberts, M.C. (2001). John Wiley & Sons: Canada.
- Clinical Child Psychology, Pfeiffer, S.I. (1985). Grune & Stratton: USA
- Mental Health of Indian Children, Kapur, (1995). Sage publications: New Delhi
- The Inner world: a Psychoanalytic study of Childhood and Society in India, Kakar, S (1981). Oxford University press: New Delhi
- Applied Cross Cultural Psychology, Brislin, R. W. (1990). Sage publications: New Delhi

Course number	Course code	Course title	Total hours
2		Part 1 : Year 1	245
		Group A	
		Statistics and Research Methodology	

Learning objectives	Learning outcomes
1. To elucidate various issues involved in conduct of a sound experiment/survey. 2. Introduce the trainees to the menu of statistical tools available for their research, 3. Develop their understanding of the conceptual bases of these tools.	At the end of the course trainees will be able to: 1. Explain the empirical meaning of parameters in statistical models 2. Explain the scientific meaning of explaining variability 3. Describe experimental design issue~ - control of unwanted variability, confounding and bias. 4. Take account of relevant factors in deciding on appropriate methods and instruments to use in specific research projects.

	<p>5. Understand the limitations and shortcomings of statistical models</p> <p>6. Apply relevant design/statistical concepts in their own particular research projects.</p> <p>7. Analyze data and interpret output in a scientifically meaningful way</p> <p>8. Generate hypothesis/hypotheses about behavior and prepare a research protocol outlining the methodology for an experiment/survey.</p> <p>9. Critically review the literature to appreciate the theoretical and methodological issues involved.</p>
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Unit - I

Introduction: Various methods to ascertain knowledge, scientific method and its features; problems in measurement in behavioral sciences; levels of measurement of psychological variables - nominal, ordinal, interval and ratio scales; test construction - item analysis, concept and methods of establishing reliability, validity and norms.

Unit - II

Sampling: probability and non-probability; various methods of sampling - simple random, stratified, systematic, cluster and multistage sampling; sampling and non-sampling errors and methods of minimizing these errors.

Unit - III

Concept of probability: probability distribution - normal, poisson, binomial; descriptive statistics - central tendency, dispersion, skewness and kurtosis.

Unit - IV

Hypothesis testing: formulation and types; null hypothesis, alternate hypothesis, type I and type II errors, level of significance, power of the test, p-value. Concept of standard error and confidence interval.

Unit - V

Tests of significance - parametric tests: Requirements, "t" test, normal z-test, and "F" test including post-hoc tests, one-way and two-way analysis of variance, analysis of covariance, repeated measures analysis of variance, simple linear correlation and regression.

Unit - VI

Tests of significance - non-parametric tests: Requirements, one sample tests - sign test, sign rank test, median test, Mc Nemer test; two-sample test - Mann Whitney U test, Wilcoxon rank sum test, Kolmogorov-Smirnov test, normal scores test, chi-square test; Ksample tests - Kruskal Wallies test, and Friedman test, Anderson darling test, Cramer-von Mises test.

Unit - VII

Experimental design: randomization, replication, completely randomized design, randomized block design, factorial design, crossover design, single subject design, non-experimental design.

Unit - VIII

Epidemiological studies: prospective and retrospective studies, case control and cohort studies, rates, sensitivity, specificity, predictive values, Kappa statistics, odds ratio, relative risk, population attributable risk, Mantel Haenzel test, prevalence, and incidence. Age specific, disease specific and adjusted rates, standardization of rates. Tests of association, 2 x 2 and row x column contingency tables.

Unit - IX

Multivariate analysis: introduction, Multiple regression, logistic regression, factor analysis, cluster analysis, discriminant function analysis, path analysis, MANOV A, Canonical correlation, and Multidimensional scaling.

Unit - X

Sample size estimation: sample size determination for estimation of mean, estimation of proportion, comparing two means and comparing two proportions.

Unit - XI

Qualitative analysis of data: content analysis, qualitative methods of psychosocial research.

Unit - XII

Use of computers: use of relevant statistical package in the field of behavioral science and their limitations.

Essential References:

- Research Methodology, Kothari, C. R. (2003). Wishwa Prakshan: New Delhi
- Foundations of Behavioral Research, Kerlinger, F.N. (1995). Holt, Rinehart & Winston: USA
- Understanding Biostatistics, Hassart, T.H. (1991). Mosby Year Book
- Biostatistics: a foundation for analysis in Health sciences, 8th ed, Daniel, W.W. (2005). John Wiley and sons: USA
- Multivariate analysis: Methods & Applications, Dillon, W.R. & Goldstein, M. (1984), John Wiley & Sons: USA
- Non-parametric Statistics for the Behavioral Sciences, Siegal, S & Castellan, N.J. (1988). McGraw Hill: New Delhi
- Qualitative Research: Methods for the Social Sciences, 6th ed, Berg, B.L. (2007). Pearson Education, USA

Course number	Course code	Course title	Total hours
3		Part 1: Year 1	245
		Group A	
		Psychiatry	

Learning objectives	Learning outcomes
<p>1. To train in conceptualization of psychopathology from different etiological perspectives.</p> <p>2. Elicit phenomenology and arrive at the clinical diagnosis following a classificatory system and propose / carry out psychological interventions including psychosocial treatment/management for the entire range of psychological disorders.</p> <p>3. Train in assessing the caregivers' burden, disability and dysfunctions that are often associated with mental disorders and intervene as indicated in a given case.</p>	<p>At the end of the course trainees will be able to:</p> <p>1. Demonstrate an understanding of a clinically significant behavioral and psychological syndrome, and differentiate between child and adult clinical features/presentation.</p> <p>2. Evaluate how culture, societal and familial practices shape the clinical presentation of mental disorders, and understand the role of developmental factors in adult psychopathology.</p> <p>3. Carryout the clinical work up of clients presenting with the range of mental health problems and make clinical formulations/diagnosis drawing on their knowledge of a pertinent diagnostic criteria and phenomenology.</p> <p>4. Summarize the psychosocial, biological and sociocultural causal factors associated with mental health problems and neuropsychological disorders with an emphasis on biopsychosocial and other systemic models.</p> <p>5. Carryout with full competence the psychological assessment, selecting and using a variety of instruments in both children and adults.</p>

