



MASTER DEGREE PROGRAMME

Master of Applied and Counselling Psychology

Two Years

CURRICULUM & SYLLABUS

REGULATION 2026

Learning Outcomes Based Curriculum Framework (LOCF)

Effective from the Academic Year

2026 -2027

Department of Psychology

DEPARTMENT OF PSYCHOLOGY

VISION OF THE DEPARTMENT

The Department of Psychology at VISTAS aims to foster psychological well-being, develop professional competence, and promote mental health awareness. The department strives to create skilled, ethical, and socially responsible professionals equipped to address individual and community psychological needs through counselling, research, and applied practices

MISSION OF THE DEPARTMENT

M1	To provide a comprehensive and holistic education in counselling and applied psychology.
M2	To develop practical counselling skills and promote emotional intelligence among students.
M3	To uphold ethical standards and professional values in psychological practice.
M4	To encourage research, critical thinking, and interdisciplinary approaches in psychology

PROGRAMME EDUCATIONAL OUTCOMES (PEO)	
PEO1	Acquire strong foundational knowledge in counselling theories, psychological concepts, and applied practices.
PEO2	Apply theoretical knowledge to real-life situations through counselling techniques, case analysis, and interventions.
PEO3	Understand human behaviour, mental health issues, and therapeutic processes in diverse social and cultural contexts.
PEO4	Develop interest in research, higher education, and contribute to the field through publications, presentations, and community engagement
PEO5	Integrate psychological knowledge with practical skills to promote mental health, well-being, and social change

PROGRAMME OUTCOMES (PO)	
PO1	Gain comprehensive education in counselling, psychological assessment, and applied psychology practices.
PO2	Develop strong foundations in counselling techniques, communication skills, and therapeutic relationships.
PO3	Integrate psychological theories, research methods, and ethical practices in professional settings.
PO4	Enhance competencies in counselling, guidance, and mental health intervention.
PO5	Develop research aptitude and engage in scholarly activities in psychology.

PROGRAMME SPECIFIC OUTCOMES (PSO)

PSO1	Demonstrate competence in counselling skills, including active listening, empathy, and therapeutic communication.
PSO2	Apply psychological theories and techniques to assess and address mental health concerns.
PSO3	Be prepared for higher studies or careers in counselling, clinical settings, education, social services, and mental health advocacy.

M.Sc. APPLIED AND COUNSELLING PSYCHOLOGY

CURRICULUM STRUCTURE

M.SC. APPLIED AND COUNSELLING PSYCHOLOGY										
Minimum Credits to be earned: 90										
SEMESTER 1										
	Hours/Week							Maximum Marks		
Category	Code	Course	L	T	P	SL	C	CIA	SEE	Total
Discipline Core	DSC-101	ADVANCED THEORIES OF COUNSELLING	3	1	0	4	4	40	60	100
Discipline Core	DSC-102	ADVANCED PSYCHOPATHOLOGY & DIAGNOSTIC SYSTEMS	3	1	0	4	4	40	60	100
Discipline Core	DSC-103	RESEARCH METHODS IN PSYCHOLOGY	3	1	0	4	4	40	60	100
Discipline Core	DSC-104	CLINICAL PSYCHOLOGY	3	1	0	4	4	40	60	100
Generic Electives	GE- 101	CAREER COUNSELLING	3	0	0	3	3	40	60	100
Value Added	VA- 101	PROFESSIONAL COMMUNICATION AND ACADEMIC WRITING	2	0	0	2	2	40	60	100
			17	4	-	21	21	-	-	-

CIA - Continuous Internal Assessment , SEE - Semester End Examination, entrepreneurship

***L – Lecture, *T- Tutorial, *P- Practical, *O - Outside the class effort / self-study**

SL- Self Learning

SEMESTER 2										
Category	Code	Course	Hours/Week					Maximum Marks		
			L	T	P	SL	C	CIA	SEE	Total
Discipline Core	DSC-201	RELATIONSHIP COUNSELLING	3	1	0	4	4	40	60	100
Discipline Core	DSC-202	COGNITIVE BEHAVIOURAL THERAPIES & THIRD-WAVE APPROACHES	3	1	0	4	4	40	60	100
Discipline Core	DSC-203	APPLIED SOCIAL & COMMUNITY PSYCHOLOGY	3	1	0	4	4	40	60	100
Discipline Core	DSC-204	PSYCHOLOGICAL TESTING AND INTERPRETATION-I (PRACTICAL)	0	0	4	0	4	40	60	100
Generic Elective	GE-201	CHILD & ADOLESCENT PSYCHOTHERAPY	3	0	0	3	3	40	60	100
Ability Enhancement Courses	AEC-201	ORGANIZATIONAL AND WORKPLACE COUNSELING	3	0	0	3	3	40	60	100
Value Added	VA-201	MENTAL HEALTH PROMOTION AND COMMUNITY OUTREACH	2	0	0	2	2	40	60	100
			17	3	-	20	24	-	-	-
SEMESTER 3										
Category	Code	Course	Hours/Week					Maximum Marks		
			L	T	P	SL	C	CIA	SEE	Total
Discipline Core	DSC-301	TRAUMA, CRISIS & DISASTER COUNSELLING	3	1	0	4	4	40	60	100
Discipline Core	DSC-302	ETHICS, LEGAL ISSUES & PROFESSIONAL PRACTICE	3	1	0	4	4	40	60	100

Discipline Core	DSC-303	SUPERVISED COUNSELING PRACTICUM (PRACTICAL)	0	0	4	0	4	40	60	100
Discipline Core	DSC-304	POSITIVE PSYCHOLOGY INTERVENTIONS	3	1	0	4	4	40	60	100
Ability Enhancement	AEC-301	ADDICTION COUNSELLING	3	0	0	3	3	40	60	100
Generic Elective	GE-301	SCHOOL MENTAL HEALTH	3	0	0	3	3	40	60	100
Internship	INT-101	INTERNSHIP	0	0	2	0	2	0	100	100
			15	3	6	18	24	-	-	-

SEMESTER 4										
	Hours/Week						Maximum Marks			
Category	Code	Course	L	T	P	SL	C	CIA	SEE	Total
LANG	DSC-401	PSYCHOLOGICAL STATISTICS & DATA ANALYSIS	3	1	0	4	4	40	60	100
ENG / AECC	DSC-402	ADVANCED CASE FORMULATION & TREATMENT PLANNING	3	1	0	4	4	40	60	100
AECC	DSC-403	PROFESSIONAL ETHICS, LEGAL ISSUES & MENTAL HEALTH POLICY	3	1	0	4	4	40	60	100
DSC 7	DSC-404	EMERGING TRENDS IN COUNSELLING & APPLIED PSYCHOLOGY	3	1	0	4	4	40	60	100
DSC 8	AEC-401	GROUP COUNSELLING & SUPERVISION	3	0	0	3	3	40	60	100
DSE 4	PROJECT	PROJECT-DESSERTATION	0	2	0	2	2	40	60	100
			15	6	0	21	21	-	-	-

SEMESTER I

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop an in-depth understanding of major counselling theories and their core concepts.
2	To examine the philosophical foundations underlying different counselling approaches.
3	To apply evidence-based counselling techniques in diverse clinical contexts.

Unit I :Foundations & Psychodynamic Approaches

History and evolution of counselling; philosophical underpinnings; Classical Psychoanalysis (Freud): unconscious, defence mechanisms, psychosexual stages; Ego Psychology: Erikson's psychosocial stages; Object Relations Theory: Winnicott, Fairbairn; Adlerian therapy: individual psychology, lifestyle, social interest; Jungian analytical psychology: archetypes, individuation, collective unconscious..

Unit II :Humanistic & Existential Approaches

Person-Centred Therapy (Rogers): core conditions: empathy, unconditional positive regard, congruence; Gestalt Therapy (Perls): contact, awareness, figure-ground, empty chair technique; Existential Therapy (May, Yalom): four ultimate concerns, existential anxiety, meaning-making; Logotherapy (Frankl): will to meaning, paradoxical intention; Transactional Analysis (Berne): ego states, transactions, life scripts, games

Unit III:Cognitive & Behavioural Approaches

Behaviour therapy: classical and operant conditioning, systematic desensitisation, token economy; Cognitive Therapy (Beck): cognitive triad, schemas, automatic thoughts, cognitive restructuring; Rational Emotive Behaviour Therapy (Ellis): ABC model, irrational beliefs, disputation; Reality Therapy (Glasser): WDEP system, choice theory; Solution-Focused Brief Therapy (de Shazer): miracle question, scaling, exceptions.

Unit IV:Constructivist & Integrative Approaches

Narrative Therapy (White & Epston): dominant narratives, externalisation, re-authoring; Acceptance and Commitment Therapy (ACT): psychological flexibility, hexaflex model; Feminist therapy: power analysis, gender role analysis, consciousness-raising; Multicultural counselling: RESPECTFUL model, cultural humility; Integrative and Eclectic approaches: theoretical integration, technical eclecticism, common factors model (Wampold).

Unit V:Therapeutic Process, Relationship & Evaluation

Stages of counselling: pre-contemplation to termination; therapeutic alliance (Bordin's model); Transference and countertransference; resistance and rupture repair; Goal setting, case conceptualisation, and treatment planning; Evaluating counselling effectiveness: outcome measures, common factors research; Ethical dimensions in applying theories; supervision and reflective practice.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: **Gerald Corey** Theory and Practice of Counseling and Psychotherapy, Cengage Learning, 10th ed., 2017

T2: **Richard S. Sharf**, Theories of Psychotherapy and Counseling: Concepts and Cases, Cengage, 6th ed., 2015

T3: **Jon Carlson & Matt Englar-Carlson**, Adlerian Psychotherapy, APA Books, 2017

REFERENCES:

R1: Bruce Wampold, The Great Psychotherapy Debate Routledge, 2nd ed., 2015

R2: Irvin Yalom, Existential Psychotherapy, Basic Books, 1980

R3: Aaron T. Beck, Cognitive Therapy and the Emotional Disorders, Penguin, 1979

R4: Michael White & David Epston, Narrative Means to Therapeutic Ends, Norton, 1990

R5: Steven C. Hayes et al., Acceptance and Commitment Therapy, Guilford, 2nd ed., 2012

COURSE OUTCOMES

At the end of this course,

1	Explain major counselling theories and their fundamental concepts	K2
2	Analyze the philosophical foundations of different counselling approaches	K4
3	Apply evidence-based counselling techniques in diverse clinical settings	K3

DSC-102 ADVANCED PSYCHOPATHOLOGY & DIAGNOSTIC SYSTEMS

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To provide comprehensive knowledge of various psychopathological conditions and their clinical features.
2	To develop understanding of diagnostic criteria based on DSM-5-TR and ICD-11 classification systems.
3	To enable identification of aetiology and perform differential diagnosis for effective clinical practice

Unit I: Conceptual Foundations of Psychopathology

Defining abnormality: statistical, cultural, harmful dysfunction, and bio-psychosocial models; History of classification: from Kraepelin to DSM-5-TR and ICD-11; Categorical vs dimensional models; aetiology: biological, psychological, socio-cultural perspectives; Diathesis-stress model; resilience and vulnerability factors; cultural considerations in diagnosis; Stigma and its impact on mental health help-seeking.

Unit II: Neurodevelopmental, Schizophrenia Spectrum & Mood Disorders

Neurodevelopmental disorders: Autism Spectrum Disorder, ADHD, specific learning disorders; Schizophrenia spectrum disorders: positive/negative symptoms, brief psychotic disorder, schizoaffective disorder; Bipolar and related disorders: Bipolar I, II, cyclothymia; Depressive disorders: MDD, persistent depressive disorder, PMDD, disruptive mood dysregulation; Differential diagnosis between mood and psychotic disorders.

Unit III :Anxiety, OCD, Trauma & Dissociative Disorders

Anxiety disorders: GAD, social anxiety, panic disorder, specific phobias, agoraphobia; OCD and related disorders: OCD, body dysmorphic disorder, hoarding, trichotillomania; Trauma and stressor-related disorders: PTSD, Complex PTSD (ICD-11), acute stress disorder, adjustment disorder; Dissociative disorders: DID, depersonalisation, dissociative amnesia; Somatic symptom and related disorders.

Unit IV:Personality, Substance Use & Other Disorders

Personality disorders: Cluster A, B (Borderline, Narcissistic, Antisocial), C; Substance use disorders: DSM-5 criteria, dependence, withdrawal, alcohol, opioids, stimulants; Feeding and eating disorders: anorexia, bulimia, BED; Sleep-wake disorders; sexual dysfunctions; gender dysphoria; Impulse control disorders; gambling disorder.

Unit V: Clinical Assessment, Diagnosis & Formulation

Clinical interview: structured (SCID-5), semi-structured, unstructured; Mental Status Examination (MSE); risk assessment: suicidality and homicidality; Psychological formulation: bio-psychosocial formulation models; Differential diagnosis skills; cultural formulation interview (CFI); Limitations and criticisms of DSM; ethical issues in diagnosis; case vignette practice.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: David H. Barlow & V. Mark Durand Abnormal Psychology: An Integrative Approach Cengage 8th ed., 2018

T2: Ronald J. Comer Fundamentals of Abnormal Psychology Worth Publishers 9th ed., 2020

T3: American Psychiatric Association DSM-5-TR: Diagnostic and Statistical Manual APA 2022

REFERENCES:

R1: World Health Organization ICD-11: International Classification of Diseases WHO 2022

R2: Paul Gilbert Psychotherapy and Counselling for Depression SAGE 3rd ed., 2007

R3: Otto Kernberg Severe Personality Disorders Yale University Press 1984

R4: Judith Herman Trauma and Recovery Basic Books 2015

R5: Edna Foa et al. Prolonged Exposure Therapy for PTSD Oxford University Press 2007

COURSE OUTCOMES

At the end of this course,

1	Describe various psychopathological conditions and their clinical features	K2
2	Apply DSM-5-TR and ICD-11 criteria for accurate diagnosis of mental disorders	K3
3	Analyse aetiology and perform differential diagnosis in clinical practice	K4

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Develop a strong understanding of both qualitative and quantitative research methodologies.
2	Build the ability to critically evaluate psychological research studies.
3	Enable students to design methodologically sound and ethically robust psychological research.

Unit I: Foundations of Psychological Research

Science and the scientific method; goals of research; Types of research: basic vs applied, descriptive vs experimental; Research problem formulation; hypothesis construction; variables: independent, dependent, extraneous; Ethical principles in research: APA and ICMR guidelines; informed consent, confidentiality, debriefing; Plagiarism and research integrity; open science practices.

Unit II: Quantitative Research Designs

Experimental designs: true experimental, quasi-experimental, single-case; Non-experimental designs: correlational, ex-post facto, cross-sectional, longitudinal, cohort; Survey research: questionnaire construction, Likert scaling, reliability and validity; Sampling methods: probability (random, stratified, cluster) and non-probability (purposive, snowball); Sample size determination; power analysis; controlling threats to validity.

