

**Revised Ordinance Governing Regulations and  
Curriculum**

**of**

**M.Sc. Clinical Psychology**

**COURSE - 2019**



**Rajiv Gandhi University of Health  
Sciences,  
Karnataka, Bangalore**

## The Emblem



The Emblem of the Rajiv Gandhi University of Health Sciences is a symbolic expression of the confluence of both Eastern and Western Health Sciences. A central wand with entwined snakes symbolises Greek and Roman Gods of Health called Hermis and Mercury is adapted as symbol of modern medical science. The pot above depicts Amrutha Kalasham of Dhanvanthri the father of all Health Sciences. The wings above it depicts Human Soul called Hamsa (Swan) in Indian philosophy. The rising Sun at the top symbolises knowledge and enlightenment. The two twigs of leaves in western philosophy symbolises Olive branches, which is an expression of Peace, Love and Harmony. In Hindu Philosophy it depicts the Vanaspathi (also called as Oushadi) held in the hands of Dhanvanthri, which are the source of all Medicines. The lamp at the bottom depicts human energy (kundalini). The script “Devahitham Yadayahu” inside the lamp is taken from Upanishath Shanth i Manthram (Bhadram Karnebh i Shrunuyanadev...), which says “May we live the full span of our lives allotted by God in perfect health” which is the motto of the Rajiv Gandhi University of Health Sciences.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU  
4<sup>th</sup> T Block, Jayanagar, Bengaluru – 560 041

Ref: ACA/DCD/AHS/M.Sc.CLI.PSY/370/2019-20

Date: 28/08/2019

### NOTIFICATION

Sub: Revised Ordinance pertaining to Regulation and Curriculum of M.Sc. Clinical Psychology.

Ref: 1) Minutes of BOS Allied Health Sciences held on 13/05/2019  
2) Proceedings of Faculty meeting held on 15/05/2019  
3) Proceedings of AC meeting held on 17/06/2019  
4) Proceedings of Syndicate meeting held on 29/06/2019

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, the Revised Ordinance pertaining to Regulation and the curriculum of M.Sc. Clinical Psychology is notified herewith as per Annexure.

The above Regulation shall be applicable to the students admitted to the said course from the academic year 2019-20 onwards.

By Order, Sd/-

**REGISTRAR**

To

The Principals of all affiliated Allied Health Sciences Course colleges of RGUHS, Bangalore.

Copy to :

1. The Principal Secretary to Governor, Raj Bhavan, Bangalore - 560001
2. The Principal Secretary Medical Education, Health & Family Welfare Dept., M S Building, Dr.B.R. Ambedkar Veedhi, Bangalore – 01
3. PA to Vice – Chancellor/PA to Registrar/Registrar (Eva.)/Finance Officer, Rajiv Gandhi University Health Sciences, Bangalore
4. All Officers of the University Examination Branch/ Academic Section.
5. Guard File / Office copy.

# **REVISED ORDINANCE GOVERNING REGULATIONS & CURRICULUM OF M.Sc. CLINICAL PSYCHOLOGY- 2019**

## **Introduction:**

The Masters of Science in Clinical Psychology is a postgraduate psychology course, an integration of science, theory and clinical knowledge for the purpose of understanding, preventing and relieving psychologically-based distress or dysfunction and to promote subjective well-being and personal development.

Aim of the course is to expose students to the basic theory and practice of Clinical Psychology. Trained students should be able to assist mental health professionals in effective service delivery.

## **Learning Objectives:**

1. To impart education and training in Clinical Psychology.
2. To promote integration of theory and practice in the field of Clinical Psychology.
3. To promote among students a sense of dedication, commitment and ethical values in providing psychological care.
4. To provide students with opportunities for personal growth.

## **Expectation from the future graduate in the providing patient care**

After completing the course the candidate is expected to have:

### **Knowledge:**

- Understand human behaviour in deeper psychological perspective as well in the context of one's culture and social milieu.
- Understand the brain – behaviour relationship.
- Understand the essentials of mental health and psychological aspects of physical health.
- Understand the techniques of psychological assessment.
- Understand the treatment approaches to psychiatric/psychological disorders.
- Understand the principles of Psychological Counselling and Psychotherapy.
- Understand the essentials of research in Psychology.

**Skills:**

- Develop basic skills of clinical assessment using psychological tools.
- Develop counselling and therapeutic skills.
- Develop skills of empathic and professional understanding.
- Develop professional skills to deal with multifarious psychological problems of individuals.
- Develop basic research skills.
- Develop skills for networking with other professionals and agencies.

**Attitudes, Human values and ethical practices:**

- Adopt ethical principles in all aspects of his/her practice. Maintain professional honesty and integrity.
- Accept the limitations in his/her knowledge and skill and to ask for help from colleagues when needed or make referrals.
- Respect patient/client's rights and privileges.
- Inculcate humane values.

**Eligibility for admission:**

This course is open for only those who have done full time, regular B.Sc./B. Psy. Degree, with Psychology as one of the optional subjects. A minimum of 50% marks in Psychology and an aggregate of minimum of 50% are required to apply for the course.

A selection committee that includes clinical psychology faculty shall make admissions on the basis of marks/grades in graduate program and an entrance examination which would consist of a written test and an interview.

**No candidate shall be admitted for the postgraduate degree course unless the candidate has obtained and produced the eligibility certificate issued by the**

**university. The candidate has to make the application to the university with the following documents along with the prescribed fee.**

Pass / degree certificate issued by the university.

1. Marks cards of all the university examinations passed.
2. Migration certificate.
3. Certificate of conduct.
4. Proof of SC/ST or category I as the case may be

Candidates should obtain the eligibility certificate before the last date for admission as notified by the university.

A candidate who has been admitted to post-graduate course should register his/her name in the university within a month of admission after paying the registration fee.

**Duration of the course:**

The course will be a Two year full time course with sufficient theoretical inputs and extensive supervised 'hands-on' clinical experience

**Medium of instruction:**

English is the medium of instruction for the subjects of study as well as for the examination.

**Attendance:**

1. 80% attendance in theory
2. 80% in Skills training (practical) for qualifying to appear for the final examination.