	<p>6. Describe various intervention programs in terms of their efficacy and effectiveness with regard to short and longer term goals, and demonstrate beginning competence in carrying out the indicated interventions, monitor progress and outcome.</p> <p>7. Discuss various pharmacological agents that are used to treat common mental disorders and their mode of action.</p> <p>8. Demonstrate an understanding of caregiver, and family burden and their coping style.</p> <p>9. Assess the disability/dysfunctions that are associated with mental health problems, using appropriate measures.</p> <p>10. Discuss the medico-legal and ethical issues in patients requiring chronic care and institutionalization</p>
<p>Unit - I Signs and symptoms: disorders of consciousness, attention, motor behavior, orientation, experience of self, speech, thought, perception, emotion, and memory.</p> <p>Unit - II Psychoses: schizophrenia, affective disorders, delusional disorders and other forms of psychotic disorders - types, clinical features, etiology and management.</p> <p>Unit - III Neurotic, stress-related and somatoform disorders: types, clinical features, etiology and management.</p> <p>Unit - IV Disorders of personality and behavior: specific personality disorders; mental &amp; behavioral disorders due to psychoactive substance use; habit and impulse disorders; sexual disorders and dysfunctions- types, clinical features, etiology and management.</p> <p>Unit - V Organic mental disorders: dementia, delirium and other related conditions with neuralgic and systemic disorders - types, clinical features, etiology and management.</p> <p>Unit - VI Behavioral, emotional and developmental disorders of childhood and adolescence: types, clinical features, etiology and management.</p> <p>Unit - VII Mental retardation: classification, etiology and management.</p> <p>Unit - VIII Neurobiology of mental disorders: neurobiological theories of psychosis, mood disorders, suicide, anxiety disorders, substance use disorders and other emotional and behavioral syndromes.</p> <p>Unit - IX Therapeutic approaches: drugs, ECT, psychosurgery, psychotherapy, and behavior therapy, preventive and rehabilitative strategies – half-way home, sheltered workshop, daycare, and institutionalization.</p> <p>Unit - X Consultation-liaison psychiatry: psychiatric consultation in general hospital; primary care setting.</p> <p>Unit - XI Special populations/Specialties: geriatric, terminally ill, HIV / AIDS, suicidal, abused, violent and noncooperative patients; psychiatric services in community, and following disaster/calamity.</p> <p>Unit - XII Mental health policies and legislation: mental Health Act of 1987, National Mental Health</p>	

Program 1982, the Persons with Disabilities (equal opportunities, protection of rights and full participation) Act 1995; Rehabilitation Council of India (RCI) Act of 1993, National Trust for Mental Retardation, CP and Autistic Children 1999, Juvenile Justice Act of 1986; ethical and forensic issues in psychiatry practice

Essential References:

- Comprehensive Textbook of Psychiatry, 6th ed., Vol. 1 & 2, Kaplan & Sadock, (1995). William & Wilkins: London
- Oxford Textbook of Psychiatry, 2nd ed., Gelder, Gath & Mayon, (1989). Oxford University Press: NY
- Symptoms in mind: Introduction to Descriptive Psychopathology, Sims A, Bailliere T, (1988)
- Textbook of Postgraduate Psychiatry, 2nd ed. Vol 1 & 2, Vyas, J.N. & Ahuja, N. (1999). Jaypee brothers: New Delhi.
- Child and Adolescent Psychiatry: Modern approaches, 3rd ed., Rutter, M. & Herson, L (1994) Blackwell Scientific Publications: London

Course number	Course code	Course title	Total hours
4		Part 1: Year 1	210
		Group A	
		Psychological Assessments and Viva Voce (Practical)	

Learning objectives	Learning outcome
<p>To provide</p> <ol style="list-style-type: none"> <li>1. Hands-on experience in acquiring the necessary skills and competency in selecting, administering, scoring and interpreting psychological tests often employed in clients with mental or neuropsychological disorders.</li> <li>2. Extensive exposure in working up of cases and carrying out the psychological assessment includes (not necessarily limited to): cognition, intelligence, personality, diagnostic, levels of adjustment, disability/functional capacity, neuropsychological functions, clinical ratings of symptomatology, variables that help/direct treatment, and assess treatment outcomes</li> </ol>	<p>At the end of the course trainees will be able to:</p> <ol style="list-style-type: none"> <li>1. Use relevant criteria to assess the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses for clinical purposes.</li> <li>2. To carry out the clinical work-up and discuss the diagnostic possibilities based on the history and mental status examination of the clients with psychological/neuropsychological problems.</li> <li>3. Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.</li> <li>4. Select and justify the use of psychological tests and carry out the assessment as per the specified procedures in investigating the relevant domains.</li> <li>5. Interpret the findings in the backdrop of the clinical history and mental status findings and arrive at a diagnosis.</li> <li>6. Prepare the report of the findings as relevant to the clinical questions asked or</li> </ol>



	hypothesis set up before the testing began, and integrate the findings in service activities.
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## PRACTICAL - Psychological Assessments (Part - I)

### Unit - I

Introduction: case history; mental status examination; rationale of psychological assessment; behavioral observations, response recording, and syntheses of information from different sources; formats of report writing.

### Unit - II

Tests of cognitive functions: bender gestalt test; Wechsler memory scale; PGI memory scale; Wisconsin card sorting test, Bhatia's battery of performance tests of intelligence; Binet's test of intelligence (locally standardized); Raven's progressive matrices (all versions); Wechsler adult intelligence scale - Indian adaptation (WAPIS - Ramalingaswamy's), WAIS-R.

