

M.PHIL  
(CLINICAL PSYCHOLOGY)

Guidelines

&

Syllabus



Rehabilitation Council of India  
New Delhi

# M.Phil in Clinical Psychology

## **INTRODUCTION**

Mental health problems ranging from mild to severe are continuously on the rise. To cater to the needs of people suffering from a variety of psychological ailments, trained mental health professionals are needed. Clinical Psychology, which was largely an academic discipline earlier, has become one of the major professions in the area of mental health care.

Clinical Psychologists apply knowledge and methods from various fields of biopsychosocial sciences for promotion and maintenance of mental health of individuals. Varieties of techniques, methods derived from several branches of psychology are used in prevention, diagnosis, treatment and rehabilitation of physical and mental disorders where psychological factors play a major role. Different methods and forms of psychological methods and techniques are used to relieve an individual's emotional distress or any other form of dysfunction or disability. Thus, Clinical Psychologists now play an important role for optimizing health care delivery system.

As of now, Clinical Psychologists are trained only at three well recognised centers in the country. There is an acute need to train more professional clinical psychologists in order to meet the increasing demands in the new area. A report on Manpower Development of the Council based on recommendations of National Conference on Manpower Development specifies the number of Clinical Psychologists to be trained to cope with the rising demand as 100 and 200 per year in the 9<sup>th</sup> and 10<sup>th</sup> five-year Plan, respectively. Today, hardly 20 Clinical Psychologists are being produced every year in the country.

Thus, there is an urgent need to train more professional Clinical Psychologists to face the growing demands in the new millennium. The Council hopes that the following guidelines will help intending institutions to start M.Phil Clinical Psychology training program to strengthen their resource base in terms of infrastructure and personnel for providing a cohesive, meaningful programme, so that the trainees after successful completion of their M.Phil in Clinical Psychology course shall be able to discharge their responsibilities competently as clinicians, teacher/trainers, scientists and research workers in the field of mental health.

## **2.0 AIM & OBJECTIVES OF M.PHIL CLINICAL PSYCHOLOGY COURSE**

### **2.1 Aim**

The aim of the course is to prepare the student to function as a qualified professional Clinical Psychologist in the area of Mental Health by offering diagnostic, therapeutic and rehabilitative services.

### **2.2 Objectives**

The course is organized as a rigorous two-year program with extensive theoretical inputs and adequate clinical experience and skill to provide training in the area of Clinical Psychology. On completion of the course, the student/trainee is expected to perform the following functions:

#### **2.2.1 Diagnose mental health problems.**

- 2.2.2 Undertake therapeutic programs to treat/manage mental health problems.
- 2.2.3 Apply psychological principles and techniques in rehabilitating persons with mental health problems and disabilities.
- 2.2.4 Work with the psychosocial dimensions of physical diseases and illness behavior, and formulate/undertake well-targeted psychosocial interventions.
- 2.2.5 Undertake research in the areas of clinical psychology, mental health/illness and in areas of physical health/diseases.
- 2.2.6 Undertake teaching assignments in Clinical Psychology.

### **3.0 REQUIREMENTS TO START M.PHIL CLINIAL PSYCHOLOGY COURSE**

- 3.1.1 There shall be an independent Department of Clinical Psychology in the Institute/University.
- 3.1.2 There shall be at least two permanent clinical psychology faculty in the department and out of which one should have at least seven years of experience (post-qualification) of M.Phil in Clinical Psychology in clinical teaching/research.
- 3.1.3 Sufficient clinical material/facilities should be available to meet the requirements outlined in the syllabus.
- 3.1.4 Adequate infrastructure for availability of indoor or outdoor patients in mental hospitals/psychiatric institutes, other mental health institutes, child guidance centres, other recognised centres for treating mental illness, mental retardation and other rehabilitation institutes should be available to carry out professional activities like psychodiagnostic work ups, psychotherapies, behavior therapies, rehabilitation services etc.
- 3.1.5 Active liaison with departments like Psychiatry, Neurology, Neurosurgery, Paediatrics, Psychiatric Social Work, Statistics and other specialties should be existing currently. Facilities to post students for supervised training to other institutes depending upon the needs and resources should be existing.
- 3.1.6 Adequate library facilities with textbooks, reference books, important national and international journals, access to Internet should be available.

