



**O.P. Jindal Global University**  
*A Private University Promoting Public Service*



**Jindal School of  
Psychology & Counselling**  
*India's First Transdisciplinary Psychology School*

## **COURSE MANUAL**

### **FAMILY MENTAL HEALTH**

**(School Specific Elective Course)**

**Course/ Subject Code: PCCU-03-BAP-FMHH3083**

**4 Credits Course**

**Fall Semester - 2026**

**Jindal School of Psychology and Counselling B.A. (Hons.)**

**O.P. Jindal Global University**

**(Institute of Eminence, Deemed to be University)**

**Sonipat, India - 131001**

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**Course Information:**

**Course Duration:** 15 weeks  
**Credit Hours:** 4 credits with 60 hours  
**Meetings:** Monday to Friday  
**Location:** Faculty Offices Building

**Pre-requisites:**

- Students must have knowledge and understanding of the psychology, health and mental health of individuals, families, and other social systems in the community
- Students are expected to learn various family mental health aspects like functions of the family, family life cycle, family dynamics & interaction, dealing with care giver burden, violence, healthy family functioning, assessment tools while working with the family, family counselling approaches, distress and resilience aspects of the family and role of social support systems and psychosocial interventions at the individual, family and community level.
- Students critically understand the mental health care aspects of family
- Students who opt for this course must attend the field visit trips organized by the course instructor

**Equivalent Courses:** None

**Exclusive Courses:** None

**Instructor Information:****1. Faculty Name & Biography:**

**Name of the Faculty:** Dr. Sudhir Babu. S

**Educational Credentials:** B.A., B.Ed., M.S.W., M.Phil., & Ph.D. in Psychiatric Social Work

**Research & Teaching Interests:**

Family and Community Mental Health - Quantitative Research Practice, Treatment Adherence in mental illness, Psychosocial care for Children and Women in Difficult Circumstances, Life Skills Education, School Mental Health, Capacity Building in Mental Health Care, Psychosocial Rehabilitation, Disability & Functionality (ICF).

**Email:** [sudhir.babu@jgu.edu.in](mailto:sudhir.babu@jgu.edu.in)

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**Office Hours:** Prior-appointment (Monday to Friday)

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## 1. COURSE DESCRIPTION

Family is a basic social institution, existing across the world irrespective of the countries, communities, religions, cultures and customs. Except the family, there is no alternative social unit to provide the man's basic social needs, security, bonding, protection, financial and sexual life etc. A family system is a social or biological construction made up of a set of people related by blood or intention. Members interact in reciprocal relationships, responding to one another in the context of their roles.

Different subsystems within the family, such as the marital system, parent-child system, and the family as a whole. Family life education is most important for any person in society. The proposed course is developed with the objectives of understanding the family, family dynamics, recent changes and developments in the family systems, and a psychological introduction to family therapies and other psychosocial interventions for the family system. The Family mental health course would develop the student's knowledge, understanding and think critically, improve the problem-solving skills, assessment and intervening skills and provide the essential psychosocial interventions for the families.

Family as a unit of two or more persons united by marriage, blood, adoption, or consensual union, in general consulting a single household, interacting and communicating with each other (Desai,1994). The family is a basic unit of study in many medical and social science disciplines. Family is a primary social institution which provides all the needs of its members. Each family can very much be thought of as separate family cultures, in which underlying group norms, role, behaviours and expectations.

In India, family is the key resource in the care of patients with mental illness. Families assume the role of primary caregivers for two reasons. First, it is because of the Indian tradition of interdependence and concern for near and dear ones in adversities. Due to this most Indian families prefer to be meaningfully involved in all aspects of care of their relatives despite it being time-consuming.

In the past few decades, the world has seen major changes in the face of the family. Since 1975, the divorce rate has doubled, resulting in the increase of single-parent households, remarriages and extended families. Practical mental health support to families: In many communities, lay people provide basic, practical support, such as community - based housing for people with distress families well as in open employment, and shelters for women who are victims of abuse and domestic violence

**Course outcome:**

Family mental health is a core subject of psychology/mental health. This proposed course has gained importance widely across the nations due to its relevance and significance in mental health of the social systems. By studying this course, students will be able to understand the family as a social system, dealing with the family dynamics, critically thinking about stages of family life cycle, marriage system, parenthood and finally, students will acquire and develop capabilities to enrich the family life and build resiliency among families.

