

**PRACTITIONERS' PERSPECTIVES ON
EDUCATION, PSYCHOLOGICAL PRACTICE AND
PROFESSIONAL REGULATION OF PSYCHOLOGY IN
INDIA**

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CERTIFICATE

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LIST OF ABBREVIATIONS

ACP	=	Association of Consulting Psychologists
APA	=	American Psychological Association
APS	=	Australian Psychological Society
ATIRA	=	Ahmedabad Textile Industries Research Association
ASPPB	=	Association of State and Provincial Psychology Board
BPS	=	British Psychology Society
CDC	=	Curriculum Development Committee
CE	=	Continuing Education
CPA	=	Canadian Psychological Association
CPD	=	Continuous Professional Development
CRHBSPP	=	Canadian Register of Health Service Providers in Psychology
EFPA	=	European Federation of Psychologist's Association
GPSC	=	Gujarat Public Services Commission
IACP	=	Indian Association of Clinical Psychologists
IMA	=	Indian Medical Association
IPCP	=	International Project on Competence in Psychology
IPS	=	Indian Psychiatric Society
NAOP	=	National Academy of Psychology
NASP	=	National Association of School Psychologists
NET	=	National Eligibility Test
NIMHANS	=	National Institute of Mental Health and Neuro-Sciences
NMHP	=	National Mental Health Policy
NPE	=	National Policy on Education
RCI	=	Rehabilitation Council of India
SLET	=	State Level Eligibility Test
UG/PG	=	Under Graduate / Post-Graduate
UGC	=	University Grant Commission
UNESCO	=	United Nations Educational, Scientific and Cultural Organization
UPSC	=	Union Public Service Commission
WHO	=	World Health Organization

CHAPTER I

INTRODUCTION

1.1 PSYCHOLOGY IN 20TH CENTURY IN INDIA – A HISTORY

Indian scriptures dating back thousands of years extensively dealt with the analysis of states of consciousness and contents of spirituality along with mental growth. The important feature of this early exposition is that it is mostly experiential and is a culmination of centuries-old tradition of self-verification. In the ancient Indian scriptures, no rigid distinction among religion, philosophy, and psychology was maintained. The overriding consideration was to help individuals in their pursuit of self-realization and liberation from the miseries of life. In this world-view, the source of all suffering was presumed to be within the person, and thus the emphasis was on exploring the 'world within', to alleviate the suffering. The goal was to seek enduring harmony of spirit, mind and body for everlasting happiness. The meditation and yoga system evolved very sophisticated mind-control techniques in this pursuit. In contemporary literature, this broad field of inquiry is referred to as “Indian Psychology”.

These rich traditions, however, had little bearing on academic psychology implanted in India as a Western science during the British rule. Scientific psychology with laboratory work was a novel approach, not having any parallel in traditional Indian psychology. Psychology was first introduced as a subject in the Philosophy Department at Calcutta University. Brojendra Nath Seal who was the then King George V Professor of Mental and Moral Philosophy drafted the first syllabus for experimental psychology and established a laboratory for demonstration purpose in 1905. Eleven years later this laboratory was upgraded as the first psychology department, the Department of Experimental Psychology. Narendra Nath Sengupta, who chaired this department, had his education at Harvard University with Hugo Munsterberg, a student of William Wundt. Laboratory research at Calcutta in the areas of depth perception, psychophysics, and attention inspired early work at other centers. Recognizing the scientific nature of research, psychology was considered as a separate section in the Indian Science Congress in 1923.

Psychology was introduced initially as a subject at the undergraduate and post-graduate level (Sinha, 1986). In Dacca University, Prof. H.D. Bhattacharya set up a laboratory in 1921.

The Mysore University laboratory was established in 1924 under the guidance of Dr. M.V. Gopalswami who was trained in London under Prof. Spearman. With the guidance of Prof. Spearman, he conducted extensive research on higher psychological thought processes and the applications of psychology to education. Thus, psychology in India at an early stage acquired the status of a science along with physical and biological sciences, something which Western psychology achieved only after a long struggle. The Indian Psychological Association was founded in 1924 and the Indian Journal of Psychology, the first psychology journal in India, appeared the very next year.

Girindrashekhar Bose, a psychiatrist and a psycho-analyst succeeded Mr. Sengupta. Because of close contact with Sigmund Freud, Mr. Bose showed much enthusiasm to promote psychoanalysis in 1922 and he established Indian Psychoanalytic Society. Bose also received Ph.D degree on the 'concept of repression', which was also the first Ph.D. from any Indian University in psychology. He also established the Lumbini Park Mental Hospital in Calcutta in 1940 and also pioneered the department of Applied Psychology Wing in 1938 where Jung, Meyers and Spearman were invited to the Silver Jubilee Session of the Indian Science Congress (Dalal, 2013).

Other departments were also established at Mysore and Patna during independence period. M.V. Gopalswami who was trained at London University in the mental testing tradition under the guidance of Spearman, developed Indian adaptations of Western intelligence tests and applied psychological principles in the field of education. In Patna, the department was begun in 1946, headed by H.P. Maiti, along with establishment of Institute of Psychological Research and Services. The department had emerged as a major center for teaching, research and counseling services where vocational guidance and counseling was provided to a students and general public.

Due to the influence of Wundt and Titchener, research was mainly accomplished in the areas of sensation, perception, psychophysics and reaction time. Gradually psychology became an important subject of study in Indian universities. Calcutta continued to remain the center of inspiration so that the Wundtian influence was diffused to other places. As a result, Wundtian and Titchenerian techniques became so much popular that every psychologist in the field of experimental research was bound to show some form of reflection of Wundt's work. In the

Western society, psychology had moved away from theology and philosophy and had developed its own methods of inquiry based on natural science models. During this period, Indian psychologists saw the opportunity of developing a secular identity distinct from that of religion and philosophy by applying Western psychology.

However, due to ignorance to the integration of philosophy, spirituality and psychology, Indian psychology was not well equipped to derive the contemporary world and did not have tools and techniques to explain the existing social and moral decay of the Indian society. Indian psychologists always facing issues in balancing between two polarities: metaphysical versus empirical; clinical versus experimental; intuitive versus objective. Psychology practitioners in India started compartmentalizing their practice and research in the Western psychological tradition from other scholarly and personally satisfying creative pursuits.

Indian psychologists started living in two different worlds of religion and spirituality and objective reality of philosophy and psychology. For example, Girinder Shekhar Bose, apart from his important contribution in psychoanalysis, serialized the interpretation of the holy Gita in the prestigious Bengali magazine 'Parvasi'. Gopalswami who was heading department at Mysore maintained interest in two diverse fields – intelligence testing and animal laboratory work. Moreover, he had also established his own radio station and was involved with various cultural activities (Nandy, 1995).

Durganand Sinha, one of pioneer of modern Indian psychology observed the rejected attempts of the formulation of Indian Psychology such as rebirth, transmigration of souls and supernatural powers by the practitioners who were trained in empirical tradition. So, due to the negative attitude of inheritance of colonial past and influence of scientific worldview, the concept of Indian psychology was resisted and ideas were grounded. As Kiran Kumar (2008) noted, this situation has created a duality in the personality - psychologist as a professional vs. psychologist as a person – which resulted in to lack of creativity and draining of personal resources and energy resulting in 'burn out' among many psychology professionals. With the absence of proper understanding of Indian social realities, the unique systems of caste, religion, tribal and rural communities, rituals, beliefs, traditions, the colonial administrators were facing many problems in the functioning of system. It was noted that Britishers did not promote

psychology in India in the same way as they did in the case of sociology and social anthropology.

The notion of psychologists in India living in two worlds had become more pronounced, though, the three main streams of academic psychology - experimental psychology, psychoanalysis and intelligence testing were viewed as culture-free and uncritical. In most universities, psychology department were established by splitting the departments of philosophy. As a result, many faculties moved to psychology department from philosophy seeing better career opportunities. By the end of 1960s, a majority of chairman in psychology departments had a philosophy background because of the movement from philosophy to psychology. It was believed that philosophical knowledge would create a strong base to psychology and make psychology richer in terms of indigenous concepts and theories. Paradoxically, the faculties with philosophical background, for establishing identity as a scientist, disassociated themselves from philosophy. Interests were shown in the areas of memory, psychophysics, perception, learning, pattern recognition and faculties were quite fascinated with the notion of value-free and culturally neutral experimental work. Due to lack of training in research methodology, they learnt Western research methods to acquire methodological sophistication and training of statistical techniques. As a professional, they were engaged in Western models based scientific research methods and to satisfy their creative urges, they would engage in other activities.