### **4.0 REGULATIONS OF THE COURSE**

#### **4.1 Number of Seats**

Since this is a fulltime clinical training course, the number of students offered training will depend on the availability of faculty members and qualified clinical psychologists working in the department on permanent status, and the clinical infrastructure/facilities available at the concerned institute. In order to make the training effective, therefore, the intake of the students in an academic year shall not exceed the following ratio.

Faculty (permanent) - Student ratio	1:4
Clinical Psychologist (permanent, non-faculty) - Student ratio	1:2

#### 4.2 Entry requirement

Minimum educational requirement for admission to this course will be M.A./M.Sc. 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/OBC category, minimum of 50% marks in aggregate is essential. Candidates with M.A. / M.Sc. Degree by correspondence course, part-time course or by distance education are not eligible.

#### 4.3 Admission Procedure

A selection committee that includes Head of the Department of Clinical Psychology shall make admission on the basis of an entrance examination, consisting of a written test and an interview.

#### 4.4 Duration

This is a full time clinical training course providing opportunities for appropriate practicum and apprenticeship experiences for 2 academic years, divided as Part I and II.

#### 4.5 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 study, due to illness or other extraordinary circumstances, must be notified to the Head of the Institution and permission should be obtained.
- b) A minimum attendance of 80% (in the academic term) shall be necessary for taking the respective examination.

#### 4.6 Content of the Course (See section 5.0 for subject wise syllabus of Part I & II) I Year (Part I)

##### Group "A"

Paper I	:	Psychosocial Foundation of Behavior
Paper II	:	Statistics and Research Methodology
Paper III	:	Psychiatry
Practical	:	Practical in Psychodiagnostics including Viva Voce

##### Group "B"

Submission	:	Submission of five full length Psychodiagnostic records (out of five, one should be child case)
------------	---	--

## II Year (Part II)

### Group “A”

- Paper I : Biological Foundations of Behavior
- Paper II : Psychotherapy and Counseling
- Paper III : Behavioral Medicine
- Practical : Practical in Clinical Application of Psychology including Viva Voce

### Group “B”

- Submission : Submission of five fully worked out Therapeutic case records (out of five, one should be child therapy record)

### Group “C”

- Dissertation : A Dissertation under the guidance of a Clinical Psychology Faculty

#### **4.7 Minimum prescribed clinical work during the two year of training.**

	I Year	By the end of II Year *
1) Detailed case histories	30	50
2) Clinical Interviews	20	40
3) Full length Psychodiagnostics	20	35
4) Therapeutics		
i) Behavioral Interventions		100 hr.
ii) Psychological Therapies		100 hr.

Therapy work should be not less than 25 hr. of work in each of the following areas:

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

\* Includes the work done in I year

#### **4.8 Requirement/Submission**

- a) Before appearing Part I examination the candidate has to attain competence in the core-tests prescribed and a certificate from the Head of the Department to this effect should accompany the application for Part I of the examination.
- b) The application for appearing at the Part I and II of the examination should be accompanied by a certificate issued by the Head of the Department that the candidate has undergone the course of study and has carried out the clinical work and research assignments as prescribed in the syllabus.
- c) Two months before the Part I examination every candidate should submit 5 full length Psychodiagnostic reports.
- d) Three months before the Part II examination every candidate should submit 5 Therapeutic case records.
- e) A dissertation carried out under the guidance of a clinical psychology faculty should be completed and submitted two months before the Part II examination, in triplicate.

#### **4.9 Internal Assessment**

In each subject 30% marks will be determined based on written/clinical exams, viva-voce and supervised clinical work. These marks will be added to the marks allocated to the respective subjects in the yearly final examinations. The results of the final examinations will be declared on the basis of the total so obtained. The guidelines for allotting the internal marks may be prepared by the institution concerned.

#### **4.10 Examination**

- a) The examination will be held in two parts (Part I and II). Part I is held at the end of first year and Part II is held at the end of second year. The student will not be allowed to take the Part II examination unless he/she has passed the Part I examination.
- b) A candidate who has not appeared or failed in Part I of the regular examination may be allowed to continue the course for the II year and be allowed to take the supplementary examination.
- c) A minimum period of 3 months additional attendance shall be necessary for a candidate before appearing for the examination in case he fails to clear Part I and/or Part II within a period of 3 years from the year of admission to the course.