*After graduation, this introductory course on family mental health would help the students to work and provide family mental health services in different settings like schools, NGOs, family counselling centres, and agencies. It also develops interest in pursuing additional knowledge and research ideas on family mental health in their post-graduation and research programs.*

## 2. Course Intended Learning Outcomes and Methodology

Sl.no	Course Intended Learning Outcomes	Teaching and Learning Activities	Assessments/ Activities
1	Understand critically the requirement of mental health needs of the family social system	<ul style="list-style-type: none"> <li>•Classroom teaching</li> <li>•Group activity</li> <li>•Case illustration/</li> <li>• Free Listing</li> <li>•Brian storming</li> <li>•References</li> <li>•Expert lectures</li> <li>•Incident method</li> <li>• Role play</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group presentation / discussions</li> <li>▪ Poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Field visits</li> </ul>
2	Critically evaluate mental health services, approaches and research methods in family mental health	<ul style="list-style-type: none"> <li>•Classroom teaching</li> <li>•Group activity</li> <li>•Case illustration/</li> <li>• Free listing</li> <li>•Brian storming</li> <li>•Reference</li> <li>•Expert lectures</li> <li>•Incident method</li> <li>• Audio &amp; video</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group participation</li> <li>▪ Poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Educational games and simulations</li> <li>▪ Field visits</li> </ul>

3	Identify psycho-social-economical - cultural barriers and various systems involved (Intersectoral approaches) in family mental health services.	<ul style="list-style-type: none"> <li>●Classroom teaching</li> <li>●Group activity</li> <li>●Case illustration/</li> <li>●Brian storming</li> <li>●Reference</li> <li>●Expert lectures</li> <li>●Incident method</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group participation</li> <li>▪ Poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Field visits</li> </ul>
4	To develop an insight into how family mental health can contribute over all well being of the community and national development	<ul style="list-style-type: none"> <li>●Classroom teaching</li> <li>●Group activity</li> <li>●Case illustration/</li> <li>● Free listing</li> <li>●Brian storming</li> <li>●References</li> <li>●Expert lectures</li> <li>●Incident method</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group participation</li> <li>▪ Poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Field visits</li> </ul>
5	To impart the development of psychosocial competencies among the family members do deal with the family dynami	<ul style="list-style-type: none"> <li>●Classroom teaching</li> <li>●Group activity</li> <li>●Case illustration/</li> <li>● Free listing</li> <li>●Brian storming</li> <li>●Reference</li> <li>●Expert lectures</li> <li>●Incident method</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group participation</li> <li>▪ Oral and poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Field visits</li> </ul>
6	To develop the skills and knowledge in preventive and promotive mental health programs related family social system	<ul style="list-style-type: none"> <li>●Classroom teaching</li> <li>●Group activity</li> <li>●Case illustration/</li> <li>● Free Listing</li> <li>●Brian storming</li> <li>●Reference</li> <li>●Expert lectures</li> <li>●Incident method</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual activity</li> <li>▪ Group participation</li> <li>▪ Oral and poster presentations</li> <li>▪ Written exams</li> <li>▪ Class participation</li> <li>▪ Brian storming questions</li> <li>▪ Field visits</li> </ul>

### 3. SCHEME OF EVALUATION AND GRADING

#### a. Evaluation Breakup

- 70% Internal Assessment
- 30% Final Examination

#### 4. **Assessment & Exams (Evaluation)**

##### I. **Internal Assessment (70%)**

The internal examination would be done through assignments provided to the students that emphasize a critical understanding of the topics. The students will have to complete 3 internal assessments and class participation activities contained with 70 marks. The student must complete all the assignments based on the guidelines given by the course instructor.