### Unit - III

Tests for diagnostic clarification: A) Rorschach Psychodiagnostics, B) Tests for thought disorders - color form sorting test, object sorting test, proverbs test, C) Minnesota Multiphasic Personality Inventory; Multiphasic questionnaire, clinical analysis questionnaire, IPDE, D) screening instruments such as GHQ, hospital anxiety/depression scale etc. to detect psychopathology.

### Unit - IV

Tests for adjustment and personality assessment: A) Questionnaires and inventories - 16 personality factor questionnaire, NEO-5 personality inventory, temperament and character inventory, Eysenck's personality inventory, Eysenck's personality questionnaire, self-concept and self-esteem scales, Rottor's locus of control scale, Bell's adjustment inventory (students' and adults'), subjective well-being questionnaires, QOL, B) projective tests - sentence completion test, picture frustration test, draw-a-person test; TAT - Murray's and Uma Chowdhary's.

### Unit - V

Rating scales: self-rated and observer-rated scales of different clinical conditions such as anxiety, depression, mania, OCD, phobia, panic disorder etc. (including Leyton's obsessional inventory, Y-BOCS, BDI, STAI, HADS, HARS, SANS, SAPS, PANSS, BPRS), issues related to clinical applications and recent developments.

### Unit - VI

Psychological assessment of children: A) Developmental psychopathology check list, CBCL, B) Administration, scoring and interpretation of tests of intelligence scale for children such as SFB, C-RPM, Malin's WISC, Binet's tests, and developmental schedules (Gesell's, Illingworth's and other) Vineland social maturity scale, AMD adaptation scale for mental retardation, BASIC-MR, developmental screening test (Bharatraj's), C) Tests of scholastic abilities, tests of attention, reading, writing, arithmetic, visuo-motor gestalt, and integration, D) Projective tests - Raven's controlled projection test, draw-a-person test, children's apperception test, E) Clinical rating scales such as for autism, ADHD etc.

### Unit - VII

Tests for people with disabilities: WAIS-R, WISC-R (for visual handicapped), blind learning aptitude test, and other interest and aptitude tests, Kauffman's assessment battery and such other tests/scales for physically handicapped individuals.

### Unit - VIII

Neuropsychological assessment: LNNB, Halstead-Reitan battery, PGI-BBD, NIMHANS and other batteries of neuropsychological tests in current use.

Essential References:

- Theory and practice of psychological testing, Freeman, F.S. (1965). Oxford and IHBN: New Delhi.
- Comprehensive handbook of psychological assessment, Vol 1 & 2, Hersen, M, Segal, D. L, Hilsenroth, M.J. (2004). John Wiley & Sons: USA
- Comprehensive Clinical Psychology: Assessment, Vol. 4, Bellack, A.S. & Hersen, M (1998). Elsevier Science Ltd.: Great Britain
- The Rorschach - A Comprehensive System, Vol 1, 4th ed., Exner, J.E. John Wiley and sons: NY.
- The Thematic Apperception Test manual, Murray H.A. (1971), Harvard University Press.
- An Indian modification of the Thematic Apperception Test, Choudhary, U. Shree Saraswathi Press: Calcutta

Course number	Course code	Course title	Total hours
5		Part 1: Year 1	420
		Group A	
		Psychodiagnostic Records	

Learning Objectives	Learning outcome
Develop required competency/skills for assessment through cases having psychological/neuropsychological disorders	At the end of the course trainees will be able to: Demonstrate and use the psychological assessments

Five full-length Psychodiagnostic Records, out of which one record each should be related to, child and neuropsychological assessment.

Record Presentation Format: The records should include a

- Summary of the clinical history organized under relevant headings
- Discussion on:
  - a) rationale for testing,
  - b) areas to be investigated,
  - c) tests administered and their rationale,
  - d) test findings and
  - e) impression

Minimum prescribed clinical work during Part 1 training.

Prescribed clinical work		Number of Cases By the end Part – I
1	Detailed case histories	50
2	Clinical Interviews	40
3	Full length Psychodiagnostics	40

4	Neuropsychological Assessment	5
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A logbook of the clinical work carried out under the supervision during each year of training, with sufficient details such as particulars of the client, diagnosis, duration and nature of intervention(s), number of sessions held etc. should be maintained by all trainees and must be produced the same to the examiners at the time of Part – I and II practical examinations

Course number	Course code	Course title	Total hours
6		Part II: Year 2	245
		Group A	
		Biological Foundations of Behavior	

Learning objectives	Learning outcomes
<ol style="list-style-type: none"> <li>1. To provide important biological foundations of human behavior and various syndromes.</li> <li>2. The main focus is the nervous system and its command center - the brain.</li> <li>3. Ho the pharmacological agents dramatically alter the severity and course of certain mental disorders</li> </ol>	<p>At the end of the course trainees will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the nature and basic functions of the nervous system.</li> <li>2. Explain what neurons are and how they process information.</li> <li>3. Identify the brain's levels and structures, and summarize the functions of its structures.</li> <li>4. Describe the biochemical aspects of brain and how genetics increase our understanding of behavior.</li> <li>5. State what endocrine system is and how it regulates internal environment and affects behavior.</li> <li>6. Discuss the principles of psychopharmacology and review the general role of neurotransmitters and neuromodulators in the brain.</li> <li>7. Describe the monoaminergic and cholinergic pathway in the brain and the drugs that affect these neurons.</li> <li>8. Describe the role of neurons that release amino acid neurotransmitters and the drugs that affect these neurons.</li> <li>9. Describe kinds of clinical symptoms that are often associated with lesions of frontal, parietal, temporal and occipital lobes of the brain.</li> <li>10. Describe kinds of neuropsychological deficits that are often associated with lesions of frontal, parietal, temporal and occipital lobes of the brain, and carry out the indicated neuropsychological assessment</li> </ol>

