Part–I (Year–I)

PAPER–I: Psychosocial Foundations of Behavior and Psychopathology

Aim:

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.

Objectives:

By the end of Part–I, trainees are required to demonstrate ability to:

1. Demonstrate a working knowledge of the theoretical application of the psychosocial model to various disorders.

2. Make distinctions between universal and culture-specific disorders paying attention to the different types of socio-cultural causal factors.

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.

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.

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.

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.

7. Describe Mental Health Acts and Policies, currently prevailing in the country and their implications in professional activities of clinical psychologists.

Academic Format of Units:

Learning would be mainly through clinical workup of clients presenting with range of mental health problems, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory–involving long and short essays Syllabus:

Part–A (Psychosocial Foundations of Behavior)

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 relapses.

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 care givers issues; rights of mentally ill; Empowerment issues; support to recovery.

Unit - IX: Rights issue: Importance of UNCRPD; empowerment issues; rights of disabled; support/assistance from the Government through Policies and Acts (Mental Health Care Act, Persons with Disabilities Act, National Trust Act, RCI Act, Juvenile Justice Act, POCSO, NMHP etc.); ethical and legal issues in Psychology practice; contemporary challenges; ethics and professional code of conduct as outlined by RCI and APA.

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. Approach to Clinical interviewing and diagnosis; case history; mental status examination; organization and Presentation of psychiatric information; diagnostic formulation.

Unit XI: 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, mood disorders, and culture-specific disorders.

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

Essential References:

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- Rao, H.S.R & Sinha D. (1997). Asian perspectives in Psychology (Vol. 19). New Delhi: Sage publications.
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Psychiatry Aim:

The aim is to train in conceptualization of psychopathology from different etiological perspectives, eliciting 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. Also, to train in assessing the caregivers' burden, disability and dysfunctions that are often associated with mental disorders and intervene as indicated in a given case.

Objectives:

By the end of the course, trainees are required to demonstrate ability to:

1. Demonstrate an understanding of a clinically significant behavioral and psychological syndrome, and differentiate between child and adult clinical features/presentation.

2. Understand that in many ways the culture, societal and familial practices shape the clinical presentation of mental disorders, and understand the role of developmental factors in adult psychopathology.

3. Carryout the clinical work up of clients presenting with a range of mental health problems and make clinical formulations/diagnosis drawing on their knowledge of a pertinent diagnostic criteria and phenomenology.

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.

5. Carryout with full competence the psychological assessment, selecting and using a variety of instruments in both children and adults.

6. Describe various intervention programs in terms of their efficacy and effectiveness with regard to

7. Short- and longer-term goals and demonstrate beginning competence in carrying out the indicated interventions, monitor progress and outcome.

8. Discuss various pharmacological agents that are used to treat common mental disorders and their mode of action.

9. Demonstrate an understanding of caregiver, and family burden and their coping style.

10. Assess the disability/dysfunctions that are associated with mental health problems, using appropriate measures

11. Discuss the medico-legal and ethical issues in patients requiring chronic care Institutionalization.

Academic Format of Units:

Learning would be mainly through clinical workups of clients presenting with range of mental health problems, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory – involving long and short essays, practical/clinical exam in psychological Assessment of psychiatric cases and comprehensive viva.

Syllabus:

Unit-I: Psychoses and neurotic disorders: Schizophrenia, affective disorders, delusional disorders and other forms of psychotic disorders; neurotic, stress related and somatoform disorders; types, clinical features, etiology and management of all the above.

Unit- II: Disorders of personality and behavior: Specific personality disorders; mental &behavioral disorders due to psychoactive substance use; habit and impulse disorders; sexual disorders and dysfunctions – types, clinical features, etiology and management.

Unit-III: Organic mental disorders: Dementia, delirium and other related conditions with neuralgic and systemic disorders – types, clinical features, etiology and management.

Unit-IV: Behavioral, emotional and developmental disorders/condition of childhood and adolescence including intellectual disability: types, clinical features, etiology and management.

Unit-V: Neurobiology of mental disorders and current therapeutics: Theories of psychosis, mood disorders, suicide, anxiety disorders, substance use disorders and other emotional and behavioral syndromes; Psychotropic drugs; ECT; psychosurgery, psychological therapies; rehabilitation strategies – half-way home, sheltered workshop, daycare, and institutionalization.

Unit-VI: Liaison psychiatry and subspecialties: Liaison in general hospital and primary care setting; specialties – social, geriatric, child, forensic, addiction and other branches

References:

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Statistics and Research Methods

Aim:

The advanced statistics course provides rigorous methodologies that are the foundation for leveraging big data and meaningful analytics in order to make better and faster decisions. The advanced course helps to analyze large amounts of clinical data to identify common patterns and trends for example, behavioral risks, treatment response, triggers of relapse or recurrence, multiple causative factors associated with a disorder etc., to convert them into meaningful information with large and important implications. The course is intended for graduate and doctoral students, requires familiarity with basic statistical concepts. Tutorials involve exposure to the features available in a large statistical package such as SPSS while reinforcing the concepts discussed in lectures and classroom discussion.