##### a) **Individual Assignment-1 (15 marks): Drawing the family genogram & ecomap: Week-2**

The student needs to understand the importance of the family genogram, its drawing and analysis, and the ecomap. It explores the family of origin, the family's structure, and reciprocal relations within its family environment. The students are free to choose to prepare/ or construct their family genogram or any other family genogram for learning exercise purposes only.

##### b) **Mid-term exam (25 marks): Week -6**

The midterm exam will be held during week 6 of the semester to evaluate students' learning. This will include all topics covered from Week-1 to the midterm examination in the previous class. The exam will consist of MCQ and Short-answer questions to write the descriptive answers. The exam will NOT be repeated for the absentees (students).

##### c) **Assignment-2 (20 marks): Group research project and presentation- Week 10**

This assignment is a group project (3 participants in 1 group). The students can select any listed topic related to FMH subject. The group of the students have to carry a small research project by using the relevant tool/ scale related the selected subject and present the findings of the research work. Students need to understand the background of the topic, how the particular scale/tool is relevant to the given topic, author/s details of the scale, scale domains, scoring pattern and finally administer the scale with any 8 to 10 participants, analysis and interpretation of the results presentation along with the selected topic. **Students have the option to pursue their selected topic using QUALITATIVE Methods as well**

- The group may complement their presentation with any role play (depends upon their topic), any visual image, or any audio-visual production for better facilitation and comprehension

- **Note: Group research project / topic should not selected and should not repeat by another group**

##### d) **Class participation (10 marks):** It includes but is not limited to taking part in classroom discussions based on readings and lecture slides, asking questions or areas of doubt to the

lecturer, responding to other student's questions to promote discussions on various topics and taking part with enthusiasm as well as effort in all individual or group assignments.

## II. Final exam (30 marks):

The final end-term exam will be a **written exam and close-book answer mode**. It will consist of short answers and subjective questions covering the family mental health syllabus. There will be a strong emphasis on critically evaluating family mental health subject

### 7. Grade Definition

Grade	% of Marks	Grade value	Grade Description
<b>O</b>	80% and above	8	<b>Outstanding:</b> Exceptional knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and extraordinary critical and analytical ability.
<b>A+</b>	75% - 79%	7.5	<b>Excellent:</b> Sound knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and critical and analytical ability.
<b>A</b>	70% - 74%	7	<b>Very Good:</b> Sound knowledge of the subject matter, organizational capacity; ability to synthesize ideas, rules, and principles; critically analyze existing material and originality in thinking.
<b>A-</b>	65% - 69%	6	<b>Good:</b> Good understanding of the subject matter, ability to identify issues and provide balanced solutions to problems; good critical and analytical skills.
<b>B+</b>	60% - 64%	5	<b>Fair:</b> Average understanding of the subject matter, limited ability to identify issues and provide solutions to problems; reasonable critical and analytical skills.
<b>B</b>	55% - 59%	4	<b>Acceptable:</b> Adequate knowledge of the subject matter to go to the next level of the study; passable critical and analytical skills.
<b>B-</b>	50% - 54%	3	<b>Marginal:</b> Limited knowledge of the subject matter and irrelevant use of materials; poor critical and analytical skills.
<b>P1</b>	45% - 49%	2	<b>Pass 1:</b> Pass with a passable understanding of the subject matter; lacking in critical and analytical skills.
<b>P2</b>	40% - 44%	1	<b>Pass 2:</b> Pass with a rudimentary understanding of the subject matter; lacking in critical and analytical skills.
<b>F</b>	Below 40%	0	<b>Fail:</b> Poor comprehension of the subject matter; poor critical and analytical skills; and marginal use of the relevant materials. Requires the student to repeat the course.

<b>P/F</b>	Pass / Fail		<b>Pass or Fail:</b> Pass is awarded a final grade of 40% or above. Fail reserved for the final grade below 40%. This option (selected at the start of the semester) is only available for semesters taught online.
<b>I</b>	Incomplete		<b>Incomplete:</b> Issued due to extenuating circumstances that prevent the student from completing internal or external marks. If an 'I' grade is assigned, the JSPC Academic Committee will suggest a schedule for the completion of work or a supplementary examination.