Unit III: Qualitative Research Methods

Philosophical foundations: phenomenology, constructivism, critical theory; Qualitative designs: grounded theory, ethnography, case study, phenomenological inquiry, narrative research; Data collection: in-depth interviews, focus groups, participant observation, document analysis; Purposive and theoretical sampling; data saturation; Trustworthiness: credibility, transferability, dependability, confirmability; reflexivity.

Unit IV: Mixed Methods & Advanced Designs

Mixed methods research: rationale, convergent, explanatory sequential, exploratory sequential designs; Action research in counselling settings; programme evaluation research; Systematic review and meta-analysis: PRISMA guidelines, effect size, heterogeneity; Single-subject research designs:

ABA, multiple baseline; Community-based participatory research; feminist and decolonising research methodologies.

Unit V: Research Writing & Dissemination

APA 7th edition formatting: citations, references, headings, tables, figures; Structuring a research manuscript: abstract, introduction, method, results, discussion; Literature review writing: synthesising vs summarising; Research proposal writing; grant application basics; Peer review process; publication ethics; academic integrity; Presenting research: posters, conference papers, journal articles.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: John W. Creswell & J. David Creswell Research Design: Qualitative, Quantitative & Mixed Methods SAGE 5th ed., 2018

T2: David L. Streiner et al. PDQ Statistics PMPH USA 3rd ed., 2003

T3: American Psychological Association Publication Manual of the APA APA 7th ed., 2020

REFERENCES:

R1: Sharlene Nagy Hesse-Biber Mixed Methods Research Guilford Press 2010

R2: Anselm Strauss & Juliet Corbin Basics of Qualitative Research SAGE 3rd ed., 2007

R3: Mark Leary Introduction to Behavioral Research Methods Pearson 7th ed., 2017

R4: Robert Rosenthal & Ralph Rosnow Essentials of Behavioral Research McGraw-Hill 3rd ed., 2008

R5: Miles, Huberman & Saldana Qualitative Data Analysis: A Methods Sourcebook SAGE 3rd ed., 2014

COURSE OUTCOMES

At the end of this course,

1	Demonstrate knowledge of qualitative and quantitative research methods used in psychology.	K2
2	Critically analyze and interpret research findings from psychological studies.	K3
3	Design and propose a research study using appropriate methodology and ethical standards.	K4

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Develop a comprehensive understanding of the science and practice of clinical psychology, including key concepts and approaches.
2	Build skills in the assessment, case conceptualisation, and evidence-based treatment of psychological disorders.
3	Foster awareness of professional ethics and support the development of a reflective clinical identity.

Unit I: Foundations and Scope of Clinical Psychology

Definition, history, and evolution of clinical psychology: from Lightner Witmer to contemporary practice; scope and roles of the clinical psychologist: assessment, intervention, consultation, research, supervision, and administration; clinical psychology vs. counselling psychology vs. psychiatry: distinctions in training, scope, and practice; the scientist-practitioner model (Boulder Model) and the practitioner-scholar model (Vail Model); major approaches to clinical practice: psychodynamic, humanistic, cognitive-behavioural, systemic, and integrative; clinical psychology in the Indian context: history, professional bodies (RCI, IPS, IACP), licensure, and training pathways; emerging roles: health psychology, neuropsychology, forensic psychology, and positive clinical psychology.

Unit II: Psychological Assessment in Clinical Practice

Overview of clinical assessment: purposes, types, and the assessment process; clinical interview: unstructured, semi-structured, and structured formats; Mental Status Examination (MSE): appearance, behaviour, speech, mood, affect, thought process, thought content, perceptions, cognition, insight, and judgment; intelligence assessment: Wechsler scales (WAIS-IV, WISC-V), Binet-Kamat Test, Raven's Progressive Matrices; personality assessment: objective (MMPI-2, NEO-PI-R, 16PF) and projective (Rorschach Exner System, TAT, DAP) approaches; clinical rating scales: BDI-II, BAI, PHQ-9, GAD-7, PANSS, HDRS; neuropsychological screening: MMSE, MoCA; psychodiagnostic report writing: structure, language, ethical obligations, and feedback delivery; cultural considerations in clinical assessment; ethical issues: informed consent, test security, cultural bias, and limits of assessment.

Unit III: Psychopathology and Clinical Formulation

Review of major diagnostic systems: DSM-5-TR and ICD-11: categorical vs. dimensional approaches; clinical formulation models: bio-psychosocial formulation, 4P model (predisposing,

precipitating, perpetuating, protective factors); formulation vs. diagnosis: complementary roles in clinical practice; anxiety disorders: GAD, panic disorder, social anxiety, specific phobia, agoraphobia — clinical presentation and CBT formulation; mood disorders: major depressive disorder, bipolar I and II — clinical features, risk factors, and differential diagnosis; psychotic disorders: schizophrenia spectrum — positive and negative symptoms, course, and prognosis; personality disorders: Cluster A, B (BPD, ASPD, NPD), and C — formulation and treatment challenges; somatic symptom disorders, dissociative disorders, and trauma-related disorders (PTSD, Complex PTSD); risk assessment in clinical practice: suicidality, self-harm, homicidality — standardised tools (C-SSRS) and safety planning.

Unit IV: Evidence-Based Psychological Interventions

Principles of evidence-based practice in psychology (APA Division 12): efficacy, effectiveness, and clinical utility; cognitive behavioural therapy (CBT): theoretical foundations, cognitive model, behavioural techniques, and disorder-specific protocols (depression, anxiety, OCD, PTSD); third-wave CBT approaches: Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT) for BPD and suicidality, Mindfulness-Based Cognitive Therapy (MBCT); psychodynamic therapies: brief psychodynamic therapy, transference-focused psychotherapy; humanistic and person-centred approaches in clinical settings; exposure-based treatments: systematic desensitisation, prolonged exposure (Foa et al.), exposure and response prevention (ERP); crisis intervention models: Roberts's Seven-Stage Model, psychological first aid; pharmacotherapy interface: commonly prescribed psychotropic medications, side effects, and the clinical psychologist's role in medication management collaboration.

Unit V: Professional Practice, Ethics, and Clinical Supervision

Professional ethics in clinical psychology: APA Ethics Code, RCI Act (1992), and Mental Healthcare Act 2017; core ethical principles: autonomy, beneficence, non-maleficence, justice, fidelity, and veracity; confidentiality and its limits: duty to warn (Tarasoff), mandatory reporting (POCSO), and emergency disclosure; professional boundaries: dual relationships, countertransference, sexual ethics, and boundary violations vs. boundary crossings; informed consent: components, process, with children and vulnerable populations; clinical record keeping: documentation standards, electronic records, retention, and disposal; clinical supervision: models (Integrated Developmental Model — Stoltenberg, Discrimination Model — Bernard), functions, and ethical aspects; burnout and compassion fatigue in clinical practice: ProQOL assessment and self-care strategies; cultural competence and diversity in clinical practice: working with LGBTQ+ clients, persons with disabilities, and culturally diverse populations; continuing professional development (CPD) and the reflective practitioner.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Barlow, D.H. (Ed.) Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual Guilford Press 5th ed., 2014

T2: Groth-Marnat, G. & Wright, A.J. Handbook of Psychological Assessment John Wiley & Sons 6th ed., 2016

T3: Comer, R.J. Fundamentals of Abnormal Psychology Worth Publishers 9th ed., 2020

REFERENCES:

R1: American Psychiatric Association DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders APA 2022

R2: Persons, J.B. The Case Formulation Approach to Cognitive-Behavior Therapy Guilford Press 2008

R3: Linehan, M.M. DBT Skills Training Manual Guilford Press 2nd ed., 2015

R4: Stoltenberg, C.D. & McNeill, B.W. IDM Supervision: An Integrative Developmental Model Routledge 3rd ed., 2010

R5: Rehabilitation Council of India RCI Act, 1992 and Amendments RCI Publications Current Edition

COURSE OUTCOMES

At the end of this course,

1	Explain core concepts, theories, and practices in clinical psychology.	K2
2	Conduct basic psychological assessments and develop case conceptualisations using appropriate frameworks.	K3
3	Apply evidence-based intervention strategies for common psychological disorders.	K4

GE-101 CAREER COUNSELLING

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	Develop a strong theoretical understanding of career counselling and vocational guidance across developmental stages.
2	Build practical skills to assist individuals in making informed, values-based, and context-sensitive career decisions.
3	Enhance the ability to apply counselling techniques and tools in diverse educational and occupational contexts.

Unit I: Foundations of Career Counselling and Vocational Development

Definition, history, and evolution of career counselling and guidance; distinction between career counselling, career coaching, career guidance, and vocational rehabilitation; the importance of career development as a lifelong process: career across the lifespan; overview of major career development theories: Holland's Theory of Vocational Personalities and Work Environments (RIASEC model) — six personality types, hexagonal model, congruence, consistency, differentiation, and identity; Super's Life-Span Life-Space Theory: five developmental stages (Growth, Exploration, Establishment, Maintenance, Disengagement), life roles (Career Rainbow), and the Archway Model of Career Determinants; Krumboltz's Social Learning Theory of Career Decision-Making (SLTCDM): four factors influencing career decisions, planned happenstance theory; Gottfredson's Theory of Circumscription and Compromise: development of occupational aspirations and the role of social class and gender.

Unit II: Career Assessment and Psychometric Tools

Role of assessment in career counselling: purposes, types, and ethical guidelines; career interest inventories: Holland's Self-Directed Search (SDS) — administration, scoring, and RIASEC profile interpretation; Strong Interest Inventory (SII): General Occupational Themes, Basic Interest Scales, and Occupational Scales; values clarification in career counselling: Work Values Inventory, Values Scale (Super); personality-based career tools: Myers-Briggs Type Indicator (MBTI) and its career implications; Big Five (NEO-PI-R) and occupational fit; aptitude and ability testing for career guidance: Differential Aptitude Test (DAT), General Aptitude Test Battery (GATB); career decision-making scales: Career Decision Scale (CDS), Career Decision-Making Difficulties Questionnaire (CDDQ); career maturity and adaptability: Career Maturity Inventory (CMI), Career Adapt-Abilities Scale (CAAS); integrating multiple assessment data into a coherent career profile for the client.

Unit III: Career Counselling Process and Interventions

Establishing the career counselling relationship: intake interview, goal-setting, and contracting; career genograms: construction, interpretation, and use in identifying intergenerational patterns and family influences on career choice; the career counselling process: assessment, exploration, goal-setting, planning, and follow-up; cognitive-behavioural approaches to career counselling: addressing dysfunctional career beliefs (Cognitive Information Processing — CIP model, Sampson et al.); narrative career counselling (Savickas): career story, life theme, and narrative identity; solution-focused career counselling: miracle question, scaling, and exception-finding applied to career indecision; motivational interviewing (MI) in career counselling: resolving ambivalence about career change; career counselling with specific populations: school students (developmental guidance), college students (exploration and decision-making), adults in career transition, mid-life career changers, and involuntary job loss; digital career tools: online O*NET database, career portals, and AI-assisted career exploration.

Unit IV: Career Information, Labour Market, and Job Readiness

Occupational information systems: O*NET (Occupational Information Network), Dictionary of Occupational Titles (DOT), ISCO-08 (International Standard Classification of Occupations); job analysis: definition, purposes, methods (interviews, observation, questionnaires), and outputs (job description, job specification); understanding the Indian labour market: sectoral distribution, emerging occupations, gig economy, and future of work; education-to-work transitions: vocational training pathways, apprenticeships, higher education choices, and professional certifications; resume building: chronological, functional, and combination formats; ATS-optimised resumes: keywords, formatting principles, and applicant tracking systems; cover letter writing: structure, personalisation, and professional tone; LinkedIn and professional networking: profile optimisation, networking strategies, and personal branding; interview preparation: types of interviews (structured, behavioural, panel, competency-based), STAR technique (Situation, Task, Action, Result), and managing interview anxiety.

Unit V: School and Organisational Career Counselling, Ethics, and Emerging Trends

Career counselling in schools: developmental guidance curriculum, NCERT and NEP 2020 frameworks for career education; career counselling in higher education: student counselling centres, career services, internship facilitation, and alumni mentoring; organisational career development: succession planning, talent management, lateral career moves, and outplacement counselling; career counselling for special populations: persons with disabilities (PwD) — vocational rehabilitation, job coaching, workplace accommodations; career counselling for women: addressing gender stereotyping, glass ceiling, work-life balance, and career re-entry after career breaks; multicultural career counselling: cultural humility, collectivist vs. individualist career decision-making, and caste-based occupational barriers in India; ethical issues in career counselling:

informed consent, test interpretation, cultural bias in assessment, and scope of practice; emerging trends: portfolio careers, remote work counselling, artificial intelligence in career guidance, and psychedelic-assisted career exploration.

TOTAL: 3 Hours/week

TEXT BOOKS:

- T1: Zunker, V.G. Career Counseling: A Holistic Approach Cengage Learning 9th ed., 2016
- T2: Gibson, R.L. & Mitchell, M.H. Introduction to Counselling and Guidance Prentice Hall 7th ed., 2007
- T3: Sharf, R.S. Applying Career Development Theory to Counseling Cengage Learning 6th ed., 2013

REFERENCES:

- R1: Holland, J.L. Making Vocational Choices: A Theory of Vocational Personalities and Work Environments Psychological Assessment Resources 3rd ed., 1997
- R2: Super, D.E. The Psychology of Careers Harper & Row 1957
- R3: Savickas, M.L. Career Counseling American Psychological Association 2011
- R4: Sampson, J.P. et al. A Cognitive Information Processing Approach to Career Development and Services Florida State University Centre for the Study of Technology in Counseling and Career Development 2004
- R5: Rao, N. Counselling and Guidance Tata McGraw-Hill 2nd ed., 2013

COURSE OUTCOMES

At the end of this course,

1	Explain key theories and concepts in career counselling and vocational guidance.	K2
2	Assess individuals' interests, abilities, and values using appropriate career assessment tools.	K3
3	Apply counselling techniques to support informed and context-sensitive career decision-making.	K3

VA-101 PROFESSIONAL COMMUNICATION AND ACADEMIC WRITING

L	T	P	SL	C
2	0	0	2	2

COURSE OBJECTIVES:

1	Develop advanced written communication skills for academic, professional, and clinical contexts.
2	Enhance oral communication competencies, including presentation and interpersonal communication skills.
3	Build the ability to communicate psychological concepts effectively across counselling and applied settings.

Unit I: Foundations of Professional Communication

Nature and process of communication; barriers to effective communication; verbal and non-verbal communication in professional settings; principles of professional etiquette and conduct; formal vs informal communication; communication styles (assertive, passive, aggressive, passive-aggressive); cross-cultural communication in mental health contexts; digital communication: email etiquette, professional online presence.

