AMRITA
VISHWA VIDYAPEETHAM

A Multi Campus University with 'A' Grade Accreditation by NAAC

AMRITA SCHOOL OF MEDICINE

Centre for Allied Health Sciences

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PROGRAM

MPhil IN CLINICAL PSYCHOLOGY

(Revised with effect from 2016-2017 onwards)

A Super Speciality Tertiary Care Hospital Accredited by ISO 9001-2008, NABL & NABH

Our Chancellor

SPIRITUAL PRINCIPLES IN EDUCATION

"In the gurukulas of ancient rishis, when the master spoke it was love that spoke; and at the receiving end disciple absorbed of nothing but love. Because of their love for their Master, the disciples' hearts were like a fertile field, ready to receive the knowledge imparted by the Master. Love given and love received. Love made them open to each other. True giving and receiving take place where love is present. Real listening and 'sraddha' is possible only where there is love, otherwise the listener will be closed. If you are closed you will be easily dominated by anger and resentment, and nothing can enter into you".

"Satguru Mata Amritanandamayi Devi"

Introducing AIMS

India is the second most populous nation on earth. This means that India's health problems are the world's health problems. And by the numbers, these problems are staggering 41 million cases of diabetes, nearly half the world's blind population, and 60% of the world's incidences of heart disease. But behind the numbers are human beings, and we believe that every human being has a right to high-quality healthcare.

Since opening its doors in 1998, AIMS, our 1,200 bed tertiary care hospital in Kochi, Kerala, has provided more than 4 billion rupees worth of charitable medical care; more than 3 million patients received completely free treatment. AIMS offers sophisticated and compassionate care in a serene and beautiful atmosphere, and is recognized as one of the premier hospitals in South Asia. Our commitment to serving the poor has attracted a dedicated team of highly qualified medical professionals from around the world.

The Amrita Institute of Medical Sciences is the adjunct to the term "New Universalism" coined by the World Health Organization. This massive healthcare infrastructure with over 3,330,000 sq. ft. of built-up area spread over 125 acres of land, supports a daily patient volume of about 3000 outpatients with 95 percent inpatient occupancy. Annual patient turnover touches an incredible figure of almost 800,000 outpatients and nearly 50,000 inpatients. There are 12 super specialty departments, 45 other departments, 4500 support staff and 670 faculty members.

With extensive facilities comprising 28 modern operating theatres, 230 equipped intensive-care beds, a fully computerized and networked Hospital Information System (HIS), a fully digital radiology department, 17 NABL accredited clinical laboratories and a 24/7 telemedicine service, AIMS offers a total and comprehensive healthcare solution comparable to the best hospitals in the world. The AIMS team comprises physicians, surgeons and other healthcare professionals of the highest caliber and experience.

AIMS features one of the most advanced hospital computer networks in India. The network supports more than 2000 computers and has computerized nearly every aspect of patient care including all patient information, lab testing and radiological imaging. A PET (Positron Emitting Tomography) CT scanner, the first of its kind in the state of Kerala and which is extremely useful for early detection of cancer, has been installed in AIMS and was inaugurated in July 2009 by Dr. A. P. J. Abdul Kalam, former President of India. The most recent addition is a 3 Tesla Silent MRI.

The educational institutions of Amrita Vishwa Vidya Peetham, a University established under section 3 of UGC Act 1956, has at its Health Sciences Campus in Kochi, the Amrita School of Medicine, the Amrita Centre for Nanosciences, the Amrita School of Dentistry, the Amrita College of Nursing, and the Amrita School of Pharmacy, committed to being centres of excellence providing value-based medical education, where the highest human qualities of compassion, dedication, purity and service are instilled in the youth. Amrita School of Ayurveda is located at Amritapuri, in the district of Kollam. Amrita University strives to help all students attain the competence and character to humbly serve humanity in accordance with the highest principles and standards of the healthcare profession.

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Part I
Rules and Regulations

I. Post Graduate Programmes (Master of Sciences)

1. Details of Post Graduate Courses :			
Sl. No.	Course	Duration	Conditions of Eligibility for admission to the course
1	Medical Laboratory Technology (MLT)	2 years	Pass in B.Sc MLT (4 year regular courses only)
2	Neuro-Electro Physiology	3 years + 6 months Internship	B.Sc Physics
3	Swallowing Disorders and Therapy	2 years	BASLP
4	Clinical Research		MBBS.BDS/BAMS/BHMS/B.Pharm/B.Sc Allied Health Sciences/B.Sc Biotechnology/B.Sc Nursing/B.Sc in any Life Sciences
5	Biostatistics		Graduates in Statistics/Mathematics with paper in Statistics
6	Respiratory Therapy	2 years	B.Sc Respiratory Therapy
7	Clinical Nutrition	2 years + 6 months Internship	B.Sc., Nutrition Dietetics and Food Service Management /Food Science and Nutrition /Clinical Nutrition and Dietetics Food Service Management and Dietetics/ Home Science (with majors in Nutrition and Dietetics) /Human Science(with majors in Nutrition and Dietetics)
8	M. Phil Clinical Psychology	2 years	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

2. Medium of Instruction:

English shall be the medium of instruction for all subjects of study and for examinations.

3. Eligibility:

Candidates for admission to the **M.PHIL IN CLINICAL PSYCHOLOGY UNDER ALLIED HEALTH SCIENCES** should have passed 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, as per GOI.

II. General Rules:

Admissions to the courses will be governed by the conditions laid down by the University from time to time and as published in the Regulations for admissions each year.

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, interview and practical. List of candidates so selected/admitted to the course should be sent to RCI within a month of admission formalities are completed. No changes shall be permitted once the list of admitted candidates for the academic year is sent to the council.

1. Duration of the Course

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

Duration details are mentioned under clause No.I of this booklet.

Duration of the course : 2 Years

Weeks available per year : 52 weeks

Weeks available : 39 weeks

Hours per week : 40 hours

Hours available per academic year: 1560 (39 weeks x 40 hours)

2. Discontinuation of studies

Rules for discontinuation of studies during the course period will be those decided by the Chairman /Admissions, Centre for Allied Health Sciences, and Published in the "Terms and Conditions" every year.

3. Educational Methodology

Learning occurs by attending didactic lectures, as part of regular work, from coworkers and senior faculty, through training offered in the workplace, through reading or other forms of self-study, using materials available through work, using materials obtained through a professional association or union, using materials obtained on students own initiative, during working hours at no cost to the student.

4. Academic Calendar

<u>Annual Scheme</u>

FIRST YEAR

Commencement of classes	-	August 2016
Sessional exam	-	March 2017
Pre-university	-	June 2017
University exam (with practical)	-	July 2017

SECOND YEAR

Commencement of classes	-	August 2017
Sessional exam	-	March 2018
Pre-university	-	June 2018
University exam (with practical)	-	July 2018

III. Examination Regulations:

1. Attendance:

80% of attendance (physical presence) is mandatory. Medical leave or other types of sanctioned leaves will not be counted as physical presence. For those who possess a minimum of 75% attendance, deficiency up to 5% may be condoned on medical or other genuine grounds by the Principal at his sole discretion and as per the recommendation of the Heads of Departments concerned. Students are allowed such condonation only once for entire course of study.

Condonation fee as decided by the Principal has to be paid. Attendance will be counted from the date of commencement of the session to the last day of the final examination in each subject.

Course of the study must, unless special exemption is obtained, continuously be pursued. Any interruption in a candidate's attendance during the course of study, due to illness or other extraordinary circumstances must be notified to the Head of the Institution/concerned authority and permission should be obtained. Under any circumstances the course must be completed within 4-yr from the date of enrollment.

Thirty days of casual leave, maximum of fifteen days per academic year, shall be permitted during the two-year course period.

