

SYLLABUS

PROFESSIONAL DIPLOMA IN CLINICAL PSYCHOLOGY Norms, Regulations & Course Content

REHABILITATION COUNCIL OF INDIA

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Professional Diploma in Clinical Psychology

1.0 INTRODUCTION

Although in the last five years number of centers offering M.Phil Clinical Psychology training and the number of students undergoing the professional training in clinical psychology have increased by many folds the available manpower is still no match to the number required to meet the growing demands in mental health area. In order to meet this gap, professional training of one-year duration in clinical psychology laying emphasis on critical domains has been developed. The candidates on successful completion of the Professional Diploma in Clinical Psychology can register with RCI as “Clinical Psychologist (Associate)” under CRR and function in service settings as expert/specialist in non-academic service settings.

1.1 Distinction

The Clinical Psychologists (Associate) are distinguished from the M.Phil qualified Clinical Psychologist. The later are full-fledged professionals with higher level of competency and responsibility in service, academic and research areas; whereas Clinical Psychologists (Associate) by the nature and duration of their training are consider not fully adept to function as an academician. They are, however, considered competent enough to involve in a broad range of professional service activities. The clinical psychologist (Associate) will be used as an underfill class for existing clinical psychologist positions under state and central government sectors. However, the role in such appointments are limited only for providing clinical services to clients with mental illness and does not involve independent responsibilities in academic activities such as teaching/training/guiding/supervising students of clinical psychology at the academic departments. In these activities Diploma qualified may be assigned roles of Clinical Assistant and/or Teaching Assistant or Junior Consultant as deemed fit in teaching/training centers.

2.0 AIM & OBJECTIVES OF THE COURSE

2.1 Aim

The aim of this course is to train students with acceptable level of competency to offer the basic mental health services such as identifying and diagnosing mental health problems in different populations, and intervening with appropriate counseling and psychotherapy/behavior therapy techniques while applying relevant code of

conduct and ethical principles in all his/her activities. This cadre of professionals has been created, as emphasized earlier, to fulfill the acute shortage of trained personnel in mental health field. The Diploma qualified professionals are expected to contribute as an expert and specialist in the multi-disciplinary team setting, and undertake the services activities as defined below:

- 1) Interview and diagnose mental health problems
- 2) Carryout psychological assessment (Intelligence, Developmental abilities, Academic skills, Adaptive and Social Maturity, Personality, Diagnostic and Clinical Ratings)
- 3) Carryout Psychoeducation, Counseling, Psychotherapy and Behavior Therapy
- 4) In all of the above (1 – 3) apply code of conduct and professional ethics.

2.2 Objectives

The course is organized as one-year fulltime face-to-face training program with theoretical inputs and hands-on clinical experience, to provide services with minimum level of competence in core areas of clinical psychology. On successful completion of the course, the candidates are eligible to be considered for specialist posts (but not for faculty appointments in the field of Clinical Psychology teaching and training) in a wide variety of health care settings such as short-term and long-term mental health care facilities, mental health institutes, private/public run general or mental hospitals, nursing homes, rehabilitation units, schools and other community care centers as Associate Clinical Psychologist.

On completion of the course, the trainees are expected to perform the following:

- 2.2.1 Interview and diagnose mental health issues
- 2.2.2 Carry out clinical work up, plan psychosocial interventions and set goals
- 2.2.3 Administer, analyze and interpret commonly used psychometric tests (intelligence, personality, diagnostic and clinical ratings of symptoms, assessment of disability, dysfunctions, family burden and stress) and communicate findings to other team members
- 2.2.4 Certify IQ and disability status for government pension or concessions