No relaxation, whatsoever, will be permissible to this rule under any ground including indisposition etc.

**Assessment:**

As per the existing university rules. **Marks qualifying for a pass**

**For University examination subjects:**

50% in internal assessment, 50% in university theory examination, 50% in university practical examination and 50% in aggregate

**For thesis and defence:**

50% in aggregate

## Model Curriculum Outline

### First Year

Sl. No.	Course Titles	Hours		
		Theory	Practical	Total
1.	Psychopathology	100		100
2.	Theories of Personality	100		100
3.	Psychological Assessment	100	150	250
4.	Research Methods & Statistics	100		100
5	Clinical and field work		300	300
	<b>TOTAL</b>	400	450	850

### Subsidiary Subjects:

Sl. No.	Course Titles	Hours		
		Theory	Practical	Total
1	Nephrogenetics/Molecular biology	40	25	65
2	Research Methodology/ Biostatistics	80	-	80
	<b>TOTAL</b>	<b>120</b>	<b>25</b>	<b>145</b>

### Second Year

Sl. No.	Course Titles	Hours		
		Theory	Practical	Total
1.	Counseling & Psychotherapy	80	150	230
2.	Family & Group Counseling	80		80
3.	Health Psychology	80		
4.	Dissertation	250		
5.	Clinical and field work		250	250
	<b>TOTAL</b>	490	400	890



## Attendance

- a) Course of study must, unless special exemption is obtained, continuously be pursued. Any interruption in a student's attendance during the course of the study, due to illness or other extraordinary circumstances, must be notified to the concerned university authority and permission should be obtained.
- b) A minimum attendance of 80% (in the academic term) shall be necessary for taking the respective examination.

## X Monitoring Progress of Studies

**Internal Assessment (IA):** The College shall conduct two tests each in First and Second year for Internal Assessment. The Third test shall be conducted one month prior to the annual university examination so that it also serves the purpose of preparatory examination. The marks obtained in these tests will be considered for internal assessment. Average of the best two marks will be computed for internal assessment and shall be sent to the university as per the notification issued by Registrar (Evaluation) before each university examination. Records and marks obtained in tests will be maintained by the college and made available to the university. Marks of periodic tests shall be displayed on the notice board by the Principal without fail.

If a candidate is absent from the test due to genuine and satisfactory reason, such a candidate may be given a re-test within a fortnight.

**NOTE:** A student must secure at least 50% of total marks fixed for internal assessment for a particular subject in order to be eligible to appear in university examination in that subject. The internal assessment marks **will be added** to the marks obtained in the university examination for declaration of pass.

**Records:** Records and marks obtained in tests will be maintained by the college and made available to the university.

## **Dissertation/Researchproject**

Each candidate pursuing M. Sc. (Cl. Psy course is required to carry out work on selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of dissertation.

The dissertation is aimed to train a graduate student in research methods and techniques. It includes identification of problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and interpretation of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the date notified by the University. The synopsis shall be sent through proper channel after getting approval of the Ethics Committee of the College.

Such synopsis will be reviewed and the University will register the dissertation topic. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation should be written under the following headings:

- i) Introduction
- ii) Aims or objectives of study
- iii) Review of literature
- iv) Material and methods
- v) Results
- vi) Discussion
- vii) Conclusion

viii) Summary

ix) References

x) Tables

xi) Annexure

The written text of dissertation shall not be less than 50 pages and shall not exceed 100 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. A declaration by the candidate for having done the work, along with a recent passport size colour photograph of the candidate (to be affixed on the declaration sheet) should also be included, and the guide, head of the department and head of the institution shall certify the dissertation.

Four copies of Dissertation shall be submitted to the university, through proper channel, along with a soft copy (CD), 4 months before the final examination. It shall be assessed by two examiners appointed by the university, one internal and one external. Acceptance of the dissertation is a pre-requisite for a candidate to be permitted to appear for final examination. If there are corrections in the dissertation suggested by the examiner (s), the candidate may make such corrections and may be allowed to re-submit in time and if approved can appear for the examination.

## **Guide**

The academic qualification and teaching experience required for recognition as Guides by the University are:

1. M.Phil. Clinical Psychology/Mental health and Social psychology/Dip.in Medical and Social psychology with clinical experience Or M.Sc. Clinical Psychology with minimum of 2 years of teaching at university level/clinical experience Or PhD in Psychology

Professor

Associate/Assistant Professor

Lecturer

### **Maintain a staff student ratio of 1:3**

2. The age of guide/teacher shall not exceed 60 years.
3. The guide-student ratio shall not exceed 1:4
4. Relaxation criteria: In view of acute shortage of teachers in this new specialty, those having three years full time teaching experience, after M.Sc. in Clinical Psychology, may also be considered as PG teachers and be permitted to be Co-guides. In addition, those with three years of teaching experience, after M.Sc. in Clinical Psychology and provided they are part of the teaching faculty of the Institution, may be appointed as Examiners.

## **Requirements for starting the course in addition to the basic infrastructure**

- Psychological Testing Laboratory and Psychological tests as prescribed in the syllabus.
- Set of rooms for psychological testing, psycho-diagnostic testing, Counselling and therapy sessions.

- Behaviour therapy – Space and required equipments.
- Space for conducting Group Sessions.
- Clinical Facilities: Affiliation to a Department of Psychiatry in a teaching hospital and /or to a psychiatric department in a General hospital to learn about the various clinical presentations of those with mental illness.

Or

Clinical Facility of Own: Psychiatric Clinic with Out-patient/In-patient services, Counselling Center, Rehabilitation centers for the mentally ill persons for training and teaching purposes.