After India's independence from the colonial rule, the National Government recognized the importance of social science teaching and research for the national reconstruction and social development. Later, many psychological studies evidenced the concern on the rioting behavior during the human tragedy of partition of India where thousands were killed in Hindu-Muslim riots and massive influx of refugees from across the border. After realizing the initiative from psychologists towards psychological research, the Ministry of Education thought about involving Gardner Murphy through United Nations Educational, Scientific and Cultural Organization (UNESCO) in 1950 for the development of research to understand the causes of communal violence. The book, 'In the Minds of Men' edited by Murphy was published by the contribution of various studies by psychologists in India.

After the Independence, the Ahmedabad Textile Industries Research Association (ATIRA) was established in 1950, where Kamla Chowdhury conducted large scale surveys to

study motivational problems in the textile industries. In the field of clinical psychology, advanced training programmes were introduced at the All India Institute of Mental Health (now known as National Institute of Mental Health and Neuro-Sciences (NIMHANS) in 1955. Also, Hospital for Mental Disease were established in Ranch in 1962 and Indian armed forces also expressed interest in using psychological test in personnel selection, to conduct research on defense related problems, motivation, leadership, mental health, stress and rehabilitation of disabled war veterans. Psychological Research Wing of the Defense Science Organization was set up in 1949, which was elevated as the Defense Institute of Psychological Research (DIPR) later on.

With such diverse initiatives and efforts, psychologists began to contribute the psychological services in different domains of national life by the end of 1950s

1.2. DEVELOPMENT AS A DISCIPLINE

There was a phenomenal growth in psychology discipline in terms of psychological practices and research in 1950s and 60s. In 1956, University Grant Commission (UGC) was constituted and funds had been provided to various universities to start psychology departments, which resulted in 32 departments by the end of 1960s. Through rapid and impressive expansion of psychology, the departments were created as a part of general expansion of higher education and without any particular academic consideration or any definite educational policy. Nevertheless, various departments developed a distinct identity (Pandey, 1969). For example, departments were known for their research in the areas of rural and social psychology (Allahabad), test construction (Mysore), Industrial Psychology (Osmania), Measurement and Guidance (Patna) or Verbal Learning (Pune).

In the late sixties, because of the declining standards of university departments and to facilitate research programmes, UGC established Centers of Advanced Studies and Centers for Special Assistance. Two psychology department (Utkal and Allahabad) were raised to the status of Centers of Advanced Studies in Psychology. Departments at Delhi, Gorakhpur and Tirupati were also elevated to the status of Center of Special Assistance.

A number of bilateral academic exchange programmes were commissioned by UGC and the Ministry of Education, Government of India. Through the fellowships of Commonwealth,

Fullbright and Ford Foundation, a large number of Indian scholars went to Britain, Canada and United States for doctoral and post-doctoral training in the sixties and seventies as a part of student exchange programmes. Qualitative changes in teaching and research were introduced when such students returned to occupy academic positions and shared their contemporary research ideas and continued academic collaboration with their seminal professors abroad.

1.3. MENTAL HEALTH POLICIES IN INDIA

In India, mental hospitals as they exist today, were entirely British conception. It was assumed with some evidences that modern medicine and hospitals were first brought to India by the Portuguese during seventeenth century in Goa. Mental Asylums, primarily, were built to protect the community from the insane and not to treat them as normal individuals. At the time of independence, India had about 30 institutions for the mentally ill, with 10 of them having been built prior to twentieth century. The Indian Psychiatric Society (IPS), among the oldest mental health professional bodies in India, came into existence in 1947, and the first Annual Conference of the society was held in 1948. The IPS along with the Indian Association of Clinical Psychologists (IACP) which came into being 1968, and the Indian Association of Professional Psychiatric Social Workers have played important role in influencing mental health policy. Superintendents of all mental hospitals were invited to conference in 1960, in which a draft of mental health bill was discussed.

Defining “Mental Health”

As mental health is being considered one of the primary factor of health, World Health Organization (WHO) defined as,

“A state of well-being in which every individual realized his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

Mental health can also be conceptualized as a spectrum with optimum mental wellbeing on one end and severe mental disorder at the other end.

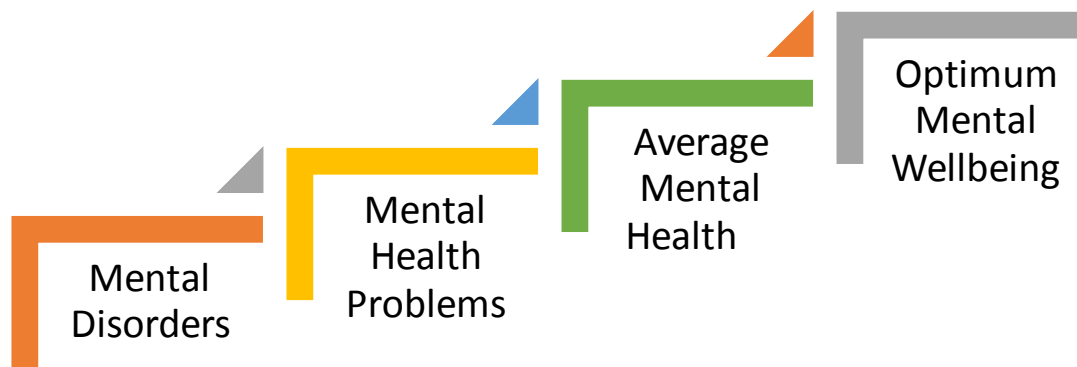


Figure 1.1 – Mental Health Conceptualization (Source: Well-Being Institute, University of Cambridge 2011)

The first Lunacy Act was introduced in India in 1858 and provided guidelines for setting up mental asylums and procedural checks for admission and treatment on the patients with a view “to segregate those who by reasons of insanity were troublesome and dangerous to their neighbors.” The amendment to the Lunacy Act in 1912 brought the mental hospital under the charge of Civil Surgeons instead of the Inspector Generals of Prison as in the earlier times. For the first time, psychiatrists were appointed and the control of such asylums handed over to the central government. The 1912 Lunacy Act essentially remained in effect until the 1987 MH Act was passed by the government of India. The service providers recognized the gross inadequacy of medical and other rehabilitation personnel in mental hospitals and set to correct the situation following India’s independence in 1947.

Doshi (*n.d.*) reviewed in her research on Mental Health Act in India. The Mental Health (MH) Act 1987 attempts to bring in the latest thinking in the sphere of MH services. Following legal precedents, media attention and a growing awareness, new services are emerging, especially in urban areas. Goel (2011) conducted a study to understand why mental health services in low and middle-income countries are under resourced and under-performing. It was found that major reasons were the top-down approach of planning mental health policies such as, National Mental Health Plan (NMHP) which was launched 1983 and poor governance, managerial incompetence. The NMHP plan was launched to provide basic mental health services through primary health care system. The plan was failed to achieve any of the objectives over two decades. After the independence of the country, Sir Joseph Bhore, Superintendent of

European Mental Hospital, surveyed all the mental hospitals in India and said that, *‘Every mental hospital which I have visited in India is disgracefully understaffed. They have scarcely enough professional workers to give more than cursory attention to the patients, to say nothing of carrying a teaching burden... The policy of increasing bed capacity, which has incidentally led to gross overcrowding in most of the mental hospitals, rather than personnel has been stressed in the past, but the cure of mental patients and the prevention of mental diseases will not be accomplished by the use of bricks and mortar.’* After few decades, when Supreme Court asked National Human Rights Commission (NHRC) to survey all existing mental hospitals in the country and the shockingly, NHRC report, 1999 echoed in one line ‘It was as if time stood still.’ There was no improvement at all in the conditions and services of mental hospitals in this period of time. The data presented by Goel (2011) reflected that by 2001, there were 11 million major mental disorders and 110 million common mental disorders prevailing in the country, for which there were 2219 psychiatrists, 343 clinical psychologists, 290 psychiatric social workers, 523 psychiatric nurses were available in India.

1.3.1 - Mental Health Act 1987, India:

The Mental Health Act was drafted in 1987 but was implemented in all states and Union Territories in India only in 1993. According to Rastogi (2005), most of the act is similar to the MH Act 1959, the MH (amendment) Act 1982, both of England and MH Act 1960 of Scotland with a few changes. the Act fails to address the removal of social stigma attached to MI and educating the society. Failure to mandate medical opinion to licensing authorities of service organizations, more stress on institutionalization, lack of after discharge care and rehabilitation measures, providing for research possibilities as long as guardians agree, lack of measures to restrict unnecessary detention by families or law agencies and adopting a different view of government and private hospitals are some of the serious limitation of the Act.

Sheshadri and Sheshadri (2005) highlighted fundamental flaws in the Mental Health Act, which are drafted on the premises that persons with mental illness are violent and dangerous, that mental illness is incurable and the subject loses his/her reasoning and judgment and subsequently the fundamental rights under the Indian Constitution. According to Dutta (2007), around 20% of the population of India suffers from some kind of mental health related problems. Yet, in a

country of more than a billion people, there are only 36 state-run mental hospitals only 500 qualified psychiatrists to serve them.