- 2.2.5 Impart psychoeducation to clients with mental illnesses and family members and discuss regarding management/prevention issues (tackle myths and misconceptions, if any)
- 2.2.6 Undertake therapeutic/rehabilitation interventions at individual and family levels both in institution and community set-ups
- 2.2.7 Participate in outreach and community mental health services (DMHP)
- 2.2.8 Undertake school counseling and relevant assessments
- 2.2.9 Manage/contribute in suicide prevention centers, crisis center, grief counseling centers, tele-counseling, drop-in-centers
- 2.2.10 Participate in wellness promotion, stress/conflict management and other supportive measure programs for employers, caregivers, teachers etc.
- 2.2.11 Undertake the role of teaching assistant, where necessary

3.0 REQUIREMENTS TO START THE COURSE

All centers/universities recognized by the RCI for conducting 2-yr M.Phil Clinical Psychology program are eligible to offer the course. In addition, voluntary service organizations (NGOs), hospitals with psychiatry and clinical psychology facilities (inpatient/outpatient) are also eligible to conduct the training provided they have the required infrastructure in terms of clinical materials and other facilities. Postgraduate Department of Psychology at universities having attachment with any of the clinical centers (a valid MOU is required) to place the trainees for hands-on experience under supervision of RCI registered clinical psychologist can also offer the program. In all cases, the center offering the training should demonstrate the following minimum infrastructure:

- 3.1 An average monthly turnover of at least 125 patients (new and old together) with mental health care needs.
- 3.2 At least two registered faculty members (M.Phil Clinical psychology qualified from RCI recognized centers) at the center, out of which one shall be permanent faculty member functioning on fulltime basis at or above the level of Assistant Professor (2 years post-qualification experience + 2 research publications, Ph.D. desirable), the other faculty

member need not be fulltime member, but accessible to the students on daily basis.

3.3 Of the total turnover at least 50% of the cases shall be undergoing psychological treatment(s) of some form viz. psychotherapy, behavior therapy, counseling, family/marital/sex counseling/therapy etc. Intervention which doesn't involve face-to-face interaction (eg. tele-counseling, e-counseling etc.) is not considered for computing monthly turnover.

3.4 Standard psychological tests, equipments/apparatus, questionnaires, scales, inventories, clinical rating scales related to all primary domains shall be available as specified below. Wherever possible the vernacular versions of the tests materials along with local norms shall be made available.

a) Tests: 2 sets each of the following,

- Stanford Binet's test of intelligence (any vernacular version)
- Raven's test of intelligence (all forms)
- Bhatia's battery of intelligence tests
- Wechsler adult performance intelligence scale
- Malin's intelligence scale for children
- Gesell's developmental schedule
- Wechsler memory scale
- PGI memory scale
- 16 personality factor questionnaire
- Children personality questionnaire
- Multiphasic Personality questionnaire
- Sentence completion test
- Thematic apperception test
- Children' apperception test
- Rorschach psychodiagnostics

b) Clinical rating scales: For common conditions of childhood, adolescence and adult

c) Apparatus:

- Behavior therapy apparatus – 1 No.
- Biofeedback – 1 No.

3.5 Acceptable infrastructure in terms of adequately furnished rooms for every faculty members and trainees to carry out professional activities like case work-up, counseling, therapies, testing etc. for both indoor and outdoor patients shall be available.

3.6 Relevant volumes in all specialty areas (at least one volume in each area) and core journals (at least two) in the field of clinical psychology.

3.7 Computer with internet facilities should easily accessible to the trainees.

4.0 REGULATIONS OF THE COURSE

4.1 Number of Seats

The intake in an academic year is restricted as the training requires on-site supervision by the faculty. No greater than 16 students are allowed per batch, per annum, irrespective of the number of qualified faculty available and the infrastructure exists at the center.

An average monthly turnover of 125 patients (new and old together) is required for an annual intake of 4 students, and thereon for every 25 case increase in the monthly turnover, the admission shall be increased by ONE candidate, provided the student-teacher ratio as given below is satisfied.