Objectives:

On completion of this course, trainees should be able to:

1. Use appropriate techniques draw meaningful conclusions from a random, raw and unstructured data.
2. Analyze a large database (available in public domain) and interpret output in a scientifically meaningful way.
3. Apply relevant design/statistical concepts in their own particular research projects.
4. Study the relationship between different variables or makes predictions for the whole population.
5. Demonstrate a clear understanding of the predictive statistical analysis that analyzes data to derive past trends and predict future events on the basis of them.
6. Become familiar with concepts like machine learning algorithms, data mining, data modelling, and artificial intelligence and clinical applications.
7. Understand the prescriptive analysis that conducts analysis of data and prescribes the best course of action based on the results that helps make an informed decision.
8. Understand the causal statistical analysis that focuses on determining the cause-and-effect relationship between different variables within the raw data (determines why something happens and its effect on other variables).
9. Understand exploratory data analysis that involves exploring the unknown data associations (it analyzes the potential relationships within the data).
10. Critically review the literature to appreciate the theoretical and methodological issues involved.

Academic Format of Units: The course will be taught mainly in a mixed lecture/tutorial format, allowing trainees to participate in collaborative discussions. Demonstration and hands-on experience with SPSS program are desired activities.

Evaluation:

Theory - involving long and short essays, and problem-solving exercises

Syllabus:

Unit-I: Introduction: A review of core concepts - hypothesis testing (level of significance, sample size estimation, power and efficiency, standard errors, CI for proportions and probabilities); sampling methods and minimizing errors; experimental designs (pre-experimental, true- experimental, quasi experimental, statistical); level of measurement of a variable (various scales); establishing reliability, validity and norms; tests of significance – parametric and nonparametric tests

Unit-II: Epidemiological studies: Rates, prevalence and incidence; types- prospective and retrospective studies; diagnostic efficiency statistics (sensitivity, specificity, predictive values); risk estimation - measure of risk and differential risk, odds ratio and survival analysis.

Unit-III: Analysis of variance: Variations and models – fixed effects models, random effects models, mixed effects models, post hoc analysis (range and non-range tests), types of ANOVA – one-way, factorial, repeated measures, multivariate analysis and ANCOVA, MANCOVA, multiway ANOVA and linear regression

Unit-IV: Multivariate analysis: Introduction, multiple regression, logistic regression, PLS regression, OLS regression, penalized regression, phylogenetic regression, discriminant function analysis, path analysis, factor analysis, cluster analysis, survival analysis, MANOVA, canonical correlation, and multidimensional scaling, PCA to detect pattern in variables

Unit-V: Qualitative research: Qualitative methods of psychosocial research, method of analysis (content, thematic, narrative, grounded theory, discourse analysis), stages of data analysis (familiarization, identifying thematic framework, indexing, charting, mapping and interpreting), grounded theory – method and practice

Unit-VI: AI – Introduction: Machine learning, neural network to make predictions and application of R software, and hands-on experience in use of statistical package in the field of behavioral science such as SPSS, SAS, Stat graphics

References:

Textbooks – None; reading will be from the primary literature (Journal articles and book chapters).

Psychological Assessments (Practical)

To provide 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. Since psychological assessment involves integration of information from multiple sources, the trainees are required to be given extensive exposure in working up of cases and carrying out the assessment at all levels. Typical areas of focus for 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.

Objectives:

By the end of Year–I, trainees are required to demonstrate ability to:

1. Use relevant criteria to assess the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses for clinical purposes.
2. Able 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.
3. Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.
4. Select and justify the use of psychological tests and carry out the assessment as per the specified procedures in investigating the relevant domains.
5. Interpret the findings in the backdrop of the clinical history and mental status findings and arrive at a diagnosis.
6. Prepare the report of the findings as relevant to the clinical questions asked or hypothesis setup before the testing began and integrates the findings in service activities.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups of cases having psychological/neuropsychological disorders and carrying out the indicated psychological assessments within the clinical context. Demonstration and tutorials shall be held for imparting practical/theory components of the psychological tests.

Evaluation:

Practical/clinical– involve working up cases and carrying out the psychological assessment within clinical context and viva-voce.

Syllabus:

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 and for PwD: Bender gestalt test; Wechsler memory scale; PGI memory scale; Wilcoxen cord 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, WAIS-R); Tests for PwD-WAIS-R,WISCR (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- III: Tests for diagnostic clarification: A) Rorschach psycho diagnostics, B) Tests for thought disorders–color form sorting test, object sorting test, proverb test, C) Minnesota multi phasic 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–16personalityfactorquestionnaire,NEO-5personalityinventory, temperament and character inventory, Eyesenk'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 psycho pathology 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) Vinel and social maturity scale, AMD adaptation scale for mental retardation, BASIC-MR, developmental screening test (Bharat raj's), C)Tests of scholastic abilities, tests of attention, reading, writing, arithmetic, visuo-motorgestalt, 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: Neuropsychological assessment: LNNB, Halstead Reiten battery, PGI-BBD, NIMHANS and other batteries of neuropsychological tests in current use.