Unit II: Academic Writing Skills

Characteristics of academic writing: clarity, precision, objectivity, coherence; paragraph structure: topic sentence, supporting evidence, concluding sentence; essay structure: introduction, body, conclusion; academic vocabulary and hedging language; writing abstracts, executive summaries, and reports; paraphrasing, summarising, and synthesising sources; integrating quotations; avoiding plagiarism; using citation management tools (Zotero, Mendeley).

Unit III: APA Style and Research Writing

APA 7th edition: in-text citations, reference list formatting; formatting headings, tables, figures, and appendices; writing the research report: title page, abstract, introduction, method, results, discussion, references; writing literature reviews: descriptive vs analytical approaches; critique and evaluation of research articles; writing case reports and case conceptualisation notes; academic tone and voice in psychological writing.

Unit IV: Oral Presentation and Public Speaking

Principles of effective public speaking; managing presentation anxiety; structuring oral presentations:

opening, body, conclusion; use of visual aids: PowerPoint design principles; poster presentations for academic conferences; facilitating group discussions and seminars; professional verbal communication in clinical settings: intake interviews, psychoeducation; recording and reviewing presentations for self-improvement; audience analysis and adaptation.

Unit V: Professional Documentation in Counselling

Clinical documentation standards: session notes (SOAP, DAP, BIRP formats); writing psychological assessment reports: structure, language, and ethical considerations; informed consent forms and confidentiality agreements; referral letters and inter-professional communication; writing reflective journals and supervision logs; grant and proposal writing basics; professional curriculum vitae (CV) and cover letter writing; ethical considerations in professional documentation.

TOTAL: 2 Hours/Week

TEXT BOOKS:

T1: American Psychological Association Publication Manual of the American Psychological Association APA 7th ed., 2020

T2: John Langan College Writing Skills with Readings McGraw-Hill 9th ed., 2017

T3: Gerald Corey & Marianne Corey Becoming a Helper Cengage 7th ed., 2016

REFERENCES:

R1: William Strunk Jr. & E.B. White The Elements of Style Pearson 4th ed., 1999

R2: Brian Gallagher & Deborah Schifter Essentials of Technical Communication Oxford University Press 4th ed., 2020

R3: Robert Barrass Scientists Must Write Routledge 2nd ed., 2002

R4: Andrea Lunsford & John Ruskiewicz Everything's an Argument Bedford/St. Martin's 8th ed., 2018

R5: Joseph Moxley & Todd Taylor (Eds.) Writing and Publishing for Academic Authors Rowman & Littlefield 2nd ed., 1997

COURSE OUTCOMES

At the end of this course,

1	Demonstrate proficiency in producing clear, structured, and professional written documents in academic and clinical contexts.	K2
2	Deliver effective oral presentations and engage in professional communication across counselling and applied settings.	K3
3	Apply appropriate communication strategies to convey psychological concepts accurately to diverse audiences.	K4

SEMESTER II

From Knowledge to Power

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Develop advanced theoretical understanding of counselling approaches for individuals, couples, and families, including systemic, attachment-based, cognitive-behavioural, and emotion-focused models.
2	Build practical competencies in assessing and intervening in relationship difficulties across diverse contexts.
3	Promote culturally sensitive and ethically sound counselling practices in working with relational issues.

Unit I: Foundations of Relationship Counselling

Definition, history, and evolution of relationship counselling, couples therapy, and family therapy; distinction between individual counselling, couples counselling, and family therapy: different units of analysis and treatment focus; theoretical foundations: Systems Theory — circular causality, feedback loops, homeostasis, and morphogenesis; Attachment Theory (Bowlby, Ainsworth): adult attachment styles (secure, anxious-preoccupied, dismissive-avoidant, fearful-avoidant) and their impact on intimate relationships; interpersonal neurobiology (Siegel): how early attachment shapes neural pathways and relational patterns; social exchange theory and equity theory in relationships: perceived balance of costs and benefits; Gottman's Sound Relationship House Theory: seven components of healthy relationships; the counsellor's role in relationship counselling: maintaining therapeutic neutrality, avoiding triangulation, and managing competing loyalties; ethical considerations unique to relationship counselling: confidentiality with multiple clients, individual secrets, conflicting interests, and pre-treatment contracting.

Unit II: Assessment in Relationship Counselling

Comprehensive assessment of relationships: individual, dyadic, and systemic levels of assessment; the clinical interview with couples and families: conjoint sessions vs. individual sessions — advantages, risks, and protocols; genograms: construction (3 generations minimum), symbols, and clinical interpretation — identifying triangulation, cut-offs, multi-generational patterns, enmeshment, and role rigidity; the Circumplex Model of Marital and Family Systems (Olson): dimensions of cohesion, flexibility, and communication; FACES-IV (Family Adaptability and Cohesion Evaluation Scale): administration and interpretation; Dyadic Adjustment Scale (DAS): measuring relationship satisfaction; Relationship Assessment Scale (RAS); Gottman's Oral History Interview and the Four Horsemen assessment (Criticism, Contempt, Defensiveness, Stonewalling); communication pattern analysis: demand-withdrawal, pursuer-distancer, and escalation cycles; cultural considerations in relationship assessment: Indian family structures, joint family dynamics, caste and religion in partner selection

Unit III: Couples Counselling — Theories and Interventions

Emotion-Focused Couples Therapy (EFT — Johnson): attachment theory basis, three stages of EFT (de-escalation, restructuring attachment bonds, consolidation), nine therapeutic steps, enactment of bonding events; Gottman Method Couples Therapy: building friendship, managing conflict (softened start-up, repair attempts, accepting influence, compromise), honouring life dreams, creating shared meaning; Cognitive-Behavioural Couples Therapy (CBCT): identifying relationship cognitions (attributions, expectancies, assumptions, standards), behavioural exchange strategies, communication training (speaker-listener technique), and problem-solving training; Imago Relationship Therapy (Hendrix): the Imago dialogue process, re-imagining the partner, and healing childhood wounds through the relationship; Brief Strategic Couples Therapy: reframing, paradoxical interventions, and pattern interruption; premarital counselling: PREPARE/ENRICH programme — assessment and feedback, skill building sessions, and compatibility discussion; counselling for specific couples issues: sexual difficulties, infidelity (assessment, disclosure decisions, treatment), mixed-cultural couples, same-sex couples, and intercaste/interreligious relationships.

Unit IV: Family Therapy Approaches

Structural Family Therapy (Minuchin): family structure, subsystems (spousal, parental, sibling), boundaries (clear, rigid, diffuse), hierarchy, and enmeshment vs. disengagement; structural interventions: joining, enactment, boundary making, unbalancing, and reframing; Strategic Family Therapy (Haley, Madanes): problem-focused approach, directives, paradoxical interventions, and ordeal therapy; Bowenian Family Systems Therapy: differentiation of self, triangles, nuclear family emotional system, multigenerational transmission process, and emotional cut-off; Narrative Family Therapy (White & Epston): externalising the problem, unique outcomes, re-authoring, and definitional ceremonies; Solution-Focused Family Therapy (de Shazer): miracle question with families, scaling, and exception-finding; Contextual Family Therapy (Boszormenyi-Nagy): relational ethics, ledger of entitlements and indebtedness, invisible loyalties; Family therapy for specific presentations: child-focused problems (behavioural disorders, school refusal), adolescent issues (substance use, eating disorders), domestic violence (safety planning, trauma-informed practice), and families adjusting to chronic illness or bereavement.

Unit V: Specific Relationship Issues, Cultural Context, and Ethics

Relationship lifecycle: romantic attraction and partner selection, cohabitation and commitment, marriage adjustment, parenthood transitions, empty nest, and aging couples; communication in relationships: assertiveness, active listening, non-violent communication (NVC — Rosenberg), and managing emotionally flooded conversations (Gottman's physiological self-soothing); conflict resolution styles (Thomas-Kilmann): accommodating, avoiding, collaborating, competing, and compromising — application in couples work; divorce and separation counselling: legal considerations, emotional stages (Kübler-Ross applied), co-parenting after divorce, and child-inclusive mediation; grief and bereavement in relationship context: disenfranchised grief, loss of a partner, and complicated grief (Prolonged Grief Disorder); relationship counselling in India: cultural norms around arranged marriage, dowry-related stress, intergenerational conflicts in joint families, marital rape (legal and therapeutic perspectives), LGBTQ+ relationships and Indian law; ethical obligations in relationship counselling: confidentiality with secrets, violence disclosure, mandatory reporting, power imbalances, and termination when the relationship ends; self-of-the-therapist in relationship counselling: managing personal relationship history, values about marriage, and countertransference in couples work.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Gottman, J.M. & Silver, N. The Seven Principles for Making Marriage Work Crown Publishers
Revised ed., 2015

T2: Johnson, S.M. Emotionally Focused Couple Therapy with Trauma Survivors Guilford Press 2002

T3: Goldenberg, H. & Goldenberg, I. Family Therapy: An Overview Cengage Learning 8th ed., 2012

REFERENCES:

R1: Minuchin, S. Families and Family Therapy Harvard University Press 1974

R2: Nichols, M.P. Family Therapy: Concepts and Methods Pearson Education 11th ed., 2017

R3: Johnson, S.M. Hold Me Tight: Seven Conversations for a Lifetime of Love Little, Brown and Company 2008

R4: Gottman, J.M. The Marriage Clinic: A Scientifically Based Marital Therapy W.W. Norton & Company 1999

R5: White, M. & Epston, D. Narrative Means to Therapeutic Ends W.W. Norton & Company 1990

COURSE OUTCOMES

At the end of this course,

1	Explain key theories and models (systemic, attachment-based, cognitive-behavioural, and emotion-focused) used in counselling individuals, couples, and families.	K2
2	Apply appropriate assessment and intervention techniques to address relationship difficulties in diverse client contexts.	K3
3	Analyze relational dynamics and evaluate counselling strategies while adhering to culturally sensitive and ethical professional practices.	K4

DSC-202 COGNITIVE BEHAVIOURAL THERAPIES & THIRD-WAVE APPROACHES

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Develop a strong theoretical foundation in Cognitive Behavioural Therapy (CBT) and contemporary third-wave approaches.
2	Build competence in the assessment and formulation of psychological problems using CBT frameworks.
3	Enhance practical skills in applying CBT and third-wave interventions across diverse clinical presentations.

Unit I: Theoretical Foundations of CBT

Historical roots: Pavlov, Watson, Skinner; Ellis's REBT and Beck's CT; Cognitive model: automatic thoughts, intermediate beliefs, core beliefs/schemas; Behavioural experiments; activity scheduling; graded task assignment; Cognitive conceptualisation diagram; therapeutic stance in CBT; Evidence base for CBT across disorders.

Unit II: CBT for Specific Disorders

CBT for depression: behavioural activation, cognitive restructuring, relapse prevention; CBT for anxiety disorders: exposure hierarchies, interoceptive exposure, response prevention; CBT for OCD: ERP protocol; CBT for PTSD: trauma-focused CBT, CPT, written trauma accounts; CBT for insomnia (CBT-I): sleep restriction, stimulus control; CBT for psychosis: normalising, belief modification, voice dialoguing.

Unit III: Mindfulness-Based Approaches

Mindfulness-Based Stress Reduction (MBSR): Kabat-Zinn, 8-week programme, body scan, mindful movement; Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression; Mindfulness practice components: non-judgement, beginner's mind, acceptance; Research evidence for MBSR and MBCT; Integrating mindfulness into individual therapy; cultural adaptations; contraindications.

Unit IV: Acceptance and Commitment Therapy (ACT)

ACT hexa flex model: acceptance, de-fusion, present-moment contact, self-as-context, values, committed action; Psychological flexibility vs inflexibility (fusion, avoidance); Values clarification

exercises; metaphors and experiential exercises in ACT; ACT for chronic pain, depression, anxiety, and psychosis; Matrix model; process-based CBT; Comparing ACT, DBT, and MBCT.

Unit V:DBT & Other Third-Wave Approaches

Dialectical Behaviour Therapy (DBT): Linehan, biosocial theory, dialectical philosophy; DBT skills modules: mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness; DBT for BPD, suicidal behaviour, eating disorders; Compassion-Focused Therapy (CFT): Paul Gilbert; Schema therapy (Young): early maladaptive schemas, schema modes, limited re-parenting; Metacognitive Therapy (Wells).

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Judith Beck Cognitive Behavior Therapy: Basics and Beyond Guilford Press 3rd ed., 2021

T2: Marsha Linehan DBT Skills Training Manual Guilford Press 2nd ed., 2015

T3: Steven C. Hayes, Kirk Strosahl & Kelly Wilson Acceptance and Commitment Therapy Guilford 2nd ed., 2012

REFERENCES:

R1: Mark Williams et al. Mindfulness-Based Cognitive Therapy for Depression Guilford 2nd ed., 2012

R2: Paul Gilbert Compassion Focused Therapy Routledge 2010

R3: Jeffrey Young, Janet Klosko & Marjorie Weishaar Schema Therapy: A Practitioner's Guide Guilford 2003

R4: Adrian Wells Metacognitive Therapy for Anxiety and Depression Guilford 2009

R5: Christine Padesky & Dennis Greenberger Mind Over Mood Guilford 2nd ed., 2016

COURSE OUTCOMES

At the end of this course,

1	Explain core principles, theories, and models of Cognitive Behavioural Therapy (CBT) and third-wave approaches in clinical practice.	K2
2	Apply CBT-based assessment, case formulation, and intervention techniques to a range of psychological disorders.	K3
3	Analyze clinical cases using CBT frameworks and evaluate the effectiveness of appropriate third-wave therapeutic interventions.	K4

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Develop an understanding of key social psychological principles relevant to individual and group behaviour in community contexts.
2	Build the ability to apply social psychological theories to mental health promotion and prevention programs.
3	Enhance skills in designing and implementing interventions that promote social change and community well-being.

Unit I: Social Cognition & Attitudes

Social perception: person perception, attribution theory (Heider, Weiner); Fundamental attribution error; self-serving bias; halo effect; Attitudes: formation, structure (ABC model), measurement; Attitude change: elaboration likelihood model, cognitive dissonance (Festinger); Prejudice, discrimination, and stereotyping: social identity theory (Tajfel & Turner); Reducing prejudice: contact hypothesis, jigsaw classroom.

Unit II: Social Influence, Groups & Prosocial Behaviour

Conformity (Asch), obedience (Milgram), compliance (foot-in-the-door, door-in-the-face); Group dynamics: groupthink, social facilitation, social loafing, deindividuation; Leadership theories: transformational, servant, situational; Prosocial behaviour and altruism: bystander effect (Latane & Darley); Aggression: biological, social learning (Bandura), General Aggression Model; Intergroup conflict and cooperation.