Student-teacher ratio shall be;

Clinical Psychologist/Lecturer/Assistant Professor:	1:4
Associate Professor and above:	1:6

Part-time/temporary/superannuated qualified professional member may render their input as deemed necessary to effective/smooth conduct of the course. However, these members are not considered as “Core Faculty” and for fixing the intake of students per annum.

4.2 Entry requirement

Minimum educational requirement for admission to this course will be M.A./M.Sc. degree in Psychology (or in counseling psychology, clinical psychology, applied psychology) from the UGC recognized university with a minimum of 55% marks in aggregate. For SC/ST/OBC category, minimum of 50% marks in aggregate is essential, as per GOI.

4.3 Admission Procedure

A selection committee that includes Head of the Department shall make admission on the basis of an entrance examination consisting of an **objective-type exam** (to test knowledge base in related branches of psychology), a **written test** (to test the writing skills essential to communicate among other clinicians/ professionals), **group discussion** (to test the expressive skills), **practical** (to test the proficiency in administering and interpreting the basic psychological tests and conducting a problem-focused interview with a client) and an **interview** (to understand motivation and commitment to serve the disabled populations). It is desired that the selection committee take all of the above into consideration, assign weightage for each component and make final selection on the basis of the total score obtained.

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.

4.4 Duration

Admitted candidates shall undergo the training (theory and practical) on fulltime basis for duration of **one year** and complete all the course requirements, and appear for the final examinations. However, in the event of not completing the course requirements on time or failing in the final exam, a student is allowed to appear in the supplementary exam after completing 3 months of additional training at the department.

4.5 Attendance

- a) Course of training must continuously be pursued and complete all the course requirements within a stipulated period from the date of registration. 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.

- b) A minimum attendance of 80% shall be necessary for appearing in the final qualifying examination in all cases.
- c) Candidates are allowed a maximum of 15 days of casual leave during the course period.

4.6 Fee Structure

The prescribed tuition and examination fee as laid down from time to time by the concerned institution/university shall be paid by the candidates.

4.7 Content of the Course (See section 5.0 for subject wise syllabus.)

Group “A”

Paper - I : Psychosocial Perspectives of Mental Disorders

Paper - II : Counseling and Therapy

Paper - III : Psychiatry

Practical - I : Psychological Assessments including Viva Voce
(Competency in selecting, administering, scoring and interpreting psychological tests often employed in patients with mental disorders.)

Practical - II: Psychological Interventions including Viva Voce
(Competency in conceptualizing psychosocial problems within the framework of psychological theories including behavioral, cognitive and interpersonal models, setting treatment goals (short and long term) and carrying out the indicated interventions with required competency to meet the goals.)

Group “B”

Submission - I: Three full-length Psychodiagnostic Reports.

The records should include a summary of the clinical history organized under relevant headings, and a discussion on a) rationale for psychological assessments, b) areas to be investigated, c) tests administered and their rationale, d) test findings and e) impression

Submission - II: Three fully worked-out Psychotherapy Records.

The records should include a summary of the clinical history organized under relevant headings, and a discussion on a) reasons for intervention(s), b) areas to be focused including short- and long-term objectives, c) approach and technique/s of intervention employed and rationale d) intervention processes, e) changes in therapy or objectives, if any, and the reasons for the same, f) outcome, g) integration strategies employed, f) future plans

4.8 Minimum prescribed clinical work during one year of training.

- | | |
|---------------------------|--|
| 1) Detail clinical workup | 50 cases |
| 2) Psychodiagnosics | 30 cases |
| 3) Therapy/Counseling | 20 cases (Amounting to 200 hr. of therapy work.
Out of 20 cases at least 5 should be children.) |

A logbook of the clinical work carried out under the supervision with sufficient details viz. particulars of the client, diagnosis, duration and nature of intervention/s, number of sessions held etc. should be maintained by all trainees and must be produced the same to the examiners at the time practical examinations.

4.9 Requirement/Submission

4.9.1 Two months prior to final examination the candidates are required to submit Psychodiagnostic and Psychotherapy Records as outlined in 4.7.