2. Internal Assessment:

1) Regular periodic assessment shall be conducted throughout the course. In each paper 30% marks will be determined on the basis of 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.
2) One internal written examination and pre-University in theory should be conducted in each subject. The pre university model examination should be of the same pattern of the University Examination. Higher of the internal written examination and the marks obtained in clinicals / assignments / seminar shall be taken to calculate the internal assessment marks.
3) Candidates who fail to complete the required number of passouts shall not be eligible to attend the internal/pre university examination.
4) A candidate should secure a minimum of 35% marks in the internal assessment in each subject to be eligible to appear for the University examination. It shall be based on periodical assessment, evaluation of student assignment, preparation for seminar, clinical case presentation, journal club, assessment of candidate’s

performance in the sessional examinations, routine clinical works, logbook and record keeping etc.

5) Each student should maintain a logbook and record the procedures they do and the work patterns they are undergoing. The candidate is expected to submit the psychodiagnostic reports in each posting and get the clinical log and posting log signed by the concerned faculty within a week of completing that posting. If the candidate fails to submit, he/she shall not be allowed to continue the next posting.
6) Day to day assessment will be given importance during internal assessment, Weightage for internal assessment shall be 30% of the total marks in each subject.
7) Internal Assessment marks secured by the students along with their attendance details shall be forwarded to the Principal one month prior to University Exam.

3. University Examinations:

1. University Examination shall be conducted at the end of every academic year.
2. A candidate who satisfies the requirement of attendance, internal assessment marks, as stipulated by the University shall be eligible to appear for the University Examination.
3. One academic year will be twelve months including the days of the University Examination. Year will be counted from the date of commencement of classes which will include the inauguration day.
4. The minimum pass for internal assessment is 35% and for the University Examination is 50%. However the student should score a total of 50% (adding the internal and external examination) to pass in each subject (separately for theory and practical)
5. Maximum number of attempts permitted for each paper is three (3) including the first attempt.
6. The maximum period to complete the course shall not exceed 4 years.
7. All practical examinations will be conducted in the respective clinical areas.

4. Eligibility to appear University Examination:

A student who has secured 35% marks for Internal Assessment is qualified to appear for University Examination provided he/she satisfies percentage of attendance requirement as already mentioned at the III (1) of the clause. 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 Part – I.

5. Appearance in Exam

1. A candidate shall appear for all the Groups of Part – I and Part – II examination when appearing for the first time.
2. A candidate in Part – I and Part – II, failing in any of the "Group-A" subjects has to appear again in all the "Group-A" subjects.
3. A candidate in Part – I, failing in "Group-B" has to resubmit five full- length Psychodiagnostic Records.
4. A candidate in Part – II, failing in "Group-B" has to resubmit five fully worked-out Psychotherapeutic Records.
5. A candidate in Part – II, failing in "Group-C", has to reappear/resubmit the dissertation as asked for and/or outlined by the examiners.

6. Valuation of Theory – Revaluation Papers:

1. Valuation work will be undertaken by the examiners in the premises of the Examination Control Division in the Health Sciences Campus.
2. There will be **Re-Valuation** for all the University examinations. Fees for revaluation will be decided by the Principal from time to time.
3. Application for revaluation should be submitted within 5 days from date of result of examination declared and it should be submitted to the office with payment of fees as decided by the Principal.

7. Board of Examination

1. 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.

2. 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.

8. Rules regarding carryover subjects:

1. The examination will be held in two parts (Part - I and Part - II). Part -I is held at the end of first year and Part – II is held at the end of second year.
2. A candidate will not be allowed to take the Part – II examination unless he/she has passed the Part – I examination.
3. 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 Part – I examination.
4. A minimum period of three months additional training shall be necessary before appearing for the examination in case he/she fails to clear Part – I and/or Part – II examination.

8. Supplementary Examinations:

Every main University examination will be followed by a supplementary examination which will normally be held within four to six months from the date of completion of the main examination.

As stipulated under clause No. 2 under Internal Assessment, HOD will hold an internal examination three to four weeks prior to the date of the University Examination. Marks secured in the said examination or the ones secured in the internal examination held prior to the earlier University Examination whichever is more only will be taken for the purpose of internal assessment. HODs will send such details to the Principal ten days prior to the date of commencement of University examination.

Students who have not passed / cleared all or any subjects in the first University examination will be permitted to attend the second year classes However, he / she can appear for the second year university examination, only if he / she cleared all the subjects in the first year

Same attendance and internal marks of the main examination will be considered for the supplementary examination, unless the HOD furnish fresh internal marks and attendance after conducting fresh examination.

IV. Criteria for Pass in University Examination - Regulations:

1. Eligibility criteria for pass in University Examination:

In each of the subjects, a candidate must obtain 50% in aggregate for a pass and the details are as follows:

1. A candidate shall be declared to have passed in either of the two parts of the M. Phil examination if he/she obtains not less than 50% of the marks in:
   i) Each of the theory paper
   ii) Each of the practical and viva-voce examinations
   iii) Each of the submissions
   iv) The dissertation (in case of Part – II only)

2. A separate minimum of 35% for Internal Assessment and 50% in Theory
3. Overall 50% is the minimum pass in subject aggregate (University Theory + Internal Assessment)
4. No candidate shall be permitted to appear either of Part – I or II examination more than three times.

2. Evaluation and Grade:

1. 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 below 75% of marks in the aggregate of both the parts shall be declared to have passed M. Phil degree in I Class.
2. The other successful candidates as per the clause (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 in any of the university theory and practical examinations of Part – I and II, the class shall not be awarded. The merit class (Distinction / First Class) is awarded to only those candidates who pass both Part – I and II examinations in first attempt.

VI. General considerations and teaching / learning approach:

There must be enough experience to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching learning process.

Proper records of the work should be maintained which will form the basis for the students assessment and should be available to any agency who is required to do statutory inspection of the school of the course.

Part II

Syllabus

1. INTRODUCTION:

Clinical psychology as one of the core disciplines in the area of mental health/illness has grown significantly in the last two decades. Today, the clinical psychology training is being offered at more than ten recognized centers across the country with utmost efficiency. Consequently, the number of clinical psychologists available in service sectors has increased significantly. Though there is an upward trend, number of professionals currently available at various levels is no match to the number specified to face the ever growing demands in the field.

Mental health problems are continuously on the rise owing to change in life style, habits and mounting stress in personal/occupational/social domains across various sections of the society. Clinical Psychologists apply knowledge and methods from all substantive fields of biopsychosocial sciences for promotion and maintenance of mental health of individuals. Varieties of techniques and methods derived from several branches of psychology are used in promotion of mental health, and in prevention, diagnosis, treatment and rehabilitation of mental and physical disorders/ problems where psychological factors play a major role. Different methods and forms of psychological techniques are used to relieve an individual's emotional distress or any other forms of dysfunction or disability. Thus, Clinical Psychologists play an important role for optimizing health care delivery system and there is an urgent need to train more number of professional clinical psychologists.

The council is committed to give the needed impetus to human resource development in the field of clinical psychology and work towards establishing more centers for training in clinical psychology in the coming years. Also, efforts will be made to ameliorate unequal distribution and underutilization of human resource poll created, and to equip our professionals with the latest developments in the field through CRE programs, so that they deliver patient-centered services effectively and competently.

In the recent time a trend is observed for training in clinical psychology to be shifted from traditional mental hospital-based programs to programs operated by medical colleges and NGOs. Consequently, there has been a steady progress in reducing

manpower shortages in addition to witnessing the practice and research in clinical psychology growing in several directions. Though, the feedback received from the participants of these training programs is encouraging, it is our endeavor to keep pace with changing times and make available most up to date information for trainees in various settings.

2. Aims and objectives of the course:

1. Aim

The aim of this course is to prepare the trainee to function as qualifiedprofessional Clinical Psychologist in the areas of mental and physical health by offering Diagnostic, Therapeutic, Rehabilitative, Administrative services, and to work towards promoting the well-being and quality-of-life of individuals.