The first draft of the National Mental Health Policy (NMHP-2001) was prepared in late 2001. The National Mental Health Policy is aimed at doing “the greatest good to the largest number” through five interdependent and mutually synergistic strategies, to be implemented in a phased manner over the next two decades:

- (a) Extension of basic mental healthcare facilities to the primary level.
- (b) Strengthening of psychiatric training in medical colleges at the undergraduate as well as postgraduate level.
- (c) Modernization and rationalization of mental hospitals to develop them into tertiary care centers of excellence.
- (d) Empowerment of Central and State Mental Health Authorities for effective monitoring, regulation and planning of mental healthcare delivery systems.
- (e) Promoting research in frontier areas to evolve better and more cost-effective therapeutic interventions as well as to generate seminal inputs for future planning.

It has since been discussed at various levels. According to critics, there are several good reasons why we do not need such a policy. The National Health Policy-2002 (NHP-2002) covers mental health as well. A policy by itself achieves little; in the absence of politico-administrative will it remains just what it is, a piece of paper. The strategized NMHP provides the necessary conceptual framework for achieving our goals. More importantly, it is now being energetically implemented, with adequate budgetary support during the Tenth Five Year Plan.

Since last four decades, Mental health went through a wide expansion of knowledge base of the psychology, psychiatry, neurosciences and therapeutics. Though ironically, there has been parallel growth noted in interdisciplinary linkages, which supported integrated, socially and culturally appropriate approaches to mental health interventions and there are circumstances where contemporary practitioners found it difficult to comprehend the wide ranging of challenges in terms of culture, religion, caste and education. According to National Sample Survey Organization, mental disorders, specifically among elders, are a major public health issue for four main reasons which are, demographic ageing, very poor awareness about these mental disorders, traditional family and social support systems and no health services geared for the special needs of elders in India. There is a need to raise awareness about mental disorders in the

community and also among health professionals and to improve access to appropriate healthcare for the elderly with mental illness. Health education should aim to educate health workers and the community, to recognize the common symptoms of mental disorders and to stress that depression and dementia are real disorders and not just the natural consequences of ageing.

1.3.2 - The Mental Healthcare Bill, 2016

The Mental healthcare bill was passed by *Rajya Sabha*, Government of India in August, 2016. The Purpose of the bill is to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto. Unlike mental health act, 1987, which was criticized for proving to be inadequate to protect the rights of mentally ill persons, the mental healthcare bill, 2016 is vastly different and improved in letter and spirit. The most significant factor of the bill is that an individual attempting suicide shall be presumed to be suffering from severe stress and hence will be exempted from trial and punishment and the bill also seeks to impose on the government to rehabilitate that individual to ensure there is no reoccurrence of attempt to be suicide.

The act of 1987 could not identify the agency and capacity of a person suffering from mental illness, where the mental healthcare bill 2016 adopted different methodology for the empowerment of such people suffering from mental illness, to make decisions concerning his/her treatment. The bill also has adopted certain parameters for determination of mental illness, seeking to nationally and internationally accepted medical standards, especially adopted by the World Health Organization. The mental healthcare bill made efforts to address mental illness from holistic perspective and for empowerment of mentally ill people and also seeks to remove stigma attached to mental illness.

1.4. PROBLEMS OF PSYCHOLOGICAL PRACTICES IN INDIA

According to American Psychological Association (APA), psychological practices are defined as “an assortment of evidence-based treatments to help people improves their lives through training, teaching and counselling.”

In Western countries like USA and UK, practicing psychologists have professional training and skills to help people learn to cope more effectively with the life issues and mental

health issues. After years of graduate school and supervised training, they become license by their states to provide a number of services including evaluation and psychotherapy.

There are number of ethical guidelines for practice, which practitioners have been asked to implement in to their practice such as, unbiased treatment, ethical use of the skill, confidentiality of clients' personal information, regular reporting to supervisor and so on. There are various psychological associations worldwide such as – American Psychological Association (APA), EFPA, APS, SPC etc., which have been established by the respective governments, responsible for maintaining and implementing good quality practice for society. And maybe, that is why, mental health has been given equal importance and attention as physical health in those countries.

Whereas mental health is being severe concern in India. People in India live with many stereotypes for mental health diseases and treatment. Hence, in result to that, they are suffering from many mental illnesses, besides they do not inquire appropriate information/knowledge about their problems. Therefore, people could not get required care and treatment to cope with the illness. Those who seek for mental health services cannot get appropriate suggestions or referrals by their doctors or society due to lack of authentic certification of professionals who are practicing in the field of psychology. Getting good quality services for psychological need is another concern for society in India, due to lack of awareness about how – from where – from whom, they can get good and authentic services and absence of regulatory body or psychological association which can be responsible for monitoring and validating professionals and give them permission to work in the field. There are no standardized guidelines, official document/policy to decide good quality professionals and standardized services here in India.

Some pertinent issues are:

- “Psychologist” / “Counselor” / “Psychotherapist” – these terms are not defined or standardized in India. Different people believe and follow differently as per their own convenience.
- What are rules and regulations for the ethical practices? On the basis of what, it can be decided?
- Who cannot practice or work in the field of psychology?

- What if an individual having insufficient knowledge and skills provides services to others?
- Who is responsible to monitor or keep check if services are ethical?

There are many more such issues that need the attention of people who are responsible for the better quality of life of the people in India. Those people can be experienced psychologists – who are well established giving services to people, directors/top level management of already established psychological associations, currently working practitioners, lecturers/professors who teach psychology every day to students and also importantly – the people of the society to whom, psychological services should be delivered ethically through certified and skilled and knowledgeable manpower.

1.5. EDUCATION OF PSYCHOLOGY IN INDIA

1.5.1 Higher Education in India

Being the third largest education system in the world, after United States of America (USA) and China, the Indian higher education system presents a fairly large and diversified system of higher education. With growing internationalization of higher education, the Indian higher education system has become the second fastest growing economy in the world by providing trained and skilled human power. It has also acted as a powerful mechanism for the upward social mobility of the economically and socially backward sections. With Globalization and internationalization, opportunities appear to be immense in diverse areas. The remarkable development information technology has promoted learners' method of learning in both the formal and distance modes. Distance education and virtual institutions are regarded to be an

industrialized form of education. With the fast-growing information and communication technology the availability and flow of academic resource materials is providing input to the academicians to compete with their counterparts anywhere in the world (Rashmi, 2013).

The first university of the country was established by the British government in 1857 at Calcutta (Kolkata), Bombay (Mumbai) and Madras (Chennai). The higher education system was largely elitist and the number of higher education institutions was limited. At the time of independence, there were only 20 universities and 500 affiliated colleges in India. Since then major transformation has taken place in the higher education sector of the country. (George, 2013). The University Grant Commission (UGC) was established by the Government of India in 1953 for the planned development of higher education of the country. The UGC became a statutory organization by an Act of Parliament in 1956 and was entrusted with the task of coordination, determination and maintenance of standards of higher education. the UGC also provides financial assistance under various schemes to eligible colleges and universities which are included under Section 2(f) and declared fit to receive central assistance under Section 12(B) of the UGC Act, 1956. The Government of India set up few central universities by the Acts of Parliament. All the central and state universities depend heavily on central government or the state government for funds. The period since 1990 has witnessed the emergence of private universities and colleges in large numbers.

1.5.2 - Present State of the Higher Education System.

The institutional framework of the higher education sector in India at present mainly consists of 46 central universities, 329 state universities, 205 state private universities, 128 deemed universities, 03 institutions established under state legislation and over 40,760 colleges as shown in below table 1.1

Table_1.1: No. of Educational Institutions

Types of Institutions	Number (As on 31.03.2015)
Central Universities	46

State Universities	329
State Private Universities	205
Institutions deemed to be universities	128
Institutions established under state legislations	03
Colleges	40,760

(Source: UGC Annual Report – 2014 -15.)

Although India has more than 500 universities including central universities, state universities, deemed universities and other private universities and institutions, there will still be need of 1500 universities in the near future. A minimum standard of quality need to be ensured in teaching, research, publications, patent, innovations, social recognitions and international reputations. Higher education system in India is facing a number of issues of concerns and challenges such as, access, quality, governance, autonomy, accountability, funding, impact of technology, privatization, internationalization, etc.

During the independence period, there were three universities teaching psychology up to the post-graduate level. As shown in the table 1.2 below, the number has gone up very rapidly over nineteen in 1960, thirty-three between 1961-70, thirty-six in 1972 and fifty-seven in 1982.

Table 1.2. Number of Universities Teaching Psychology up to the Post-Graduate Level.