#### **4.11 Examination Fee**

The prescribed examination fee as laid down from time to time by the concerned Institution to appear for Part I and Part II of the examination should be paid as per the concerned university regulations.

#### **4.12 Scheme of Examination**

### I Year (Part - I)

Papers Title	Duration	Marks		Total
		Final Examination (Maximum)	Internal Assessment (Maximum)	
<u>Group "A"</u>				
Paper I: Psychosocial Foundations of Behavior	3 hr.	70	30	100
Paper II: Statistics and Research Methodology	3 hr.	70	30	100
Paper III: Psychiatry	3 hr.	70	30	100
Practical/Clinical & Viva Voce Psychodiagnostics	in	70	30	100
<u>Group "B"</u>				
Submission of 5 cases of full length Psychodiagnostics			100	100
				<hr/> 500 <hr/>

**II Year (Part - II)**

Papers Title	Duration	Marks		Total
		Final Examination (Maximum)	Internal Assessment (Maximum)	
<b><u>Group "A"</u></b>				
Paper I: Biological Foundations of Behavior	3 hr.	70	30	100
Paper II: Psychotherapy and Counseling	3 hr.	70	30	100
Paper III: Behavioral Medicine	3 hr.	70	30	100
Practical/Clinical & Viva Voce in Clinical Applications of Psychology		140	60	200
<b><u>Group "B"</u></b>				
Submission of 5 fully worked out Therapeutic Case Records			100	100
<b><u>Group "C"</u></b>				
Dissertation		70	30	100
				700

#### **4.13 Board of Examination**

A board consisting of 4 examiners of which 2 shall be external will conduct the examination. Other examiners, external or internal appointed for this purpose, will assist the board. The Chairman of the board of examiners will be the Head of the Department of Clinical Psychology who will also be an internal examiner.

Two examiners, one internal and one external, shall evaluate each theory paper and dissertation. Two examiners, of whom one shall be external, will conduct the practical/clinical and vivo-voce examination.

#### **4.14 Minimum for Pass**

- a) No candidate shall be declared to have passed in either of the two parts of the M.Phil examination unless he/she obtains not less than 50% of the marks in:
  - i. Each of the theory paper
  - ii. Each of the practical/clinical and viva-voce examination
  - iii. Each of the submissions
  - iv. The dissertation (in case of part II only)
- a) A candidate who obtains 75% and above marks in the aggregate of both the parts shall be declared to have passed with distinction. A candidate who secures between 60 and 75% of marks in the aggregate of both the parts shall be declared to have passed M.Phil degree in I Class. The other successful candidates as per the class (a) of the above shall be declared to have passed M.Phil degree in II Class. If a candidate fails to pursue the course on a continuous basis, or fails or absent himself/herself from appearing any of the university theory and practical exams of Part I and II, the class shall not be awarded. The merit class (Distinction/First Class) is awarded to those candidates who pass both Part I and II examinations in first attempt.
- b) No candidate shall be permitted to appear either of Part I or II examination more than three times.

#### **4.15 Appearance for each examination**

- a) A candidate shall appear for all the Group of Part I and Part II examination when appearing for the first time.
- b) A candidate in Part I and II, failing in any of the “Group-A” subjects has to appear again in all the “Group-A” subjects.
- c) A candidate in Part I, failing in “Group-B” has to resubmit 5 full length Psychodiagnostic case records.
- d) A candidate in Part II, failing in “Group-B” has to resubmit 5 fully worked out Psychotherapeutic case records.
- e) A candidate in Part II, failing in “Group-C”, has to reappear/resubmit the dissertation as asked for/outlined by the examiners.