	<p>employing any valid battery of tests.</p> <p>11. Describe kinds of neuropsychological deficits are often associated with subcortical lesions of the brain.</p> <p>12. List symptoms that are typical of focal and diffuse brain damage.</p> <p>13. Enumerate the characteristics of clinical syndrome and the nature of neuropsychological deficits seen in various cortical and subcortical dementias.</p> <p>14. Describe the neuropsychological profile of principal psychiatric syndromes.</p> <p>15. Demonstrate an understanding of functional neuroimaging techniques and their application in psychological disorders and cognitive neuroscience.</p> <p>16. Demonstrate an understanding of the principle involved in neuropsychological assessment, its strengths and weaknesses, and its indications.</p> <p>17. Describe the nature of disability associated with head injury in the short and longer term, methods of remedial training and their strengths and weakness.</p>
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Part - A (Anatomy, Physiology and Biochemistry of CNS)	
<p>Unit I Anatomy of the brain: major anatomical sub-divisions of the human brain; the surface anatomy and interior structures of cortical and subcortical regions; anatomical connectivity among the various regions; blood supply to brain and the CSF system; cytoarchitecture and modular organization in the brain.</p> <p>Unit - II Structure and functions of cells: cells of the nervous system (neurons, supporting cells, blood-brain barrier); communication within a neuron (membrane potential, action potential); communication between neurons (neurotransmitters, neuromodulators and hormones).</p> <p>Unit – III Biochemistry of the brain: biochemical, metabolic and genetic aspect of Major mental disorders, mental retardation and behavioural disorders.</p> <p>Unit – IV Neurobiology of sensory-motor systems and internal environment: organization of sensory-motor system in terms of receptors and thalamus cortical pathways; and motor responses. Role of limbic, autonomic and the neuroendocrine system in regulating the internal environment.</p> <p>Unit – V Neurotransmitters and behaviour: role of neurotransmitters and Neuromodulators (acetylcholine, monoamines, amino acids, peptides, lipids) in various aspects of behaviour</p>	
Part - B (Neuropsychology)	
<p>Unit - VI Introduction: relationship between structure and function of the brain; the rise of neuropsychology as a distinct discipline, logic of cerebral organization; localization and lateralization of functions; approaches and methodologies of clinical and cognitive neuropsychologists.</p>	

Unit- VII

Frontal lobe syndrome: disturbances of regulatory functions; attentional processes; emotions; memory and intellectual activity; language and motor functions.

Unit- VIII

Temporal lobe syndrome: special senses - hearing, vestibular functions and integrative functions; disturbances in learning and memory functions; language, emotions, time perception and consciousness.

Parietal and occipital lobe syndromes: disturbances in sensory functions and body schema perception; agnosias and apraxias; disturbances in visual space perception; color perception; writing and reading ability.

Unit - IX

Neuropsychological profile of neuro-psychiatric conditions: neuropsychological profile of cortical and subcortical dementia; major mental disorders and substance use disorders

Unit - X

Functional human brain mapping: QEEG, EP & ERP, PET, SPECT, fMRI

Unit- XI

Neuropsychological assessment: introduction, principles, relevance, scope and indications for neuropsychological assessment and issues involved in neuropsychological assessment of children.

Unit- XII

Neuropsychological rehabilitation: principles, objectives and methods of neuro-rehabilitation of traumatic brain injury, organic brain disorders, major psychiatric disorders and behavioural disorders; scope of computer-based retraining, Neurofeedback, cognitive aids.

Essential References:

- Clinical Neuroanatomy for Medical Students, Snell, R.S. (1992), Little Brown & Co.: Boston.
- Neuropsychology, a clinical approach, Walsh K. (1994), Churchill Livingstone: Edinburgh.
- Textbook of Medical Physiology, Guyton, A.C. Saunders Company: Philadelphia.
- Behavioral Neurology, Kirshner H.S, (1986). Churchill Livingstone: NY.
- Principles of Neural Science, Kandel, E. R, & Schwartz, J. H (1985). Elsevier: NY
- Foundations of Physiological Psychology, 6th ed., Carlson, N.R. (2005). Pearson Education Inc: India
- Essential psychopharmacology, Stahl, S.M. (1998). Cambridge University Press: UK
- Textbook of physiology, Vol 2, Jain, A.K (2005). Avichal Publishing Company: New Delhi.
- Handbook of Clinical Neurology, Vols, 2, 4, 45 and 46, Vinken, P J, & Bruyn, G W, (1969). North Holland Publishing Co.: Amsterdam
- Fundamentals of Human Neuropsychology, Kolb, B.I. Freeman & Company: NY
- Neuropsychology, a Clinical approach, 4th ed., Walsh, K (2003). Churchill Livingstone: Edinburgh
- Handbook of Cognitive Neuroscience, Gazzaniga, M. S. (1984). Plenum Press: NY
- Textbook of postgraduate Psychiatry, 2nd ed., Vol 1 & 2, Vyas, J.N. & Ahuja, N (1999). Jaypee brothers: New Delhi.
- Neuropsychological Assessment of Neuropsychiatric disorders, 2nd ed., Grant, I. & Adams, K.M. (1996). Oxford University Press: NY.
- Diagnosis & Rehabilitation in Clinical Neuropsychology, Golden, CJ, Charles, C.T. (1981). Spring Field: USA
- Principles of Neuropsychological Rehabilitation, Prigatano, G.P. (1999). Oxford University Press: NY

- Event Related brain potentials - Basic issues & applications, Rohrbaugh, J W (1990). Oxford University Press: NY.
- Neuropsychological Assessment, Lezak, M.D. (1995), Oxford Univ. Press: NY
- Comprehensive Clinical Psychology- Assessment, Vol 4, Bellack A.S. & Hersen M. (1998). Elsevier Science Ltd.: Great Britain

Course number	Course code	Course title	Total hours
7		Part II: Year 2	245
		Group A	
		Psychotherapy and counselling	