No.	Period	Number of Universities
1	1920	1
2	1930	2
3	1940	4
4	1947	3
5	1950	9
6	1960	19
7	1961 – 70	33

8	1972	36
9	1982	57*

*Includes universities where there are separate departments of psychology or are taught up to post-graduate level in one of the colleges or in the departments of philosophy.

Source: *Psychology in Indian Universities*, UGC, 1968; *Status of Psychology in Indian Universities*, UGC, 1982; S.K. Mitra, *A Decade (1963-72) of Science in India: Progress of Psychology*, Calcutta: Indian Science Congress Association, 1973.

Besides, other institutions such as, the Indian Institute of Technology (IIT), the Indian Institute of Management (IIM), the All-India Institute of Hygiene and Public Health, run advanced courses in psychology and offer diploma or part of training of engineers, managers and other professionals. Though, the enrollment of students in Psychology has increased over the years, no accurate numbers are available.

Table 1.3 – Number of Universities (State wise)

No.	State	University	Colleges/ Institutes
1	Andra Pradesh	5	8
2	Bihar	5	1
3	Chhattisgarh	1	6
4	Goa	1	0
5	Gujarat	5	24
6	Haryana	4	3
7	Jharkhand		2
8	Jammu N Kashmir	2	0
9	Karnataka	6	34
10	Kerala	2	21
11	Maharashtra	8	49
12	Madhya Pradesh	4	15
13	North Eastern States	5	11
No.	State	University	Colleges/ Institutes

14	New Delhi	5	18
15	Odisha	5	23
16	Punjab	4	12
17	Rajasthan	5	1
18	Tamil Nadu	12	17
19	Uttar Pradesh	9	14
20	Uttarakhand	2	0
21	West Bengal	4	12
	Total	94	271

(Source: State-wise list of Psychology colleges in India, www.psykology.in)

1.6. THE UGC MODEL CURRICULUM OF PSYCHOLOGY, 2001

Curriculum development is the essential ingredient of any vibrant university academic system. According to UGC model curriculum for Psychology (2003), “There ought to be a dynamic curriculum with necessary with a prime objective to maintain updated curriculum and also providing therein inputs to take care of fast paced development in the knowledge of the subject concerned. Revision of curriculum need to be a continuous process to provide an updated education to the students at large.”

The UGC Model Curriculum has been produced to take care of the lacuna, defects/shortcomings in the existing curricula in certain universities, to develop a new Model Curriculum aiming to produce the one which is compatible in tune with recent development in the subject:

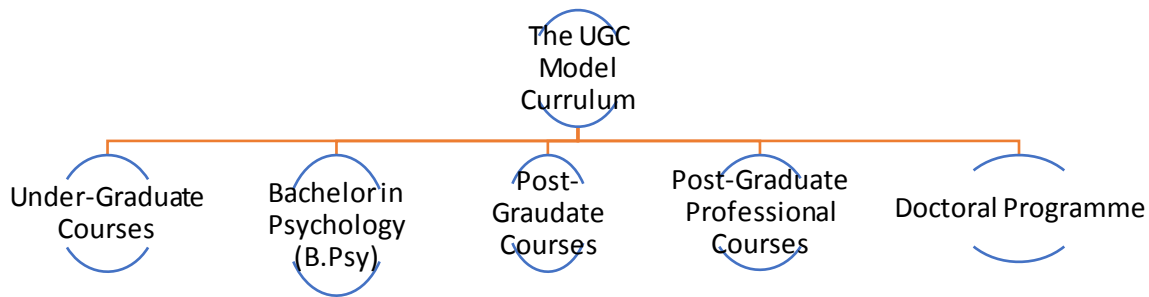
- To introduce innovative concepts
- To provide a multi-disciplinary profile and
- To allow a flexible cafeteria like approach including initiating new papers to cater to frontier development in the concerned subject.

Panels of experts from the across the country attempted to combine the practical requirements of teaching in the Indian academic context with the need to observe high standards to provide knowledge in the frontier areas of their respective disciplines. It has been also aimed to combine the goals and parameters of global knowledge with pride in the Indian heritage and Indian contribution in this context.

The University Grant Commission (UGC) constituted the Curriculum Development Committee (CDC) to meet the need and requirement of the society and in order to enhance the quality and standards of education, updating and restructuring of the curriculum. The model curriculum of Psychology has been provided to the universities only to serve as a base and to facilitate the whole exercise of updating the Curriculum soon.

With the development of new courses, the Curriculum Development Committee (CDC) envisions that the training imparted by Universities and college departments will enable students in,

- Generation of psychological knowledge through inter-disciplinary focus and
- Developing skills for rendering psychological services to the society for human and social development. The CDC in Psychology has categorized the UGC Model Curriculum in five broad sections as follows:



1.7 - CURRICULUM OF PSYCHOLOGY AT POST-GRADUATE LEVEL

The purpose of post graduate programme in Psychology is aimed at competence building among students from holistic and interdisciplinary approach. The curriculum at post-graduate level needs to inculcate both knowledge generation as well as application in different domains of the discipline. However, all psychology departments may or may not opt for specialization in various branches of the discipline. With the offering, wide variety of courses at post-graduate level, special attention was recommended to the use of Indian source material since most of them are Euro-American products. Also, it was recommended to give emphasis to laboratory work, practical training and practice in scientific writing and reporting. Development of professional skills and competence building were considered the important for pedagogy. As per the CDC recommendation, it was expected that an appropriate mix of theoretical courses and practical in doing laboratory work, field work, etc. will be decided by departments based on the

specializations, but recommendation is that the theoretical courses need to carry a weight of between 70-80% and practical courses between 20-30 %.

1.8. NEED OF PROFESSIONAL REGULATION FOR PSYCHOLOGY PROFESSION

Professions such as medicine, accounting, and law have been predominantly applied fields, serving patients, businesses, and clients. Medicine established the first modern ethics code, largely to give physicians status in comparison to relatively untrained “quacks” who were competing for patients’ business (Backof and Martin, 1991). Professional regulatory body or ethical guidelines for psychologists are meant to stimulate and help psychologists to act appropriately with respect to clients, colleagues, and other individuals involved in their professional relations. The discipline and practices of psychology have grown at different rates internationally since their inception in the late 19th and 20th centuries. Between-country differences in the nature of psychology is attributable to historic, economic, cultural, religious, and other factors.

According to Kuhlmann (2013), the licensing or certification of psychologists has a number of objectives.

1. ***Protection of the Public***, or that part of the public that is being served, is usually placed as first in importance. For example, to wire a house and to install electrical fixtures so as to prevent fires and injury or deaths requires some special knowledge and skill. The electrician's state license is your and my protection. Similarly, for like medicine, psychologist also need to take license before they start practice. Licensing serves both as a label by which the competent worker may be identified and offers a reasonably good guarantee that satisfactory service will be given.
2. Since the license serves as a label and means of identification, a second objective is attained. This is the ***protection of the qualified*** electrician against the inefficiency and mal-practices of others. Obviously, if there were no ways of discriminating between the good and the poor practitioner, the good would suffer from the faults of the poor and the poor would benefit from the merits of the good. The man who sacrificed time and money to prepare himself for the trade would be robbed of an opportunity to get any returns from his investment. In other

words, the license in-and-by-itself improves the quality of the service by giving a motive for special training.

3. This brings out the third objective, which is *the raising of standards to a uniform and required* level. Giving a license requires the definition of a basis for giving it. Qualifications must be determined and standards set. This need not be done directly by the laws. If definite qualifications were specified in the legislative enactment that sets up the license requirement, further progress might be retarded rather than stimulated, through failure to keep the legislation up to date. But this is not necessary nor customary in fields where continued progress in the quality of service is possible. The definition of qualifications necessary for a license may be left to the licensing board, and usually is. A license to practice law and medicine has been a legal requirement for generations. We have better lawyers and doctors than we used to have, and the legislations involved in the licensing has been no hindrance in bringing about that improvement.
4. *Education of the public* is the fourth objective for licensing. The license brings into sharp relief both the fact that a special skill is required, and that there are those who possess it. If the public fails to observe these facts, the licensed person or group can be depended upon to tell the public what it needs to know. To be sure any special skill can be over-sold, but complete ignorance of its existence would certainly present a much worse state of affairs. The license tends to make the public skill-conscious. With this result achieved, skill will be evaluated, sought for and employed more approximately in accordance with its merits.

In the case of American Psychological Association (APA), the Code of Ethics of the APA was enacted in 1953, more than 60 years after the organization was founded in 1892. For comparison, when the American Medical Association was organized in 1847, a corresponding ethics code was initiated at the same time. The disparity between the timing of these two organizations' adoption of ethics codes lays primarily in their founding organizational purposes. (Joyce, 2010).