### **Schedule of examination**

- a. University Examination will be held in two parts - Part I and Part II, at the end of I year and at the end of II year respectively. Candidates will not be allowed to take the Part II examination unless he/she has passed all papers of the Part I examination. The prescribed examination fee as laid down by the University from time to time for each entry to Part I and Part II examination shall be paid.
- b. The University examination will be conducted at the end of each year on a date notified by the university from time to time. Not more than two examinations shall be conducted in an academic year.
- c. Failed candidates may appear in the subsequent examination after paying the required fee.
- d. Carry over: A candidate will not be promoted to the second year of the Course if he/she fails in more than two theory papers of the Part I examination. Passing in clinical/viva voce and fieldwork records is compulsory for promotion. The failed candidate will repeat only the papers in which he/she has failed. The candidate should have passed all the papers in Part I to become eligible for the Part II examination. In case of failure only in Viva-voce and/or clinical examination, the candidate shall reappear only for that examination.
- e. A candidate is permitted not more than four attempts (actual appearance) to clear the first year or pass the first year examination **within three academic years**, from the year of

admission, whichever is earlier. A candidate will not be allowed to continue the course if he/she fails to comply with the above stipulation.

- f. Examiners for Practical examination shall be: One Psychiatrist and one Clinical Psychologist (1 internal examiner and 1 external examiner).

#### **XIV Scheme of examination**

##### **University examination:**

There shall be two University examinations, one at the end of first year and the other at the end of second year, respectively. The University Examinations shall consist of dissertation, written paper (Theory), Clinical and Viva Voce.

#### **I Year**

##### **Eligibility to appear in university examination**

A candidate shall be eligible to appear for first year M. Sc. (Cli. Psy) examination at the end of one year from the commencement of the course. He/She should have satisfactorily completed the prescribed course and fulfilled the conditions prescribed for internal assessment and attendance. He/She should have scored minimum 50% in all subjects in the examination conducted by the respective colleges.

##### **University Examination:**

**Written Examination:** Written examination shall consist of four theory papers, each of 3 hours duration. Each paper shall carry 80 marks.

##### **Distribution of Marks:**

The particulars of subjects for examination and distribution of marks are shown in Table.

### Main Subjects for Examination and Distribution of marks for First year

Sl. No.	Main Subjects	Internal assessment	Theory No. of Marks
1.	Psychopathology	20	80
2.	Theories of Personality	20	80
3.	Psychological Assessment	20	80
4.	Research Methods & Statistics	20	80
<b>PRACTICALS</b>			
5.	Psychological Assessment		100
6.	Clinical and field work		100
	<b>Total</b>	80	520
	<b>Grand total</b>		600

### M. Sc. (Clinical Psychology)

#### **II Year**

**Eligibility:** To be eligible to appear in the II year examination a candidate shall have:

- i) passed in all the subjects of I year
- ii) completed one year of study in II year

iii) acceptance of thesis dissertation

iv) scored minimum of 50% marks in internal assessment exams of the II year

**Dissertation:** Every candidate shall carry out work and submit a dissertation as indicated in (Sl. No. XI). Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

**Internal Assessment:** There shall be internal assessment for three theory papers and practical courses.

**1. Theory:** There shall be 20 marks for Internal Assessment in each of the theory papers.

**2. Practical Courses:** Clinical work / case record and counselling skills shall carry 50 marks each.

**University Examination:**

**1. Written Examination:** Written examination shall consist of three theory papers, each of three hours duration. Each paper shall carry **80 Marks.**

**2. Viva Voce Examination** shall cover theoretical knowledge and dissertation, and aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. Total marks shall be 100.

**3. Clinical examination** shall aim at examining clinical skills and competence of candidates for undertaking independent work as Clinical Psychology professional. This shall carry 100 marks.

**Both internal and external examiners shall conduct clinical and viva-voce examinations.**



**Distribution of Marks:**

The particulars of subjects for examination and distribution of marks are shown in Table.

**Main Subjects for Examination and Distribution of marks for Second year**

<b>Sl.No</b>	<b>SUBJECTS</b>	<b>Internal assessment</b>	<b>Theory No. of Marks</b>
1.	Counseling & Psychotherapy	20	80
2.	Family & Group Counseling	20	80
3.	Health Psychology	20	80
4.	Dissertation		100
<b>PRACTICALS</b>			
5.	Counseling and Therapy	100	
6.	Clinical and Field work	100	
	Total	60	540
	Grand total	600	

## **M. Sc. (*Clinical Psychology*)**

### **Criteria for declaring as pass in University Examination.**

A candidate shall secure minimum 50% marks in each theory paper and 50% marks in each of the practical components and an aggregate of minimum 50% to be declared as pass.

#### **Part-I Examination:**

To pass in Part I University examination a candidate shall pass in all the two components of the examination, i.e. written examination and practical. The criteria for pass in each of the components, is as under:

**Written Examination:** To pass in the University written examination component, a candidate shall pass in all the theory papers by securing not less than 50% of the marks (excluding marks obtained in the internal assessment for that subject).

#### **Part-II Examination:**

To pass in Part II University examination a candidate shall pass in all the three components of the examination, i.e. written examination, clinical, viva-voce, and practical consisting of Field / Clinical work / Case record and Counselling skills. The criteria for pass in each of the components, is as under:

**Written Examination:** To pass in the University written examination component, a candidate shall pass in all the theory papers by securing not less than 50% marks including internal assessment

**Clinical Examination and Viva-Voce Examination:** A candidate shall secure not less than 50% marks to pass in each of these components.

**Practical consisting of Field / Clinical work / Case record:** A candidate shall secure 50% marks in practical to pass. These components will be assessed in the college.

**A candidate shall secure a minimum of 50% marks to be declared as pass.**

**Declaration of First Class and Distinction:** A candidate who secures an aggregate marks of 60% and above but less than 75% in part I & II in first attempt shall be declared to have passed in First Class. A candidate who secures aggregate marks of 75% and above in part I & II in the first attempt shall be declared to have passed with Distinction.

## **Pattern of Examination**

### **I Year**

#### **a. Theory**

There shall be four question papers, each of three hours duration. Each paper carrying 80 marks.

SUBJECTS HAVING MAXIMUM MARKS= 80		
Type of Questions	No. of Questions	Marks for Each Questions
Long Essay Type	3 (2 x 15)	30
Short Essay Type	7 (5 x 10)	50

**Practical courses will have only Internal marking.**

#### **b. Clinical Examination**

**i.** Candidates shall be examined for their skills in Clinical Case History taking & Mental Status Examination. The candidates will have a case for clinical work for 90 minutes duration.