2. Objectives

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

1. Diagnose mental health problems.
2. Conceptualize specific adult and child mental health problems within a psychological framework, giving due consideration to psychosocial/ contextual factors, and carryout relevant treatment/management.
3. Apply psychological principles and techniques in rehabilitating persons with mental health problems and disabilities.
4. Work with the psychosocial dimensions of physical diseases, formulate and undertake focused/targeted psychosocial interventions.
5. Work with community to promote health, quality-of-life and psychological well-being.
6. Undertake research in the areas of clinical psychology such as, mental health/illness, physical health/diseases and relevant societal issues viz.

misconception, stigma, discrimination, social tension, gender construction, life style etc.

7. Undertake responsibilities connected with teaching and training in core and allied areas of Clinical Psychology.
8. Undertake administrative and supervisory/decision-making responsibilities in mental health area.
9. Provide expert testimony in the court of law assuming different roles.

3. Justification for the course:

1. Clinical psychology as one of the core disciplines in the area of mental health/illness. Mental health problems are continuously on the rise owing to change in life style, habits and mounting stress in personal/occupational/social domains across various sections of the society. Clinical Psychologists apply knowledge and methods from all substantive fields of bio-psycho-social sciences for promotion and maintenance of mental health of individuals.

2. The number of professionals currently available at various levels is no match to the number specified to face the ever growing demands in the field. The course would **help in filling the void in manpower** requirement in mental health area.

3. Currently, the clinical psychology training is being offered at more than 25 recognized centers across the country. However, this course is **not offered in any institution in Kerala**. Hence students have to study in institutions in other states as far as Delhi and Ranchi to be qualified in Clinical Psychology.

4. Training in clinical psychology has shifted from traditional mental hospital-based programs to programs operated by medical colleges. M.Phil in Clinical Psychology from a **Multi-specialty tertiary care centre such as Amrita Institute of medical Sciences** would be able to offer **training not only in**

the area of mental health but also in becoming competent liaison psychologists.

5. Public awareness programs can be conducted for educating public on mental health issues
6. AIMS is a specialized center offering tertiary level super speciality services over a range of specialty disorders.
7. Students will be exposed to professional settings in the hospital, intensive lectures, rotation through various departments, develop a unique ethnic and moral value system that would make them competent as an entry level Clinical Psychologists

4. Experience with the course in other institutions

This is the first institution in Kerala to start M. Phil in clinical Psychology. Currently, the clinical psychology training is being offered at more than 25 recognized centers across the country.

5. COURSE STRUCTURE

Program Outcomes (PO)

1. PO1 Ability to function as a qualified professional Clinical Psychologist in the areas of mental and physical health.
2. PO2 The competency to offer Diagnostic, Therapeutic, Rehabilitative & Administrative services.
3. PO3 The ability to work towards promoting the well-being and quality-of-life of individuals.

Program Specific Outcomes (PO)

1. PSO1 The ability to diagnose mental health problems.
2. PSO2 The ability to conceptualize specific adult and child mental health problems within a psychological framework, giving due consideration to psychosocial/ contextual factors, and carryout relevant treatment/management.
3. PSO3 The ability to apply psychological principles and techniques in rehabilitating persons with mental health problems and disabilities.

4. PSO4 The ability to work with the psychosocial dimensions of physical diseases, formulate and undertake focused/targeted psychosocial interventions.
5. PSO5 The ability to work with community to promote health, quality-of-life and psychological well-being.
6. PSO6 The competency to undertake research in the areas of clinical psychology such as, mental health/illness, physical health/diseases and relevant societal issues viz. misconception, stigma, discrimination, social tension, gender construction, life style etc.
7. PSO7 The competency to undertake responsibilities connected with teaching and training in core and allied areas of Clinical Psychology.
8. PSO8 The competency to undertake administrative and supervisory/decision-making responsibilities in mental health area.
9. PSO9 The competency to provide expert testimony in the court of law assuming different roles.

Part - I (I Year)

Group A

Paper I: Psychosocial Foundation of Behavior and Psychopathology

Paper II: Biological Foundations of Behavior

Paper III: Psychiatry

Practical: Psychological Assessments including Viva Voce

Group B

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

Part - II (II Year)

Group A

Paper I: Psychotherapy and Counseling

Paper II: Behavioral Medicine

Paper III: Statistics and Research Methodology

Practical: Psychological Therapies including Viva Voce

Group B

Submission: Five fully worked-out Psychotherapy Records, out of which record each should be child therapy and Family/Marital therapy record.

Group C

Dissertation: Under the guidance of the assigned Clinical Psychology faculty member

Minimum prescribed clinical work during the two year of training.

	Number of Cases	
	Part - I	By the end of Part - II *
1) Detailed case histories	50	70
2) Clinical Interviews	40	60
3) Full length Psychodaignostics	40	50
4) Neuropsychological Assessment	5	10
5) Therapeutics		
i) Psychological Therapies		200 hr.
ii) Behavior Therapies		200 hr.

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

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

FIRST YEAR (PART-I)

PAPER – I: Psychosocial Foundations of Behavior and Psychopathology (MPCP11)

Course Outcome :

1. CO1: Demonstrate a working knowledge of the theoretical application of the psychosocial model to various disorders.
2. CO2: Make distinctions between universal and culture-specific disorders paying attention to the different types of sociocultural causal factors.
3. CO3: 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. CO4: 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. CO5: 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. CO6: 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. CO7: Describe Mental Health Acts and Policies, currently prevailing in the country and their implications in professional activities of clinical psychologists.

Part – A (Psychosocial Foundations of Behavior)

Unit - I: Introduction: 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: Studies in Indian context; tools available/standardized for epidemiological surveys; socio-cultural correlates of mental illness; religion and mental health; psychological well-being and quality of life – measures and factors influencing.

Unit - IV: Self and relationships: Self-concept, self-image, self-perception and self-regulations in mental health and illness; learned helplessness and

attribution theories; social skill model; interpersonal and communication models of mental illness; stress diathesis model, resilience, coping and social support.

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

Unit - VI: Societal influences: Discrimination in race, gender and ethnicity; social class and structure (special reference to caste discrimination, poverty based discrimination), 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. Discrimination due to psychiatric illness – compounding factor.

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

Unit - IX: Policies and Acts: Rehabilitation Policies and Acts; assistance, concessions, social benefits and support from government and voluntary organizations; contemporary challenges; rehabilitation ethics and professional code of conduct.

Part – B (Psychopathology)

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

Unit - XI: Signs and symptoms: Disorders of consciousness, attention, motor behavior, orientation, experience of self, speech, thought, perception, emotion, and memory.

Unit - XII: Psychological theories: Psychodynamic; behavioral; cognitive; humanistic; interpersonal; psychosocial; and other prominent theories/models of principal clinical disorders and problems, viz. anxiety, obsessive-compulsive, somatoform, dissociative, adjustment, sexual, substance use, personality,

suicide, childhood and adolescence, psychotic, mood disorders, and culture-specific disorders.

Unit - XIII: Indian thoughts: Concept of mental health and illness; nosology and taxonomy of mental illness; social identity and stratification (*Varnashrama Vyawastha*); concept of – cognition, emotion, personality, motivation and their disorders. Treatments in alternative medicine and scientific basis.