Similarly, Indian Medical Association (IMA) was started in 1928 in Calcutta in 5th all India medical conference with the primary objectives of:

- a) *Promotion and advancement of medical and allied sciences in all their different branches,*
- b) *The improvement of public health and medical education in India and*

c) The maintenance of honor and dignity of medical profession.

Policies for medical practice and code of conduct was also established and it is being implemented to whole country, whereas, since the inception of Psychology in 1950, Rehabilitation Council of India was a registered society in 1986. The Rehabilitation Council of India (RCI) Act was enacted by Parliament in 1992 and it became a statutory body in 1993. The Act was amended by Parliament in 2000 to make it more broad-based. The mandate given to RCI is to regulate and monitor services given to persons with disability, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability. Clinical Psychologists and Rehabilitation psychologists from RCI registered institutions are given RCI certification to practice psychology, which means major population of psychology students who finish their Postgraduation or M.Phil. from state government and central government universities which are not RCI approved are not given certification to practice.

Mishra and Rizvi (2012) reviewed the meta-analytic point of view of Clinical Psychology in India based on PsycINFO database entries, journals, books and postings on Indian Association of Clinical Psychologist's website, explaining the need to strengthen the empirical base for treatments and psychological practices within a comprehensive framework of professional ethics and code of conduct. They observed how the absence of professional regulation of psychological practice lowers quality of standards. They also recommended that there is a need to establish a national licensing board of psychology to conduct written and oral examination for credentialing the clinicians and put forward thought that there is a need of development of data-informed diagnostic system such as DSM IV-TR (American Psychological Association, 2000) and ICD – 10 (World Health Organization, 1993). It was concluded from the review that it is important to expand existing IACP's (1995) code of ethics by including areas covered in more comprehensive code of ethics.

Second gap was reviewed by Mishra and Rizvi (2012) was regarding the revised curriculum by RCI in M.Phil. (Clinical Psychology). The curriculum was found unrealistically comprehensive in comparison of M.A (Applied Psychology) syllabus in clinical psychology of Delhi university. For example, RCI included courses on psychosocial foundations of behavior and psychopathology, Biological foundations of behavior, Psychiatry, Psychotherapy and

Counseling, Behavioral medicine, Statistics and research methodology, psychological psychotherapies and Viva and a list of 104 essential references for these courses. Whereas, M.A (Applied Psychology) syllabus in clinical psychology includes psychological assessment, clinical and health psychology, neuropsychological rehabilitation, applied cognitive psychology, research methods and list of 27 suggested readings, which was thought to be overlapping significantly with RCI's listing.

Third major concern was related to credentialing clinical psychologists. In spite of the fact that RCI was created for credentialing clinicians back in 1993, a recent review (Prabhu, and Shankar, 2004) still claims lack of any credentialing for clinicians and advises IACP to take initiative in this area: *“At the time of [this] writing, there is no statutory body in India which can provide professional registration to clinical psychologists...In the absence of a statutory body, it may be considered the responsibility of the IACP to maintain professional standards and define what constitutes sound professional practice [emphasis added].”* (Prabhu and Shankar, 2004).

1.9. PSYCHOLOGY: A WORLDWILD SCENARIO

The roots of psychology can be traced to Greek philosophy as the term Psychology is derived from two Greek words ‘psyche’ (soul) and ‘logos’ (knowledge or study). Plato (428/427 BC – 348/347 BC) and Aristotle (384 BC – 322 BC) were first philosophers who started the study of mind. Plato believed that body and mind are two separate entities and mind could exist even after death. Aristotle theorized about learning and memory, motivation and emotion, perception and personality.

Philosophers’ thinking about thinking continued until the birth of psychology, in 1879, in a small room on the third floor of a modest building at Germany’s University of Leipzig. Wundt was both a philosopher and a physiologist. Charles Darwin, who proposed evolutionary psychology, was an English naturalist. Ivan Pavlov, who pioneered the study of learning, was a Russian physiologist. Sigmund Freud, renowned personality theorist, was an Austrian physician. Jean Piaget, the twentieth century’s most influential observer of children, was a Swiss biologist. William James, author of an important psychology textbook (1890), was an American philosopher. This list of pioneering psychologists— “Magellan’s of the mind,” as Morton Hunt (1993) has called them—illustrates psychology’s origins in many disciplines and countries.

From a historical perspective, the first school of psychology to be established was Structuralism. Wilhelm Wundt (1832–1920) founded the first psychological laboratory of the world. Wundt was trained in *physiology* and became interested in knowing how simple sensations associated with the sense organs combined to form what we call human consciousness. According to William James, psychology should be more interested in how the mind *functions*, or works, than how it is structured and this can also be taken as the date when the school of psychology known as Functionalism was born.

A third classical school of psychology, Psychoanalysis. Sigmund Freud (1856–1939) was a medical doctor with a specialty in neurology. His findings and conclusions are based primarily on his work with patients. Early in his career he concluded that a large number of people with neurological symptoms had no organic pathology. They were *not* biologically sick. Instead their symptoms were produced by intense emotional conflicts.

From the 1920s into the 1960s, American psychologists initially led by flamboyant and provocative John B. Watson and later by the equally provocative B. F. Skinner, dismissed introspection and redefined *psychology* as “the scientific study of observable behavior.”, which was identified as Behaviorism, the fourth school of psychology.

In 21st century of globalization, psychologists are citizens of many lands. The International Union of Psychological Science has 69-member nations, from Albania to Zimbabwe. Nearly everywhere, membership in psychological societies is mushrooming—from 4183 American Psychological Association members and affiliates in 1945 to nearly 150,000 today, with similarly rapid growth in the British Psychological Society (from 1100 to 45,000). In China, the first university psychology department began in 1978; in 2008, there were 200 (Tversky, 2008). Worldwide, some 500,000 people have been trained as psychologists, and 130,000 of them belong to European psychological organizations (Tikkanen, 2001). Moreover, because of frequent collaboration of international publications, joint meetings, and the Internet, collaboration and communication cross borders now more than ever. “We are moving rapidly toward a single world of psychological science,” stated by Robert Bjork in the *Psychology* book. Psychology is growing and it is globalizing. Across the world, psychologists are debating enduring issues, viewing behavior from the differing perspectives offered by the subfields in which they teach, work, and do research. (Myers, D. 2010)

1.9.1 - DISCIPLINES OF PSYCHOLOGY

Psychology as a science has been divided into two fields: Basic and applied. Basic psychology is the science of learning for the sake of knowledge. Basic science asks three questions: What happened? How did it happen? and why did it happen? The goal of basic psychology is to study behavior. Whereas applied psychology, according to American psychological association (APA), is motivated more by a desire to solve practical problems and to move the fruits of our scientific labor in the real world.

Basic and applied psychology could be classified as follows,

Table 1.4 – Classification of Types of Psychology

Basic Psychology	Applied Psychology
Abnormal Psychology	Clinical Psychology
Cognitive Psychology	Community Psychology
Comparative Psychology	Consumer Psychology
Cultural Psychology	Counseling Psychology
Developmental Psychology	Industrial Psychology
Experimental Psychology	Health Psychology
Existential Psychology	School Psychology
Personality Psychology	Educational Psychology
Positive Psychology	Sports Psychology
Social Psychology	Health Psychology

Psychology is remarkably diverse with a tremendous range of specialty areas. Psychologists frequently choose to specialize in a subfield that is focused on a specific subject within psychology. Many of these specialty areas in psychology require postgraduate study in a particular area of interest. The existence of structured education system for applied psychology, licensing system and continuing education credits pronounces the significance of psychological practices in developed countries.

1.10. FUNCTIONS OF VARIOUS PSYCHOLOGICAL ASSOCIATIONS AROUND THE WORLD

With the growing number psychologists in the world, like medicine, various psychological associations are formed such as, American Psychological Association (APA), British Psychological Society (BPS), Australian Psychological Society (APS), Canada Psychological Association (CPA), European Federation for Psychologists Association (EFPA). Major focus of such associations was to enhance the communication and application of psychological knowledge to benefit society and improve people's lives by developing standards of professionalism to promote ethical behavior, attitudes and judgements on the part of psychologists. With the successful implementation of such psychological association, the essence of giving quality psychological services is channelized fruitfully with licensing and monitoring of psychological professionals. Functions of some popular psychological associations are described below,

1. American Psychological Association (APA)

APA is the world's largest and most important psychological organization operating in the United States. APA was founded in 1982, during the early stages of psychological study and originally helped regulate those working in the field. It offers memberships to students, educators, scientists or clinicians. According to the website of American Psychological Association (APA), "APA seeks to advance psychology as a science, a profession, and as a means of promoting health, education and human welfare."