**ii.** Candidates shall be examined for Psychological Assessment skills for 90 minutes duration covering the tests prescribed in the syllabus. This shall be for 200 marks (100+100).

**Examiners for Practical examination shall be:** One Psychiatrist and one Clinical Psychologist (1 internal examiner and 1 external examiner).

c. **Submissions** Records of practicums will be examined by the college and marks awarded as per the format in Appendix I.

**d. Internal Assessment**

During the first year the college shall conduct three Internal Assessment tests. The third test shall be conducted one month prior to the university examination so that it serves the purpose of preparatory examination.

**In the internal assessment a candidate shall secure not less than 50% of the prescribed marks in each theory paper and not less than 50% of the prescribed marks in each of the components of practical to be eligible to appear for the university examination.**

**II Year**

**a. Theory**

There shall be three question papers, each of three hours duration. Each paper carrying 80 marks.

SUBJECTS HAVING MAXIMUM MARKS= 80		
Type of Questions	No. of Questions	Marks for Each Questions
Long Essay Type	3 (2 x 15)	30
Short Essay Type	7 (5 x 10)	50

**b. Clinical Examination**

Candidates will be examined for their therapeutic skills including case formulation for 60 minutes duration. This will be based on the therapeutic case record submitted by the candidates and on the internship report. This will be assessed for 200 marks.

Examiners for the practical examination shall be: 2 Clinical Psychologists (1 internal and 1 external examiner).

**c. Viva Voce**

Based on the subjects of study covering both I and II Year, the viva voce examination will be conducted to assess the basic knowledge in mental health, In addition to counseling, Psychotherapy and behaviour therapy skills will be examined.

**d. Submissions**

Field work records and case records will be examined by the college and marks awarded.

**e. Internal Assessment**

During the second year, the college shall conduct three Internal Assessment tests. The third test shall be conducted one month prior to the university examination so that it serves the purpose of preparatory examination.

In the internal assessment a candidate shall secure not less than 50% of the prescribed marks in each theory paper and not less than 50% of the prescribed marks in each of the components of practical to be eligible to appear for the university examination.

*Note: The curriculum and the examination pattern for the students admitted in the year 2010 shall remain as per the existing regulations of the University.*

# I Year

## MSc. Clinical Psychology

### PAPER I - Psychopathology

#### OBJECTIVES:

- To acquaint students with various manifestations of Psychopathology.
- To introduce the students to different perspectives and models of causation of mental illness and dysfunctional behaviour – Multi dimensional approach in understanding the Psychopathology.
- To impart knowledge and skill required for diagnosis of psychological conditions.

#### UNIT I Concept of Mental Health and Psychopathology

- Concept of mental health Dimensions of mental health.
- Health-Disease Spectrum
- Characteristics of mentally healthy individual
- Prevention and Levels of Prevention
- Classification of Mental Disorders - Need for Classification of Mental Disorders
- Different systems of classification WHO-ICD-10 **single-axial systems (DSM V)**
- Clinical Interview- History Taking, Mental Status Examination. Disorders of thinking, perception, mood, emotions, and cognition.
- Critical Evaluation of Diagnostic Systems

#### UNIT II Theoretical Models of Psychopathology

- Psychodynamic and Psychoanalytically oriented Models
- Behavioral, Humanistic, Interpersonal, Cognitive, Models
- Bio-psycho-social Model
- Socio-cultural Models
- Models of Psychopathology – Critical Analysis

**NOTE: All the syndromes should include basic information on clinical features and diagnosis, signs of relapse, causes, basic information about their medical management, medicines used and possible side effects in addition to understanding of the psychopathology.**

**UNIT III Neuro-psychological basis of behavior: Lobe functions, neuro-conductivity, neuro-psychology of cognition, emotions, learning, and memory**

**UNIT IV Psychopathology of Neurological Conditions and Organic  
Brain Disorders**

- Clinical Manifestations
- Dementia, Head Injury, Stroke , Delirium, Epilepsy, Alzheimer, Parkinsonism

**UNIT V Psychopathology of Substance Abuse Disorders & Personality Disorders**

- Alcohol, Drug Addiction and Nicotine
- Clinical Characteristics of Personality Disorders

Etiology of Cluster ABC Personality Disorders

**UNIT VI Psychopathology of Psychotic Disorders**

- Schizophrenia
- Delusional Disorders
- Affective Disorders

**UNIT VII Psychopathology of Anxiety and Somatoform Disorders**

- GAD, Panic, Phobia, OCD, Dissociative and Conversion disorders
- Somatoform Disorder, Post Traumatic Disorders (PTSD)
- Somatization Disorder

**UNIT VIII Sexual Dysfunctions and Alternate Sexuality**

- Male Sexual Dysfunctions
- Female Sexual Dysfunctions
- Alternate Sexuality
- Legal issues

**UNIT IX Psychopathology of Behaviour and Emotional Disorders in Childhood**

- Clinical Characteristics
- Etiology of Internalizing and Externalizing Disorders – ADHD, PDD, ODD (Oppositional Defiant Disorder) ASD (Autism Spectrum Disorder), Anxiety Disorders, Depression in children – Sadness & Depression, Suicidal Behavior.
- Common problems of children in school, School Refusal and Truancy, School Phobia, School Dropout, Emotional Problems – Weepy, Shy, Withdrawn, Stubborn and

Bullying Children, Conduct Problems – Stealing, Delinquency, Psychogenic Problems – Aches and Pains , Habit Disorders – Nail Biting, Thumb Sucking, Nocturnal Enuresis, Pica , Academic Problems –Slow Learning Underachievement, SLD, Exam Phobia, Gifted Children , Career Education & Guidance

## **UNIT X Community Mental Health, Mental Health and Legislation**

- Community Mental health, Medical vs. CMH model, Psycho-social Rehabilitation – Models and Techniques Mental Health Centers, major techniques of CMH, Mental Health Education, CMH movement in India, Community problems, Stigma and Discrimination due to mental illness
- Law and mental health – Mental health Act, PWD Act, National Policies on Mental Health and Persons with Disabilities, UN Role in PWD Act, National Mental health Program

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- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. (4<sup>th</sup> Ed.) Text Revision. DSM-IV-TR., 2000.