### **5.0 SUBJECT WISE SYLLABUS OF PART I AND II**

(As enclosed)

# M.PHIL IN CLINICAL PSYCHOLOGY

## Syllabus - I Year (Part I)

### Paper I : PSYCHOSOCIAL FOUNDATIONS OF BEHAVIOR PATHOLOGY & ITS RELATION TO CLINICAL PSYCHOLOGY

---

#### Part - A

- Unit I: Mental Health and Illness: Concept of positive mental health; psychological well being; mental health and illness; attitude towards mental illness; epidemiological studies and socio-demographic correlates of mental illness in India.
- Unit II: Clinical Psychology & Mental Health: History of Clinical Psychology and its role in understanding and alleviation of mental illness, promotion of mental health and rehabilitation of the mentally ill or handicapped; training of Clinical Psychologists and issues concerning scientist professional model; role and function of Clinical Psychologists in community mental health/rehabilitation programme, in mental hospitals/psychiatric institutions, NGO set-up; broader perspective of clinical psychology to help minorities, the social disadvantaged, women in special condition.
- Unit III: Psychosocial aspects of mental health and illness: The role of self-concept, self-image and self-perception in the development of behavior; attribution theory; social skill and interpersonal models of mental health/illness.
- Unit IV: Social Pathology: Crime and delinquency, suicide, addictive behavior, social aggression with special reference to Indian context.
- Unit V: Culture, Mental Illness and Role of Family : Social class; social change; culture shock; migration, religion and gender related issues with special reference to India; role of family in mental health and illness; communication problems and emotional adaptation/ maladaptation in family set-up; stress-burden/mental illness among care-givers in the family; expressed emotions and relapse.
- Unit VI: Disability and Rehabilitation: Psychosocial aspects of disability and rehabilitation in Indian context; the role of family and society in the education, training and rehabilitation of disabled.
- Unit VII: Ancient Indian thought: Ancient Indian concept of cognition, emotion, personality, motivation and their disorders; social identity and stratification (including Varnashram Vyawastha).

#### Part – B (Psychopathology)

- Unit VIII: Introduction to psychopathology: Etiology of mental disorders - psychosocial models.
- Unit IX: Psychopathology of Neurotic, Stress-related and Somatoform Disorders: Anxiety disorders; Dissociative (conversion) disorders; Obsessive compulsive disorder;

Phobic anxiety disorders; Somatoform disorders, Adjustment disorders and Behavioral syndromes associated with Psychophysiological disturbances.

Unit X: Psychopathology of Psychotic Disorders: Schizophrenia; delusional disorders; mood (affective) disorders, and other psychotic disorders.

Unit XI: Psychopathology of Personality and Behavior Disorders: Specific personality disorders; Habit and impulse disorders; Mental and behavioral disorders due to psychoactive substance use; Sexual dysfunctions and disorders; Psychoactive substance use disorders.

Unit XII: Psychopathology of Old Age: Process of aging; stress & coping; psychological disorders in old age; research and current trends in this field.

Unit XIII: Psychopathology of Childhood and Adolescence Disorders: Psychopathology of emotional, behavioral and developmental disorders of childhood and adolescence.

## **Paper – II : STATISTICS AND RESEARCH METHODOLOGY**

---

Unit I: Various methods to ascertain knowledge, Scientific method and its features; levels of measurement of psychological variables - nominal, ordinal, interval and ratio scales.

Problems in measurement in behavioral sciences. Constructing rating scales and attitude scales. Internal consistency of the items and Cronbach alpha coefficient. Reliability, Validity and their estimation.

Sampling - Random and non-random samples. Various methods of sampling - Simple random, stratified, systematic, cluster and multistage sampling. Sampling and non-sampling errors and methods of minimizing these errors.

Concept of probability; Probability distribution - Normal, Poisson, Binomial.

Descriptive statistics - Central tendency, dispersion, skewness and kurtosis. Simple linear regression and correlation.

Unit II: Basics of testing of hypothesis: 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.

Tests of significance - "t" test, normal test and "F" test.

Non-parametric statistics - requirement of non-parametric statistics, Mann-Whitney U-test, Wilcoxon test, Spearman's rank correlation coefficient.

Unit III: Experimental design: Randomization, Replication, Completely randomized design, Randomized block design, factorial design, crossover design. One-way and Two-way analysis of variance, analysis of covariance, repeated measures analysis of variance.