Major functions of APA includes, encouraging the development and application of psychology in the broadcast manner, promotion of research in psychology and improvements of research methods and conditions and the applications of research findings, establishment of high standards of ethics, code of conduct, education, achievement for the development of qualification and usefulness of psychologists and dissemination of psychological knowledge through meetings, professional contacts, reports, papers, discussions and publication.

Ethical principles and code of conduct of psychologists is categorized in 10 sections namely, *Resolving Ethical Issues, Competence, Human Relations, Privacy and Confidentiality, Advertising and other public statements, Record Keeping and Fees, Education and Training,*

Research and Publication, Assessment and Therapy. APA also provides continuous education programs for psychologists and other mental health professionals to provide opportunity for professional development while earning continuous education (CE) credits. APA offers CE programs in three ways, *Topic wise, Type wise and Credit wise.* Topic-wise, there are more than 25 topics such as Trauma, Supervision, Psychotherapy and Addiction. Type-wise includes, *Article-Based Exam, Book-Based Exam, Convention Workshop, Newsletter-Based Exam, Online Course/Video on Demand,* and Credit-wise consists of number of courses ranging from 1 credit to 15 credits.

2. The British Psychology Society (BPS)

The British Psychological Society (BPS) is the representative body for psychology and psychologists in the UK which is responsible for the development, promotion and application of psychology for the public good. With the aim of promoting excellence and ethical practice in the science, education and practical applications of psychology, BPS enhance the efficiency and usefulness of psychologists by setting high standards of professional education and knowledge by providing directory of chartered psychologists, ensuring high standards of education, training and practice, promotion of awareness and influence of psychology among society, strengthening the quality of practices by offering professional development to member psychologists and also by providing conferences and events to update the knowledge and resources of psychology professionals (BPS, 2016).

British Psychological Society (BPS) also functions as professional development centre which is responsible to provide learning and continuous professional development (CPD) opportunities and supports psychology professionals and those working in related fields with their professional development. CPD opportunities from the professional development centre includes e-learning courses, workshops and conferences. Recently it was found from the article on BPS website that new approach has been chosen in professional development centre (PDC) in 2017, where PDC will be organize its professional developmental activities and workshops in line with key policy themes, work streams and emerging areas of psychology. Workshops such as supervision skills, expert witness and working successfully in private practice will be added throughout the year. The PDC will be creating a more strategic and focused central professional

development offering that will be relevant to the progress of psychology by working collaboratively with policies, boards and committees across the BPS.

Thomas Elton, Professional Development Centre Manager in BPS said that new approach will allow the PDC to be more flexible and responsive to key policy areas, which in turn will align the interests and needs of members.

3. The Australian Psychological Society (APS)

Australian Psychological Society (APS) is the professional organization for psychologists in Australia consist of 22,000 members. APS aims to sustain growth in APS membership, and following the direction provided by the Strategic Plan, work together with members to fulfil the APS mission to advance the discipline and profession of psychology for the benefit of members and the communities they serve. The APS brings energy and focus to wide range of activities to advance and unite psychology as a discipline profession, and spreads the messages that psychologists make a difference to people's lives.

Continuous Professional Development (CPD) provides high quality training, professional development and conference opportunities and also facilitates an access to psychological literature. CPD is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and also develop qualities required for their professional lives. In 2010, the Ministerial Council in accordance with the section 38(1)(c) of the *Health Practitioner Regulation National Law Act* was enforced in each state and territory and CPD was considered mandatory for registration in Australian Psychological Board. The strategic plan identifies key strategic objectives for action over the period of 2015-17. The objectives were 1) Unity with Diversity – to foster unity in the profession, 2) value for members – enhance the value for membership, 3) voice of psychology – further ensure that the APS is the voice of psychology in Australia

4. **The National Association of School Psychologists (NASP)**, under the governance of American Psychological Association (APA) issued a Model for Competencies and Integrated School Psychological Services in which some domains of practice for school psychologists were explained with crystal clarity. The 10 domains must be taken as foundation steps to counsel and provide therapies at school level. The domains like 1. Data-based Decision Making and

Accountability 2. Consultation and collaboration were added to the practices that permeate all aspects of delivery which elucidates the fact school psychologist must be informed of all the models of related practice and must be able to imply them to their practice experience. The next two domains namely; 3. Interventions and instructional support to develop academic skills and 4. Interventions and mental health services to develop social and life skills were added to the domain group for direct and indirect services for children, families and schools at student level. At system level services 5. School wide practices to promote learning 6. Preventive and Responsive Services and 7. Family- School Collaboration Services were explained. School psychologists must be trained individuals capable of imparting ethically sound and evaluative services. Diversity in Development and learning 9. Research and program evaluation and 10. Legal, ethical and professional practice. In addition to the domains NASP also put forward six basic principles that lead to good overall growth of schools such as good ambience, availability of all the required resources for efficient practice to name some.

5. Canadian Psychological Association (CPA)

The CPA was organized in 1939 and incorporated under the Canada Corporate Act, Part II in May 1950. The objectives of CPA are,

- To improve the health and welfare of all Canadians.
- To promote excellence and innovation in psychological research, education and practice.
- To promote advancement, development, dissemination and application of psychological knowledge and
- To provide high quality services to members.

An article published by Canadian Register of Health Service Providers in Psychology (CRHSPP) explained the constant changes in the field and the way psychologists need to become professionals following a specific code of ethics. It clearly listed three basic concepts to which psychologists must adhere to in order to gain proficiency. The concepts are-

1. Assuming responsibility for oneself
2. Developing an activity portfolio
3. Social networking

It clearly states that psychology professionals must have complete knowledge of the resources, must be in good mental and physical wellbeing. Compiling an Activity portfolio may help them to manage their work efficiently and increasing social networking can really do wonders for them in order to impart their services dynamically.

The Cube Competency Supervision Model developed by Maxine and Keith (2005) aimed at reducing barriers to mobility and to avoid assessment of academic levels and establishing 'Competency' as the principal basis for admission to all regulated professions. It clearly stated that simply having knowledge and skills are insufficient but developing a sense of competency will lead to quality efficiency. It explained the stages of professional development and how psychologists gain, maintain and enhance competencies throughout their professional career. It has a high utility value as it can be used for personnel selection, train practitioners, self-assessment and supervision.

A Competency Model for Professional Psychologists in Community Mental Health developed by Emmons and Wong (2012) explained the need of defined competencies. The complex needs and challenging environments require public psychologists to be on their toes every time. On the same criterion as the Cube Competency Model it explained the need of functional and fundamental competencies for psychology professional as these competencies were meant to be of great help in increasing the representation of psychologists in public service settings. Education and training efforts are needed to implement and promulgate professional psychologists' acquisition of these functional and foundational public psychology competencies.

6. The Association of State and Provincial Psychology Boards (ASPPB)

The association of state and provincial psychology boards (ASPPB) is the alliance of state, provincial and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. ASPPB was founded in 1961 to serve psychology boards in two countries as a product of American Psychological Association (APA). One of the primary objective was to facilitate mobility for psychologists throughout the United States and Canada. The Examination of Professional Practice in Psychology (EPPP) was created as a standardized examination for those psychology professionals who aspire to become licensed as psychologists.

The first EPPP was administered in 1965 and it got recognized among the jurisdictions of US and Canada slowly though almost all jurisdictions of both US and Canada had adopted the EPPP as the entry level exam for licensing to practice independently. EPPP was believed to be more researched, validated and defensible professional exams in all the profession.

7. National Academy of Psychology (NAOP)

The National Academy of Psychology (NAOP), India is a professional organization founded in 1987 that includes scientists, practitioners, and researchers in the discipline of Psychology. The primary objective of NAOP is to promote quality of teaching and training for research in psychology and to foster training for growth of Psychology as a science as well as a profession.

Ethical principles for psychologists was adopted unanimously by the executive committee of the NAOP from Universal declaration of ethical principles for psychologists by the International Association of Applied Psychology (IAAP). It provides a moral framework and ethical principles that guide and inspire psychologists in NAOP towards highest ethical standards in their professional and scientific work. The objectives are to provide an ethical framework for NAOP, to use as a template to guide the teaching, research, training and practice, to encourage global thinking about ethics and to speak with collective voice on matters of ethical concern.

NAOP has outlined some guidelines for psychologists to help build a better world where virtues like peace, responsibility, justice, humanity etc. These guidelines advocate that psychological services must occur in order to ensure their relevance to the economy, community, customs, beliefs, and practices. The values promoted in the guidelines were: Respect for the dignity of people, Caring for the well-being of the people, Integrity, Professional and scientific responsibilities to society. Psychologists being social health workers have to understand and empathize with the emotions of people and respect their dignity. It is important that they respect and have complete tolerance towards the unique worth of people, their religion, customs and beliefs. The most important ethics is confidentiality so that a medium of trust is maintained and a flow of openness is there. Caring for the wellbeing of people holds the point that psychologists should aim at minimizing all potential harms and maximizing all possible benefits. They must aim fully at developing competence. NAOP added integrity to the list so that a relation based on

truth and selfless needs is maintained and impartiality is kept at bay. Psychologists must be very well known of the various scientific and professional basics to add quality in the service. They must be aware of the ethical issues regarding their profession.