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Applied Cross cultural psychology, Brislin, R. W. (1990). Sage publications: New Delhi

PAPER – II: Biological Foundations of Behavior ((MPCP12)

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

Course Outcome :

1. CO1: Describe the nature and basic functions of the nervous system.
2. CO2: Explain what neurons are and how they process information.
3. CO3: Identify the brain's levels and structures, and summarize the functions of its structures.
4. CO4: Describe the biochemical aspects of brain and how genetics increase our understanding of behavior.
5. CO5: State what endocrine system is and how it regulates internal environment and affects behavior.
6. CO6: Discuss the principles of psychopharmacology and review the general role of neurotransmitters and neuromodulators in the brain.
7. CO7: Describe the monoaminergic and cholinergic pathway in the brain and the drugs that affect these neurons.
8. CO8: Describe the role of neurons that release amino acid neurotransmitters and the drugs that affect these neurons.
9. CO9: Describe what kinds of clinical symptoms are often associated with lesions of frontal, parietal, temporal and occipital lobes of the brain.
10. CO10: Describe what kinds of neuropsychological deficits are often associated with lesions of frontal, parietal, temporal and occipital lobes of the brain, and carry out the indicated neuropsychological assessment employing any valid battery of tests.
11. CO11: Describe what kinds of neuropsychological deficits are often associated with subcortical lesions of the brain.
12. CO12: List symptoms that are typical of focal and diffuse brain damage.
13. CO13: Enumerate the characteristics of clinical syndrome and the nature of neuropsychological deficits seen in various cortical and subcortical dementias.
14. CO14: Describe the neuropsychological profile of principal psychiatric syndromes.
15. CO15: Demonstrate an understanding of functional neuro-imaging techniques and their application in psychological disorders and cognitive neuroscience.

16. CO16: Demonstrate an understanding of the principles involved in neuropsychological assessment, its strengths and weaknesses, and its indications.
17. CO17: Describe the nature of disability associated with head injury in the short and longer term, methods of remedial training and their strengths and weakness.

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; blood supply to brain and the CSF system; cytoarchitecture and modular organization in the brain.

Unit – II: Structure and functions of cells: Cells of the nervous system (neurons, supporting cells, blood-brain barrier); communication within a neuron (membrane potential, action potential); communication between neurons (neurotransmitters, neuromodulators and hormones).

Unit – III: Biochemistry of the brain: Biochemical and metabolic aspects of Brain; medical genetics; structure and function of chromosomes; molecular methods in genetics; genetic variation; population genetics; single-gene inheritance; cytogenetic abnormalities; multifactorial inheritance; biochemistry of genetic diseases.

Unit – IV: Neurobiology of sensory and motor systems: 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 – V: 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.

Unit – VI: Neurobiology of behavior: Neurobiological aspects of drives, motivation, hunger, thirst, sex, emotions, learning and memory;

Unit – VII: Psychopharmacology: Principles of psychopharmacology (pharmacokinetics, drug effectiveness, effect of repeated administration); sites of drug action (effects on production, storage, release, receptors, reuptake and destruction); neurotransmitters and neuromodulators (acetylcholine, monoamines, amino acids, peptides, lipids).

Unit VIII: Alternate theories such as Julian Jaynes' Origin of Consciousness in the Breakdown of the Bicameral Mind.

Part – B (Neuropsychology)

Unit - VIII: Introduction: Relationship between structure and function of the brain; the rise of neuropsychology as a distinct discipline, logic of cerebral organization;

localization and lateralization of functions; approaches and methodologies of clinical and cognitive neuropsycholoigsts.

Unit- IX: Frontal lobe syndrome: Disturbances of regulatory functions; attentional processes; emotions; memory and intellectual activity; language and motor functions.

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

Unit – XI: 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 – XII: Neuropsychological profile of various neurological and psychiatric 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., and principal psychiatric syndromes such as psychosis, mood disorders, suicide, anxiety disorders, and other emotional and behavioral syndromes.

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

Unit – XIV: Neuropsychological assessment: Introduction, principles, relevance, scope and indications for neuropsychological assessment and issues involved in neuropsychological assessment of children.

Unit – XV: Neuropsychological rehabilitation: Principles, objectives and methods of neuro-rehabilitation of traumatic brain injury and brain diseased; scope of computer-based retraining, neurofeedback, cognitive aids etc. Social framework for rehabilitation which exist in India. The unique features of Kerala.

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PAPER – III: Psychiatry (MPCP13)

Course Outcome:

1. CO1: Demonstrate an understanding of a clinically significant behavioral and psychological syndrome, and differentiate between child and adult clinical features/presentation.

2. CO2: 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. CO3: Carryout the clinical work up of clients presenting with the range of mental health problems and make clinical formulations/diagnosis drawing on their knowledge of a pertinent diagnostic criteria and phenomenology.
4. CO4: Summarizes 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. CO5: Carryout with full competence the psychological assessment, selecting and using a variety of instruments in both children and adults.
6. CO6: Describe various intervention programs in terms of their efficacy and effectiveness with regard to short and longer term goals, and demonstrate beginning competence in carrying out the indicated interventions, monitor progress and outcome.
7. CO7: Discuss various pharmacological agents that are used to treat common mental disorders and their mode of action.
8. CO8: Demonstrate an understanding of caregiver, and family burden and their coping style.
9. CO9: Assess the disability/dysfunctions that are associated with mental health problems, using appropriate measures.
10. CO10: Discuss the medico-legal and ethical issues in patients requiring chronic care and institutionalization.

Unit - I: Introduction: Approach to clinical interviewing and diagnosis; case history; mental status examination; organization and presentation of psychiatric information; diagnostic formulation; classificatory system in use.

Unit - II: Psychoses: Schizophrenia, affective 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 – types, clinical features, etiology and management.

Unit - V: Organic mental disorders: Dementia, delirium and other related conditions with neuralgic and systemic 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.

Unit - VIII: Neurobiology of mental disorders: Neurobiological theories of psychosis, mood disorders, suicide, anxiety disorders, substance use disorders and other emotional and behavioral syndromes.

Unit - IX: Therapeutic approaches: Drugs, ECT, psychosurgery, psychotherapy, and behavior therapy, preventive and rehabilitative strategies – half-way home, sheltered workshop, daycare, and institutionalization.

Unit - X: Consultation-liaison psychiatry: Psychiatric consultation in general hospital; primary care setting.
Unit - XI: Special populations/Specialties: Geriatric, terminally ill, HIV/AIDS, suicidal, abused, violent and non cooperative patients; psychiatric services in community, and following disaster/calamity.

Unit - XII: 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; ethical and forensic issues in psychiatry practice. Protection of Children from Sexual Offences Act 2012. Policies of the state government. International scenario. Changing trends in the mental health policies and legislation across the world. Decriminalization of mental illness. Approach to the mentally ill as a person requiring help and not someone dangerous to be locked up.

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Symptoms in mind: Introduction to descriptive psychopathology, Sims A, Bailliere T, (1988)

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PRACTICAL – Psychological Assessments (Part – I)

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

Unit - II: Tests of cognitive functions: Bender gestalt test; Wechsler memory scale; PGI memory scale; 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 – Ramalingaswamy's), WAIS-R.

Unit - III: Tests for diagnostic clarification: A) Rorschach psychodiagnostics, B) Tests for thought disorders – color form sorting test, object sorting test, proverbs test, C) Minnesota multiphasic personality inventory; multiphasic questionnaire, clinical analysis questionnaire, IPDE, D) screening instruments such as GHQ, hospital anxiety/depression scale etc. to detect psychopathology.

Unit - IV: Tests for adjustment and personality assessment: A) Questionnaires and inventories – 16 personality factor questionnaire, NEO-5 personality inventory, temperament and character inventory, 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 psychopathology check list, CBCL, B) Administration, scoring and interpretation of tests of intelligence scale for children such as SFB, C-RPM, Malin's WISC, Binet's tests, and developmental schedules (Gesell's, Illingworth's and other) Vineland social maturity scale, AMD adaptation scale for mental retardation, BASIC-MR, developmental screening test (Bharatraj's), C) Tests of scholastic abilities, tests of attention, reading, writing, arithmetic, visuo-motor gestalt, and integration, D) Projective tests – Raven's controlled projection test, draw-a-person test, children's apperception test, E) Clinical rating scales such as for autism, ADHD etc.