## II. Academic Integrity:

### **Classroom Punctuality and Conduct**

JSPC conducts all classes on a foundation of professionalism. It is expected that students will be present in class and seated within five minutes of the class start time. Students arriving after a ten-minute window from the designated start time will be refused entry/attendance. A classroom is a place for free expression and critical thinking students must respect opinions expressed and actively participate in classroom discussions.

### **Participation and Attendance Policy**

This course focuses on both theory and application. Attending classes will help students understand and master these concepts and their application. Thus, we encourage you to attend all classes and avoid missing them until and unless very necessary. Students suggested kindly read and refer the JGU's attendance and exam policies from time to time for update and modifications

### **Phone Usage**

Phones are not allowed to use during teaching in classroom. The use of phones by students may result in their removal by the course instructor. Repeated violations may result in an academic discipline.

### **Plagiarism**

In line with JGU policy, JSPC operates a zero-tolerance approach to plagiarism. The unacknowledged use of material by others within your work is a violation of academic integrity, and all reported cases will be investigated for potential disciplinary action.

### **Disability Support**

JGU endeavours to make all its courses accessible to students. The Disability Support Committee (DSC) has identified conditions that could hinder a student's overall well-being. These include physical and mobility-related difficulties, visual impairment, hearing impairment, mental health conditions and intellectual/learning difficulties, e.g., dyslexia and dyscalculia. Students with any

known disability needing academic and other support are required to register with the Disability Support Committee (DSC) by following the procedure specified at <https://jgu.edu.in/disability-support-committee/>

Students who need support may register any time during the semester up until a month before the end semester exam begins. Those students who wish to continue receiving support from the previous semester must re-register within the first month of a semester. Last-minute registrations and support might not be possible as sufficient time is required to make the arrangements for support.

The DSC maintains strict confidentiality about the identity of the student and the nature of their disability, and the same is requested from faculty members and staff as well. The DSC takes a strong stance against in-class and out-of-class references made about a student's disability without their consent and disrespectful comments referring to a student's disability.

All general queries are to be addressed to [disabilitysupportcommittee@jgu.edu.in](mailto:disabilitysupportcommittee@jgu.edu.in)

### **Mental Health Services**

Mental Health Services JGU aspires to provide its students with continued mental health support via their single unified platform Sukoon. Sukoon is India's most recognized leader in mental healthcare, renowned for its clinical integrity, evidence-based services, and trauma-informed, compassionate approach. As an external and independent provider, Sukoon offers a confidential space for students, faculty and administrative staff members to seek support with confidence within the university environment. Sukoon has a physical center on campus and is available 24/7 for students in need. 24/7 *Sukoon helpline: +91-8396907312*

### **Safe Space and Respect for Diversity**

This course may discuss issues that could result in distress or provoke emotional responses in students. To make sure that all students collectively benefit from the course, it is incumbent on everyone to maintain respect towards one another. All JSPC program faculty, staff, and students shall maintain respect for differences including, but not limited to, race, ethnicity, sexual orientation, age religion/spirituality, ability, socioeconomic status, and culture. Each person will be responsible and accountable for creating and maintaining a culture of respect at every level of the program. This does not mean that you must feel restrained about what you feel and say- rather it is about creating a safe space for everyone to speak and learn without inhibitions or fear.

## 5. Keyword Syllabus:

Family Interactions, Family level Interventions, Family dynamics, Role functioning, Family communication, Social Support, Healthy families

## 6. Course Material Text books Reference books Journals / Business Magazines/ Web Sources

- Carr, A. (2012). *Family therapy: Concepts, process and practice*. John Wiley & Sons
- Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications.
- Furstenberg F. F. (2019). Family Change in Global Perspective: How and Why Family Systems Change. *Family relations*, 68(3), 326 - 341
- Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. *Indian Journal of Psychiatry* 62(2):192-200

### Journals

- Australia & New Zealand Journal of Family Therapy
- *Journal of Family relations*,
- Journal of Marital and Family Therapy