Learning objectives	Learning outcomes
<p>1. Impart knowledge and skills necessary to carry out psychological interventions in mental health problems with required competency.</p> <p>2. Introduce factors that lead to development of an effective working therapeutic alliance, pre-treatment assessment, setting therapy goals, evaluation of success of therapy in producing desired changes, and variables that affect the therapy processes.</p> <p>3. Equip the trainees with various theories of clinical problems, and intervention techniques, and their advantages and limitations.</p>	<p>At the end of the course trainees will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe factors are important in determining how well patients do in psychotherapy</li> <li>2. Demonstrate ability to provide a clear, coherent, and succinct account of patient's problems and to develop an appropriate treatment plan.</li> <li>3. Demonstrate a sense of working collaboratively on the problem and ability to foster an effective alliance.</li> <li>4. Demonstrate working knowledge of theoretical application of various approaches of therapy to clinical conditions.</li> <li>5. Set realistic goals for intervention taking into consideration the social and contextual mediation.</li> <li>6. Carry out specialized assessments and interventions, drawing on their knowledge of pertinent outcome/evidence research.</li> <li>7. Use appropriate measures of quantifying changes and, apply and integrate alternative or complementary theoretical approach, depending on the intervention outcome.</li> <li>8. Demonstrate skills in presenting and communicating some aspects of current intervention work for assessment by other health professionals, give and receive constructive feedback.</li> <li>9. Demonstrate ability to link theory-practice and assimilate clinical, professional, academic and ethical knowledge in their role of a therapist.</li> <li>10. Present a critical analysis of intervention</li> </ol>

	related research articles and propose their own methods/design of replicating such research.
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#### Unit - I

Introduction to Psychotherapy: definitions, objectives, issues related to training professional therapists; ethical and legal issues involved in therapy work; rights and responsibilities in psychotherapy; issues related to consent (assent in case of minors); planning and recording of therapy sessions; structuring and setting goals; pre- and post-assessment; practice of evidence-based therapies.

#### Unit - II

Therapeutic Relationship: client and therapist characteristics; illness, technique and other factors influencing the relationship.

#### Unit -III

Interviewing: objectives of interview, interviewing techniques, types of interviews, characteristics of structured and unstructured interview, interviewing skills (micro skills), open-ended questions, clarification, reflection, facilitation and confrontation, silences in interviews, verbal and non-verbal components,

#### Unit -IV

Affective psychotherapies: origin, basis, formulation, procedures, techniques, stages, process, outcome, indications, and research & current status with respect to psychodynamic, brief psychotherapy, humanistic, existential, gestalt, person-centered, Adlerian, transactional analysis, reality therapy, supportive, clinical hypnotherapy, play therapy, psychodrama, and oriental approaches such as yoga, meditation, shavasana, pranic healing, reiki, taichi etc.

#### Unit - V

Behavior therapies: origin, foundations, principles & methodologies, problems and criticisms, empirical status, behavioral assessment, formulations and treatment goals, Desensitization - (marginal, in-vivo, enriched, assisted), Extinction - (graded exposure, flooding and response prevention, implosion, covert extinction, negative practice, stimulus satiation), Skill training - (assertiveness training, modeling, behavioral rehearsal), Operant procedures - (token economy, contingency management), Aversion - (faradic aversion therapy, covert sensitization, aversion relief procedure, anxiety relief procedure and avoidance conditioning),\_Self-control procedures (thought stop, paradoxical intention, stimulus satiation), Biofeedback - (EMG, GSR, EEG, Temp., EKG), Behavioral counseling, Group behavioral approaches, Behavioral family/marital therapies.

#### Unit - VI

Cognitive therapies: cognitive model, principles and assumptions, techniques, indications and current status of rational emotive behavior therapy, cognitive behavior therapy, cognitive analytic therapy, dialectical behavior therapy, problem-solving therapy, mindfulness based cognitive therapy, schema focused therapy, cognitive restructuring, and other principal models of cognitive therapies.

#### Unit - VII

Systemic therapies: origin, theoretical models, formulation, procedures, techniques, stages, process, outcome, indications, and research & current status with respect to family therapy, marital therapy, group therapy, sex therapy, interpersonal therapy and other prominent therapies.

#### Unit - VIII

Physiological therapies: origin, basis, formulation, procedures, techniques, stages, process, outcome, indications, and current status with respect to progressive muscular relaxation, autogenic training, biofeedback, eye-movement desensitization and reprocessing, and other forms of evidence-based therapies.

#### Unit - IX

Counseling: definition and goals, techniques, behavioral, cognitive and humanistic approaches, process, counseling theory and procedures to specific domains of counseling.

Unit - X

Therapy in special conditions: therapies and techniques in the management of deliberate self harm, bereavement, traumatic victims of man-made or natural disasters, in crisis, personality disorders, chronic mental illness, substance use, HIV/AIDS, learning disabilities, mental retardation, and such other conditions where integrative/eclectic approach is the basis of clinical intervention.

Unit - XI

Therapy with children: introduction to different approaches, psychoanalytic therapies (Anna Freud, Melanie Klein, Donald Winnicott); special techniques (behavioral and, play) for developmental internalizing and externalizing disorders.; therapy in special conditions such as psycho-physiological and chronic physical illness; parent and family counseling; therapy with adolescents.

Unit - XII

Psycho education (therapeutic education): information and emotional support for family members and caregivers, models of therapeutic education, family counseling for a collaborative effort towards recovery, relapse-prevention and successful rehabilitation with regard to various debilitating mental disorders.

Unit - XIII

Psychosocial rehabilitation: rehabilitation services, resources, medical and psychosocial aspects of disability, assessment, group therapy, supportive therapy and other forms of empirically supported psychotherapies for core and peripheral members.

Unit - XIV

Indian approaches to Psychotherapy: yoga, Meditation, Mindfulness –based intervention: methods, processes and outcome.