## **PAPER II THEORIES OF PERSONALITY**

### **OBJECTIVES:**

1. To Introduce and orient students to the different view points on the concept of personality
2. To help them to apply this knowledge in case analysis and therapeutic formulation.

### **UNIT I Introduction to the Study of Personality**

- Definition and Need Nature of Personality
- Culture, Race, Gender Issues in Personality
- Assessment in the Study of Personality
- Current Status and Research in Personality

### **UNIT II Life Span Approach to Personality Development**

- Cognitive, Social, Emotional development from infancy to old age
- Critical periods and issues
- Areas of adjustment at each stage.

### **UNIT III Determinants of Personality**

- Genetic, Environmental, learning, parental, Developmental, Conscious and unconscious factors.

### **UNIT IV Psycho Dynamic Theories**

- Classical Psychoanalysis – Freud
- Extensions of Freudian Theory – Ego Psychology and Object Relations Theories
- The Neo Freudian – Carl Jung, Alfred Adler, Karen Horney, Erich Fromm, Erik Erikson

### **UNIT V Trait Theories**

- Gordon Allport
- Raymond Cattell
- Hans Eysenck

- Robert McCrae and Paul Costa : The Five-Factor Model

#### **UNIT VI Behaviour & Social Learning Theories**

- Ivan Pavlov (Classical Conditioning)
- B.F. Skinner (Operant Conditioning)
- Albert Bandura (Social Learning)

#### **UNIT VII Humanistic & Existential Theories**

- Abraham Maslow
- Carl Rogers
- Victor Frankl
- Rollo May

#### **UNIT VIII Limited Domain Theories**

- Julian Rotter – Locus of Control
- George Kelly – Personal Construct Theory
- Marvin Zuckerman – Sensation Seeking
- Martin E. P. Seligman – Learned Helplessness and Positive Psychology
- Attachment Theories
- Attribution Theory

#### **UNIT IX Eastern perspectives on Personality structure and Development**

- Yoga and Hindu Tradition
- Zen and Buddhist Tradition
- Sufism and the Islamic tradition

#### **UNIT X Interpersonal and field theory**

- **Harry Stack Sullivan**
- **Kurt Lewin**

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PAPER III  
PSYCHOLOGICAL ASSESSMENT

**OBJECTIVES:**

1. To introduce students to various techniques of psychological assessment.
2. To impart skills of clinical use of psychological tests.
3. To impart knowledge and skills necessary for selecting appropriate tests and applying them for different purposes.

**UNIT I Introduction to Clinical Psychology:** Definition, Scope, Historical Overview, Current Status, Role and functions of Clinical Psychology, Training, Ethical issues, Currents status in India

**UNIT II Methods of Assessment in Clinical Psychology:** Observation, Case, History, Interview methods, Psychometric tests, Psycho-diagnostic Assessment.

**UNIT III Psychological tests:** Nature and definition. Historical perspective. Setting and purpose of tests. Characteristics of Examinees: Effects of Examiner. Use of Psychological tests. Major classification of psychological tests. General procedures of testing: Administration, Types of scoring, Interpretation of results.

Report Writing: in educational, psychiatric, legal Setting. Skills in sharing the findings with client/family/professional colleague

## **Unit VI Test Construction**

Steps in test construction- Planning the test, item writing, Preliminary administration, reliability of the test, validity of the test, Steps in developing norms, types of norms, age norms, percentile ranks, standard score, expectancy table, Preparation of manual, and computer use in the interpretation of test scores. Detractor analysis, Item analysis- Item reliability, Item validity, Item difficulty, Item discrimination, Item response theory, Item characteristic curve, Purpose of item analysis.

**UNIT V. Tests for Intelligence and Cognition:** Individual and Group tests; verbal and non-verbal tests .Specific Intelligence tests: **Bhatias, WAIS, CPM, MISIC.** Attention/Concentration tests: **Knox cube, Colour Cancellation, Letter digit substitution.** Memory tests: **PGI, WMS**

**UNIT VI** Tests of cognitive functions and Intelligence for children, Screening test for learning disability- **AIMS, NIMHANS test for LD** ( general and specific). Mental retardation- **Seguin form board, BKT, DST.** Assessment of social & emotional development of children- VSMS, DAP, Problem checklist, inventories.

**UNIT VII** Neuropsychological assessment of adults and children.  
Screening tests. Major neuropsychological test batteries – NIMHANS  
Neuropsychological battery, Luria Nebraska Neuropsychological test battery.

**UNIT VIII** Personality Assessment of Adults and Children:

Inventories/ questionnaire -**EPI.MPI.16PF, CPQ.**

**Projective/semi projective** -Rorschach Inkblot test, Thematic Apperception Test, Sentence Completion Test (Adults and children ), Children's Apperception test (Adults and children ), Rosenzweig Picture Frustration Test(Adults and children ),**RCPT** .

**UNIT IX.** Other tests and rating scales:

Aptitude test. Vocational interest inventory.

Emotional Intelligence Inventory/Scale: **Bar-On Emotional Quotient Inventory, Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), Emotional Competence Inventory (ECI).**,

Test for thought Disorder- **object sorting Test**. Substance Abuse: **Michigan alcohol screen test , AUDIT , CAGE. Fregestorn nicotine dependence scale . Autism: Childhood Autism Rating Scale(CARS),Autism Diagnostic Observation Schedule(ADOS),Autism Behavior Checklist(ABC),Autism Diagnostic Interview-Revised(ADI-R),Gilliam Autism Rating Scale(GARS)**

**UNIT X Clinical tests:** scales for anxiety disorder- **Hamilton, beck's ,strait trait anxiety, Sinha's anxiety scale** .Depression rating scales- **beck's, Hamilton**. Suicide rating scale- **beck's suicidal ideation, beck's suicidal intent scale**. Geriatric rating scales- **dementia rating scale, Disability Assessment. OCD -Ybocks , Maudsley obsession inventory Hodgson& Rachman**, Life Satisfaction Scale – PGC Morale Scale.