## Session Plan and Syllabus for Community Mental Health Course\*

Session	Chapters	Topic/ Sub-topics / References
Week-1	Chapter - I	<p><b>Family- Definition, Family typologies Functions of the family,</b></p> <p><b>Ref:</b></p> <ul style="list-style-type: none"> <li>▪ Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao</li> <li>▪ Paul R. (2008). Recent changes in family structure implications children, adults and society, Penselveniya,</li> </ul>
Week-2	Chapter - II	<p><b>Contemporary issues in marital and family system. Need of family interventions</b></p> <p><b>Ref</b></p> <ul style="list-style-type: none"> <li>▪ Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao</li> <li>▪ Furstenberg F. F. (2019). Family Change in Global Perspective: How and Why Family Systems Change. <i>Family relations</i>, 68(3), 326-341</li> <li>▪ Problems of India's Changing Family and State Intervention- J. P. Singh . <a href="#">Microsoft Word - Paper -- Singh -- revised -- 6May'09 -- Family in India.DOC</a></li> </ul>
Week-2 Week-3 Week-4	Chapter - III	<p><b>Assessment of the Family dynamics, drawing a Genogram and Stages of the family life cycle</b></p> <p><b>Ref:</b></p> <ul style="list-style-type: none"> <li>▪ Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. <i>Indian Journal of Psychiatry</i> 62(2):192-200</li> <li>▪ Chowdhury, A., Carson, D. K., &amp; Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications.</li> <li>▪ Stolper, H., van der Vegt, M., van Doesum, K., &amp; Steketee, M. (2024). The Integrated Family Approach in Mental Health Care Services: A Study of Risk Factors. <i>International Journal of Environmental Research and Public Health</i>, 21(5), 640</li> <li>▪ Denham, S.A. (2003). Relationships between family rituals, family routines, and health. <i>J of Family Nursing</i>, 9(3), 305-330</li> </ul>

- Behere, A. P., Basnet, P., & Campbell, P. (2017). Effects of Family Structure on Mental Health of Children: A Preliminary Study. *Indian journal of psychological medicine*, 39(4), 457- 463
- Bahr, K. (1990). Student responses to genogram and family chronology. *Family Relations*, 39(3), 243-249.
- Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21(3), 227-237
- The Multicultural Family Institute. Standard Symbols for Genograms
- [Family Therapy: An overview By Prof Ahalya Raguram - YouTube www.youtube.com/watch?v=Yo0Ct7ZKFww](https://www.youtube.com/watch?v=Yo0Ct7ZKFww)

**Week -5 Chapter-IV**

**Circular interview/ questioning**

**Ref**

- Brown, J. (1997). Circular questioning: An introductory guide. *Aus & New Ze J of Family Therapy* , 18(2), 109-114
- Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26(4), 405 - 413.
- Westwater, J. J., Riley, E., & Peterson, G. M. (2020). Using circular questions to explore individual family member experiences of youth gender dysphoria in Australia. *International journal of transgender health*, 21(3), 321-336.

**Week -6 Chapter-V**

**Parenthood: roles, changes and challenges; Families with adolescents**

**Ref**

- Hoghughi M. (1999). Raising the next generation and doing it better. *Int J of child & family welfare*; 4(3):357-72
- Sanders M. R. (2023). Triple P System of Evidence-Based Parenting Support: Past, Present, and Future Directions. *Clinical child and family psychology review*, 26(4), 880-903.
- Hoghugi M, Long N. Handbook of parenting; theory and research or practice. London: Sage publications; 2004
- Singh C, Das S, Mukhpadhyay P. 2004. Parenting style and conduct disordered children's perception on parenting. *Social Science International*; 20(2):27-39.
- Svetaz, M. V., Garcia-Huidobro, D., & Allen, M. (2014). Parents and family matter: strategies for developing family-centered adolescent care within primary care practices. *Primary care*, 41(3), 489-506.

- Satyanarayana VA, Das A, Shah A. (2024). Psychotherapy for Families with Adolescent Children: Clinical Practice Guidelines. *Journal of Indian Association for Child and Adolescent Mental Health*. 20(2):127-135.