Core Tests:

- Stanford Binet's test of intelligence (any vernacular version)
- Raven's test of intelligence (all forms)

- Bhatia's battery of intelligence tests
- Wechsler adult performance intelligence scale
- Malin's intelligence scale for children
- Gesell's developmental schedule
- Wechsler memory scale
- PGI memory scale
- 16 personality factor
- NEO-5 personality inventory
- Temperament and character inventory
- Children personality questionnaire
- Clinical analysis questionnaire
- Multiphasic questionnaire
- Object sorting/classification test
- Sentence completion test
- Thematic apperception test
- Children' apperception test
- Rorschach psycho diagnostics
- Personality assessment inventory
- Neuropsychological battery of tests (any standard version)

A certificate by the head of the department that the candidate has attained the required competence in all of the above tests shall be necessary for appearing in the university examinations of Year –

I. However, if the center opts to test and certify the competency in neuropsychological tests as part of the requirements for appearing in the university examinations of Part II (i.e., excluding it from Part I), it could be done so. In such case, the Practical/Clinical examinations of Part-II shall include an examination in this area, in addition to examination in Psychological Therapies.

Clinical Placement – 1

Clinical Placement – 1 for the 1st year begins from the date of enrollment into the program and concludes at the end of the first year. The placement is designed to provide hands-on experience and learning in a clinical setting, allowing students to apply theoretical knowledge to clinical population. At the end of the year, students will undergo an internal evaluation and a Viva Voce

Aim:

The overall goal of the placement is to develop psychology professionals competent to practice patient care independently acquiring interviewing and assessment skills, developing rapport with patients, performing all aspects of an evaluation, including eliciting a clear and accurate history, performing mental status examinations, formulating a diagnosis, and carrying out appropriate diagnostic and psychological tests to clarify the diagnosis and to facilitate development of interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Objectives:

By the end posting, trainees are:

1. Expected to acquire skills of eliciting the relevant clinical history through a psychiatric interview of the clients and his/her caregivers; being sensitive to cultural diversity and religious and education background of the client/family.
2. Expected to conduct a thorough mental status examination and propose relevant differential diagnosis using latest ICD diagnostic criteria. Based on clinical findings, trainees select appropriate psychological tests/measures and conduct Psychological Evaluation to answer relevant clinical questions.
3. Expected to seek and seize all opportunities in IP and OP settings and in specialty clinics to get exposure and evaluate a wide variety of psychiatric disorders of Child, Adolescents, Adults and special Populations.
4. Demonstrate a comprehensive knowledge of various classes of psychotropic medications, clinical indications, and their side-effects.
5. Expected to have a reasonable understanding of Pharmacological basis of the mechanism of action and interaction of drugs commonly used in the treatment of psychological disorders, and hypothesized biological mediators of psychological interventions as the knowledge in these areas is considered essential to offer an effective psychoeducation as part of psychological interventions.

Evaluation:

The evaluation shall be conducted by faculty members providing clinical supervision and would include the level of mastery acquired for by giving short and long cases for examination and evaluation;

A. Working up of a case and presenting the case history with detailed MSE
B. Formulating the case and discussing differential diagnosis
C. Conduct of appropriate Psycho-diagnostic assessment and reporting the findings (both oral and written format)
D. Discussing the possible short and long-term interventions
E. Prognosticating the case

Psycho-diagnostic Records Submission

Guidelines for Submitting Full-length Psycho-diagnostic Records

Trainees are required to submit a total of five records, with one record each focusing on child therapy and neuropsychological assessment. These records should be printed with double line spacing and bound together in a single format. The following information must be displayed on the opening page of each record: the registration number at the center, the date the patient was first seen, the supervising consultant's name, and their signature. Additionally, the relevant test protocols should be submitted separately in a file. The records, endorsed by the supervisor, should include a summary of the clinical history and must be organized under the following headings:

1. Socio-demographic data
2. Presenting complaints
3. History of present illness
4. History of past illness (if any)
5. Family history
6. Personal history
7. Pre-morbid personality
8. Relevant findings on physical examination
9. Findings on Mental Status Examination
10. Diagnostic formulation
11. Differential diagnosis
12. Sociocultural and contextual factors
13. Short- and log-term management

Should include a discussion (in detail) on the:

A. Rationale for psychological testing
B. Area/s to be investigated
C. Tests administered (mention full title of the tests/scales etc.) and rationale for their use
D. Behavioral observations during testing and overall validity of the test results
E. Test findings and their interpretations
F. Impression

A summary of the test results and the management plan (including suggestion/s if any) should be incorporated at the end of each record.

Scheme of Examination

Part–I (Year I)

Papers	Title	Duration	Marks		
			Final Assessment (Maximum)	**Internal Assessment (Maximum)**	**Total**
Group "A"					
Paper I	Psychosocial Foundations Of Behavior and Psychopathology	3hr.	70	30	100
Paper II	Psychiatry	3hr.	70	30	100
Paper III	Statistics and Research Methodology	3hr.	70	30	100
Practical: Psychological Assessments and Clinical Placement – I (Viva Voce)			70	30	100
Group "B"					
Submission of five cases of full-length Psycho-diagnostics Report			None	100	100
Total					500