4.9.2 The application for appearing in the final examination should be accompanied by a certificate issued by Head of the Department that the candidate has carried out the specified minimum clinical work, submission, and has attained the required competence in core-tests as prescribed in the syllabus (refer section on “Practical - Psychological Assessments” for the list of core-tests).

4.10 Internal Assessment

In each subjects 30% marks shall be determined on the basis of two internal exams (theory and practical), each for 50 marks. The marks so obtained are 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.

4.11 Examination

- 4.11.1 The Final Examination is held at the end of one year of training. Before appearing for the examination a candidate should have done the minimum prescribed clinical work and submitted all the records.
- 4.11.2 All candidates are required to appear in all theory papers, practical and submit all records when appearing for the first time.
- 4.11.3 A candidate failing in “Group-A” has to reappear again in all the “Group-A” subjects (three theory papers and two practical)
- 4.11.4 A candidate failing in “Group-B” has to resubmit three Psychodiagnostic and Psychotherapy Records (Group "B").
- 4.11.5 A candidate is allowed to take maximum three attempts to qualify in the final exam and has to complete the course successfully within a period of three years from the year of admission to the course.
- 4.11.6 The examination is held twice a year on the dates fixed by the university.

4.12 Scheme of Examination

Papers	Title	Duration	Marks		
			Final Examination (Maximum)	Internal Assessment (Maximum)	Total
<u>Group "A"</u>					
Paper – I	: Psychosocial Perspective of Mental Disorders	3 – hr	70	30	100
Paper – II	: Counseling and Therapy	3 – hr	70	30	100
Paper – III	: Psychiatry	3 – hr	70	30	100
Practical – I	: Psychological Assessments and Viva voce		70	30	100
Practical - II	: Psychological Interventions and Viva voce		70	30	100
<u>Group "B"</u>					
Submission – I			-	50	50
Submission – II			-	50	50
				Total	<u>600</u>

4.13 Board of Examination

The University will conduct the examinations having a board consisting of two examiners of which one shall be an external Clinical Psychology faculty appointed for this purpose, and the other shall be an internal Clinical Psychology faculty. Both internal and external examiners shall evaluate all theory papers and conduct the practical/clinical including vivo-voce examination.

4.14 Minimum for Pass

No candidate shall be declared to have passed the certification course unless he/she obtains not less than 50% of the marks in the qualifying examination in:

- i) Each of the theory paper
- ii) Each of the practical/clinical and viva-voce examination
- iii) Each of the submissions

Candidates who obtain 75% and above marks in the aggregate shall be declared to have passed with distinction. A candidate who secures between 60 and 75% of marks in the aggregate shall be declared to have passed in I Class. The other successful candidates shall be declared to have passed in II Class. The Merit Class (Distinction/I Class) is awarded to only those candidates who pass in first attempt.

5.0 SUBJECT WISE SYLLABUS:

The syllabus for each of the paper is as appended. It is desired that each unit in theory paper be covered with 10 hr. of input in the form of didactic lectures. Total 24 units from three theory papers (8 units per paper) have been worked out (24 units x 10 hr. = 240 hr.). Another 50 hour per paper (total 150 hr. from three theory papers) be dedicated to input in the form of seminar, clinical pedagogy, tutorials and discussion on topic related to each of the theory paper.

Each didactic lecture on any of the topic of the syllabus is considered as one hour of theory input. Similarly, each seminar, tutorial/topic discussion or review of research article is considered as two hour of input in the relevant area. Attention shall be given, however, to see that each method of teaching shall not exceed 25% of the required teaching input.