**Week -7**      **Group research**  
**Project**  
**(discussion)**

**Understanding the various assessments and tools related to family mental health**

**1. Family interaction pattern scale**

- Bhatti, R. S., Subba Krishna, D. K., & Ageira (1986). Validation of family interaction patterns scale. *Indian journal of psychiatry*, 28(3), 211-216.

**2. Parental Bonding Instrument (PBI-BREF),**

- Klimidis S, Minas IH, Ata A. The PBI-BC: A brief current form of the Parental Bonding Instrument for adolescent research, *Compr Psychiatry* 1992; 33: 374 - 377
- Klimidis S, Minas IH, Ata AW, and Stuart GW. Construct Validation in Adolescents of the Brief current form of the Parental Bonding Instrument. *Compr Psychiatry* 1992;33(6); 378-383.

**3. Child rearing practice inventory**

- Chamundeshwari E, Sheriff IA, Muralidhar D. Development of an inventory to measure the upbringing of children-its efficacy in measurement of Indian population. Presented at 7th Annual conference of ISPSW, November 1982. Ahemadabad, India.

**7. Family Environment Scale**

- Moos RH, Moos BS. Family environment scale Typology of family social environments. *Fam Process* 1976;4:357-71

**8. Marital Quality Life Scale**

- Shah A. (1995) Clinical validity of Marital Quality Scale. *NIMHANS Journal*. ;13(1):23-31.

**9. Dyadic adjustment scale**

- Spanier, G.B. (1976). Measuring dyadic adjustment: new scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family*, 38, 15-28

**10. Marital Communication Inventory (Bienvenu, 1970)**

- Bienvenu, M.J. (1970). Measurement of marital communication. *The Family Coordinator*, 19, 26-31
- Bienvenu, M.J. (1978). A counsellor's guide to accompany a Marital Communication Inventory. Saluda: Family Life Publications.

**11. Pre-adolescent adjustment scale (PAAS) :**

- Pareek, U. Rao. T. V., Ramalingaswamy, P., & Sharma, B. R. (1976). Manual for battery of pre-adolescent personality tests. Varanasi: Rupa Psychological Center.

**12. Family Ritual Questionnaire (FRQ) (Fiese, 1992)**

- Fiese BH. (1992). Dimensions of family rituals across two generations: Relation to adolescent identity. *Family Process*. 31(2): 151-162

**13. Family Adaptability and Cohesion Scale (FACES)**

**14. Family stress** (Life events scale and Stress questionnaire)

**15. Measurement of domestic violence -Spousal physical and sexual violence**

**16. Family Functioning scale** (Epstein et al, 1983)

**17. Conflict Resolution Styles Inventory (self and partner version)**

**Chapter-VI**

**Marital system – Quality of marital life**

**Week -8**

**Ref**

- Shah A. (1995) Clinical validity of Marital Quality Scale. *NIMHANS Journal*. ;13(1):23-31.
- Gurman, A. S. (Ed.). (2008). *Clinical handbook of couple therapy* (4th ed.). The Guilford Press.
- Couple Therapy: [www.youtube.com/watch?v=Docj0Z59kTk](http://www.youtube.com/watch?v=Docj0Z59kTk)

**Week-8**

**Week-9**

**Chapter-IX**

**Family counselling/therapy – approaches, skills, techniques, settings, and services**

- 1) Stages and Process of Family Therapy
- 2) Systemic approach in family therapy
- 3) Strategic approach in family therapy
- 4) Culture and family therapy

- Varghese.M., Kirpekar.V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200
- Carr, A. (2012). *Family therapy: Concepts, process and practice*. John Wiley & Sons
- Rivett, M., & Buchmüller, J. (2017). *Family therapy skills and techniques in action*. Routledge.
- McGill D. Cultural concepts for family therapy. In: Hansen J, Falicov C, editors. Cultural Perspectives in Family Therapy: The Family Therapy Collections. Rockville, MD: Aspen; 1983. p. 108-21.
- Schwartzman J. Family ethnography: A tool for clinicians. In: Hansen J, Falicov C, editors. Cultural Perspectives in Family Therapy: The Family Therapy Collections. Rockville, MD: Aspen; 1983. p. 122-35