Tests for community based interventions (WHO-DAS; IDEAS; Quality of Life). Other rating scale: **PANSS, BPRS, GHQ, Mania rating scale**

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## **PAPER IV**

### **RESEARCH METHODS & STATISTICS**

#### **OBJECTIVES:**

1. To improve the ability of students to apply basic concepts of statistics and principles of scientific enquiry in planning and evaluating the Psychological research studies.
2. To make the students participate in and/or conduct different types of research studies in Psychology
3. To help the students to evaluate and apply the results of Psychological research studies in various context.

**Unit I. Scientific Research Methods:** Need and Relevance. Nature, Characteristics, Concepts, Purpose, Assumptions, Steps in Scientific Method; Types of Research and their Scope, Concept of cause and effect relationship in research, Mills cannons of causation; Ethical issues in Psychosocial Research. Psychological research- Archival research, Naturalistic Observation, Survey research, Case Study Method, Experimental research, Correlational research.

**Unit II. Planning of Research Projects:** Steps in research planning; Research Problem identification, formulation of objectives and hypothesis; Review of literature; Meaning and use of hypothesis, Functions and conditions for valid hypothesis.

**Unit III. Sampling Techniques:** Census versus Sampling, Need for sampling, Definitions in sampling, Criteria for a good sample; Probability and Non Probability sampling; Concept of Random sample and Methods of selecting random sample; Different sampling designs and their application in research, calculation of sample size for surveys.

**Unit IV. Research Designs:** Principles involved in Research designs; Survey methods, exploratory, descriptive, evaluative surveys, Experimental designs, Role of randomization, Controls and replications in Experimental designs, Types of controls, different experimental designs, Formal and informal designs; Calculation of sample size for intervention studies.

**Unit V. Data Collection- types of data and methods of data collection: Physiological or biological Measurement, Observational Method, Questionnaires, Interviews, Records or Available data and Psychological Measurements. Processing of Data- Editing, coding, tabulation and graphical presentation of data.**

**Unit VI. Introduction:** Definition and nature of Statistics. Statistics in Psychological Research. Measurement & levels of measurement, scaling methods. Descriptive statistics: Measures of central tendency and variability; Mean, Median and Mode, Range, Percentiles, Quartile, Standard Deviation, Coefficient of Variation; Concept of Probability, Normal Distribution; Characteristics of Normal Probability Curve.

**Unit VII Correlation, Regression and Factor Analysis**

5. Concept of Correlation – Types (Pearson's Product moment correlation,

Spearman Rho, Biserial and Point Biserial) and uses. Regression, multiple regression.

## 6. Basic information on Factor Analysis



## **Unit VIII Concepts of Hypothesis testing:**

- Standard error; student 't' test. Type I and type II errors, ANOVA and MANOVA
- 7. Non-parametric tests: nature and assumption, important non- parametric tests.
- 8. Use of computer in research and evaluation: use of statistical software for coding, data entry, data verification, data processing, analysis, retrieval of information through internet and report writing.

## **Unit IX. Qualitative Research**

### **Unit X Application of statistical methods to research:**

Understanding the application of research methodology and statistics through review of journal articles related to Psychology.

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## **PRACTICALS**

- I. **Clinical Work:** Case History and Mental Status Examination – Submission -6 cases records (Minimum 3 Child Cases) with relevant Psychological testing.
  
- II. **Psychological Testing:** Submission – Practical records for each test.
  
- III. **Counselling Skills Training**

### **Administration, Practice and Clinical utilization**

- Attention and Concentration- Knox Cube, Color Cancellation, Letter Digit Substitution, Bender Visual- Motor Gestalt Test
- Developmental & Intelligence tests for Children- Seguin Form Board, Binet kamath test of intelligence, Malin's Intelligence Scale for Indian Children, Color Progressive matrices, Vineland Social maturity Scale, NIMHANS Screening Test for Learning Disability, NIMH Protocol for Screening Mental Deficiency, Developmental Screening Test (Bharath Raj), Draw – a – Person Test, Screening Test for ADHD.
- Children's Apperception Test (Uma Choudhury), Developmental Psychopathology Checklist for Children (Malavika Kapur),
  - Intelligence test for Adults: Bhatia's Battery of tests of Intelligence, Weschler Adult Intelligence Scale (Indian Adaptation by Prabha Ramalingaswami), Standard and Advanced Progressive Matrices.
  - Memory: Weschler Memeory Scale, PGI Memory Scale.
  - Personality: Cattel's 16 PF, Bell's Adjustment Inventory (adult and student form), Neo-Five Factor Inventory.
  - Projective tests: Thematic Apperception Test (Uma Choudhury), Sentence Completion Test, Rorschach Inkblot Test.
  - Rating Scales: General Health Questionnaire, Hamilton Anxiety Rating scale, Hamilton Depression Rating Scale, Beck's Depression Inventory, Beck Scale for Suicide Ideation, Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Brief Psychiatric Rating Scale (BPRS), Positive and Negative Symptom Scale for Schizophrenia (PANSS).
  - Geriatric rating scales: The Mini-Mental State Examination (MMSE), Dementia Rating Scale Life Satisfaction Scale.

**Demonstration only:**

- Differential Aptitude Test, Vocational Interest Record (Thurstone, and Kulshrestha), Children's Personality Questionnaire (IPAT), High School Personality Questionnaire (IPAT), Rosenweig Picture Frustration Test Neo-Five Factor Inventory, Presumptive Life Event Scale (Gurmeet Kaur), Stress Coping Checklist (Kiran Rao), Marital Quality Scale (Anisha Shah), Object Sorting Test, WHO-Quality of Life Scale, NIMHANS Neuro-Psychological Test Battery. WHO Disability Assessment Scale (WHO-DAS), Indian Disability Evaluation and Assessment Scale (IDEAS).

**II Year**  
**MSc. Clinical Psychology**  
**PAPER I**  
**Counselling and Psychotherapy**

**Objectives:**

1. To acquaint students with theory and practice of Counselling and Psychotherapy.
2. To introduce students to the process and skills of counselling and psychotherapy.
3. To help students develop counselling strategies and skills for appropriate intervention.
4. To help students to choose appropriate therapeutic approach to the problem manifested.