Syllabus

Paper I : PSYCHOSOCIAL PERSPECTIVES OF MENTAL DISORDERS

- Unit - I: Clinical Psychology & Mental Health: History of Clinical Psychology and its role in understanding and alleviation of mental illness, promotion of mental health and rehabilitation of the mentally ill, role and functions of Clinical Psychologists in DMHP, Professional code of conduct and ethical issues
- Unit - II: Epidemiology: Epidemiological surveys in Indian context; socio-cultural correlates of mental illness; psychological well-being and quality of life – measures and factors influencing.
- Unit - III: Models of Mental Disorders: Concept of normality and abnormality, causes of mental disorders – psychodynamic, behavioral, cognitive, humanistic and biological models
- Unit – IV: 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; expressed emotions and relapse
- Unit – V: Social Pathology: Discrimination, gender and ethnicity, social class, poverty and unemployment, social tension & violence, crime and delinquency, suicide, addictive behavior, social aggression with special reference to Indian context.
- Unit – VI: Psychopathology of specific conditions: Neurotic, Stress-related, Somatoform, Psychotic, Personality, Childhood and Adolescence Disorders.
- Unit –VII: Disability: Definition and classification of disability; psychosocial models of disability; impact, needs and problems; issues related to assessment/certification of disability – areas and measures.
- Unit -VIII: Rehabilitation: Approaches to rehabilitation; interventions in the rehabilitation processes; models of adaptation to disability; family and caregivers issues; rights of mentally ill; empowerment issues; support to recovery, policies and Acts.

Essential References:

An Introduction to Social Psychology, 2nd ed. Kuppuswamy, B. Konark Publishers: New Delhi

Culture, Socialization and human development, Saraswathi, T.S (1999). Sage publications: New Delhi

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

Indian Social Problems, Vol.1 & 2, Madan G.R (2003). Allied Publishers Pvt. Ltd., New Delhi.

Family Theories – an Introduction, Klein, D.M. & White, J.M. (1996). Sage Publications: New Delhi.

Fish's Clinical Psychopathology, Fish, F. and Hamilton, M. (1979), John Wright & Sons: Bristol

Personality & Social Psychology: towards a synthesis, Krahe, Sage Publications: New Delhi

Psychopathology, Buss A.H. (1966). John Wiley and sons: NY

Making sense of illness: the social psychology of health and disease. Radley, A. (1994). Sage publications: New Delhi

Oxford Textbook of Psychopathology, Millon, T., Blaney, P.H. & Davis, R.D. (1999). Oxford University Press: NY

Abnormal Psychology, 13th ed, Carson, R.C, Butcher, T.N, Mureka, S. & Hooley, J.M. (2007). Dorling Kindersley Pvt Ltd: India

Developmental Psychopathology, Achenback T.M. (1974). Ronald Press Co.: NY

Psychopathology in the aged, Cole, J.O. & Barrett, J.E. (1980). Raven Press: NY

Abnormal Child Psychology, Mash, E.J & Wolfe, D.A. (1999). Wadsworth Publishing: U.S.A

Handbook of Clinical Child Psychology, 3rd ed. Walker, C.E & Roberts, M.C. (2001). John Wiley & Sons: Canada.

Mental Health of Indian Children, Kapur, (1995). Sage publications: New Delhi

Paper II : COUNSELING AND THERAPY

- Unit - I: Introduction to Psychotherapy and Counseling: Definitions, Objectives, Models of counseling, Schools of Psychotherapy, Planning and recording of counseling and therapy sessions.
- Unit - II: Interviewing: Objectives of interviews, interviewing techniques, types of interview, characteristics of structured and unstructured interview, interviewing skills.
- Unit - III: Behavior Modification and Therapy: Introduction, Behavioral assessment, analysis and formulations (for Neuroses, Psychoses and other conditions), Relaxation techniques, social skills training, operant procedures, self control procedures and behavioral counseling.
- Unit - IV: Cognitive Therapies: Introduction to Cognitive Model, basic principles and assumptions, techniques based on Cognitive restructuring and therapies.
- Unit - V: Crisis Intervention: Definition of Crisis, phases of Crisis, Techniques, and Stages of crisis work, Applications, supportive psychotherapy – goals, indications and techniques.
- Unit - VI: Group Therapy: Theoretical models, types of groups, stages of group therapy, process issues including role of the therapist, techniques, applications of group therapy.
- Unit - VII: Family Counseling/Therapy: Models for the assessment of families, common family problems and their intervention, goals and methods of family intervention, ethical issues in family counseling and therapy.
- Unit - VIII: Therapy with children and special conditions: Interventions for internalizing and externalizing Disorders, disorder of scholastic skills, deliberate self-harm, trauma and abuse, bereavement, school counseling, Parent and Family Counseling, chronic mental disorders