- Unit IV: 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 V: Multivariate analysis: Introduction, Multiple regression and correlation, logistic regression, factor analysis, cluster analysis, discriminant function analysis, path analysis, MANOVA, Canonical correlation, and Multidimensional scaling.
- Unit VI: Life table techniques, survival analysis: Kaplan-Meir product limit estimates, survival curves, comparison of survival curves, Cox proportional hazard model.
- Unit VII: Sample size estimation: Sample size determination for estimation of mean, estimation of proportion, comparing two means and comparing two proportions.
- Unit VIII: Qualitative analysis of data: Content analysis, qualitative methods of psychosocial research.
- Unit IX: Use of computers: Use of relevant statistical package in the field of behavioral science and their limitations.

### **Paper - III: PSYCHIATRY**

---

- Unit I: Nomenclature: Introduction to classificatory systems currently in use and their limitations.
- Unit II: Psychoses: Schizophrenia, affective (mood) disorders, delusional disorders and other forms of psychotic disorders – types, clinical features, etiology and management.
- Unit III: Neurotic, Stress-related and Somatoform disorders: types, clinical features, etiology and management.
- Unit IV: Disorders of personality and behavior: Specific Personality disorders, Mental & behavioral disorders due to psychoactive substance use, Habit and impulse disorders, Sexual disorders and dysfunctions.
- Unit V: Organic mental disorders: types, clinical features, etiology and management.
- Unit VI: Behavioral, emotional and developmental disorders of childhood and adolescence: types, clinical features, etiology and management.
- Unit VII: Mental Retardation: Classification, etiology and management/ rehabilitation.
- Unit VIII: Treatment and Management of Mental Disorders: Drug, ECT, psychosurgery, psychotherapy, behavior therapy, preventive and rehabilitative strategies.

Unit XIX: Mental health policies and legislation: 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 1993, National Trust for Mental Retardation, CP and Autistic Children 1999, Juvenile Justice Act of 1986. Forensic issues related to mental disorders.

### **Practical - PSYCHODIAGNOSTICS (I Year)**

(Standardized vernacular version of tests/scales, if available, may be added in the following sections.)

Unit I: Introduction: Case History Taking; Mental State Examination, Rationales of Psychological Testing, Observations, Response recording, 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, Bhatia's Battery of Performance Tests of Intelligence; Binet-Kamat test of Intelligence; Raven's progressive Matrices (Standard and Advanced); Wechsler Adult Intelligence Scale - Indian Adaptation (WAPIS - Ramalingaswamy's), WAIS-R.

Unit III: Tests for Diagnostic Clarification: A) Tests of thought disorders. Color form sorting test, Object Sorting Test, Proverbs Test, Arithmetic Test B) Minnesota Multiphasic Personality Inventory (MMPI); Multiphasic Questionnaire (MPQ), Clinical Analysis Questionnaire C) Screening Instruments such as GHQ, HADS etc. to detect Psychopathology.

Unit IV: Tests for Adjustment and Personality Assessment:  
A) Questionnaires and Inventories - 16 Personality Factor Questionnaire (16 PF), Eysenck's personality Inventory (EPI), Eysenck's Personality Questionnaire (EPQ), Rottor's Locus of Control Scale (LOC); Bell's Adjustment Inventory (Students' and Adults') Subjective well-being questionnaires B) Projective Technique/Tests - Sentence Completion Test (SCT); Picture Frustration Test (Udai Pareek's ); Draw-A-Person Test; TAT - Murray's and Uma Chowdhary's; Rorschach Psychodiagnostic.

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 new developments.

Unit VI: Psychological Assessment of Children: A) Introduction, B) Developmental Psychopathology Check List, CBCL, C) 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 etc. D) Tests of Scholastic Abilities. NIMHANS Index for Specific

Learning Disabilities - Tests of Attention, Reading, Writing, Arithmetic, Visuo-motor Gestalt, and Integration, E) Projective Techniques, Raven's Controlled projection Test, Draw-A-Person Test, Children's Apperception Test.

Unit VII: Tests for People with Disabilities: WAIS-R, WISC-R (for visual handicapped), Blind Learning Aptitude Test, Kauffman's Assessment Battery and such other tests/scales for physically handicapped individuals.