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

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

Core Tests:

1. Stanford Binet's test of intelligence (any vernacular version)
2. Raven's test of intelligence (all forms)
3. Bhatia's battery of intelligence tests
4. Wechsler adult performance intelligence scale
5. Malin's intelligence scale for children
6. Gesell's developmental schedule
7. Wechsler memory scale
8. PGI memory scale
9. 16 personality factor questionnaire
10. NEO-5 personality inventory
11. Temperament and character inventory
12. Children personality questionnaire
13. Clinical analysis questionnaire
14. Multiphasic questionnaire
15. Object sorting/classification test
16. Sentence completion test
17. Thematic apperception test
18. Children' apperception test
19. Rorschach psychodiagnostics
20. Neuropsychological battery of tests (any standard version)

Essential References:

Theory and practice of psychological testing, Freeman, F.S. (1965). Oxford and IHBN: New Delhi.

Comprehensive handbook of psychological assessment, Vol 1 & 2, Hersen, M, Segal, D. L, Hilsenroth, M.J. (2004). John Wiley & Sons: USA

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The Rorschach – A Comprehensive System, Vol 1, 4th ed., Exner, J.E. John Wiley and sons: NY.

The Thematic Apperception Test manual, Murray H.A. (1971), Harvard University Press.

An Indian modification of the Thematic Apperception Test, Choudhary, U. Shree Saraswathi Press: Calcutta

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MPCP14 Psychological Assessments and Viva Voce

Course Outcomes

CO1: Use relevant criteria to assess the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses for clinical purposes.
CO2: 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.
CO3: Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.
CO4: Select and justify the use of psychological tests and carry out the assessment as per the specified procedures in investigating the relevant domains.
CO5: Interpret the findings in the backdrop of the clinical history and mental status findings and arrive at a diagnosis.
CO6: Prepare the report of the findings as relevant to the clinical questions asked or hypothesis set up before the testing began, and integrate the findings in service activities.
Skill in assessing the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses with regards to clinical setting. Competency in justifying psychological test and skill at arriving at a diagnosis

MPCP15 Psychodiagnostics

CO1: Use relevant criteria to assess the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses for clinical purposes.
CO2: 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.
CO3: Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.
CO4: Select and justify the use of psychological tests and carry out the assessment as per the specified procedures in investigating the relevant domains.
CO5: Interpret the findings in the backdrop of the clinical history and mental status findings and arrive at a diagnosis.
CO6: Prepare the report of the findings as relevant to the clinical questions asked or hypothesis set up before the testing began, and integrate the findings in service activities.
Skill in assessing the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses with regards to clinical setting. Competency in justifying psychological test and skill at arriving at a diagnosis

MPCP21 Psychotherapy and Counselling

CO1: Describe what factors are important in determining how well patients do in psychotherapy
CO2: Demonstrate an ability to provide a clear, coherent, and succinct account of patient’s problems and to develop an appropriate treatment plan.

CO3: Demonstrate a sense of working collaboratively on the problem and ability to foster an effective alliance.
CO4: Demonstrate a working knowledge of theoretical application of various approaches of therapy to clinical conditions.
CO5: Set realistic goals for intervention taking into consideration the social and contextual mediation.
CO6: Carry out specialized assessments and interventions, drawing on their knowledge of pertinent outcome/evidence research.
CO7: Use appropriate measures of quantifying changes and, apply and integrate alternative or complementary theoretical approach, depending on the intervention outcome.
CO8: Demonstrate skills in presenting and communicating some aspects of current intervention work for assessment by other health professionals, give and receive constructive feedback.
CO9: Demonstrate ability to link theory-practice and assimilate clinical, professional, academic and ethical knowledge in their role of a therapist.
CO10: Present a critical analysis of intervention related research articles and propose their own methods/design of replicating such research.

Competency in psychotherapy and theoretical application of different approaches of therapy in different situations , Setting goals for intervention and taking social and contextual mediation into consideration

MPCP22 Behavioral Medicine
CO1: Appreciate the impact of psychological factors on developing and surviving a systemic illness.
CO2: Understand the psychosocial impact of an illness and psychological interventions used in this context.
CO3: Understand the psychosocial outcomes of disease, psychosocial interventions employed to alter the unfavorable outcomes.
CO4: Understand the rationale of psychological interventions and their relative efficacy in chronic disease, and carry out the indicated interventions.
CO5: Understand the importance of physician-patient relationships and communication in determining health outcomes.
CO6: Understand of how basic principles of health psychology are applied in specific context of various health problems, and apply them with competence.
CO7: Demonstrate the required sensitivity to issues of death and dying, breaking bad news, and end-of-life issues.
CO8: Carry out specialized interventions during period of crisis, grief and bereavement.
CO9: Understand, assimilate, apply and integrate newer evidence-based research findings in therapies, techniques and processes.
CO10: Critically evaluate current health psychology/behavioral medicine research articles, and present improved design/methods of replicating such research.
CO11: Demonstrate the sense responsibility while working collaboratively with another
specialist and foster a working alliance.

Competency in understanding impact of psychological factors on systemic illness and to study outcome of disease while understanding the rationale of psychological interventions in this disease. Skill in carrying out specialized interventions during period of crisis

MPCP23 Statistics and Research Methodology

CO1: Understand the empirical meaning of parameters in statistical models
CO2: Underst and the scientific meaning of explaining variability
CO3: Understand experimental design issues - control of unwanted variability, confounding and bias.
CO4: Take account of relevant factors in deciding on appropriate methods and instruments to use in specific research projects.
CO5: Understand the limitations and shortcomings of statistical models
CO6: Apply relevant design/statistical concepts in their own particular research projects.
CO7: Analyze data and interpret output in a scientifically meaningful way
CO8: Generate hypothesis/hypotheses about behavior and prepare a research protocol outlining the methodology for an experiment/survey.
CO9: Critically review the literature to appreciate the theoretical and methodological issues involved

Knowledge in understanding empirical meaning of parameters in statistical models and to decide on appropriate methods and instruments for specific research projects. Skill in analyzing data and interpreting output in a scientifically meaningful way

MPCP24 Psychological Therapies and Viva Voce

CO1: Use of therapeutic techniques for the management of psychological problems.
CO2: Therapeutic management of neuropsychological and other disabilities.
CO3: Use of psychological therapies in improving the overall wellbeing of people facing metal and physical challenges.

Skill in using therapeutic techniques for managing different psychological problems and for improving overall wellbeing of people

MPCP25 Psychotherapy Records

CO1: Equip the trainee in the proper structuring of therapeutic management.
CO2: Understanding the rationale for using a therapy for a particular disorder.
CO3: Competency in proper documentation starting from the history to the overall management.

Knowledge of proper structuring of therapeutic management and understading rationale for using a therapy for a particular disorder

MPCP26 Dissertation

CO1: Ability to conduct with the clinical research.
CO2: Familiarizing the trainee with the research methods in a clinical population.
CO3: The ability to design a research structure which suits the need.

Skill in conducting clinical research and familiarization with research methods in a clinical population

MPCP40 Soft Skills Elective Course
CO1: Sensitization to gender related issues, environment and a sustainable future.
CO2: Competency to work as a member of a team, with exposure to principles of etiquette.
CO3: Effective communication with patients and relatives.
CO4: Attitude to be a lifelong learner and ethical practitioner.

SECOND YEAR (PART - II)

PAPER - I: Psychotherapy and Counseling

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

Unit - II: Therapeutic Relationship: Client and therapist characteristics; illness, technique and other factors influencing the relationship.

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

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

Unit – V: Behavior therapies: Origin, foundations, principles & methodologies, problems and criticisms, empirical status, behavioral assessment, formulations and treatment goals, Desensitization - (imaginal, in-vivo, enriched, assisted), Extinction - (graded exposure, flooding and response prevention, implosion, covert extinction,

negative practice, stimulus satiation), Skill training - (assertiveness training, modeling, behavioral rehearsal), Operant procedures - (token economy, contingency management), Aversion - (faradic aversion therapy, covert sensitization, aversion relief procedure, anxiety relief procedure and avoidance conditioning), Self-control procedures - (thought stop, paradoxical intention, stimulus satiation), Biofeedback – (EMG, GSR, EEG, Temp., EKG), Behavioral counseling, Group behavioral approaches, Behavioral family/marital therapies.