Unit - XV

Contemporary issues and research: Issues related to evidence-based practice, managed care, and research related to process and outcome.

Essential References:

- An introduction to the psychotherapies, 3rd ed., Bloch, S (2000). Oxford Medical Publications: NY'
- Encyclopedia of Psychotherapy, Vol 1 & 2, Hersen M & Sledge W. (2002). Academic Press: USA
- The techniques of Psychotherapy, 4th ed., Parts 1 & 2, Wolberg, L.R. Grune & Stratton: NY
- Theories of Psychotherapy & Counseling, 2nd ed., Sharf, R.S. (2000). Brooks/Cole: USA
- Handbook of Psychotherapy & Behavior change - An empirical analysis, Bergin, AG. & Garfield, S. L. (1978). John Wiley & Sons: NY
- Comprehensive Clinical Psychology, Vol 6, Bellack, AS. & Hersen, M., (1998). Elsevier Science Ltd: Great Britain
- Handbook of Individual Therapy, 4th ed., Dryden, W. (2002). Sage Publications: New Delhi.
- Psychotherapy: an eclectic integrative approach, 2nd ed. Garfield, S. L. (1995). John Wiley and sons: USA
- International handbook of behavior modification and therapy, Bellack, AS., Hersen, M and Kazdin, AE. (1985). Plenum Press: NY
- Behavior Therapy: Techniques and empirical findings, Rimm D.C. & Masters J .C. (1979). Academic Press: NY.



- Handbook of Clinical Behavior Therapy, Turner, S.M., Calhoun K.S and Adams H.E. (1992). Wiley Interscience: NY
- Dictionary of Behavior Therapy, Bellack, H. Pergamon Press: NY
- Comprehensive Handbook of Cognitive Therapy, Freeman, A, Simon, K.M., Beutler L.E. & Arkowitz, M. (1988), Plenum Press: NY
- Cognitive Behavior Therapy for Psychiatric problems: A practical guide, Hawton, K. Salkovskis, P.M., Kirk, J. and Clark, D.M. (1989). Oxford University Press: NY
- Rational Emotive Behaviour Therapy, Dryden, W. (1995). Sage publications: New Delhi
- Cognitive Therapy: an Introduction, 2nd ed, Sanders, D & Wills, F. (2005). Sage Publications: New Delhi
- Advances in Cognitive Behavior therapy, Dobson, K S and Craig, K D. (1996). Sage publications: USA
- Science and Practice of CBT, Clark, D M and Fairburn, C. G. (2001). Oxford University press: Great Britain.
- Counseling and Psychotherapy: theories and interventions. 3rd ed. Capuzzi, D and Gross D. R (2003). Merrill Prentice Hall: New Jersey
- Handbook of Psychotherapy case formulation. 2nd ed. Eells, T.D (2007). Guilford press: USA
- Psychoanalytic techniques, a handbook for practicing psychoanalyst, Wolman BB Basic Book: NY
- The Technique and Practice of psychoanalysis Vol. 1, Greenson, R.R (1967). International Universities Press: USA
- Psychotherapy: The Analytic approach, Aronson, M. J and Scharfman, M.A (1992). Jason Aronson Inc: USA
- New Approach of Interpersonal Psychotherapy, Klerman, G. L., Weissman, M. M (1993). American Psychiatric press: Washington
- Handbook of clinical child Psychology, 3rd ed., Walker, C.E. & Roberts, MC (2001). John Wiley and Sons: Canada.
- Abnormal child psychology, Mash, EJ & Wolfe, D.A (1999). Wadsworth Publishing: USA
- Clinical Practice of Cognitive Therapy with children and adolescents, Friedberg RD. & McClure, J .M. Guilford Press, NY
- CBT for children and families, 2nd ed., Graham, PJ. (1998). Cambridge University Press: UK
- Handbook of clinical behavior therapy, Turner, S.M, Calhour, K.S. & Adams, H.E.(1992 Wiley Interscience: NY
- Basic family therapy, Baker, P, (1992). Blackwell Scientific Pub.: New Delhi
- Handbook of family and Marital Therapy, Wolman, R B. & Stricker, G, (1983). Plenum: NY
- Introduction to Counseling and Guidance, 6th ed., Gibson, R.L. & Mitchell M.H. (2006), Pearson, New Delhi

Course number	Course code	Course title	Total hours
8		Part II: Year 2	245
		Group A	
		Behavioural Medicine	

Learning objectives	Learning outcomes
<ol style="list-style-type: none"> <li>1. Elucidate the effects of stress on immune, endocrine, and neurotransmitter functions among others,</li> <li>2. Psychological process involved in health choices individuals make and adherence to preventive regimens,</li> <li>3. The effectiveness of psychological interventions in altering unhealthy lifestyles and in directly reducing illness related to various systems.</li> <li>4. To provide the required skills and competency to assess and intervene for psychological factors that may predispose an individual to physical illness and that maintain symptoms, in methods of mitigating the negative effects of stressful situations/events, and buffering personal resources</li> </ol>	<p>At the end of the course trainees will be able to::</p> <ol style="list-style-type: none"> <li>1. Appreciate the impact of psychological factors on developing and surviving a systemic illness.</li> <li>2. Understand the psychosocial impact of an illness and psychological interventions used in this context.</li> <li>3. Understand the psychosocial outcomes of disease, psychosocial interventions employed to alter the unfavorable outcomes.</li> <li>4. Understand the rationale of psychological interventions and their relative efficacy in chronic disease, and carry out the indicated interventions.</li> <li>5. Understand the importance of physician-patient relationship and communication in determining health outcomes.</li> <li>6. Understanding of how basic principles of health psychology are applied in specific context of various health problems, and apply them with competence.</li> <li>7. Demonstrate the required sensitivity to issues of death and dying, breaking bad news, and end-of-life issues.</li> <li>8. Carry out specialized interventions during period of crisis, grief and bereavement</li> <li>9. Understand, assimilate, apply and integrate newer evidence-based research findings in therapies, techniques and processes.</li> <li>10. Critically evaluate current health psychology/behavioral medicine research articles, and present improved design/methods of replicating such research.</li> <li>11. Demonstrate the sense of responsibility while working collaboratively with 'another specialist and foster a working alliance.</li> </ol>

#### Unit - I

Introduction: definition, boundary, psychological and behavioral influences on health and illness, neuroendocrine, neurotransmitter and neuroimmune responses to stress, negative affectivity, behavioral patterns, and coping styles, psychophysiological models of disease, theoretical models of health behavior, scope and application of psychological principles in health, illness and health care.