## Syllabus - II Year (Part II)

### Paper - I: BIOLOGICAL FOUNDATIONS OF BEHAVIOR

---

#### Part – A (Anatomy, Physiology and Biochemistry of CNS)

- Unit - I: Anatomy of the Brain: Major anatomical sub-divisions of the human brain, the surface anatomy and interior structures of cortical and sub-cortical regions. Anatomical connectivity among the various regions. The blood supply to brain and the CSF system, cytoarchitecture and modular organization in the brain.
- Unit - II: Neuronal Signaling: The membrane property and ion channels of neurons for electrical signaling, action potential, the role of synapses and neurotransmitters in inter neuronal communication. Recording the nerve action potential (practical demonstration).
- Unit - III: Biochemistry of Central Nervous System: Biochemical constituents of Brain; Brain function and importance of Glucose; Metabolic aspects of Central Nervous System; Biochemical aspects of Metabolic defects.
- Unit - IV: Neural Transmission: Neurotransmitters and Neuromodulators including Neuropeptides; Pharmacological aspects of Neurotransmitters; Neurotransmitter dysfunction in behavioral disorders.
- Unit - V: Neuroendocrine System: Endocrine System and Neuroimmune System; Hormones & Functions; Disturbances in Endocrine System and Behavioral Disorders; Psychoneuroimmunology
- Unit - VI: Concept of Inheritance: Structure and Function of Chromosomes; Genetics aspects of major psychoses; Genetic abnormalities in Mental Retardation; Genetic Counseling.
- Unit - VII: Neurobiology of Sensory and Motor Systems: The organization of sensory system in terms of receptors, relay neurons, Thalamus and cortical processing of different sensations. Principle motor mechanisms of the periphery (muscle spindle), Thalamus, basal ganglia, brain stem, cerebellum and cerebral cortex.
- Unit - VIII: Neurobiology of Drives and Motivation: Mechanisms of Aggression, Hunger, Thirst and Sex
- Unit - IX: Regulation of Internal Environment: Role of limbic, autonomic and the neuroendocrine system in regulating the internal environment. Reticular formation and other important neural substrates regulating the state of sleep/wakefulness. State of consciousness/brain death.
- Unit - X: Neurobiology of Learning and Memory: Neurochemical aspects of Learning and Memory; Role of RNA & Proteins; Disturbances in Memory Mechanism.

## **Part – B (Neuropsychology)**

- Unit- XI: Frontal lobe syndrome: Disturbances of regulatory functions. Attentional processes, Emotions, Memory and Intellectual activity; Language and Motor functions.
- Unit-XII: Temporal lobe syndrome: Special senses, hearing, Vestibular functions and integrative functions; Disturbances in learning and memory functions, language emotions, time perception and consciousness.
- Unit - XIII: 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 - XIV: Neuropsychological profile of various Neurological Conditions: Huntington's disease, Parkinson's disease, Progressive Supranuclear Palsy, Thalamic degenerative disease, Multiple sclerosis, cortical and subcortical dementias, Alzheimer's dementia, AIDS dementia complex etc.
- Unit - XV: Cerebral Organization: Principles of Functional localization and lateralization, Neuropsychological Rehabilitation.
- Unit - XVI: Functional Human Brain Mapping: QEEG, ERP, PET, SPECT, FMRI
- Unit - XVII: Neuropsychological assessment: LNNB, PGI-BBD, NIMHANS and other batteries of neuropsychological tests in current use.

## **Paper - II: PSYCHOTHERAPY AND COUNSELING**

---

- Unit - I: Introduction to Psychotherapy and Counseling: Definitions, Objectives, Training, Professional and ethical issues, planning and recording of therapy.
- Unit - II: The Therapeutic Relationship: Client and Therapist Characteristics, Illness, Technique and other factors influencing the relationship.
- Unit - III: Interviewing: Objectives of interviews, interviewing techniques, types of interview, characteristics of structured and unstructured interview, interviewing skills, open-ended questions, clarification, reflection, facilitation and confrontation. Silences in interviews, verbal and non-verbal components.
- Unit - IV: Psychodynamic Psychotherapy: Origins of Psychodynamic Formulation, Stages of therapy, Process issues; Resistance, Interpretation Transference and Counter Transference, and working through and current status.
- Unit - V: Humanistic-Existential and Experiential Therapies: Historical context and philosophical basis, principles and types of therapy, current status.
- Unit - VI: Cognitive Therapies: Introduction to Cognitive Model, basic principles and assumptions, therapeutic techniques based on Cognitive Therapy, Cognitive Behavior Therapy and Rational Emotive Therapy. Application issues.