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

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

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

Unit – IX: Counseling: Definition and goals, techniques, behavioral, cognitive and humanistic approaches, process, counseling theory and procedures to specific domains of counseling.

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

Unit - XI: Therapy with children: Introduction to different approaches, psychoanalytic therapies (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 – XII: Psychoeducation (therapeutic education): Information and emotional support for family members and caregivers, models of therapeutic education, family counseling for a collaborative effort towards recovery, relapse-prevention and successful rehabilitation with regard to various debilitating mental disorders.

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

Unit - XIV: 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 Indian context in practice of psychotherapy; ongoing research related to process and outcome.

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

Essential References:

An introduction to the psychotherapies, 3rd ed., Bloch, S (2000). Oxford Medical Publications: NY

Encyclopedia of Psychotherapy, Vol 1 & 2, Hersen M & Sledge W. (2002). Academic Press: USA

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Comprehensive Handbook of cognitive therapy, Freeman, A., Simon, K.M., Beutler L.E. & Arkowitz, M. (1988), Plenum Press: NY

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New Approach of Interpersonal Psychotherapy, Klerman, G. L., Weissman, M. M (1993). American Psychiatric press: Washington

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Abnormal child psychology, Mash, E.J & Wolfe, D.A. (1999). Wadsworth Publishing: USA

Clinical Practice of cognitive therapy with children and adolescents, Friedberg R.D. & McClure, J.M. Guilford Press, NY

CBT for children and families, 2nd ed., Graham, P.J. (1998). Cambridge University Press: UK Handbook of clinical behavior therapy, Turner, S.M, Calhour, K.S. & Adams, H.E.(1992). Wiley Interscience: NY

Basic family therapy, Baker, P, (1992). Blackwell Scientific Pub.: New Delhi

Handbook of family and marital therapy, Wolman, B.B. & Stricker, G, (1983). Plenum: NY

Introduction to Counseling and Guidance, 6th ed., Gibson, R.L. & Mitchell M.H. (2006), Pearson, New Delhi

PAPER - II: Behavioral Medicine

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

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

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

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

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

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

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

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

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

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

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

Unit – XII: Other general clinical conditions: Application of psychological techniques and their rationale in the clinical care of patients in general medical settings where psychological services appears to affect the outcome of medical management positively, for example in diabetes, sleep disorders, obesity, dental anxiety, burns injury, pre- and post-surgery, preparing for amputation, evaluation of organ donors/recipient, pre- and post-transplantation, organ replacement, hemophiliacs, sensory impairment, rheumatic diseases, abnormal illness behavior, health anxiety etc.

Unit – XIII: Contemporary Issues: Research and developments in health psychology, psychophysiology, psychoneuroimmunology, psychobiology, sociobiology and their implications, and effects of psychotherapy on the biology of brain.

Essential References:

International handbook of behavior modification and therapy, Bellack, A.S., Hersen, M and Kazdin, A.E. (1985). Plenum Press: NY

Behavior therapy: Techniques and empirical findings, Rimm D.C. & Masters J.C. (1979). Academic Press: NY.

Handbook of Clinical Behavior therapy, Turner, S.M., Calhown, K.S and Adams, H.E. (1992). Wiley Interscience: NY

Dictionary of Behavior Therapy, Bellack

Handbook of clinical psychology in medical settings, Sweet, J.J, Rozensky, R.H. & Tovian, S.M. (1991), Plenum Press: NY.

Health Psychology, Dimatteo, M R and Martin, L.R. (2002). Pearson, New Delhi

Biofeedback – Principles and practice for clinicians, Basmajian J.V. (1979). Williams & Wilkins Company: Baltimore

Handbook of Psychotherapy and behaviour change, 5th ed., Lambert, M.J (2004). John Wiley and Sons: USA

Behavioral Medicine: Concepts & Procedures, Tunks, E & Bellismo, A. (1991). Pergamon Press: USA

Health Psychology, Vol 1 to Vol 4, Weinman, J, Johnston, M & Molloy, G (2006). Sage publications: Great Britain

PAPER - III: Statistics and Research Methodology

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

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

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

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

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

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

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

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

Unit - IX: Multivariate analysis: Introduction, Multiple regression, logistic regression, factor analysis, cluster analysis, discriminant function analysis, path analysis, MANOVA, Canonical correlation, and Multidimensional scaling.

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

Unit - XI: Qualitative analysis of data: Content analysis, qualitative methods of psychosocial research.

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

Essential References:

Research Methodology, Kothari, C. R. (2003). Wishwa Prakshan: New Delhi

Foundations of Behavioral Research, Kerlinger, F.N. (1995). Holt, Rinehart & Winston: USA Understanding Biostatistics, Hassart, T.H. (1991). Mosby Year Book

Biostatistics: a foundation for analysis in health sciences, 8th ed, Daniel, W.W. (2005). John Wiley and sons: USA

Multivariate analysis: Methods & Applications, Dillon, W.R. & Goldstein, M. (1984), John Wiley & Sons: USA

Non-parametric statistics for the behavioral sciences, Siegal, S & Castellan, N.J. (1988). McGraw Hill: New Delhi

Qualitative Research: Methods for the social sciences, 6th ed, Berg, B.L. (2007). Pearson Education, USA

SCHEME OF EXAMINATION

M.PHIL IN CLINICAL PSYCHOLOGY Degree Examination

Distribution of Marks for each subject

Part	Group	paper	Name of Paper	Time hrs	Marks		Total
					Final Exam (Max.)	Internal Assess. (Max.)	
First Year							
Part I	Group - A	Paper I	Psychosocial Foundations of Behaviour and Psychopathology	3 hrs	70	30	100
		Paper II	Biological Foundations of Behaviour	3 hrs	70	30	100
		Paper III	Psychiatry	3 hrs	70	30	100
		Practical	Psychological Assessments and Viva Voce		70	30	100
	Group - B		Psychodiagnostics			100	100
Second Year							
	Group - A	Paper I	Psychotherapy and Counselling	3 hrs	70	30	100
		Paper II	Behavioural Medicine	3 hrs	70	30	100
		Paper III	Statistics and Research Methodology	3 hrs	70	30	100
		Practical	Psychological Therapies and Viva Voce		140	60	200
	Group - B		Psychotherapy Records			100	100
	Group - C		Dissertation		70	30	100
Total							1200

Posting Schedule

List of Postings in First Year

List of Postings in Second Year

- The

candidate is expected to carry out the clinical course work satisfactorily and submit the full Psychodiagnostic reports in each posting and get the clinical log and posting log signed by the concerned faculty. If the candidates fail to submit, he/she shall not be allowed to continue the next posting,

- If the candidate is absent for more than two weeks in a posting, he/she has to repeat the posting and satisfactorily complete it.
- Absence without prior permission for more than a week shall be considered as unsatisfactory course work and the candidate has to repeat the posting and satisfactorily complete it.

Passout Schedule

List of Tests for Passout

Sl No.	*Tests*
1	Bhatia's Battery of Performance Tests of Intelligence
2	Binet Kamat Test of Intelligence
3	WAPIS
4	WISC IV
5	Wechsler Memory Scale (WMS)
6	Object Sorting Test (OST)
7	Thematic Apperception Test (TAT)
8	Rorschach Inkblot Test
9	Neuropsychological Assessment

- The candidates are expected to finish at least one passout every month starting from October, 2016 so that all 9 are completed before the end of June,

2017. Five administration of that specific test needs to be completed and reports submitted before taking passout for that test.

- The candidates are expected to finish five passouts and submit the reports by March 2017 prior to the first Sessional exam. Those who have not completed the passouts shall not be eligible to attend the first Sessional exams.
- Those candidates who have not completed all the 9 passouts by June,2017 shall not be eligible to attend the Preuniversity and University exams.

Criteria for Evaluating Presentation (Seminar)

Presenter:..................................., Title of the Presentation :............................