#### Unit - II

Central nervous system: cognitive, personality, behavioral, emotional disturbances in major CNS diseases like cerebrovascular (stroke, vascular dementia etc.), developmental (cerebral palsy), degenerative (Parkinson's etc.), trauma (traumatic brain and spinal cord injury), convulsive (epilepsy), and infectious (AIDS dementia), assessment and methods for psychological intervention and rehabilitation with such patients.

### Unit - III

Cardiovascular system: psychosocial, personality, lifestyle, and health, practice issues, psychobehavioral responses including coping, with illness and functional loss in hypertension, MI, following CABG and other cardiovascular conditions, salient issues with regard to quality of-life and well-being, empirically proven methods of psychological management of CVS diseases.

### Unit - IV

Respiratory system: precipitants, such as emotional arousal, and other external stimuli, exacerbants such as anxiety and panic symptoms, effects, such as secondary gain, low self-esteem in asthma and other airway diseases, psychological, behavioral and biofeedback strategies as adjunct in the management.

### Unit - V

Gastrointestinal system: evaluation of psychological factors including personality characteristics and stress/coping style in functional GI disorders such as irritable bowel syndrome, inflammatory bowel disease, peptic ulcer disease, esophageal disorder etc., role of psychotherapy, behavior modification, cognitive restructuring, biofeedback and relaxation training.

### Unit - VI

Genitourinary/renal/reproductive system: psychosocial issues in male/female sexual dysfunctions, micturition/voiding problems including primary/secondary enuresis, end-stage renal disease, dialysis treatment, primary and secondary infertility, empirically validated psychological and behavioral interventions in these conditions.

### Unit - VII

Dermatology: role of stress and anxiety in psychodermatological conditions such as psoriasis, chronic urticaria, dermatitis, alopecia and the impact of these on self-esteem, body image and mood, role of psychological interventions such as relaxation, stress management, counseling and biofeedback strategies.

### Unit - VIII

Oncology: psychosocial issues associated with cancer - quality of life, denial, brief reaction to bodily changes, fear of treatment, side effects, abandonment, recurrence, resilience, assessment tools, and goals of interventions for individual and family and therapy techniques.

### Unit - IX

HIV / AIDS: Model of HIV disease service program in India, pre- and post-test counseling, psychosocial issues and their resolutions during HIV progress, psychological assessment and interventions in infected adults and children, and family members/caregivers, highly active anti-retroviral treatments (HAART), neuropsychological findings at different stages of infection, issues related to prevention/spreading awareness and interventions in at risk populations.

### Unit - X

Pain: physiological and psychological processes involved in pain experience and behavior, assessment tools for acute and chronic pain intensity, behavior, and dysfunctions/disability related to pain, psychological interventions such as cognitive, behavioral, biofeedback and hypnotic therapies.

### Unit - XI

Terminally ill: medical, religious and spiritual definition of death and dying, psychology of dying and bereaved family, strategies of breaking bad news, bereavement and grief counseling, management of pain and other physical symptoms associated with end-of-life distress in patients with cancer, AIDS, and other terminal illness, professional issues related to working in hospice including working through one's own death anxiety, euthanasia - types, arguments for and against.

### Unit - XII

Other general clinical conditions: application of psychological techniques and their rationale in the clinical care of patients in general medical settings where psychological

services appear to affect the outcome of medical management positively, for example in diabetes, sleep disorders, obesity, dental anxiety, burns' injury, pre- and post-surgery, preparing for amputation, evaluation of organ donors/recipient, pre- and post-transplantation, organ replacement, hemophiliacs, sensory impairment, rheumatic diseases, abnormal illness behavior, health anxiety etc.

Unit - XIII

Contemporary Issues: research and developments in health psychology, psychophysiology, psychoneuroimmunology, psychobiology, sociobiology and their implications, and effects of psychotherapy on the biology of brain

Essential References:

- International handbook of Behavior Modification and Therapy, Bellack, AS., Hersen, M and Kazdin, AE. (1985). Plenum Press: NY
- Behavior therapy: Techniques and Empirical findings, Rimm D.C. & Masters J.c. (1979). Academic Press: NY.
- Handbook of Clinical Behavior therapy, Turner, S.M., Calhoun, K.S and Adams, H.E. (1992). Wiley Interscience: NY
- Dictionary of Behavior Therapy, Bellack
- Handbook of Clinical Psychology in Medical Settings, Sweet, J.J, Rozensky, R.H. & Tavian, S.M. (1991), Plenum Press: NY.
- Health Psychology, Dimatteo, M R and Martin, L.R. (2002). Pearson, New Delhi
- Biofeedback - Principles and Practice for Clinicians, Basmajian J.V. (1979). Williams & Wilkins Company: Baltimore
- Handbook of Psychotherapy and Behaviour Change, 5th ed., Lambert, M.J (2004). John Wiley and Sons: USA
- Behavioral Medicine: Concepts & Procedures, Tunks, E & Bellismo, A (1991). Pergamon Press: USA
- Health Psychology, Vol 1 to Vol 4, Weinman, J, Johnston, M & Molloy, G (2006). Sage publications: Great Britain

Course number	Course code	Course title	Total hours
9		Part II: Year 2	140
		Group A	
		Psychological Therapies and Viva Voce (Practicals)	