Unit III: Community Psychology Foundations

History and values of community psychology; ecological model (Kelly); Empowerment theory (Rappaport); sense of community (McMillan & Chavis); Prevention science: primary, secondary, and tertiary prevention; Social determinants of mental health; community needs assessment; Participatory action research; asset-based community development; Community resilience and capacity building

Unit IV: Community-Based Interventions & Mental Health Promotion

Mental health promotion models: Ottawa Charter; salutogenic framework (Antonovsky); School-based mental health programmes; workplace wellness programmes; Community mental health centres: NMHP in India; Peer support programmes; self-help groups; Crisis intervention in

community settings; psychological first aid; Culturally responsive community interventions.

Unit V: Social Justice, Diversity & Applied Contexts

Social justice in psychology: privilege, oppression, intersectionality (Crenshaw); Culturally adapted interventions; low and middle income country (LMIC) mental health; Disaster and humanitarian psychology; refugee mental health; Applied social psychology in health settings: health behaviour change models; Environmental psychology: place attachment, crowding, nature and well-being; Technology and social media.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Robert Cialdini Influence: The Psychology of Persuasion Harper Business Revised ed., 2006

T2: John Moritsugu et al. Community Psychology Pearson 5th ed., 2016

T3: Elliot Aronson The Social Animal Worth Publishers 12th ed., 2018

REFERENCES:

R1: G.W. Allport The Nature of Prejudice Addison-Wesley 1954

R2: James Kelly et al. Handbook of Community Psychology Springer 2000

R3: Philip Zimbardo The Lucifer Effect Random House 2007

R4: Irwin Altman & Joachim Wohlwill Human Behavior and Environment Plenum Press 1978

R5: Susan Fiske & Shelley Taylor Social Cognition McGraw-Hill 2nd ed., 1991

COURSE OUTCOMES

At the end of this course,

1	Explain core concepts and theories of social psychology relevant to community behaviour, mental health promotion, and social change.	K2
2	Apply social psychological principles to design and implement community-based mental health promotion and intervention programs.	K3
3	Analyze social issues and community needs using social psychological frameworks to propose effective social change strategies.	K4

DSC-204 PSYCHOLOGICAL TESTING AND INTERPRETATION LAB - I(PRACTICAL)

COURSE OBJECTIVES:

L	T	P	SL	C
0	0	4	0	4

1	Develop knowledge of standardized psychological tests used in intelligence, personality, neuropsychological, and clinical assessment.
2	Build practical skills in the administration, scoring, and interpretation of psychological tests under supervision.
3	Enhance competence in applying psychological testing procedures ethically and accurately in clinical settings.

Unit I: Intelligence and Cognitive Assessment – Practicum

Supervised administration of Wechsler Adult Intelligence Scale (WAIS-IV) and Wechsler Intelligence Scale for Children (WISC-V): subtest-by-subtest procedure, basal and ceiling rules, timing protocols; Scoring using record forms: computing composite scores (FSIQ, VCI, PRI, WMI, PSI); Profile analysis and interpretation: scatter analysis, strengths and weaknesses; Practice with Binet-Kamat Test of Intelligence; Administration of Raven's Standard and Advanced Progressive Matrices; Report writing for cognitive assessment: language, structure, recommendations..

Unit II: Personality Assessment – Practicum

Objective personality assessment: administration and scoring of MMPI-2, NEO-PI-R (Big Five), 16PF; Interpreting validity scales in MMPI-2: L, F, K, VRIN, TRIN; Profile coding and interpretation: clinical scales, content scales, PSY-5 scales; Administration of projective techniques: Rorschach (Exner Comprehensive System): card presentation, inquiry, coding responses; Thematic Apperception Test (TAT): administration sequence, story elicitation, interpretation guidelines; Sentence Completion Test and Draw-A-Person: administration and qualitative interpretation; Ethics of projective assessment: limitations and appropriate use.

Unit III: Neuropsychological and Clinical Assessment – Practicum

Administration of screening tools: Mini Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA); Bender Visual Motor Gestalt Test (BVMGT): administration, scoring (Koppitz system), interpretation; Administration of clinical rating scales: Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), PHQ-9, GAD-7; PANSS (Positive and Negative Syndrome Scale) administration with standardised training; Hamilton Depression Rating Scale (HDRS) and

Hamilton Anxiety Rating Scale (HARS): structured interview administration; Risk assessment: Columbia Suicide Severity Rating Scale (C-SSRS) administration and documentation.

Unit IV: Child, Adolescent and Special Population Assessment – Practicum

Administration of Child Behaviour Checklist (CBCL) and Teacher Report Form (TRF): scoring profiles; Strengths and Difficulties Questionnaire (SDQ): parent, teacher, and self-report versions; Conners' Rating Scales for ADHD: administration and interpretation; Administration of Childhood Autism Rating Scale (CARS) and Autism Diagnostic Observation Schedule (ADOS-2) overview; Vineland Adaptive Behaviour Scales: interview-based administration; Vocational and career assessment: Holland's Self-Directed Search (SDS) administration and RIASEC profile interpretation; Cultural Formulation Interview (CFI): supervised role-play and documentation

Unit V: Integrated Psychological Assessment Report Writing and Ethics

Integrating multiple test findings into a comprehensive psychological report; Structure of a full psychological assessment report: reason for referral, background, behavioural observations, test results, interpretation, summary and recommendations; Communicating results: written reports and verbal feedback sessions; Ethical obligations in assessment: informed consent, cultural bias, norm appropriateness, test security; Case vignette-based practice: interpreting a full test battery for differential diagnosis; Practice with assessment software: introduction to Q-global (Pearson), MMPI-2 scoring programs; Supervised peer review and critique of assessment reports.

TOTAL: 4 Hours/ week

TEXT BOOKS:

- T1: Gary Groth-Marnat & A. Wright Handbook of Psychological Assessment Wiley 6th ed., 2016
- T2: Anne Anastasi & Susana Urbina Psychological Testing Pearson 7th ed., 1997
- T3: John Exner The Rorschach: A Comprehensive System (Vol. 1) Wiley 2003

REFERENCES:

- R1: Alan Kaufman & Elizabeth Lichtenberger Assessing Adolescent and Adult Intelligence Wiley 3rd ed., 2006
- R2: Roger Greene The MMPI-2/MMPI-2-RF: An Interpretive Manual Pearson 3rd ed., 2011
- R3: Muriel Lezak et al. Neuropsychological Assessment Oxford University Press 5th ed., 2012
- R4: Robert Gregory Psychological Testing: History, Principles and Applications Pearson 7th ed., 2015
- R5: Scott Lilienfeld et al. Science and Pseudoscience in Clinical Psychology Guilford 2nd ed., 2015

COURSE OUTCOMES

At the end of this course,

1	Administer, score, and interpret standardized psychological tests across intelligence, personality, neuropsychological, and clinical domains under supervision.	K3
2	Analyze and integrate test results to form coherent psychological assessments and clinical interpretations.	K4
3	Evaluate the appropriateness, reliability, and validity of psychological tests while ensuring ethical and standardized testing practices.	K4

GE-201 CHILD & ADOLESCENT PSYCHOTHERAPY

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	Develop foundational knowledge of psychological theories and evidence-based approaches used in child and adolescent psychotherapy.
2	Build practical skills to effectively conduct individual, group, and family-based therapeutic interventions with children and adolescents.
3	Enhance clinical competence in assessing and managing diverse psychological and behavioral presentations across developmental stages.

Unit I: Development & Child Psychotherapy Foundations

Developmental theories: Piaget, Vygotsky, Erikson, Bronfenbrenner; Attachment theory (Bowlby) and its clinical applications; Principles of child psychotherapy: developmental attunement, therapeutic alliance with children; Ethical and legal issues: consent, confidentiality, mandated reporting; Working with parents and caregivers: contracting, involving, and managing; Cultural considerations in child therapy

Unit II: Play Therapy & Expressive Modalities

Theoretical foundations of play therapy: psychoanalytic, humanistic (Axline), cognitive-behavioural; Child-Centred Play Therapy (CCPT) principles and techniques; Directive vs non-directive play therapy; Expressive arts therapies: art, music, drama, dance/movement; Sand tray therapy: theory, materials, process, and interpretation; Use of puppets, storytelling, bibliotherapy, and miniatures; Filial therapy.

Unit III: Individual Counselling for Children & Adolescents

Individual therapy with children: joining, contracting, goal setting, stages; CBT for children: thought records, rewards, behavioural experiments; Trauma-Focused CBT (TF-CBT) for abused/traumatised children; Individual therapy for adolescents: developmental tasks, identity, peer pressure; Motivational interviewing with adolescents; Normalising, externalising problems; working with resistant adolescents; Termination with children and adolescents.

Unit IV: Group & Family Approaches

Group therapy for children: therapeutic factors, developmental considerations; Group therapy for adolescents: social skills groups, support groups, psychoeducational groups; Whole family counselling: structural, strategic, and systemic approaches; Working with parent-child relationships;

sibling dynamics; Family therapy in cases of child abuse, neglect, and domestic violence; Adolescent drug abuse: family therapy contracting and treatment planning; School-based group interventions.

Unit V: Specialised Areas in Child & Adolescent Psychotherapy

Psychotherapy for children with ASD, ADHD, and learning disabilities; Child bereavement counselling; Children in alternative care: fostering, adoption, institutionalisation; Psychotherapy for child sexual abuse; Adolescent suicide: assessment, safety planning, DBT adaptations; Cyberbullying and digital mental health in adolescents; School refusal, exam anxiety, and academic difficulties.

TOTAL: 3 Hours/week

TEXT BOOKS:

T1: Garry Landreth Play Therapy: The Art of the Relationship Routledge 3rd ed., 2012

T2: Kevin O'Connor & Lisa Braverman (Eds.) Play Therapy Theory and Practice Wiley 2nd ed., 2009

T3: Philip Kendall (Ed.) Child and Adolescent Therapy: Cognitive-Behavioral Procedures Guilford 4th ed., 2012

REFERENCES:

R1: John Sommers-Flanagan & Rita Sommers-Flanagan Clinical Interviewing Wiley 6th ed., 2017

R2: Judith Cohen, Mannarino & Deblinger Treating Trauma and Traumatic Grief in Children Guilford 2006

R3: Salvador Minuchin Families and Family Therapy Harvard University Press 1974

R4: Violet Oaklander Windows to Our Children Gestalt Journal Press 1988

R5: Jay Haley Problem-Solving Therapy Jossey-Bass 2nd ed., 1987

COURSE OUTCOMES

At the end of this course,

1	Apply theoretical frameworks to assess and design appropriate psychotherapy interventions for children and adolescents.	K2
2	Demonstrate proficiency in conducting individual, group, and family-based therapy sessions using evidence-based techniques.	K3
3	Evaluate and adapt interventions to address diverse clinical presentations and developmental needs in child and adolescent populations.	K3

AEC-201 ORGANIZATIONAL AND WORKPLACE COUNSELLING

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	Develop foundational knowledge of Organizational Psychology and its role in understanding employee behavior and organisational functioning.
2	Understand workplace mental health issues, including stress, burnout, and psychosocial risks, and their impact on employee well-being and productivity.
3	Build skills in evidence-based counselling interventions to promote employee well-being and enhance overall organisational effectiveness

Unit I: Foundations of Organisational Psychology and Workplace Counselling

Introduction to organisational psychology: history, scope, and relevance to counselling; Theories of motivation: Maslow's hierarchy, Herzberg's two-factor theory, Self-Determination Theory (Deci & Ryan), Goal-Setting Theory (Locke); Organisational behaviour: attitudes, job satisfaction, organisational commitment; Role of the workplace counsellor: functions, scope, and ethical boundaries; Employee Assistance Programmes (EAPs): structure, confidentiality, referral processes; Corporate wellness and mental health policy in India: NIMHANS guidelines, Mental Healthcare Act 2017 implications for workplaces.

Unit II: Workplace Stress, Burnout and Mental Health

Definition and models of occupational stress: demand-control model (Karasek), effort-reward imbalance model (Siegrist); Work-related stressors: role ambiguity, role conflict, work overload, job insecurity, harassment; Burnout: Maslach's three-component model (emotional exhaustion, depersonalisation, reduced personal accomplishment); Measurement of burnout: Maslach Burnout Inventory (MBI); Anxiety and depression in the workplace: prevalence, impact on productivity; Presenteeism vs absenteeism; Psychosocial hazards: workplace bullying, sexual harassment (POSH Act 2013 overview); Organisational risk assessment for mental health.

Unit III: Counselling Approaches in Workplace Settings

Solution-Focused Brief Therapy (SFBT) in organisational contexts; Cognitive Behavioural Therapy (CBT) for work-related stress and performance anxiety; Acceptance and Commitment Therapy (ACT) in workplace: psychological flexibility, values clarification, defusion; Motivational Interviewing for facilitating change in workplace behaviour; Mindfulness-Based Stress Reduction

(MBSR) programmes in corporate settings; Coaching vs counselling: distinctions, overlaps, and integration; Crisis intervention in the workplace: responding to traumatic events, sudden death of colleague, workplace accidents; Psychoeducation for managers and HR professionals..

Unit IV: Organisational Dynamics and Group Interventions

Organisational culture and climate: impact on employee mental health; Leadership styles and psychological safety (Edmondson); Team dynamics: group cohesion, conflict, communication; Conflict resolution in organisational settings: mediation, negotiation, collaborative problem-solving; Group counselling and team-building workshops; Psychoeducational groups: stress management, resilience building, anger management at workplace; Diversity, equity, and inclusion (DEI) in the workplace: counselling implications; Intercultural competence in multinational organisations; Counselling for work-life balance and boundary setting.

Unit V: Career Development, Performance and Special Workplace Issues

Career development theories: Holland's RIASEC, Super's life-span model, Krumboltz's happenstance approach; Career counselling in corporate settings: role transitions, promotions, layoffs, retirement; Counselling for performance issues: perfectionism, procrastination, imposter syndrome; Grief and loss in the workplace: dealing with retrenchment, organisational change; Substance abuse in the workplace: identification, referral, and support; Returning to work after mental illness: reasonable adjustments, stigma reduction; Ethical issues in workplace counselling: dual relationships, confidentiality with employer, record keeping; Programme evaluation of workplace mental health initiatives.