Essential References:

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

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

The techniques of psychotherapy, 4th ed., Parts 1 & 2, Wolberg, L.R. Grune & Stratton: NY

Theories of Psychotherapy & Counseling, 2nd ed., Sharf, R.S. (2000). Brooks/Cole: USA

Handbook of Psychotherapy & Behavior change – An empirical analysis, Bergin, A.G. & Garfield, S. L. (1978). John Wiley & Sons: NY

Comprehensive Clinical Psychology, Vol 6, Bellack, A.S. & Hersen, M., (1998). Elsevier Science Ltd: Great Britain

Handbook of Individual Therapy, 4th ed., Dryden, W. (2002). Sage Publications: New Delhi.

Psychotherapy: an eclectic integrative approach, 2nd ed. Garfield, S. L. (1995). John Wiley and sons: USA

International handbook of behavior modification and therapy, Bellack, 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., Calhoun K.S and Adams H.E. (1992). Wiley Interscience: NY

Handbook of clinical behavior therapy, Turner, S.M, Calhour, K.S. & Adams, H.E.(1992). Wiley Interscience: NY

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

Cognitive Behavior Therapy for psychiatric problems: A practical guide, Hawton, K. Salkovskis, P.M., Kirk, J. and Clark, D.M. (1989). Oxford University Press: NY

Counseling and Psychotherapy: theories and interventions. 3rd ed. Capuzzi, D and Gross D. R. (2003). Merrill Prentice Hall: New Jersey

Handbook of psychotherapy case formulation. 2nd ed. Eells, T.D (2007). Guilford press: USA

Paper - III: PSYCHIATRY

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

Essential References:

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

Practical – I: Psychological Assessment

The candidates should be provided with abundant opportunities to acquire the necessary skill and competency in each of the following psychological tests. Since psychological assessment forms major part of Diploma level training, extensive exposure in working up of cases and carrying out the assessment shall be ensured.

The domains that should be emphasized include but not limited to: Case history method, mental status examinations, arriving at the clinical diagnosis, rationale of psychological testing, observations, response recording, analyze, interpret and communicate the findings to the team members.

Specific tests: Tests for attention, memory, intelligence, developmental skills, abstract ability, personality, diagnosis, rating scales, assessing disability, QOL and wellbeing, stress and adaptation (includes standardized vernacular version of tests/scales those used in adult and child conditions).

List of Core Tests:

- Binet-Kamat test
- Raven's tests of intelligence (all forms)
- Bhatia's battery of intelligence tests
- Malin's intelligence scale for children
- Wechsler adult performance intelligence scale
- Wechsler memory scale
- PGI memory scale
- 16-PF
- Eysenck's personality inventory/questionnaire
- Thematic apperception test
- Children apperception test
- Rorschach psychodiagnostics

A certificate by the Head of the Department that the candidate has attained the required competence in all of the above Core Tests shall be necessary for appearing in the final examination.

Essential References:

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

Comprehensive Clinical Psychology: Assessment, Vol. 4, Bellack, A.S. & Hersen, M (1998). Elsevier Science Ltd.: Great Britain

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

The Thematic Apperception Test manual, Murray H.A. (1971), Harvard University Press.
An Indian modification of the Thematic Apperception Test, Choudhary, U. Shree Saraswathi Press: Calcutta