Learning Objectives	Learning outcomes
1. To provide hands on experience in acquiring the necessary skills to carry out psychological interventions in mental health problems,	At the end of the course trainees will be able to: <ol style="list-style-type: none"> <li>1. Demonstrate ability to develop an effective therapeutic alliance</li> <li>2. Set therapy goals</li> <li>3. Evaluate of progress towards the goals</li> <li>4. Terminate the therapeutic relationship</li> <li>5.able to provide guidance and counselling, Cognitive Behavioural Therapy, Supportive Psychotherapy, Rational Emotive Behaviour Therapy, Psychoeducation etc.</li> </ol>

Unit-I

Interviewing skills – open ended questions, clarification, reflection, and confrontation, verbal & non-verbal components

Unit-II

Supportive Psychotherapy, relaxation procedures, such as JPMR, autogenic training, Savasana, Mindfulness Based Stress Reduction, Meditation

Unit-III

Behavioural assessment and Systematic Desensitization, negative practices, self control procedures such as thought stopping, and exposure and response prevention

Unit-IV

Cognitive Behavioral methods such as identifying Negative Automatic Thoughts, Schemas, Cognitive distortions, aimed at cognitive restructuring

Unit-V

Skills in conducting Marital Therapy for couples in distress

Unit-VI

Guidance for career, educational issues, and counselling for personal problems

Unit-VII

Pre & Post Test HIV Counselling skills, Psychoeducation for relapse preventions in substance abuse and dependency

Unit-VIII

Therapy with Children utilizing Play therapy & use of media such as clay, drawing and painting and use of appropriate tests, prior to therapy

Unit-IX

Psychosocial rehabilitation measures such as activity scheduling, social skills training, and family interventions to reduce expressed emotion

Course number	Course code	Course title	Total hours
10		Part II: Year 2	315
		Group B	
		Psychotherapy records	

Learning objectives	Learning outcomes
To develop required competency/skills through cases having psychological/neuropsychological disorders	At the end of the course trainees will be able to: To provide psychotherapy

Five fully worked-out Psychotherapy Records, out of which one should be child therapy record.

The records should include a

- summary of the clinical history organized under relevant headings, and a
- discussion on

a) reasons for intervention(s),

b) areas to be focused including short- and long-term objectives,

- c) type and technique of intervention employed and rationale
- d) therapy processes,
- e) changes in therapy or objectives, if any, and the reasons for the same,
- f) outcome,
- g) prevention strategies,
- h) future plans

Minimum prescribed clinical work during Part II & Part I

Sl. No	Prescribed clinical work	Part-II	Part- I	*Number of cases by end Part-II
1	Detailed case histories	20	50	70
2	Clinical Interviews	20	40	60
3	Full length Psychodiagnostics	10	40	50
4	Neuropsychological Assessment	5	5	10
5	Therapeutics 1. Psychological Therapies 2. Behaviour Therapies			200 hrs 200 hrs

Includes the work done in Part – I

Therapies should be not less than 50 hr. of work in each of the following areas:

- a) Therapies with children
- b) Individual therapies with adults
- c) Family/marital/group/sex therapy
- d) Psychological and/or neuropsychological rehabilitation

A logbook of the clinical work carried out under the supervision during each year of training, with sufficient details such as particulars of the client, diagnosis, duration and nature of intervention(s), number of sessions held etc. should be maintained by all trainees and must be produced the same to the examiners at the time of Part – I and II practical examinations.

Course number	Course code	Course title	Total hours
11		Part II: Year 2	350
		Group C	
		Dissertation	

Learning Objective	Learning outcome
To complete a research thesis under the supervision	At the end of the course trainees will be able to: Complete the literature search, data collection, analyse the data and write the

	dissertation. Able to write the manuscript and prepare manuscript for publication.
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Under the guidance of a Clinical Psychology faculty member with Ph.D. or minimum 2-yr experience (post-qualification) in clinical teaching or clinical research. If the research work is of interdisciplinary nature requiring input/supervision from another specialist, co-guide(s) from the related discipline may be appointed as deem necessary.

1. All candidates registered to undergo M. Phil Clinical Psychology program shall be assigned a topic for dissertation within four months of his/her admission to the program and title of the topics assigned to the candidates shall be intimated to the Controller of Examinations of this University.
2. The Dissertation shall be in a bound volume not exceeding 100 pages. The typed matter will be in double line spacing and on one side of the paper only.
3. Three hard copies and one soft copy of Dissertation shall be submitted two months prior to the commencement of the University Examinations
4. Students are taught how to find the gaps in the knowledge from library studies. Then generate a hypothesis; how to design experiments to prove or disprove a hypothesis.
5. How to test a null hypothesis; requirements of a good experimental design; use of instruments for research,
6. Maintenance of a Log book with authenticated record of work carried out will also form a part of the formative assessment
7. The student will be continuously assessed and graded by the faculty and Professor on their attendance, devotion to work, data gathering, honest and authentic lab work; documentation, and interpretation and in the overall preparation of final dissertation work report.
8. The dissertation work will thus constitute an important objective proof of the knowledge and academic / work experience gained by them
9. The summative evaluation of the project would be done by university examination on the basis of content and output of the submitted dissertation; and dissertation viva voce before the examiners.
10. Dissertation is a bound form of a detailed report of the research carried out by each student. It has to be presented in APA format the format title are as follows: a title sheet, bonafide certificate, contents, introduction, review of literature, scope of the research including lacunae; objectives or hypothesis, experimental and results, discussion and summary, references and acknowledgement.
11. The framework for evaluation of formative and summative assessments is provided in the table 13. and scheme of examinations.
12. A passing minimum of 50% in the continuous assessment is essential to qualify for appearing in the end semester with  $\geq 80\%$  attendance.
13. It is desirable that the student be encouraged to submit one publication or presentation from out of the dissertation before appearing for the university examinations. This will be culmination of the research orientation of the students which is an asset to any organization employing them.