TOTAL: 3 Hours/Week

TEXT BOOKS:

T1: Michael Carroll Workplace Counselling: A Systematic Approach to Employee Care SAGE 1996

T2: John Arnold et al. Work Psychology: Understanding Human Behaviour in the Workplace Pearson 6th ed., 2016

T3: Christina Maslach & Michael Leiter The Truth About Burnout Jossey-Bass 2017

REFERENCES:

R1: Gary Cooper & Philip Dewe Stress: A Brief History Blackwell 2004

R2: Robert Karasek & Tores Theorell Healthy Work: Stress, Productivity and the Reconstruction of Working Life Basic Books 1990

R3: Dave Ulrich Human Resource Champions Harvard Business School Press 1996

R4: Ministry of Women & Child Development, GoI POSH Act: Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 Government of India 2013

COURSE OUTCOMES

At the end of this course,

1	Apply principles of Organizational Psychology to analyze employee behavior and organisational dynamics in workplace settings.	K2
2	Assess and address workplace mental health concerns using appropriate screening tools and evidence-based counselling strategies.	K3
3	Design and implement intervention programs that promote employee well-being and improve organisational effectiveness.	K4

VA-201 MENTAL HEALTH PROMOTION AND COMMUNITY OUTREACH

L	T	P	O	C
2	0	0	2	2

COURSE OBJECTIVES:

1	Develop foundational knowledge of Community Mental Health principles and approaches to mental health promotion.
2	Build practical skills in designing and implementing mental health promotion programmes and community outreach initiatives across diverse settings.
3	Enhance evaluation competencies to assess the effectiveness and impact of community-based mental health interventions

Unit I: Foundations of Mental Health Promotion

Defining mental health promotion: WHO definition, positive mental health perspectives; Distinction between mental health promotion, prevention, and treatment; Salutogenic framework (Antonovsky): sense of coherence, generalised resistance resources; Ottawa Charter for Health Promotion: five action areas applied to mental health; Determinants of mental health: biological, psychological, social, economic, and cultural factors; Social determinants of mental health: poverty, discrimination, housing, education; Mental health literacy: definitions, importance, and measurement (MHL scale); Global mental health burden: DALYs, treatment gap, and epidemiological data..

Unit II: Models and Strategies for Mental Health Promotion

Public health approach to mental health: universal, selective, and indicated prevention; Ecological model (Bronfenbrenner) applied to mental health promotion; Health Belief Model and Theory of Planned Behaviour: applications to mental health help-seeking; Social cognitive theory (Bandura): self-efficacy in mental health promotion; Community-based participatory research (CBPR) principles; Asset-based community development (ABCD) approach; Peer support models: training community health workers, peer educators; Empowerment theory (Rappaport): promoting agency and self-determination; Cultural adaptation of mental health promotion programmes.

Unit III: Mental Health Promotion Across Settings

School-based mental health promotion: CASEL framework, SEL programmes, anti-bullying initiatives; Workplace mental health promotion: EAP programmes, manager mental health first aid,

resilience training; Community mental health promotion: self-help groups, community forums, faith-based programmes; Primary healthcare integration: mhGAP (WHO) task-shifting model, mental health first aid (MHFA); Social media and digital mental health promotion: apps, online communities, e-mental health; Mental health promotion for specific populations: youth (HEADSS assessment), elderly, women, LGBTQ+ communities; Rural and tribal mental health outreach in India: DMHP, ASHA workers; Disaster and emergency mental health promotion: psychological first aid communities.

Unit IV: Stigma Reduction and Mental Health Awareness

Stigma: types (public stigma, self-stigma, structural stigma), measurement (LINK Social Distance Scale); Impact of stigma on help-seeking, recovery, and quality of life; Stigma reduction approaches: contact-based education, social contact theory, protest, education; Anti-stigma campaigns: Time to Change (UK), Bell Let's Talk (Canada), iCall (India); Mental health awareness campaigns: World Mental Health Day, Suicide Prevention Day; Media guidelines for responsible reporting of mental health and suicide (Suicide Safe Media Guide); Community advocacy and mobilisation for mental health policy change; Role of lived experience advocates in stigma reduction programmes..

Unit V: Programme Design, Outreach, and Evaluation

Designing community mental health promotion programmes: needs assessment, target population, theory of change; Logic model development: inputs, activities, outputs, outcomes, impact; Outreach strategies: street outreach, mobile mental health units, community camps, helplines; Partnerships and stakeholder engagement: NGOs, local government, schools, religious institutions; Mental health communication: developing IEC (Information, Education, Communication) materials; Grant writing basics for community mental health projects; Programme evaluation: process, outcome, and impact evaluation methods; Cost-effectiveness of mental health promotion programmes; India-specific programmes: Vandrevala Foundation, iCall, Snehi, Aasra; Reporting and dissemination of community programme outcomes.

TOTAL: 2 Hours/Week

TEXT BOOKS:

T1: Mark Friedli Mental Health, Resilience and Inequalities WHO Europe 2009

T2: Craig Newnes & Nick Radcliffe (Eds.) Making and Breaking Children's Lives PCCS Books 2005

T3: John Moritsugu et al. Community Psychology: Research, Practice and Policy Pearson 5th ed., 2016

REFERENCES:

R1: WHO Promoting Mental Health: Concepts, Emerging Evidence, Practice WHO 2005

R2: Patrick Corrigan (Ed.) On the Stigma of Mental Illness APA 2005

R3: Ministry of Health & Family Welfare, GoI National Mental Health Policy 2014 Government of India 2014

R4: Anthony Jorm Mental Health Literacy: Public Knowledge and Beliefs about Mental Disorders British Journal of Psychiatry 2000

R5: Harry Minas & Milton Lewis (Eds.) Mental Health in Asia and the Pacific Springer 2017

COURSE OUTCOMES

At the end of this course,

1	Understand community mental health needs	K1
2	Students will be able to identify and understand mental health issues in different communities.	K2
3	Plan and carry out mental health programmes	K3

SEMESTER III

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L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	Understand Trauma -Students will recognize signs of trauma, crisis, and stress in individuals, families, and communities.
2	Analyze Situations - Students will understand how trauma affects people and explain their needs.
3	Provide Support - Students will learn basic ways to help and support people dealing with trauma and crisis

Unit I:Foundations of Trauma Psychology

Definition and types of trauma: acute, chronic, complex, collective, historical; Neurobiological effects of trauma: HPA axis, amygdala, hippocampus, prefrontal cortex; Polyvagal theory (Porges): autonomic nervous system and trauma responses; Trauma responses: fight, flight, freeze, fawn; dissociation; Developmental trauma: adverse childhood experiences (ACEs); Cultural and community trauma; vicarious trauma and compassion fatigue.

Unit II:PTSD & Complex Trauma

DSM-5-TR PTSD criteria: intrusion, avoidance, negative cognitions/mood, hyperarousal; Complex PTSD (ICD-11): disturbances in self-organisation; Assessment tools: PCL-5, CAPS-5, ITQ, TSC-40; PTSD across the lifespan: children, adolescents, elderly; Differential diagnosis: acute stress disorder, adjustment disorder, borderline PD; Trauma-informed care (TIC) principles; screening in primary care settings.

Unit III:Evidence-Based Trauma Treatments

Trauma-Focused CBT (TF-CBT); Cognitive Processing Therapy (CPT): stuck points, impact statement; Prolonged Exposure (PE): imaginal and in-vivo exposure; EMDR (Shapiro): AIP model, eight-phase protocol, bilateral stimulation; Somatic therapies: Sensorimotor Psychotherapy, Somatic Experiencing (Levine); Narrative Exposure Therapy (NET) for refugees; Group therapy for trauma survivors.

Unit IV:Crisis Intervention

Defining crisis: types (developmental, situational, existential, psychiatric emergency); Roberts's Seven-Stage Crisis Intervention Model; ABC model of crisis intervention (Kanel); Suicide crisis intervention: risk assessment, safety planning (Stanley-Brown); Psychological First Aid (PFA): safety, calm, self-efficacy, connectedness, hope; Domestic violence crisis; sexual assault crisis response; Hospital and emergency room crisis intervention.

Unit V:Disaster & Community Response

Phases of disaster: heroic, honeymoon, disillusionment, reconstruction; Disaster mental health response teams: NDMA guidelines in India; Community resilience frameworks: Sphere standards, WHO mhGAP; Grief and bereavement counselling post-disaster; Special populations in disaster: children, elderly, persons with disabilities; Media and disaster; Organisational interventions: Critical Incident Stress Debriefing (CISD); Self-care for trauma workers.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Judith Herman Trauma and Recovery Basic Books Revised ed., 2015

T2: Bessel van der Kolk The Body Keeps the Score Penguin 2014

T3: Albert Roberts (Ed.) Crisis Intervention Handbook Oxford University Press 3rd ed., 2005

REFERENCES:

R1: Edna Foa, Terence Keane & Matthew Friedman (Eds.) Effective Treatments for PTSD Guilford 2nd ed., 2009

R2: Francine Shapiro Eye Movement Desensitisation and Reprocessing (EMDR) Therapy Guilford 3rd ed., 2018

R3: Stephen Porges The Polyvagal Theory Norton 2011

R4: Peter Levine Waking the Tiger: Healing Trauma North Atlantic Books 1997

R5: Kanel, K. A Guide to Crisis Intervention Cengage 5th ed., 2014

COURSE OUTCOMES

At the end of this course,

1	Students will be able to identify signs of trauma and crisis in individuals, families, and communities.	K2
2	Students will be able to explain the impact of trauma on psychological well-being.	K4
3	Students will be able to apply basic techniques to support individuals experiencing trauma and crisis.	K3

DSC-302 ETHICS, LEGAL ISSUES & PROFESSIONAL PRACTICE

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop knowledge of ethical principles and legal frameworks in mental health practice at national and international levels.
2	To equip students with skills to apply ethical and legal standards in professional decision-making.
3	To promote responsible, reflective, and culturally sensitive mental health practice.

Unit I: Foundations of Professional Ethics

Moral philosophy relevant to counselling: deontology, utilitarianism, virtue ethics, care ethics; Professional ethical codes: APA Ethics Code, BPS Code, RCI guidelines, ICA code; Core ethical principles: autonomy, beneficence, non-maleficence, justice, fidelity, veracity; Ethical decision-making models: Kitchener, Corey, Tarvydas; Values, biases, and personal ethics of the counsellor; Ethics of care in diverse cultural contexts.

Unit II: Confidentiality, Consent & Boundaries

Informed consent: elements, process, with children and vulnerable populations; Confidentiality: legal basis, limits, and exceptions (duty to warn: Tarasoff); Privileged communication; HIPAA and Indian data protection laws; Professional boundaries: dual relationships, boundary crossings vs violations; Sexual exploitation and professional misconduct; Record keeping: documentation standards, retention, disposal; Telepsychology ethics.

Unit III: Legal Framework for Mental Health Practice in India

Mental Healthcare Act 2017: key provisions, rights of persons with mental illness; Rehabilitation Council of India (RCI) Act; Protection of Children from Sexual Offences (POCSO) Act; Protection of Women from Domestic Violence Act; Persons with Disabilities Act 2016; Juvenile Justice Act; Right to Education Act; Medico-legal aspects: fitness certificates, court testimony, FIR procedures; National Mental Health Policy 2014.

Unit IV: Special Ethical Issues

Working with suicidal clients: ethical and legal obligations; Child abuse: mandatory reporting obligations, assessment, and documentation; Ethics in research involving vulnerable populations; Cultural ethics: imposing Western values, indigenous healing systems; Ethics in couples and family therapy: conflicting interests, secrets; Ethics in group therapy: confidentiality, competence, screening; Social media and digital ethics.

Unit V: Professional Development & Self-Care

Professional identity of the counsellor; licensure and credentialing (RCI); Supervision: models (Holloway, Stoltenberg), functions, ethical aspects; Reflective practice: use of self, journaling, peer consultation; Burnout and compassion fatigue: assessment (ProQOL) and prevention; Self-care strategies: personal therapy for therapists; Continuing professional development (CPD); Advocacy and social justice as professional responsibilities.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Gerald Corey, Marianne Corey & Patrick Callanan Issues and Ethics in the Helping Professions Cengage 10th ed., 2019

T2: Elizabeth Reynolds Welfel Ethics in Counseling and Psychotherapy Cengage 6th ed., 2016

T3: Kenneth Pope & Melba Vasquez Ethics in Psychotherapy and Counseling Wiley 5th ed., 2016

REFERENCES:

R1: Ministry of Law and Justice, GoI Mental Healthcare Act 2017 Government of India 2017

R2: Rehabilitation Council of India RCI Act and Regulations RCI 1992

R3: Thomas Remley & Barbara Herlihy Ethical, Legal and Professional Issues in Counseling Pearson 5th ed., 2016

R4: APA Ethical Principles of Psychologists and Code of Conduct APA 2017 Amendments

R5: Michael Herkov Ethics and Law in Psychology PsychCentral 2020

COURSE OUTCOMES

At the end of this course,

1	Students will be able to explain key ethical principles and legal frameworks in mental health practice.	K2
2	Students will be able to apply ethical and legal guidelines in professional situations.	K3
3	Students will demonstrate responsible, reflective, and culturally sensitive practice in mental health settings.	K4

**DSC-303
(PRACTICAL)**

SUPERVISED COUNSELLING PRACTICUM

L	T	P	SL	C
0	0	4	0	4

COURSE OBJECTIVES:

1	To develop students' skills in conducting individual counselling and psychotherapy under supervision.
2	To help students integrate theoretical knowledge with practical clinical experience.
3	To prepare students to work with diverse client issues in a professional and supervised setting.

Unit I: Practicum Structure, Professional Preparation, and Ethical Readiness

Orientation to practicum: goals, expectations, professional conduct, and supervision structure; Placement settings: community mental health centres, hospitals, NGOs, schools, private clinics; Preparing for first client contact: self-assessment, personal therapy, readiness check; Informed consent: verbal and written consent with clients in practicum settings; Confidentiality in supervised practice: disclosure to supervisors, case discussions, audio/video recordings; Mandatory reporting obligations: child abuse, suicidality, duty to warn; Documentation: intake forms, session notes (SOAP/DAP format), case conceptualisation reports; Dress, demeanour, and professional self-presentation in clinical settings.

Unit II: Initial Assessment and Case Conceptualisation

Conducting a comprehensive intake interview: presenting problem, history, risk screening; Mental Status Examination (MSE) in live sessions: documentation and communication to supervisor; Biopsychosocial formulation: integrating history, diagnosis, and contextual factors; Developing a working case conceptualisation using chosen therapeutic model (CBT, psychodynamic, person-centred); Collaborative goal-setting with clients: SMART goals, client priorities, therapist recommendations; Identifying contraindications and need for referral: suicidality, psychosis, severe personality disorder; Presenting cases in individual supervision: structured case presentation format; Peer case consultation: presenting and discussing cases in group supervision format.

Unit III: Core Clinical Skills in Practice

Establishing therapeutic alliance: first session tasks, joining, trust building; Practicing core counselling skills under supervision: active listening, reflection, paraphrasing, summarising; Empathic confrontation and challenging defences; Managing silences and pacing in sessions; Implementing specific therapeutic techniques: behavioural activation, cognitive restructuring,

psychoeducation, relaxation training; Managing therapeutic boundaries in real sessions: monitoring countertransference; Working with culturally diverse clients: adapting communication and interventions; Managing difficult sessions: client hostility, dissociation, crying, sudden disclosure; Recording sessions (with consent) and using recordings in supervision.

Unit IV: Specialised Clinical Experiences and Crisis Management

Working with at-risk clients: suicide risk assessment using C-SSRS, safety planning (Stanley-Brown protocol); Conducting crisis intervention in practicum settings; Managing self-harm disclosure: immediate response, documentation, referral; Working with trauma presentations: trauma-informed practice in the practicum; Working with children and adolescents in practicum: adaptations in language, pacing, parental involvement; Working with couples or families if placement permits: joining, contracting, assessment; Group co-facilitation experience: observing and co-facilitating a therapy group with supervisor; Liaison with psychiatrists and multi-disciplinary teams: communication, referral letters, case conferences.