8. Indian Association of Clinical Psychologists (IACP)

IACP is an organization formed in 1968 with the aims and objectives of advancing the concepts of mental health and the advancement of profession of clinical psychology. IACP is been working on creating awareness about the field of clinical psychology in particular, the requirement and qualifications of an individual to function as a clinical psychologist in various setups such as hospitals, clinical setups, academics, rehabilitation and all other areas. The other functions of IACP includes formulation of the standards of education in clinical psychology at the university level and at professional levels according to the changes and development in the field and active participation with other professional and scientific bodies with a purpose of mutual benefits in advancement of both clinical psychology and other related fields.

IACP has adopted a code of conduct to strengthen a sense of commitment and responsibility and also sensitizing them to the ethical issues of health profession. The code of conduct is divided in six important parameters such as, professional competence and services, referrals, method of expert opinion, consent for treatment, patients' welfare, court testimony and confidentiality. Each parameter is defined in brief as below:

- 1) Professional Competence and Services – For the provision of efficient and effective services to the sick and needy people, a clinical psychology need to fulfil the criteria as laid down in the IACP revised consultation and need to be competent professionally to carry out responsibilities of clinical psychologist.
- 2) Referrals – It is suggested in the mandate that wherever a case is referred to a clinical psychologist for the expert opinion, it is the responsibility of the expert to ascertain the basic prerequisites of assessment. Also, while providing therapeutic treatment, if he/she observe such symptom or sign which needs consultation of any physician or psychiatrist, he/she should do the needful as early as possible.
- 3) Method of Expert Opinion – A clinical psychologist need to exercise discretion of selection of test or administration of an assessment until the referring psychology

professional had made request for particular test or assessment. Further while making inferences about the assessment need to be based upon test findings, clinical notes and observations only. In dealing with mental health, one needs to be fully responsible for his/her opinion under all circumstances.

- 4) Consent for Treatment – A clinical psychologist needs to explain to the client and the available relative about the nature of illness, method of psychological treatment before starting the treatment. An involvement of a client in the psychological treatments and behavioral techniques is very crucial and hence, it is very important to take consent of the client.
- 5) Patients Welfare – Beside providing efficient mental health care, it is also important for clinical psychologist to maintain a high regard for patient's integrity and welfare. Professional ethics implies that a therapist should not take up a case that is not fairly within his/her competence.
- 6) Court Testimony – During the appearance in court for testimony, a clinical psychologist need to follow the required etiquette and maintain the image of a trustworthy and reliable expert. A clinical psychologist need to be refrain from any bias or a prejudice and his/her opinion need to be based on test findings and observations as clinical psychologist.
- 7) Confidentiality – the information elicited from clients and his personal life should not be disclosed to anyone other than concerned co-professional or appropriate authorities. Clinical record of each client need to be kept carefully under his/her custody.

1.11. PROFESSIONAL DEVELOPMENT FOR PSYCHOLOGISTS

What makes a professional stand apart from others in his or her field? of course, each of us have the educational qualification and the hands-on experience that makes us well-rounded and widely respected in the field. But true professionals don't stop there. In fact, they never stop – especially when it comes to learning. One of the major benefit of professional development is the opportunity to an individual is trying to become one needful professional and also acquire the basic knowledge, skills and abilities. When people use the term “professional development,” they usually mean a formal process such as a conference, seminar, or workshop; collaborative learning among members of a work team; or a course at a college or university. However, professional development can also occur in informal contexts such as discussions among work

colleagues, independent reading and research, observations of a colleague's work, or other learning from a peer.

Professional development can provide the drive to learn and practice psychological practices career, keeps psychology professionals competitive and ultimately, it also can be needful in strengthening the quality of psychological services in India. Professional development is something an individual acquire every day of his/her life without even thinking about it; however, being conscious of the development an individual undertake will allow record this and develop in a systematic way. In order to maximize the potential for lifetime employability, it is essential that psychology professionals maintain high levels of professional competence by continually improving an individual knowledge and skills.

By taking ownership of the career and focusing on professional development one can,

- Be better able to recognize opportunity;
- Be more aware of the trends and directions in technology and society;
- Become increasingly effective in the workplace;
- Be able to help the society with good quality services.
- Be confident of future employability;
- Have a fulfilling and rewarding career.

Taking a structured approach to his/her professional development will enable a professional to demonstrate continuing commitment to his/her profession. What's more, the good practice of regularly reviewing the needs, and selecting appropriate learning activities to help fulfil them, will give an individual's career focus and meaning.

It is vital that you focus on maintaining and building upon his/her current competences whether an individual is seeking promotion and greater responsibility or wider professional recognition through membership of an institution or a professional qualification.

It is imperative that an individual work at ensuring an individual continue to benefit from the standing and recognition an individual have already achieved as our employability is affected by many factors, including:

- Increasing demands for accountability;
- Rising tides of regulations and legislation;

- New technologies;
- A need for diversification.

Whatever his/her aim, it is sensible to think about where his/her career is going and draw up a career plan. This will help an individual to identify various pathways that may be open to an individual now, pick out markers along the way, and help an individual to recognize options open to an individual as they emerge. An individual will have some transferable knowledge and skills in addition to any new ones an individual will require, and these should be recorded.

Maintaining records of his/her development will help an individual to focus on his/her career plan. As an individual progress with the process of planning, and recording, an individual will find it easier to review and amend as new options become available. The professional development cycle demonstrates how structured professional development becomes cyclical and self-fulfilling.

Elman, N., Robiner, W. and Kaye, J. (2005) explore the definition of professional development from three different perspectives: *a) identification, b) training and c) assessment and future directions* and made an effort to derive the concrete definition of professional development for psychologists. It was derived from development perspective, professional development can be related with various tasks associated with starting graduation and Postgraduation in psychology, pursuing internships, doing research work, knowing Government and Non-government psychological associations, completing doctoral degrees, preparing for licensure, beginning a career, functioning during the midcareer years (Ronnestad and Skovholdt, 2010).

From training perspective, professional development can be concentrated to the development of required competencies, knowledge, skills and proficiencies. From practice perspective, professional development focus on skill development and updating of knowledge. Professional development also can be needful for practitioners to reflect efforts to expand, deepen, generalize, or redirect competencies and knowledge in to expertise in areas beyond those acquired knowledge in formal education and training in universities and colleges. Professional development is also seen as the crystallization of professional identity, which is evolved by securing one's identity as a psychologist (Friedman & Kaslow, 1986), internalizing the standards

of the field such as ethics and standards of practice, undergoing introjection of and socialization into a professional role and refining interpersonal and self-reflective skills (Schon, 1983). According to VanZandt (1990), "Professionalism is an intrinsic motivation...the way in which a person relies on a personal high standard of competence in providing professional services. He also stated that person's willingness to pursue professional development opportunities that will improve skills within the profession. Elman, N., Robiner and Kaye (2005) created Professional Development Work Group (PDWG) to explore the definition of professional development in the area of psychology. After conceptualizing the meaning of professional development from various worldviews and review of efforts made in other areas such as medicine and education, working definition of professional development was proposed as "professional development is the development process of acquiring, expanding, refining and sustaining knowledge, proficiency, skill and qualifications for competent professional functioning that results in professionalism." It consists of both, a) internal task of clarifying professional objectives, crystallizing professional identity, increasing self-awareness and confidence and sharpening reasoning, thinking and reflecting and judgment, b) the social/contextual dimension of enhancing interpersonal aspects of professional functioning and broadening professional autonomy.

In India, the absence of mental health awareness in society and professional regulatory body is affecting the standardization of psychological services from teaching, training, assessment to practice and also the professional development of psychology professionals for the betterment of quality of psychological services.

Kluck, Pennuto and Hartmann (2011) examined psychology intern's experiences of professional development training obtained while on internship. In this study, professional development is defined as a set of experiences provided to interns that focus upon assisting them and with their transition to future professional positions and preparing them for real world experience. 1,275 psychology interns participated in the study and responded to web-based survey of experiences of and satisfaction with professional development training obtained in internship. In this mixed methods research, using descriptive and correlational analysis, results indicated that 90% of interns reported of receiving professional development training and 60% of them were satisfied with their professional development training experiences. Professional

development in this study covered the learning areas such as license, finding doctoral fellowships or jobs in desired fields, development of private practice, ethics, advocacy, board certification.