I. Content (Max. Points = 40) Awarded (   )

Was the content informative and coverage adequate?

Was there sufficient use of logic, facts and examples?

Was the presented information pertinent to the specific topic?

II. Organization (Max. Points = 30) Awarded (   )

(a) Introduction:

Did the speaker get attention and the topic clearly stated?

Did the presenter preview and give focus to the key ideas?

(b) Body:

Were divisions clear and appropriate to the topic?

Was there a logical progression of ideas?

(c) Conclusion:

Did the speaker tie the speech together and presented a note of finality?

Did the presenter answer the questions with clarity?

Did the presenter respond and react well to the questions?

III. Delivery (Max. Points = 20) Awarded (   )

(a) Language Style:

Did the presenter exhibit command of conversational style?

Was the language suitable to informing the audience?

Was the language precise, grammatically correct, and vivid?

(b) Vocal Delivery:

Was enunciation clear and easy to understand?

Was there sufficient variety in rate, pause, and pitch?

(c) Physical Delivery:

Did the presenter exhibit poise and confidence?

Were gestures varied, movement motivated, and eye contact direct?

Was the number of slides adequate?

Were the slides evenly loaded and the text readable?

IV. Handout (Max. Points = 10) Awarded (   )

Was the handout circulated on time and the synopsis adequate to grasp the topic?

Were all relevant references listed as per IJCP format?

Was it free of grammar and spelling mistakes?

Total (   )

Evaluator………:…………………….……., Date:……………….

Indicate below Area/s for Improvement:

Criteria for Evaluating Presentation

(Case Conference/Therapy Meeting)

Presenter: …………………, Supervising Consultant: …………………, Date: ……….

Problem: (Marks: 20) Awarded (   )

- Client’s identification (anonymized) (age, gender, religion, education, marital status, occupation)
- Presenting problem/s (current and history)
- History of presenting problem and related issues
- Treatment history (medication, psychotherapy, other interventions)
- Past history of mental and physical illness, if any
- Family history (including history of mental and pertinent physical illness)
- Personal history (developmental, educational, occupational, relational)
- Premorbid functioning (description of personality functioning and use of any substances)
- Current circumstances and functioning (living arrangement, relationships, work, social support, religious and leisure activities)
- Strengths and resources
- Mental status
- Relevant findings on physical examination

Clinical Diagnosis: (Marks: 15) Awarded (   )

- The reported problem has been identified and defined in psychological terminology?
- Available information has been used to determine or at least develop certain hypotheses?
- Has the information been formulated and a reasonable diagnosis has been suggested?
- Differential diagnoses have been proposed with points in favor and against?

Assessment: (Marks: 20) Awarded (   )

- Rationale for assessment (including area/s to be investigated)

- Is the assessment specific (focused on or pertinent to clinical interventions such as screening issues, addressing comorbidity, case conceptualization, treatment planning, treatment monitoring, and treatment evaluation)?
- Are the measures employed sensitive to change?
- Is the assessment evidence-based?
- Is the assessment findings interpreted adequately?
- Has assessment been incorporated into case formulation?

Treatment: (Marks: 20) Awarded (   )

- Overall formulation of the problem using basic behavioural and cognitive-behavioural
- principles is adequate?
- A functional analysis has been outlined after considering antecedents and consequences?
- Causal mechanism/s that appeared to be maintaining client problems elucidated?
- The bigger picture of the client's life and how problem areas might be inter-related has been discussed?
- Is the proposed treatment/technique evidence-based and empirically supported?
- Is it based on client's need and functional outcome?
- Therapeutic context (alliance, expectations of change, impact) and other process variables have been identified and discussed in terms of symptom change (immediate, intermediate and ultimate)?

Ethical and cultural issues: (Marks: 10) Awarded (   )

- An understanding of ethical and cultural implications of the case has been communicated and indicated what precautions need to be taken in the proper management of the client?
- Read between the lines and suggest issues and challenges that would need to be considered, such as danger of abuse, risk of suicide and so on?

Presentation and Communication skills: (Marks: 15) Awarded ( )

- Clarity in presentation
- Fluent speech
- Smooth delivery
- Handling queries
- Handout printed without errors and complement what is verbally presented
- Time management

Name & Signature of the Consultant: ____________________________________

Marks Awarded (Max. Marks = 100):_______________

Suggestions:

Instruction: An outline of the case shall be prepared in consultation with the supervisor highlighting the purpose for presenting and be circulated 3 days prior to the presentation.

Criteria for Evaluating Presentation (Journal Club)

Presenter: ………………………….., Chair: ………………………….,Date: ……….

Presentation of the Research Article: (Marks: 30) Awarded ( )

Explains: Aim of the Study, Methods, Results (including relevant statistics)

Review of the pertinent primary literature: (Marks: 20) Awarded ( )

Identifies other recent article on the same topic/in the same area

Primary literature is condensed by collating similar data (tables and graphs may be used)

Primary literature data is correctly summarized

Trainee elaborates on any major attributes or deficiencies of these data. If none are present, this is stated

Evaluation of the research being presented: (Marks: 30) Awarded ( )

Identifies strengths and weaknesses of the methodology and/or conduct of the trial

Assesses and critiques the statistical analysis

Draws own conclusions and contrasts them with authors(s)

Trainee's own conclusions about the trial are correct

Ability to answer questions: (Marks: 10) Awarded ( )

Answers are logically presented

Answers are accurate

Trainee can think on his/her feet - may theorize if unsure of answer, but indicates such

Delivery of Presentation

Organization & Preparedness: (Marks: 05) Awarded ( )

Is well-prepared (does not reread article or look at the Chair)

Introduces presentation (tells what she/he is going to tell) and summarizes presentation

(tells what she/he told)

Presentation & Communication Skills: (Marks: 05) Awarded ( )

Confidence is apparent, Direct eye contact, Proper rate of speech, Appropriate pitch of voice

Absence of obvious nervousness (trembling voice; restless movements), Professional phraseology

Printed and audiovisual materials are accurate, clear and effective (complement what is verbally presented)

Total Marks ____________ and Comments (may be continued on back).

Name and Signature: ____,

Date: _________

Guidelines for Submitting Full-length Psychodiagnostic Records

I M.Phil Clinical Psychology

Number of Psychodiagnostic Records: Five

Format: Records should be submitted in print (double line space) and bound (all records together) format. Hospital Registration Number, Date first seen, Supervising Consultant's name and his/her signature should be shown on the opening page of each record. The relevant test protocols should be submitted separately in a file. The records should include a summary of the clinical history organized under the following heads:

- Socio-demographic data
- Presenting complaints
- History of present illness
- History of past illness (if any)
- Family history
- Personal history
- Premorbid personality

- Relevant findings on physical examination
- Findings on MSE
- Diagnostic formulation
- Differential diagnosis

Should include a discussion (in detail) on, the

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

Last date for submission: May, 2017

Guidelines for evaluating Psychodiagnostic Records (Submission)

I M.Phil

Max. Marks: 100

1. Psychiatric history – 20 Marks
2. Differential Diagnosis (including diagnostic formulation) - 10 Marks
3. Discussion on the rationale for psychodiagnosis – 10 Marks
4. Selection of the tests and justification – 10 Marks
5. Discussion of the test findings – 40 Marks
6. Conclusion/Summary/Suggestions – 10 Marks

Guidelines for Submitting Psychotherapy Records

II M.Phil Clinical Psychology

Number of Therapy Records: Five

Format: Should be submitted in print (use double line space) and bound (all records together) format Hospital Registration Number Date first seen, Supervising Consultant's name and his/her signature should be shown on the opening page of each record. All records should be endorsed by the concerned supervisor and organized under the following heads:

- Sociodemographic data
- Presenting complaints
- Summary of the case (history of present illness, significant past history,
- family history, personal history, premorbid level of functioning and findings on MSE)
- Diagnosis
- Baseline Assessment, Formulation and Reasons for taking up for the intervention
- Specific areas to be focused including short- and long-term objectives
- Type and technique of intervention(s) used
- Therapy processes
- Changes in the type of therapy or objectives (if any, and reasons for the same)
- Outcome
- Future Plans