Unit V: Supervision, Reflection and Professional Development

Models of individual supervision used in practicum: Integrated Developmental Model (IDM), Discrimination Model; Using supervision effectively: presenting stuck points, reviewing recordings, seeking feedback; Supervision contracts: goals, format, confidentiality, evaluation criteria; Reflective practice: weekly reflective journal, identifying patterns in clinical work; Self-of-the-therapist work: how personal history, values, and biases influence clinical practice; Supervisee evaluation: formative and summative assessment criteria; Peer supervision in group format: rotating presenter, observer, and supervisor roles; Preparing practicum portfolio: case summaries, reflective statements, supervision logs; Transition from student to emerging professional: professional identity formation.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Robert Haynes, Gerald Corey & Patrice Moulton Clinical Supervision in the Helping Professions: A Practical Guide Cengage 2nd ed., 2003

T2: John Sommers-Flanagan & Rita Sommers-Flanagan Clinical Interviewing Wiley 6th ed., 2017

T3: Cal Stoltenberg & Brian McNeill IDM Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists Routledge 3rd ed., 2010

REFERENCES:

R1: Janine Bernard & Rodney Goodyear Fundamentals of Clinical Supervision Pearson 5th ed., 2014

R2: Gerald Corey, Marianne Corey & Patrick Callanan Issues and Ethics in the Helping Professions Cengage 10th ed., 2019

R3: Nicholas Ladany & Lorraine Walker (Eds.) Counselor Supervision: Principles, Process and Practice Routledge 4th ed., 2003

R4: Petruska Clarkson & Michael Pokorny (Eds.) The Handbook of Psychotherapy Routledge 1994

R5: Michael Carroll & Margaret Tholstrup (Eds.) Integrative Approaches to Supervision Jessica Kingsley 2001

COURSE OUTCOMES

At the end of this course,

1	Students will be able to apply theoretical knowledge of counselling and psychotherapy in supervised clinical settings with real clients.	K2
2	Students will demonstrate core counselling skills, including assessment, intervention, and ethical decision-making across diverse client presentations.	K3
3	Students will develop professional competence through reflective practice and feedback from expert supervision.	K4

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop students' understanding of the scientific principles and core theories underlying positive psychology.
2	To familiarize students with evidence-based techniques and interventions that promote well-being and mental health.
3	To enable students to design and implement positive psychology interventions in diverse personal, educational, and professional settings.

Unit I: Foundations of Positive Psychology

History and origins: Seligman's presidential address (1998); Critique of the disease model; humanistic roots (Maslow, Rogers); PERMA model: positive emotions, engagement, relationships, meaning, accomplishment; Well-being theory vs happiness theory; subjective well-being (Diener); Authentic Happiness theory; Measurement of well-being: SWLS, PANAS, Oxford Happiness Questionnaire; Cross-cultural perspectives.

Unit II: Positive Emotions, Strengths & Virtues

Broaden-and-build theory of positive emotions (Fredrickson); Positivity ratio; undoing effect of positive emotions; Character strengths and virtues: VIA classification (Peterson & Seligman) - 24 strengths; Identifying and deploying signature strengths; Gratitude: theory, research, and interventions (Emmons); Optimism: learned optimism (Seligman), explanatory style; Hope theory (Snyder): agency and pathways thinking

Unit III: Flow, Engagement & Meaning

Flow theory (Csikszentmihalyi): conditions, characteristics, measurement; Flow in work, creativity, and education; Engagement: work engagement (Schaufeli) - vigor, dedication, absorption; Meaning and purpose: meaning-making (Park), existential meaning; Post-traumatic growth (Tedeschi & Calhoun): PTG model, facilitating growth; Self-determination theory (Deci & Ryan): autonomy, competence, relatedness; Eudaimonic vs hedonic well-being.

Unit IV: Positive Relationships & Positive Institutions

High-quality connections (HQC): Dutton; capitalisation (Gable); Positive communication: active constructive responding; Compassion and kindness in organisations; Positive Leadership: authentic leadership, strengths-based leadership; Positive education: GRIT (Duckworth), growth mindset (Dweck) in schools; Positive organisations: psychological capital (PsyCap): Luthans; Positive health and positive therapy.

Unit V: Positive Psychology Interventions - Design & Application

Evidence-based PPIs: gratitude letter/visit, three good things, best possible self, savouring; Designing PPIs for different populations: clinical, educational, organisational; Mindfulness-based positive psychology; Positive psychotherapy (Rashid & Seligman): 12-session protocol; Well-being therapy (Fava); Positive psychology in India: cultural adaptation; Critiques of positive psychology: toxic positivity; Integrating PPIs with traditional therapy.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Martin Seligman Flourish: A Visionary New Understanding of Happiness and Well-being Free Press 2011

T2: Tayyab Rashid & Martin Seligman Positive Psychotherapy: Clinician Manual Oxford University Press 2018

T3: C.R. Snyder & Shane Lopez (Eds.) Oxford Handbook of Positive Psychology Oxford University Press 2nd ed., 2009

REFERENCES:

R1: Mihaly Csikszentmihalyi Flow: The Psychology of Optimal Experience Harper & Row 1990

R2: Barbara Fredrickson Positivity Crown Publishers 2009

R3: Angela Duckworth Grit: The Power of Passion and Perseverance Scribner 2016

R4: Carol Dweck Mindset: The New Psychology of Success Random House 2006

R5: Fred Luthans et al. Psychological Capital and Beyond Oxford University Press 2015

COURSE OUTCOMES

At the end of this course,

1	Students will be able to explain key theories, concepts, and scientific foundations of positive psychology.	K2
2	Students will demonstrate the ability to apply evidence-based positive psychology interventions to enhance well-being.	K3
3	Students will be able to design and implement well-being-focused programs tailored to diverse populations and settings.	K4

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	To provide students with a comprehensive understanding of theories, causes, and types of substance use and behavioural addictions.
2	To develop students' skills in assessing, counselling, and supporting individuals and families affected by addiction.
3	To train students in the application of evidence-based intervention strategies and ethical practices in addiction counselling.

Unit I: Understanding Addiction - Theoretical Frameworks

Defining addiction: DSM-5-TR substance use disorder criteria; ICD-11 gaming disorder; Biological theories: reward pathway, dopamine dysregulation, genetics; Psychological theories: learning theory, self-medication hypothesis, personality factors; Socio-cultural theories: peer influence, availability, poverty, ACEs; Biopsychosocial model; moral vs disease model debate; Types of substances: alcohol, opioids, cannabis, stimulants, hallucinogens, inhalants.

Unit II: Assessment & Diagnosis of Addiction

Screening tools: AUDIT, CAGE, DAST-10, ASSIST; Comprehensive assessment: substance use history, DSM-5 severity levels; Withdrawal assessment: CIWA-Ar (alcohol), COWS (opioids); Co-occurring disorders (dual diagnosis); Family assessment: FACES, family roles (enabler, hero, scapegoat); Readiness to change: Prochaska & DiClemente's Stages of Change; Cultural considerations in addiction assessment.

Unit III: Counselling Approaches in Addiction

Motivational Interviewing (MI): OARS, ambivalence, change talk, DARN-CAT; CBT for addiction: functional analysis, coping skills, relapse prevention (Marlatt & Gordon); Twelve-Step Facilitation (TSF): AA, NA philosophy; Community Reinforcement Approach (CRA); contingency management; ACT for addiction; Mindfulness-Based Relapse Prevention (MBRP); Harm reduction approach: principles, needle exchange, naloxone distribution

Unit IV: Family & Group Approaches

Impact of addiction on family: roles, codependency, enmeshment; Family therapy in addiction:

structural, strategic, and network approaches; Al-Anon and Alateen; family psychoeducation; Group counselling for addiction: therapeutic factors, group stages; Psychoeducational groups; process groups; Adolescent addiction counselling: developmental considerations, school-based interventions; Aftercare and continuing care planning.

Unit V: Behavioural Addictions & Special Populations

Behavioural addictions: internet gaming disorder, gambling disorder, social media addiction, sexual addiction; Assessment and treatment of behavioural addictions; Special populations: women and addiction (trauma-informed), adolescents, elderly, LGBTQ+ persons; Addiction and pregnancy: foetal alcohol syndrome; De-addiction in India: government policies, NDDTC; Medication-assisted treatment (MAT): methadone, buprenorphine, naltrexone; Ethics in addiction counselling.

TOTAL: 3 Hours/week

TEXT BOOKS:

- T1: Zunker, V.G. Career Counseling: A Holistic Approach Cengage Learning 9th ed., 2016
- T2: Gibson, R.L. & Mitchell, M.H. Introduction to Counselling and Guidance Prentice Hall 7th ed., 2007
- T3: Sharf, R.S. Applying Career Development Theory to Counseling Cengage Learning 6th ed., 2013

REFERENCES:

- R1: Holland, J.L. Making Vocational Choices: A Theory of Vocational Personalities and Work Environments Psychological Assessment Resources 3rd ed., 1997
- R2: Super, D.E. The Psychology of Careers Harper & Row 1957
- R3: Savickas, M.L. Career Counseling American Psychological Association 2011
- R4: Sampson, J.P. et al. A Cognitive Information Processing Approach to Career Development and Services Florida State University Centre for the Study of Technology in Counseling and Career Development 2004
- R5: Rao, N. Counselling and Guidance Tata McGraw-Hill 2nd ed., 2013

COURSE OUTCOMES

At the end of this course,

1	Explain key theories and concepts in career counselling and vocational guidance.	K2
2	Assess individuals’ interests, abilities, and values using appropriate career assessment tools.	K3
3	Apply counselling techniques to support informed and context-sensitive career decision-making.	K3

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	To develop students' understanding of school mental health concepts, policies, and the role of counselling in educational settings.
2	To equip students with the skills to design and implement comprehensive school mental health programmes.
3	To enable students to evaluate programme effectiveness and provide appropriate counselling interventions for students' academic, social, and emotional needs.

Unit I: Foundations of School Mental Health

Prevalence of mental health disorders in school-age children; School as a mental health context: ecological systems theory (Bronfenbrenner); Multi-Tiered System of Supports (MTSS)/Response to Intervention (RTI): Tier 1, 2, 3; Role of the school counsellor: ASCA National Model; Indian context: NEP 2020 and school counselling; Interdisciplinary collaboration: counsellor, teacher, parent, psychiatrist.

Unit II: Common Mental Health Issues in Schools

Academic difficulties: learning disabilities, slow learners, underachievement; ADHD in the classroom: identification, accommodations, teacher consultation; School refusal and separation anxiety; Childhood depression and anxiety: recognition and classroom impact; Autism spectrum disorder: inclusion, IEP, social skills support; Behavioural problems: ODD, conduct disorder; Effects of domestic violence, poverty, and trauma on school performance.

Unit III: Social-Emotional Learning (SEL) & Positive Education

CASEL framework: self-awareness, self-management, social awareness, relationship skills, responsible decision-making; SEL programme delivery: classroom, school-wide, family-community; Positive Education (Geelong Grammar School model); Character education and values-based schooling; Mindfulness in schools: MindUP, .b programme; Resilience-building programmes: Penn Resiliency Programme; Growth mindset interventions (Dweck).

Unit IV: Crisis Response, Prevention & Special Issues

Suicide prevention in schools: SOS, LivingWorks, QPR programmes; Crisis response teams:

postvention after student suicide; Bullying and cyberbullying: definitions, prevalence, assessment, intervention; Child sexual abuse prevention: POCSO awareness programmes; Substance use prevention in schools: evidence-based programmes; Grief and bereavement support in school; Examination anxiety and academic stress management.

Unit V: Counselling Interventions & Programme Development

Individual counselling in school settings: brief, solution-focused approaches; Group counselling in schools: social skills, grief, divorce, anger management; Parent-teacher consultation: collaborative problem-solving; Psychoeducation for teachers: mental health literacy programmes; School-based programme evaluation: logic models, outcome measurement; Referral pathways: school to community mental health; Ethical and legal issues in school counselling.

TOTAL: 3 Hours/Week

TEXT BOOKS:

- T1: Bradley Erford Transforming the School Counseling Profession Pearson 5th ed., 2019
- T2: Roger Weissberg et al. (Eds.) Handbook of Social and Emotional Learning Guilford 2015
- T3: Virginia Smith Harvey & Janet Struzziero Professional Development and Supervision of School Psychologists Corwin 2nd ed., 2008

REFERENCES:

- R1: CASEL Collaborative for Academic, Social, and Emotional Learning Framework CASEL 2020
- R2: Ministry of Education, GoI National Education Policy 2020 GoI 2020
- R3: William Pfeiffer & Linda Reddy (Eds.) Inclusion Practices with Special Needs Students Haworth Press 1998
- R4: Sandra Stein & Lea Fazel School-Based Mental Health: A Framework for Intervention Springer 2015
- R5: David Dupper School Social Work: Skills and Interventions for Effective Practice Wiley 2nd ed., 2006

COURSE OUTCOMES

At the end of this course,

1	Students will be able to design and implement comprehensive school mental health programmes in educational settings.	K2
2	Students will demonstrate effective counselling skills to address students’ academic, emotional, and behavioural concerns.	K3
3	Students will be able to evaluate and improve school mental health initiatives using appropriate assessment and feedback methods.	K4

L	T	P	SL	C
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COURSE OBJECTIVES:

1	To provide structured and supervised practical experience in real-world clinical and applied psychology settings.
2	To facilitate the integration of theoretical knowledge with professional counselling practice and the development of core counselling competencies.
3	To support the development of professional identity, ethical awareness, and reflective practice as emerging counselling psychologists.

Unit I: Pre-Internship Orientation and Professional Preparation

Overview of the internship programme: goals, structure, expectations, and professional conduct guidelines; placement site selection criteria: clinical, educational, community, and organisational settings; understanding the host agency: mission, client population, service structure, multi-disciplinary team composition, and hierarchical reporting; legal and ethical obligations before entering a placement: confidentiality agreements, non-disclosure, institutional protocols, mandatory reporting obligations (POCSO, Mental Healthcare Act 2017); professional self-preparation: reviewing core counselling theories, assessment tools, and session documentation formats; personal readiness assessment: self-awareness, values clarification, identifying areas of growth; supervisor-student contracting: roles, responsibilities, goals, evaluation criteria, and meeting schedules; completing and submitting all pre-placement documentation to the university internship coordinator.