- Unit - VII: Supportive Psychotherapy: Definition, goal indications, techniques. Directive and non-directive psychotherapy, current forms of "e-" and tele-counseling.
- Unit - VIII: Brief Psychotherapy: Historical context, characteristics of brief psychotherapy, selection criteria, process issues, effectiveness.
- Unit - IX: Crisis Intervention: Definition of Crisis, phases of Crisis, Techniques, Stages of crisis work, Applications.
- Unit - X: Group Therapy: Historical origins, theoretical models, types groups, stages of group therapy, process issues including role of the therapist, techniques, applications of group therapy.
- Unit - XI: Family Therapy: The development of family therapy, schools of family therapy, models for the assessment of families, common family problems and their treatment, treatment goals, methods of therapy, terminating treatment, research in family therapy, ethics in family therapy.
- Unit - XII: Marital Therapy: Development of marital therapy, current approaches, divorce and mediation, pre-marital counseling.
- Unit - XIII: Sex Therapy: Individual and couple sex therapy, techniques, sex counseling, current approaches, issues related to research.
- Unit - XIV: Therapy with children: Introduction to different approaches, Psychoanalytic therapies (Ana 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 - XV: Therapy in Special Conditions: Therapies and techniques in the treatment of Deliberate self harm, Bereavement, Personality Disorders, Chronic Mental illness and Medical conditions such as Cancer, Cardiovascular Diseases, HIV/AIDS, and other terminally ill conditions. Physical, sensory and intellectual disabilities.
- Unit - XVI: Psychotherapy in the Indian Context: Historical perspective in psychological healing practices from the Vedic period and the systems of Ayurveda and Yoga, Contemporary perspectives. Socio-cultural issues in the practice of psychotherapy.
- Unit-XVII: Research in Psychotherapy: Introduction to psychotherapy Research, issues related to process and outcome.

### **Paper – III: BEHAVIORAL MEDICINE**

---

- Unit - I: Theoretical foundations: Learning, biological and cognitive foundations; Behavioral assessment, analysis and formulations (for Neuroses, Psychoses and other conditions, including physical disorders).

Unit - II: Therapeutic Procedures:

Relaxation procedures - Jacobson's Progressive Muscular Relaxation, Autogenic training, Shavasana, Meditation and other forms of eastern methods of Relaxation.

Desensitization and Extinction Procedures – Imaginal and in vivo, graded exposure, enriched desensitization, assisted desensitization, Flooding and Implosion, Response prevention, Emotive imagery and other forms of desensitization.

Social skills Training - Assertiveness training, Modeling, Behavioral Rehearsal, Communication skills training.

Operant procedures - Application of Reinforcement Principles, Token economy, Contingency Management.

Aversive conditioning Therapies - Faradic aversion therapy, Chemical aversion therapy, covert sensitization, Aversion relief procedure, Anxiety relief procedure and avoidance conditioning therapy.

Biofeedback procedures - EMG, GSR, EEG, Thermal, EKG.

Self control procedures - Thought stop, Paradoxical intention, Stimulus satiation.

Cognitive Behavior therapies - Rational Emotive Behavior therapy, Cognitive therapy, Cognitive Behavior therapy, Stress Inoculation Training and other methods.

Other approaches - Behavioral Counseling, Clinical Hypnotherapy, Group behavioral approaches, Behavioral family/marital therapies.

Unit - III: Clinical Applications: Clinical applications of behavioral techniques in the management of anxiety disorders, speech and psychomotor disorders, substance use, Sexual dysfunction and deviant behaviors, personality disorders, Management of Childhood disorders, Psychotic disorders, stress and pain conditions, chronic mental illness and medical conditions such as Cancer, cardiovascular diseases and HIV/ AIDS.

Unit - IV: Research in Behavioral Intervention: Introduction to behavioral intervention research - issues related to process and outcome.

\*\*\*\*\*