**Unit I Introduction:**

- Definition, aims & objectives, Counselling vs Psychotherapy
- Individual, Group, and Family approach
- Settings
- Professional and Ethical issues and Cultural issues
- Planning and recording

**Unit II Process and Skills**

- Stages of Counselling and Psychotherapy
- Therapeutic Relationship
- Counsellor/Therapist Qualities

- Clinical Interviewing and Case conceptualization
- Therapeutic Skills
- Models of Counselling
- Introduction to Therapeutic Approaches – Supportive Psychotherapy, Re-educative therapy, and Re-constructive Therapy.

**NOTE: All the therapeutic methods should include theoretical foundation, principles, technique, application, and evaluation.**

### **Unit III Psychodynamic Oriented Therapies**

- Psychoanalytical approach
- Neo Freudian Approaches
- Brief dynamic therapies

### **UNIT IV: Humanistic, Existential & Experiential Therapies**

- Philosophical Assumptions of humanistic, existential therapies
- Person Centred Psychotherapy
- Gestalt Therapy
- Logo Therapy
- Transactional Analysis

### **UNIT V: Other techniques**

- Supportive Therapy: Goal, Techniques, Indications and application of supportive techniques
- Problem Solving approaches
- Solution focused brief therapy
- Emotion Focused brief therapy
- Eclectic approach - Concept of Eclecticism, effort at integration, process of eclecticism, evaluation.

### **UNIT VI: Behavioural Therapy**

- Overview, Theoretical & Conceptual Issues
- Behavioural Analysis ABC
- Behavioural Therapy based on Classical & Operant Conditioning
  - Systematic De-Sensitization

- Exposure Techniques
- Contingency Management
  - Behaviour Modification Technique
  - Relaxation Procedures – JPMR, Benson Relaxation Therapy, Guided Imagery
  - Aversive Procedures
  - Self Control Procedures
  - Social Skills Training
- Bio Feedback Procedures – GSR, Alpha & Temperature
- Application & Evaluation

### **UNIT VII : Cognitive – Behavioural and Acceptance Therapies**

- Ellis Rational Emotive Therapy
- Beck’s Cognitive Therapy
- Michenbaum’s Cognitive Behaviour Modification
- **Dialectical Behaviour Therapy**
- **Acceptance and Commitment Therapy**
- **Mindfulness Based Cognitive Therapy**

### **UNIT VIII :Therapy with Children and Adolescence**

- Therapeutic Techniques for Children: General principles of intervention, Nature of child therapy, Child psychoanalytic techniques (methods of Anna Freud, Malanie Keline, ),
- Non-directive therapy of Virginia Axline, Play Therapy, Art Therapy,
- Behavioral contracting.

### **UNIT IX : Therapy with Special Conditions and Groups**

- Trauma, Bereavement (Accident, Rape, Sexual Abuse, PTSD, Emerging field of Conflict & Violence, Terrorism)
- Crisis Intervention strategies – Deliberate self-harm, suicide, violence
- Disaster and it’s management
- Adolescents – Bio-Psycho-Social aspects of adolescence, relationship issues, sexuality, peer pressure, teen violence, depression, suicide, substance abuse, eating disorders, menstrual issues.
- Psychology of Women – gender sensitive counseling, reproductive health and related issues, domestic violence and abuse, multiple role issues
- Elderly – Bio-Psycho-Social aspects of aging, Psychosocial problems of the aged, changing relationship, retirement, widowhood, dying, elder abuse and violence, care giver issues.
- School Counselling: Definition and scope, goals, methods and approaches, school based Life Skill training

### **UNIT X Psychotherapy in the Indian context**

- Relevance of western approaches in the Indian context
- History of Counselling and Psychotherapy in India
- Current trends

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## **II Year**

### **MSc. Clinical Psychology**

#### **PAPER II**

#### **FAMILY AND GROUP INTERVENTION**

#### **OBJECTIVES:**

1. To introduce students to the process and skills of Group and Family counseling.
2. To help students to understand different types of psychological problems.
3. To develop Counselling strategies and skills for appropriate family and group intervention.

#### **UNIT I – Foundations of Family Counseling**

Nature, historical background, scope and theoretical approaches to family and marriage counseling. Professional issues in family and marriage counseling. Contemporary cultural influences on the field of family counseling.



## **UNIT II – Marriage and Family Counseling**

Family: Definition, Changing trends in family structure, Types of Families, Characteristics of Indian families. Family strengths.

Marriage: Definition, Changing trends, Divorce and remarriage, Cohabitation, Stages of Marriage, Factors affecting Spouse selection, Reasons for marrying, Remaining single.

**Families across a life span:** key developmental and emotional issues in the stages of – young adulthood, newly married, childbearing, families with preschool children, families with school age children, families with teenage children, launching stage, middle aged adult and retirement

**Stage specific issues-** Preparations for marriage, dating and mate selection, Handling mid life issues, Handling sexual problems, Handling old age issues, Common marital problems. Divorce, Remarrying and cohabitation. Legislation, Policies and programs related to marriage and divorce.

## **UNIT III- Family Dynamics**

Power and gender roles, conflict in communication, conflict resolution, managing economic resources.

**Family stress and coping-** impact of death, chronic illness, physical and mental disability, alcoholism and addiction, violence and abuse, divorce on the family life cycle.

Concepts of family burden, role strain and expressed emotions

Child Psychopathology and Family problems

## **UNIT IV – Assessment of Couples and Families**

Methods of assessment in family science: Self- report, Case studies and Qualitative methods, Observational methods, Longitudinal methods.

The standard initial interview, genogram interview and genogram as a tool for family assessment, structural mapping in assessing family interactions, circular interview method in assessment. Behavioural family and marital assessment, diagnostic treatment planning. NIMHANS model of family assessment.

## **UNIT V- Classical Schools in Family Therapy**

Theoretical formulation, normal family development, development of behaviour disorders, goals, conditions for behaviour change, process evaluation, theory and results for Bowen Family Systems therapy, Strategic Family Therapy ,Problem Solving and Solution focused Family Therapy, Structural Family Therapy, Cognitive Behavioural Family Therapy, and Experiential Family Therapy

## **UNIT VI Other Approaches in Family therapy**

Individual and Group Family therapy,

Individual couple therapy

Couples group therapy

Conjoint family therapy

Brief marital therapy (Hudson and O’Hanllon).