**Ref:**

**Chapter-VII Dealing with Care giving burden**

**Week-10**

1. **Sudhir Babu**, Elangovan, A.R., Isaac, K., et al . (2024). Burden and Determination of Caregivers for Individuals with Severe Mental Illness: A Case Study from A Strengths Based Perspective. *Journal of Psychosocial Rehabilitation and Mental Health*, 11(3), 373-386.
2. Jagannathan, A., Thirthalli, J., et al., (2014). Predictors of family caregiver burden in schizophrenia: Study from an in-patient tertiary care hospital in India. *Asian journal of psychiatry*, 8, 94-98.
3. Families and Schizophrenia by Dr.Ahalya Raguram [www.youtube.com/watch?v=PWVo8FXRLJs&t=1522s](http://www.youtube.com/watch?v=PWVo8FXRLJs&t=1522s)

**Ref:**

**Week-10 Chapter-VIII Dealing with Family Violence**

1. Measurement of Domestic Violence in NFHS Surveys and Some Evidence
2. Huecker MR, King KC, Jordan GA, et al. Domestic Violence. [Updated 2023 Apr 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026
3. Heron, R. L., & Eisma, M. C. (2021). Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research. *Health & social care in the community*, 29(3), 612–630.
4. [www.digitalindia.gov.in/initiative/new-womens-helpline/](http://www.digitalindia.gov.in/initiative/new-womens-helpline/)

Week-11

Week-12

**Group research project presentations by students**

**Chapter- IX**

**Strength Perspective with Families**

- Rooney, G. D., Rooney, R. H., Hepworth, D. H., & Strom-Gottfried, K. (2017). *Direct social work practice: Theory and skills*. Cengage Learning

Week-13

Ref:

- Sudhir Babu, Elangovan, A.R., Isaac, K., et al . (2024). Burden and Determination of Caregivers for Individuals with Severe Mental Illness: A Case Study from A Strengths Based Perspective. *Journal of Psychosocial Rehabilitation and Mental Health*, 11(3), 373-386.

**Chapter-X**

**Family disputes and Remedies; Family counselling services: Family welfare programs in India; Role of social organizations, Ethics in working with families**

Week-14

Ref:

- Narayan C.L., and Shikha.D., (2013). Indian legal system and mental health. *Indian J Psychiatry*. 55: S177–S181
- Narayan C.L., Narayan M., Shikha.D., and Shekhar (2015). Indian marriage laws and mental disorders: Is it necessary to amend the legal provisions. *Indian J Psychiatry*. 57(4): 341-344
- Website: <http://www.un.org/womenwatch/daw/csw/mental.htm> WOMEN AND MENTAL HEALTH
- Ministry of Women and Child Development: [ministry of women and child development india - Google Search](#)
- Balagopal, G., & Kapanee, A. R. M. (2019). *Mental Health Care Services in Community Settings*. Springer, S
- [Unit 2 PRINCIPLES OF SOCIAL CASE WORK.pdf](#)

Week-15

**Assessment of the academic achievements of the students and review of the course**

**\* THE ABOVE INFORMATION IS PRELIMINARY AND SUBJECT TO CHANGE**

## **Methodology /Pedagogy**

- Lecture cum discussion method
- Case illustrations
- Case scenarios- Real vivo situations
- Small group discussions
- Debates/ Role plays
- Orientation visits/ Internship programs
- Quiz Programs/ Incident method
- Individual and Group Assessments
- Community visits/ Community-based case studies
- Invited resource persons
- Web-based collections
- Team-work / Project assignment/ Library assessment
- Sensitivity/situation demand
- Self-rating and assessments
- Symposiums (discussion with single subject experts)

*\*Readings will be provided alongside the classes. Instructors might choose additional chapters, documentaries, and journal articles relevant to the lectures that would be shared with the students before or after class.*