Unit II: Observation, Shadowing, and Initial Client Contact

Phase 1 – Observation (Weeks 1–2): shadowing qualified professionals during intake interviews, individual counselling sessions, group therapy, and case conferences; maintaining an anonymous, ethically compliant daily site log documenting observations, professional learning, and reflections; observing multi-disciplinary team meetings: understanding inter-professional roles of psychiatrists, social workers, occupational therapists, and psychologists; Phase 2 – Supervised Initial Contact (Weeks 3–4): conducting supervised client intake assessments with a qualified supervisor present; administering basic psychological screening tools under supervision: PHQ-9, GAD-7, Columbia Suicide Severity Rating Scale (C-SSRS); documenting initial assessments using standardised intake forms; understanding referral pathways: when and how to refer clients for psychiatric, medical, or specialised psychological services.

Unit III: Core Clinical and Applied Skills in Practice

Conducting supervised individual counselling sessions: minimum 15–20 direct client contact hours across the placement; applying foundational micro-skills in real sessions: active listening, paraphrasing, reflection of feelings, open-ended questioning, summarising, immediacy, and confrontation; developing session-by-session case conceptualisation using theoretical frameworks studied (CBT, Person-Centred, Psychodynamic, or Solution-Focused); maintaining professional clinical documentation: writing SOAP or DAP session notes after every client contact; participating in or co-facilitating at least one psychoeducational group session or community workshop under supervision; administering and scoring at least two standardised psychological instruments under supervisor guidance; submitting session notes and case files for supervisor review and feedback on a weekly basis.

Unit IV: Supervision, Reflective Practice, and Professional Development

Regular clinical supervision: minimum one individual supervision session per week with the on-site supervisor (minimum 1 hour each); bi-weekly group supervision or peer consultation sessions: presenting cases, discussing clinical challenges, and integrating feedback; structured reflective practice: maintaining a weekly professional development journal documenting clinical observations, personal reactions, challenges, and growth points; countertransference monitoring: identifying personal emotional responses to clients and discussing them in supervision; self-care and burnout prevention: developing a personal self-care plan, recognising signs of compassion fatigue, and implementing stress management strategies; professional identity development: engaging in discussions on the counsellor's role, scope of practice, and professional ethics in the specific placement context; receiving and integrating formative feedback from supervisors: applying feedback to improve clinical skills, documentation quality, and professional conduct.

Unit V: Documentation, Reporting, and Internship Evaluation

Maintaining the complete internship portfolio: all session notes, case summaries, psychological test reports, supervision logs, attendance records, and reflection journals; writing a mid-placement progress report: self-evaluation of skills developed, challenges encountered, and goals for the second half of placement; writing the final internship report: structured document including host agency profile, description of roles and responsibilities, anonymised case summaries (minimum 2), psychological instruments administered, key learnings, professional growth narrative, and recommendations for the host agency; final presentation to faculty and peers: 15–20 minute structured presentation of internship experience, one de-identified case study, and professional reflections; supervisor evaluation: on-site supervisor completes a standardised internship evaluation form rating professional conduct, clinical skills, documentation quality, punctuality, and ethical practice; university faculty evaluation: assessment of internship portfolio, final report quality, and oral presentation.

APPROVED PLACEMENT SETTINGS		
Placement Setting	Examples	Key Learning Focus
Clinical/Hospital Setting	Psychiatry OPD, De-addiction centres, Rehabilitation hospitals, Private psychology clinics	Assessment skills, working with severe mental illness, multi-disciplinary collaboration, psychopharmacology awareness
Community Mental Health	NGOs, Community mental health centres, Crisis helplines, Halfway homes	Community-based counselling, outreach, working with marginalised populations, group facilitation
Educational Setting	Schools, Colleges, Special education institutions, Student counselling centres	Developmental counselling, psychoeducational assessment, teacher consultation, school crisis response
Organisational / EAP Setting	Corporates with EAP programmes, HR departments, Employee wellness centres	Workplace counselling, stress management, performance-related concerns, professional coaching
Research & NGO Setting	Mental health research labs, Social work organisations, Government welfare agencies	Data collection, programme evaluation, community needs assessment, policy interface

ASSESSMENT STRUCTURE Total: 100 Marks		
Assessment Component	Weightage	Description
Internship Attendance Log	10%	Minimum 120 hours documented with dates, timings, activities, and supervisor sign-off on the official log sheet
Daily/Weekly Site Reflective Journal	15%	Weekly reflective journal entries (minimum 12 entries) documenting observations, emotional responses, learning, and professional growth
Clinical Session Notes (SOAP/DAP)	20%	Submission of minimum 10 professionally written session notes; evaluated for objectivity, clinical accuracy, structure, and ethical documentation standards
Mid-Placement Progress Report	10%	Written self-evaluation (800–1000 words) submitted at the halfway point assessing skill development, challenges, and revised goals
Supervisor Evaluation Form	20%	Standardised evaluation completed by the on-site supervisor rating: professional conduct, clinical

		skills, documentation, punctuality, and ethics (submitted directly to the university)
Final Internship Portfolio	15%	Complete portfolio including all logs, notes, test reports, supervision records, and anonymised case summaries submitted to the faculty coordinator
Final Oral Presentation	10%	Structured 15–20 minute presentation to faculty panel covering agency profile, case study, key learnings, and professional reflections followed by a Q&A

COURSE OUTCOMES

1. Demonstrate professional conduct, ethical practice, and disciplinary responsibility across diverse real-world counselling and applied psychology settings.
2. Conduct supervised client intake interviews, basic biopsychosocial assessments, and standardised psychological screening with competence.
3. Apply foundational counselling micro-skills (active listening, reflection, paraphrasing, summarising, open questioning) in live clinical sessions under supervision.
4. Maintain professional clinical documentation using standardised formats (SOAP, DAP) meeting ethical and institutional standards.
5. Develop and articulate a personal theory of helping informed by supervised clinical experience and reflective practice.
6. Identify and manage countertransference, personal biases, and emotional responses to clinical material in supervision.
7. Integrate theoretical knowledge of counselling, psychopathology, and assessment with the demands and realities of professional practice.
8. Demonstrate growing professional identity as a counselling psychologist through reflective journaling, supervision engagement, and portfolio development.

SEMESTER IV

From www.lead4ward.com

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop students’ understanding of fundamental statistical concepts and their application in psychological research.
2	To train students in selecting and applying appropriate statistical techniques using both manual methods and statistical software.
3	To enhance students’ ability to interpret, analyze, and report statistical findings accurately in psychological studies.

Unit I: Descriptive Statistics & Probability

Scales of measurement: nominal, ordinal, interval, ratio; Measures of central tendency: mean, median, mode; Measures of variability: range, variance, standard deviation, standard error; Normal distribution: properties, z-scores, percentiles; Skewness and kurtosis; introduction to probability; sampling distributions.

Unit II: Inferential Statistics - Parametric Tests

Hypothesis testing: null and alternative hypotheses, Type I & II errors, p-values, confidence intervals; One-sample, independent samples, and paired t-tests; One-way ANOVA; two-way ANOVA; post-hoc tests (Tukey, Bonferroni); ANCOVA; MANOVA; Pearson correlation; simple and multiple linear regression; assumptions and diagnostics.

Unit III: Non-Parametric Tests & Chi-Square

When to use non-parametric tests; Mann-Whitney U; Wilcoxon Signed-Rank; Kruskal-Wallis; Friedman test; Spearman rank correlation; Kendall's tau; Chi-square goodness of fit; chi-square test of independence; McNemar test; Fisher's exact test; phi coefficient and Cramer's V.

Unit IV: Advanced Statistical Techniques

Factor analysis: EFA and CFA - extraction, rotation, interpretation; Reliability analysis: Cronbach's alpha, split-half, test-retest; Logistic regression: binary and multinomial; Discriminant analysis; cluster analysis; Structural Equation Modelling (SEM): introduction, path diagrams, model fit indices; Effect sizes: Cohen's d, r, eta squared, odds ratio.

Unit V: Data Analysis Using Software & Reporting

SPSS: data entry, variable view, running tests, reading output; Introduction to R/Python for psychological data analysis; Creating APA-formatted tables and figures; Interpreting and reporting results in research manuscripts; Common statistical errors; Open data and reproducible research practices; statistical power and sample size planning (G*Power).

TOTAL: 4 Hours/ week

TEXT BOOKS:

- T1: George A. Morgan et al. IBM SPSS for Introductory Statistics Routledge 6th ed., 2019
- T2: Fred Gravetter & Larry Wallnau Statistics for the Behavioral Sciences Cengage 10th ed., 2017
- T3: Andy Field Discovering Statistics Using IBM SPSS Statistics SAGE 5th ed., 2018

REFERENCES:

- R1: Barbara Tabachnick & Linda Fidell Using Multivariate Statistics Pearson 7th ed., 2019
- R2: Jacob Cohen Statistical Power Analysis for the Behavioral Sciences Routledge 2nd ed., 1988
- R3: Rex B. Kline Principles and Practice of Structural Equation Modeling Guilford 4th ed., 2016
- R4: Cyrus R. Mehta & Nitin R. Patel SPSS Exact Tests SPSS Inc. 2011
- R5: Garson G. David Factor Analysis Statistical Associates Publishers 2013

COURSE OUTCOMES

At the end of this course,

1	Students will be able to select and apply appropriate statistical techniques to analyze psychological data using both manual and software-based methods.	K2
2	Students will demonstrate competence in interpreting statistical results and drawing meaningful conclusions in psychological research.	K3
3	Students will be able to present and report statistical findings clearly and accurately following standard academic and professional guidelines.	K4

ADVANCED CASE FORMULATION & TREATMENT PLANNING

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop students' understanding of advanced principles of clinical case formulation across diverse psychological presentations.
2	To enhance students' skills in designing individualized treatment plans and selecting appropriate therapeutic interventions.
3	To train students in monitoring client progress and evaluating treatment outcomes using systematic and evidence-based approaches.

Unit I: Principles of Case Formulation

Defining case formulation: descriptive vs explanatory, idiographic vs nomothetic; Levels of formulation: symptom, disorder, psychological, developmental; Bio-psychosocial formulation model (Engel); 4P model: predisposing, precipitating, perpetuating, protective factors; Formulation-driven vs diagnosis-driven treatment; Cultural formulation (DSM-5 CFI); trauma-informed formulation; Reliability and validity of formulations; sharing formulation with clients.

Unit II: Theory-Specific Formulation Models

CBT formulation: Beck's cognitive conceptualisation diagram, hot cross bun model; Behavioural formulation: functional analysis (ABC); Psychodynamic formulation: CCRT (Core Conflictual Relationship Theme - Luborsky); CAT formulation: reciprocal role procedures, sequential diagrammatic reformulation (SDR); ACT formulation: hexaflex problem formulation; DBT biosocial formulation; Systemic formulation: genograms, circular questioning, hypothesising.

Unit III: Treatment Planning

From formulation to treatment plan: problem list, goal setting (SMART goals); Selecting evidence-based treatments: APA Division 12 criteria; Sequencing treatment: addressing safety first, then stabilisation, then processing; Treatment planning for co-morbid presentations; Cultural adaptation of treatment plans; Shared decision-making with clients; Short-term vs long-term treatment goals; stepped care models.

Unit IV: Progress Monitoring & Outcome Evaluation

Routine Outcome Monitoring (ROM): rationale and implementation; Outcome measures: OQ-45, CORE-OM, PHQ-9, GAD-7, SRS, ORS; Feedback-Informed Treatment (FIT): Scott Miller, Session Rating Scale (SRS); Alliance rupture and repair detection; Managing non-response and deterioration: clinical alarm

systems; Goal Attainment Scaling (GAS); Case consultation and clinical supervision for complex cases; Termination planning.

Unit V: Complex & Difficult-to-Treat Cases

Formulation and treatment of personality disorders: BPD (DBT), NPD, ASPD; Chronic and treatment-resistant depression; Complex PTSD and dissociative disorders; Medically unexplained symptoms and somatic disorders; Psychosis: recovery-oriented formulation; Safeguarding and risk management: suicide, self-harm, child protection; Ethical dilemmas in treatment: autonomy vs duty of care; Case report writing.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Jacqueline Persons The Case Formulation Approach to Cognitive-Behavior Therapy Guilford 2008

T2: Frank Wills Skills in Cognitive Behaviour Therapy SAGE 2nd ed., 2014

T3: Peter Sturmey (Ed.) Clinical Case Formulation: Varieties of Approaches Wiley-Blackwell 2009

REFERENCES:

R1: Chris Johnstone CBT for Common Trauma Responses SAGE 2012

R2: Anthony Ryle & Ian Kerr Introducing Cognitive Analytic Therapy Wiley 2002

R3: Lorna Smith Benjamin Interpersonal Diagnosis and Treatment of Personality Disorders Guilford 2nd ed., 2003

R4: Michael Barkham et al. (Eds.) Developing and Delivering Practice-Based Evidence Wiley-Blackwell 2010

R5: Scott Miller, Barry Duncan & Mark Hubble The Heroic Client Jossey-Bass Revised ed., 2005

COURSE OUTCOMES

At the end of this course,

1	Students will be able to formulate comprehensive clinical case conceptualizations for diverse and complex psychological presentations.	K2
2	Students will demonstrate the ability to design and implement individualized, evidence-based treatment plans.	K3
3	Students will be able to systematically monitor client progress and evaluate treatment outcomes using appropriate clinical tools and methods.	K4

DSC-403 PROFESSIONAL ETHICS, LEGAL ISSUES & MENTAL HEALTH POLICY

L	T	P	SL	C
3	1	0	4	4

COURSE OBJECTIVES:

1	To develop students' understanding of professional ethics in counselling and clinical psychology practice.
2	To provide knowledge of Indian and international mental health laws, regulations, and policy frameworks.
3	To prepare students to apply ethical principles and engage in advocacy and mental health policy-related activities.

Unit I: Advanced Ethical Practice

Complex ethical dilemmas: competing obligations, multicultural ethical conflicts; Ethics in supervision and training: power dynamics, dual relationships; Ethics in research involving vulnerable populations; Ethical use of technology: AI in mental health, telepsychology, apps; Whistleblowing and professional accountability; Ethics committees: IEC/IRB structure and functioning; Compassionate care vs boundary maintenance.

Unit II: Mental Health Law in India - Advanced Study

Mental Healthcare Act 2017: advance directives, nominated representatives, board functions; Rights-based approach: UNCRPD and Indian disability rights; Forensic psychiatry law: IPC sections relevant to mental illness (Sec. 84, 376); Involuntary hospitalisation: criteria, process, safeguards; Legal aid and rights of mentally ill persons in custody; POCSO Act: mandatory reporting, role of mental health professional; National Human Rights Commission and mental health.

Unit III: Mental Health Policy - National & Global

WHO World Mental Health Report 2022: key findings and recommendations; Global burden of disease: DALYs, treatment gap; India's National Mental Health Policy 2014 and NMHP; District Mental Health Programme (DMHP): structure and challenges; Sustainable Development Goals (SDG 3): mental health targets; Lancet Commission on Global Mental Health 2018; mhGAP Intervention Guide (WHO): task-shifting, primary care integration

Unit IV: Advocacy, Social Justice & Policy Engagement

Mental health advocacy: models, strategies, and case studies; Stigma reduction campaigns: anti-stigma evidence (contact-based education); Community mental health: deinstitutionalisation,

recovery movement; Rights-based mental health services; Policy analysis frameworks applied to Indian mental health policy; Mental health in emergencies: Sphere standards, IASC guidelines; Counsellor as advocate: professional bodies, lobbying, public education.