Family Life Education.

Psycho-education Models: Families with mental illness, Disability, Pre-marital counseling,

Parenting programs, Communication skills training, Conflict management, Relations enhancement

#### **UNIT VII: Group Counseling**

- a. **Introduction:** Goals; Functions and Definitions of:- Group guidance, Group counselling, Group Process, and Group therapy; Types of group- structured and psycho-educational, theme centered, theory based, integrative styles.
- b. **Ethical and Professional Issues:** Ethical guidelines for group counselors (ASGW, 1989); Rights of group participants, Uses and misuses of group techniques, psychological risks in group; Group work in multi-cultural settings and Integrative eclectic perspectives; professional issues and current trends.

#### **UNIT VIII: Group Leadership and Stages in Group**

- a. **Leadership and process issues:** Definition of group leader; Personal characteristics of effective leaders; Impact of leaders values on the group; professional competence and training; Role and functions of leader; Co-leadership; Problems and issues; Evaluation of leadership.
- b. **Stages in Group Development:** Pre-group issues; Formation of the group: Initial stage-orientation and exploration; Transition-dealing with resistance; Working stage-cohesion and productivity; Final stage-consolidation and termination; Post group issues-follow-up and evaluation.

#### **UNIT IX Skills of Group Counselling**

Session opening, Identifying and differences, Identifying group goals and needs, Eliciting group response, Eliciting group Observations, Positive assets search, Eliciting empathic reactions, Clarifying, Labeling group behavior, Mutual feedback, Reflecting, Responding to feelings, Identifying non-verbal behaviors, Validating, Extinguishing, Eliciting alternatives, Exploring and testing consequences, Summarizing, Clarifying, Questioning, Leading, Pacing,

Linking, Transitioning, Task focusing, Interpreting, Negotiations, Modeling, Rewarding, Mediating, Gate keeping, Supporting, Confrontation, Blocking and Evaluating, and Closing skills.

**UNIT X: Group Techniques based on:** Psychoanalytic, Gestalt approaches, Transactional analysis, Cognitive Behaviour principles and Psychodrama. Evaluation, and Contemporary trends.

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II Year

## MSc. Clinical Psychology

### PAPER III

## HEALTH PSYCHOLOGY

### OBJECTIVES:

- To familiarize students with the important concepts and scope of Health Psychology.
- To introduce students to the field of general hospital psychology.
- To help students understand the psychological issues associated with medical problems and appropriate intervention strategies.

**Unit I** Understanding Body-Mind connection (overview of Psychology and Health), Definition of Health, the illness-wellness continuum, Psychology's role in health, current perspectives on health. Health related behaviour and health promotion, Life-styles, risk factors, and health; Developmental factors, gender & socio-cultural factors in health. Illness behaviour, treatment compliance, Hospitalization related behaviour, psychological impact.

**Unit II** Stress, illness and Coping – physiology of stress – Theories of stress – measurement of stress – understanding stress and disease- understanding pain and stress – psycho-neuro-immunology – personality and stress – coping with stress – techniques of coping – relaxation training, yoga, biofeedback, behaviour modification, cognitive therapies.

**Unit III** Life style factors and chronic illness – impact of diet, exercise, substance intake on illness. Understanding Cardio-vascular disease, its risk factors, prevention, psycho-social impact, coping and adaptation, care and rehabilitation. Nature of Diabetes, risk factors, prevention, psycho-social impact, coping and adaptation, care of diabetes.

Behavioral health: Preventing injuries, Smoking tobacco, Alcohol use, Over eating and obesity, Healthy Life Style

**Unit IV A.** Nature of HIV/AIDS, its progression and symptom, risk factors in transmission, impact of HIV/AIDS, prevention of HIV transmission, living with HIV/AIDS. Psychosocial impact of Cancer and HIV/AIDS, HIV Counselling

**B.** Psycho-oncology-Identifying risk factors for Cancer, modifying the risk factors, living with cancer.

**Unit V** Impact of chronic illness: Understanding chronicity, factors affecting and chronicity & impact of chronicity, quantity and quality of life, socio- cultural impact, financial cost, Illness life cycle, issues of growth and development, for individual and family, family dynamics, quality of life, subjective well being, body image, sexuality, psychosocial adaptation, pain and fear, death and dying, stigma and discrimination, illness roles.

**Unit VI** Interventions for dealing with impact of chronic illness, professional and Community intervention, self-help groups, family intervention (dealing with care giver burden), spiritual intervention, promoting help seeking behaviour and Compliance to treatment, social support, providing health care services, counseling for body image disturbances, behaviour modification techniques for healthy living.

**Unit VII** Addressing cognitive problems, The commonality to changes in functioning after neurologic illness/injury: The Matter of Awareness, The Importance of appropriate Conceptualization of Metacognition, Recognizing the Difference between Remediation and Compensation, Developing a Therapeutic Alliance, specific treatments: Improving Mental Speed, Improving Memory Functioning,

**Unit VIII** Nature and symptoms of Pain, Pain Perception, Theories of Pain, coping,

Bio-psycho-social aspects of pain, Pain in children, assessing pain, managing and controlling clinical pain, Behaviour and cognitive methods for treating pain.

**Unit IX** Psychological intervention in the context of sexuality & reproductive health of women. Pre-menstrual stress, infertility, PCOD, Dysmenorrhoea, Menopause, Hysterectomy.

**Unit X** Psychological intervention in the context of Kidney disease. Dialysis, organ transplant, nephritic syndrome.

**References:**

- Curtis, A.J. (2000). Health Psychology. New York: Routledge.
- Brannon, Linda & Feist, Jess (2000). Health Psychology. Wadsworth : Thomson Learning.
- Ogden Jane (2010). Health Psychology (4<sup>th</sup> Ed.). Tata McGraw-Hill Education.
- Sarafino, Edward P. (2002) Health Psychology: Biopsychosocial Interactions. (4<sup>th</sup> ed.) . John Wiley & Sons.