Last date for submission: July 15, 2017

Guidelines for evaluating Psychotherapy Records (Submission)

II M.Phil

Max. Marks: 100

1. Description of the case (relevant details of the case) – 10 Marks

2. Discussion on the rationale for psychosocial intervention – 15 Marks

3. Objectives of therapy (short- and long-term goals outlined) – 10 Marks

4. Therapy Processes – 40 Marks

a) Description of the Initial Phase: (10 Marks)

b) Description of the Implementation and handling of difficulties (such as, ethical and cultural issues/conflicts, maintaining confidentiality, therapeutic alliance, affordability of the therapy session, if any) during the therapy processes: (25 Marks)

c) Discussion of the Termination of the therapy: (5 Marks)

5. Description of the Outcome and future Plan – 10 Marks

6. Overall presentation (Relevance, Clarity, Organization and Adequacy) - 15 Marks

Schedule for Dissertation Work – 2015-16

M. Phil trainees of 2015 Admission are required to submit the undersigned their Research Proposal/s for the Dissertation. Proposal/s should include – Main Area/s of their interest and a Brief Plan of the work they intend to carry out. It is advisable to propose more than one Area reflecting their wide research interest. Submission is only a preliminary step and meant to shortlist possible Area/s in which the work can be carried-out within the timeframe and accessibility to population. Nevertheless, the trainees must have done some definitive/pragmatic thinking on each of their

proposal before submitting. Preliminary discussion on the proposal/s with faculty members before submission is encouraged.

1. Allotment of the Guide and Co-guide: November, 2016
2. Last date for submitting the Proposal/s: February 2017
3. Submission of Dissertation (hard and softcopy in triplicate): May , 2018

Guidelines for Presenting Synopsis of the Research Proposal

Trainees shall adapt the following guidelines to make departmental presentation of the Synopsis of their Dissertation after discussing with the respective Guide/Co-guide. Consult other faculty members to improve overall coherence of the Synopsis. The hardcopy of the approved Synopsis, after incorporating all corrections/suggestions at the Departmental Meet, should be submitted to the undersigned within 1 week of the presentation. Once the document is finalized and submitted alterations/changes are not allowed unless there are sound reasons to relook at the Synopsis. In any case, the proposed changes need to be approved in the Departmental Meet.

1) Brief review of literature (What is already studied and known?)

2) Aim (What you intend/propose to test (the purpose) in this study?)

3) Objectives (How do you split the Aim into smaller goals?)

4) Hypotheses (What are your propositions about the relationship between variables?)

5) Implications (Why is this knowledge important or relevant to you?)

6) Sample (On whom will you conduct the study?)

7) Sample Selection (How do you plan to recruit your subjects?)

8) Tools of your study (Which tests, questionnaires, scales etc. you use?)

9) Validity of these tools (Are these tools valid enough (standardized?) to employ?)

10) Analyses (How do you synthesis the data and test for its significance?)

Guidelines for Submitting Dissertation

II MPhil Clinical Psychology

Number of Copies: Three (Hardbound) Copies along with Three Softcopies on the CD
Format: Introduction, Review of literature in the form of different Chapters (up to 4, depending on the nature of research area), Methods (Aim/s and Objectives,

Hypotheses, Sample and method of sampling (with inclusion and exclusion criteria), Study Design, Description of the Tools employed including those developed for the purpose of the study, the steps followed for modification or translation of the original tool, if any, Procedure in detail, Statistical Analysis), Results, Discussion, Conclusion, Summary, References, Appendix (copy of the consent form, copy of ethical committee clearance, permission granted by the center/s for data collection, copy of all tools employed in the study).

Last date for submission: Three months prior to the University Examinaiton

Guidelines for evaluating the Dissertation

(II M. Phil)

Max. Points: 70

1. Introduction – Point - 05

The section introduces the reader to the background and nature of the current research, and chapter wise content of the dissertation submitted.

2. Review of Literature – Point - 10

Up to 4 Chapters, depending upon the nature of research area may be expected. Chapters

should include latest references and be based on thorough search of the existing literature.

Review must reflect unbiased, full and in-depth understanding of the subject of research and shall include relevant research already done, the gap, disparity, disagreement and divergence that exist in knowledge domains. This section should enable the researcher to place the research topic within its context and justify its value to the existing sum of knowledge.

3. Methods – Point - 15

a) Aim, objectives, and hypotheses have been outlined clearly and precisely?

b) Are these relevant and coherent?

c) Is the research question significant and important?

d) Is the study design appropriate for the stated aim/objectives, and fully examine the

hypothesis?

e) Approval of ethical committee has been obtained?

f) Sample – size and power determined scientifically?

g) What sampling technique employed in experimental and control groups?

h) Is the sampling technique valid for the stated aim of the study?

i) Is the sample selected representative of the population to which generalizations are made?

j) What procedures were adapted to control (or to minimize) bias in allocation of subjects to various groups?

k) Prior permission from the concerned official has been obtained before accessing the sample at centers, or any other data capturing?

l) An informed written consent/assent has been obtained from participating subjects?

Confidentiality and anonymity have been assured?

m) Selection of instruments – appropriate to the objectives of the study?

n) Instruments have been demonstrated as reliable and valid?

o) Are the instruments adequately described with regard to scoring and interpretations?

p) Procurement of instruments – rights/privacy/patent issue, if any, has been followed?

q) Permission from the author/s or publisher for use of instruments has been obtained?

r) Is the data obtained on these instruments publishable? Conflict of interest, if any, has been foreseen and handled adequately?

s) Procedure followed in the study has been vividly described step-by-step?

t) Did the researcher observe ethical rules?

u) Statistical analysis carried out has been described adequately and the rationale discussed?

v) Software package employed has been indicated adequately?

w) Is analysis consistent with the hypotheses (questions asked at the beginning)?

x) Are the statistical techniques employed appropriate to the nature of the data?

y) Is the analysis adequate (includes all the relevant variables in the study)?

z) Effects of extraneous variables have been taken into consideration and attempt has been made to control them in the analysis?

4. Results - Point - 05

a) Are tables/figures lucid and unambiguous?

b) Are captions and footnotes for each table/figures adequate?

c) Is the description of tables/figures summarizes relevant/major/core findings?

d) Where indicated the effects size is mentioned?

5. Discussion - Point - 20

a) Are the findings interpreted and synthesized logically and meaningfully?

b) Are the findings discussed in the background of the existing literature/knowledge?

c) Unexpected issues raised by the findings has been discussed and resolved adequately?

d) Contradictory findings are addressed un-bias and reasonable explanations are given?

e) Inferences drawn are rational and sound, and pertinent only to data on hand?

f) Importance of the data is highlighted and reservation/s, if any, are noted?

g) Shortcomings of the study discussed adequately?

h) Future directions are suggested, though in short?

i) Conclusions though tentative, are drawn?

6. Summary – Point - 05

a) Reflects the study as whole?

b) Outlines briefly the aim, findings and their implications?

c) Mention the limitations of the study?

7. References – Point - 05

a) Cited and quoted consistently as per known international style?

b) Omissions and commissions are taken care of?

8. Appendix – Point - 05

a) Copies of all important documents such as, approval of ethical committee, authors'

permission to use the tool/s, informed consent, permission for data collection, copy of

instruments including those developed by the researcher along with the scoring system and norms, and statement on "conflict of interest" where necessary attached?

Important Dates

Pattern of Question paper (Theory)

Part 1 Group A & Part 2 Group A

The duration of each theory paper will be three hours; the paper will have one section for a total of 100 marks

Paper

S.No.	Pattern	Marks	Total
1	Essay (2 questions)	15 each	30
2	Short Answers (300 words) (8 out of 10 questions)	5 each	40
	Total		70

IMPORTANT TELEPHONE NUMBERS

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