Unit V: Emerging Issues in Mental Health Policy & Practice

Mental health and technology: digital therapeutics regulation, app certification; Global mental health workforce crisis: task-sharing, peer support workers; Mental health economics: cost-effectiveness analysis, return on investment; COVID-19 pandemic and mental health policy responses; Climate change and mental health: eco-anxiety, disaster mental health policy; Mental health in the workplace: Indian Factories Act, workplace policy; Future of mental health profession in India..

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Ministry of Law and Justice, GoI Mental Healthcare Act 2017 GoI Gazette 2017

T2: Samuel Brakel & John Davis Law and the Mental Health System West Publishing 5th ed., 2010

T3: WHO World Mental Health Report: Transforming Mental Health for All WHO 2022

REFERENCES:

R1: Vikram Patel et al. The Lancet Commission on Global Mental Health and Sustainable Development Lancet 2018

R2: RCI Rehabilitation Council of India Act 1992 and Amendments RCI Current

R3: NIMHANS National Mental Health Survey 2015-16 NIMHANS 2016

R4: WHO mhGAP Intervention Guide v2.0 WHO 2016

R5: UN Convention on the Rights of Persons with Disabilities (UNCRPD) UN 2006

COURSE OUTCOMES

At the end of this course,

1	Students will be able to apply professional ethical principles in counselling and clinical psychology practice.	K2
2	Students will demonstrate knowledge of Indian and international mental health laws and policy frameworks in relevant contexts.	K3
3	Students will be able to critically analyze mental health policies and engage in ethical advocacy and professional decision-making	K4

L	T	P	SL	C
3	1	0	4	4

EMERGING TRENDS IN COUNSELLING & APPLIED PSYCHOLOGY

COURSE OBJECTIVES:

1	To provide students with knowledge of emerging trends and advancements in counselling theory and applied psychology.
2	To familiarize students with the integration of technology and neuroscience in contemporary psychological practice.
3	To prepare students to critically evaluate and adapt to evolving developments in the professional field of counselling and psychology.

Unit I; Neuroscience & Counselling

Introduction to neuropsychology for counsellors; brain plasticity and implications for therapy; Interpersonal neurobiology (Siegel): mind, brain, and relationships; Polyvagal theory in clinical practice (Dana); Neuroscience of attachment, trauma, and emotion regulation; Right-brain to right-brain communication in therapy; Neurofeedback: principles and clinical applications; Psychopharmacology basics for counsellors: common medications, side effects, counsellor's role.

Unit II: Technology & Digital Mental Health

Telepsychology and online counselling: platforms, ethics, effectiveness; Mobile mental health applications: evidence-base, regulation, and limitations; Artificial intelligence in mental health: chatbots (Woebot), assessment, risk prediction; Virtual reality (VR) in therapy: PTSD, phobias, social anxiety; Digital phenotyping: passive sensing for mental health monitoring; Ethical issues: data privacy, algorithmic bias, therapeutic alliance online; Blended care models.

Unit III: Diversity, Intersectionality & Culturally Responsive Practice

Multicultural counselling competencies: RESPECTFUL model, MSJCC (Ratts et al.); Intersectionality (Crenshaw): race, gender, class, sexuality, disability; Affirmative counselling with LGBTQ+ clients: identity development models; Counselling across cultures: collectivism, acculturation, intergenerational conflict; Decolonising psychology: indigenous psychologies, traditional healing; Anti-racism in clinical practice; Gender-sensitive and feminist therapy.

Unit IV: Emerging Therapeutic Modalities

Psychedelic-assisted therapy: MDMA for PTSD (MAPS trials), psilocybin for depression; Internal Family Systems (IFS) therapy (Schwartz): parts, Self-leadership; Coherence Therapy (Ecker et al.): memory reconsolidation in therapy; Transdiagnostic approaches: Unified Protocol (Barlow); Ecological therapy and eco-psychology; Social prescribing and lifestyle medicine; Open Dialogue approach (Seikkula): dialogical practice, reflecting teams.

Unit V: Professional Futures & Applied Contexts

Future of psychotherapy: common factors, personalised medicine, precision psychiatry; Globalisation of mental health: cultural imperialism vs universalism debate; Counselling in emerging sectors: sports psychology, palliative care, disaster management; Health psychology: behaviour change, chronic illness adjustment, adherence; Forensic and correctional counselling; Military and veteran counselling; Counsellor well-being as a professional imperative: resilience, supervision, reflective practice.

TOTAL: 4 Hours/ week

TEXT BOOKS:

T1: Daniel Siegel The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are Guilford 3rd ed., 2020

T2: Derald Wing Sue & David Sue Counseling the Culturally Diverse: Theory and Practice Wiley 8th ed., 2019

T3: Richard Schwartz & Martha Sweezy Internal Family Systems Therapy Guilford 2nd ed., 2020

REFERENCES:

R1: Deb Dana The Polyvagal Theory in Therapy Norton 2018

R2: Bruce Ecker, Robin Ticic & Laurel Hulley Unlocking the Emotional Brain Routledge 2012

R3: David Barlow et al. Unified Protocol for Transdiagnostic Treatment of Emotional Disorders Oxford University Press 2nd ed., 2018

R4: Francine Shapiro Eye Movement Desensitisation and Reprocessing (EMDR) Therapy Guilford 3rd ed., 2018

R5: Michael King et al. Effectiveness of Web-Based Self-Help for Depression Psychological Medicine 2006

COURSE OUTCOMES

At the end of this course,

1	Students will be able to explain and critically discuss emerging developments in counselling theory, neuroscience, and applied psychology.	K3
2	Students will demonstrate the ability to integrate technology and contemporary approaches into counselling and psychological practice.	K4
3	Students will be able to evaluate and adapt to new trends and innovations in the evolving mental health profession.	K4

L	T	P	SL	C
3	0	0	3	3

COURSE OBJECTIVES:

1	To develop students' understanding of theories, models, and processes involved in group therapy and therapeutic group work.
2	To equip students with the skills to design and facilitate effective therapeutic group interventions.
3	To develop an understanding of clinical supervision models and their application in counselling practice.

Unit I: Theoretical Foundations of Group Counselling

History and development of group therapy; types of groups: psychoeducational, counselling, psychotherapy, task; Therapeutic factors in groups (Yalom): universality, altruism, cohesion, instillation of hope, catharsis; Group development models: Tuckman (forming, storming, norming, performing, adjourning); Group dynamics: roles, norms, communication patterns, scapegoating; Theoretical orientations in group: CBT, psychodynamic, existential, person-centred, DBT; Cultural diversity in groups.

Unit II: Group Leadership & Process

Group leader functions: executive, caring, meaning attribution, emotional stimulation; Leadership styles: authoritative, democratic, laissez-faire; Co-leadership: benefits, challenges, supervision needs; Facilitating therapeutic factors; managing group conflict; Working with difficult group members: monopolisers, silent members, resistant members; Ethical issues in group: confidentiality, informed consent, screening, dual relationships; Online and hybrid groups

Unit III: Stages of Group Work & Specific Group Designs

Beginning stage: screening, pre-group preparation, establishing norms and goals; Transition stage: resistance, conflict, trust-building interventions; Working stage: deepening process, therapeutic work, cohesion; Ending stage: consolidation, termination rituals, follow-up; Designing specific groups: grief groups, trauma groups, social skills groups, anger management; Psychodrama: theory, director, auxiliary egos; Group therapy for specific populations.

Unit IV: Foundations of Clinical Supervision

Defining supervision: purposes, functions, formats; Models of supervision: Holloway's SAS model,

Stoltenberg's IDM, Bernard's Discrimination Model; Supervisor roles: teacher, counsellor, consultant; Supervision formats: individual, group, peer, triadic; Supervisory relationship: working alliance, parallel process, isomorphism; Ethical issues in supervision: competence, dual relationships, gatekeeping; Multicultural supervision.

Unit V: Supervision Practice & Professional Development

Methods in supervision: live observation, video recording, interpersonal process recall (IPR); Supervision documentation: supervision contracts, case notes, reflective logs; Developmental stages of supervisees: beginning, intermediate, advanced; Giving feedback in supervision: strengths-based, specific, actionable; Self-of-the-therapist work in supervision; Group supervision: process, advantages, facilitation; Preparing for supervisory roles.

TOTAL: 3 Hours/week

TEXT BOOKS:

- T1: Irvin Yalom & Melyn Leszcz The Theory and Practice of Group Psychotherapy Basic Books 6th ed., 2020
- T2: Gerald Corey, Marianne Corey & Cindy Corey Groups: Process and Practice Cengage 10th ed., 2018
- T3: Cal Stoltenberg & Brian McNeill IDM Supervision: An Integrative Developmental Model Routledge 3rd ed., 2010

REFERENCES:

- R1: Janine Bernard & Rodney Goodyear Fundamentals of Clinical Supervision Pearson 5th ed., 2014
- R2: Susan Wheelan Creating Effective Teams SAGE 6th ed., 2016
- R3: Edward Watkins Jr. (Ed.) Handbook of Psychotherapy Supervision Wiley 1997
- R4: L. DiAnne Borders & Sandra Brown The New Handbook of Counseling Supervision Lawrence Erlbaum 2005
- R5: Adam Kutscher Psychodrama with Adolescents Springer 2018

COURSE OUTCOMES

At the end of this course,

1	Students will be able to explain and apply key theories and models of group therapy and clinical supervision in counselling practice.	K2
2	Students will demonstrate the ability to design, facilitate, and manage therapeutic group interventions effectively.	K3
3	Students will be able to critically reflect on supervision processes and apply supervisory principles to enhance professional counselling practice.	K3

L	T	P	SL	C
0	2	0	2	2

PROJECT – DISSERTATION

COURSE OBJECTIVES:

1	To develop students' ability to independently design and formulate original empirical or applied research in counselling and applied psychology.
2	To enable students to conduct research under faculty supervision using appropriate methodologies and ethical research practices.
3	To train students to analyze, interpret, and present research findings in a scholarly format demonstrating advanced research competence

Unit I: Research Problem Identification and Proposal Development

Identifying a researchable problem in counselling or applied psychology; conducting a systematic literature search (PubMed, PsycINFO, Google Scholar, Scopus); Formulating research questions, aims, objectives, and hypotheses; Selecting an appropriate research design: quantitative, qualitative, or mixed methods; Developing a detailed methodology: participants, sampling, instruments, procedure; Writing the research proposal: title, background and rationale, literature review, methodology, timeline, ethical considerations; Presentation of proposal to dissertation committee for approval; Revision and finalisation of research proposal based on faculty feedback; Registration with Institutional Ethics Committee (IEC/IRB) if required.

Unit II: Ethical Clearance, Instrumentation, and Data Collection

Preparing ethics application: participant information sheet, informed consent form, data protection plan; Obtaining IEC approval: documentation requirements, timelines, and correspondence; Selecting, adapting, or constructing research instruments; Pilot testing instruments: assessing feasibility, clarity, and preliminary reliability; Recruiting participants: sampling strategy, inclusion/exclusion criteria, recruitment procedures; Data collection protocol: standardised administration, maintaining data integrity; Managing confidentiality and anonymisation of data; Addressing challenges in data collection: attrition, missing data, non-response; Qualitative data collection: conducting and transcribing interviews, focus groups, or observations; Maintaining field notes and a research journal throughout data collection.

Unit III: Data Analysis and Interpretation

Quantitative data analysis: entering, cleaning, and screening data in SPSS or R; Running descriptive statistics, inferential tests (t-tests, ANOVA, regression, correlation) as per design; Reporting statistical results: APA tables, figures, effect sizes, confidence intervals; Qualitative data analysis: transcription, coding (open, axial, selective – if GT), thematic analysis (Braun & Clarke), IPA if

applicable; Mixed methods integration: convergent, explanatory, or exploratory synthesis; Interpretation of findings: relating results to literature, theoretical framework, and hypotheses; Identifying limitations of the study; Ethical considerations in reporting findings: protecting participant identities, honest reporting.

Unit IV: Dissertation Writing and Formatting

Dissertation structure: title page, declaration, acknowledgements, abstract, table of contents; Chapter 1 – Introduction: background, rationale, research gap, aims and objectives, significance; Chapter 2 – Literature Review: thematic synthesis, critical analysis of prior research; Chapter 3 – Methodology: research design, participants, instruments, procedure, data analysis plan, ethical considerations; Chapter 4 – Results/Findings: quantitative tables/graphs or qualitative themes with verbatim excerpts; Chapter 5 – Discussion: interpretation, theoretical implications, practical applications, limitations, future directions; Chapter 6 – Conclusion: summary, contribution to knowledge, recommendations; References in APA 7th edition; Appendices: instruments, consent forms, ethics approval, additional data.

Unit V: Dissertation Defence and Dissemination

Preparing for the dissertation viva/oral defence: anticipating questions, summarising key contributions; Structuring the viva presentation: 15–20 minute overview of rationale, method, key findings, and implications; Responding to examiner questions: defending methodological choices, acknowledging limitations; Incorporating examiner feedback and making required corrections post-viva; Converting dissertation findings into a journal article or conference paper; Selecting appropriate journals for submission: scope, impact factor, open access considerations; Writing a journal article: adapting dissertation chapters to manuscript format, abstract, and cover letter; Presenting research at conferences: preparing posters and oral presentations; Future research directions and implications for counselling practice and policy.

TEXT BOOKS:

T1: John W. Creswell & Cheryl N. Poth *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* SAGE 4th ed., 2018

T2: American Psychological Association *Publication Manual of the American Psychological Association* APA 7th ed., 2020

T3: Andy Field *Discovering Statistics Using IBM SPSS Statistics* SAGE 5th ed., 2018

REFERENCES:

R1: Patrick Dunleavy *Authoring a PhD: How to Plan, Draft, Write and Finish a Doctoral Thesis or Dissertation* Palgrave Macmillan 2003

R2: John Creswell & Vicki Plano Clark *Designing and Conducting Mixed Methods Research* SAGE 3rd ed., 2018

R3: Virginia Braun & Victoria Clarke *Thematic Analysis: A Practical Guide* SAGE 2022

R4: Kathy Charmaz *Constructing Grounded Theory* SAGE 2nd ed., 2014

R5: Michael Borenstein et al. *Introduction to Meta-Analysis* Wiley 2009

COURSE OUTCOMES

At the end of this course,

1	Students will be able to independently design and develop original empirical or applied research studies in counselling and applied psychology.	K2
2	Students will demonstrate competence in conducting ethical, methodologically sound research under academic supervision.	K3
3	Students will be able to analyze, interpret, and present research findings in a scholarly format suitable for academic dissemination.	K4