Kuhlman (1943) has emphasized the importance of licensing or certification of psychologists. The objectives of the study are to understand requirement of special knowledge and skill, maintaining of quality services and monitoring of practices, continuous upgradation of standards to uniform level and education of society. He also explored among the various reasons why licensing is required in the field of psychology and kinds and methods of licensing for psychologists. Licensing can be provided either by government or by some renowned psychological organization. Kuhlmann suggested there could be two kinds of licensing in Psychology: one that would limit practice to psychotherapies and the other including the license to interpret and apply findings of others. Joyce and Rankin (2010) explore the historical context of APA's decision to draft an ethics code, reviewed its' development and discuss its' role in psychologists today. Joyce (2010) started with the professionalization of psychology in the early 20th century.

Neimeyer, Taylor and Wear (2011) studied to determine the extent to which psychologists with mandates to complete Continuous Education (CE) programs in ethics are more likely to complete such training than those who are not required to do so and to explore whether ethics mandates for psychologists enhance, or erode, the perceived value of training in this area. Five thousand one hundred ninety-eight American psychologists (registered or licensed) responded to the online survey across North America. To measure the impact of ethics mandates on CE participation and perception, two sets of analyses were conducted which derived that there is a significance difference between mandated and non-mandated psychologists and the other perceived outcomes of this ethics training suggest that ethics mandates do not seem to affect the perceived value of ethics training in one direction or the other.

Voskuijl and Evers (2006) investigated about similarity of codes of ethics of psychologists in European countries in general and on specific ethical dilemma in the area of work and organizations. In this procedure, first of all, an overview was given on the development of ethical guidelines in Europe and the USA, then results were presented of a survey among the members of EFPA to identify the differences and similarities between ethical guidelines. The objective of the study was to examine a possible tension between normative behavior and attitudes about normal behavior. It was concluded that ethical guidelines of European countries

need comparable sub-principles and there were indications that individual psychologists agree with the written principles.

Knapp and Varelle (1997) conducted a survey from one hundred and sixty-two licensed psychologists in Pennsylvania about their attitude towards the educational levels and licensing as a psychologist. The survey questionnaire was constructed in 5-point likert scale, consisting statements regarding perspectives of level of education for independent licensure, the option of a psychological associate license, the option of a limited license for psychologists who hold a school psychology certificate and opinions concerning licensure for non-psychology mental health practitioners. All the psychologists were divided in two groups – group with master's degree and other group with doctoral degree. The findings showed that doctoral standard for psychology is strongly supported by doctoral level psychologists and weak support was found from psychologists licensed at the masters' level. It was decided that optimal level of educational level need to be decided on the basis of patient's welfare. Multiple interpretations were derived from the data where it was found that educational level was considered to decide minimal standards for licensing.

Neimeyer and Taylor (2011) conducted a study to measure whether continuing education (CE) increases participation in ethics programs by psychologists. Five thousand one hundred ninety-eight North American psychologists were selected, representing 54 of the 58 licensing jurisdictions responded the survey questionnaire through email. The results suggested that legal mandates were nonetheless associated with higher levels of participation in ethics training. Significant differences were found between mandated and non-mandated psychologists in relation to their participation in ethics programs but not in the perceived outcomes associated with those trainings.

Knapp and Sturm (2010) conducted a study to measure different ways to improve the quality of ethics in continuing education (CE) by diversifying the content and teaching methods. Of the 43 states that have CE training programs for licensure of psychology professionals, 14 consider mandatory CE in ethics for licensure renewal (APA, Education Directorate, 1999). Results suggested the diversification of the content and process of ethics education as per the specialization of the individual with the integration of ethics CE in to professional practice.

1.12 MODELS OF PROFESSIONAL DEVELOPMENT

In last two decades, many renowned psychological associations have integrated professional development in their ethical guidelines and also developed a professional development model for psychology professionals. Some models are presented below.

1. NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP)

The NASP model of Comprehensive and Integrated School Psychological Services (NASP Practice Model) represents official policy regarding the delivery of school psychological services. It also outlines what services can be expected from school psychologists across 10 domains of practice. Table 1.5 represents the 10 domains of NASP practice model.

Table 1.5 – NASP Practice Model

Practices That Permeate All Aspects of Service Delivery	
Domain 1	Data-Based Decision Making and Accountability
School psychologists have knowledge of varied models and methods of assessment and data collection for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes.	
Domain 2	Consultation and Collaboration
School psychologists have knowledge of varied models and strategies of consultation, collaboration, and communication applicable to individual.	
Direct and Indirect Services for Children, Families, and Schools	
Domain 3	Interventions and Instructional Support to Develop Academic Skills
School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curricula and instructional strategies.	
Domain 4	Interventions and Mental Health Services to Develop Social and Life Skills

School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social-emotional functioning and mental health.	
Domain 5	School-Wide Practices to Promote Learning
School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; technology resources; and evidence-based school practices that promote learning and mental health.	
Domain 6	Preventive and Responsive Services
School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multitier prevention, and evidence-based strategies for effective crisis response.	
Domain 7	Family-School Collaboration Services
School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence-based strategies to support family influences on children's learning and mental health; and strategies to develop collaboration between families and schools.	
Foundations of School Psychological Service Delivery	
Domain 8	Diversity in Development and Learning
student characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role difference; and evidence-based strategies to enhance services and address potential influences related to diversity.	
Domain 9	Research and Program Evaluation

School psychologists have knowledge of research design, statistics, measurement, varied data collection and analysis techniques, and program evaluation sufficient for understanding research and interpreting data in applied settings.	
Domain 10	Legal, Ethical, and Professional Practice
School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists.	

(Source: NASP Practice Model, NASP Standards Online Portal. (2010))

2. The Competence Model of Cognitive Behavior Therapy (CBT).

Roth and Pilling (2007) developed the CBT competence model under the Improving Access to Psychological Therapies (IAPT) programme. They also discussed general mental health problems and also issues identified in delivering psychological therapies for adults particularly depression and anxiety.

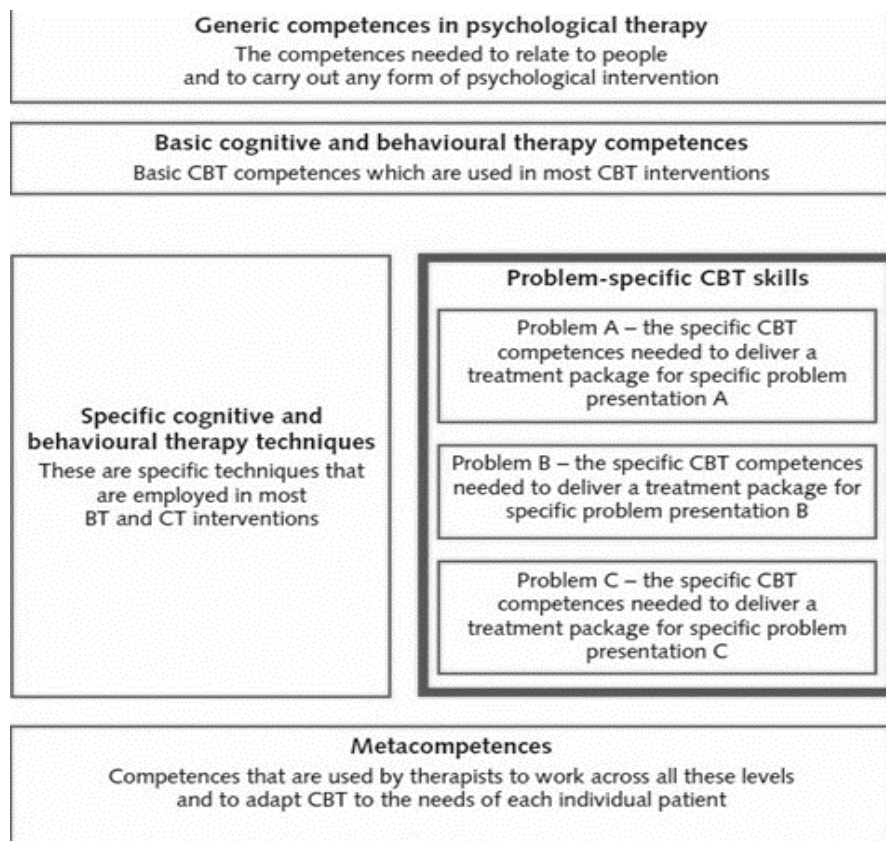


Figure 1.2 shows the way in which competences have been organized into five domains.

Source - The competences required to deliver effective cognitive and behavioral therapy for people with depression and with anxiety disorders. Improving Access to Psychological Therapies (IAPT) Programme, 2007.

3. COMPETENCE ARCHITECTURE MODEL

Roe (2002) focused on two approaches to the definition of professional competence for the development of European standards for psychological profession.

1. The roles and functions psychology professionals should be able to perform (output model)
2. The educational curriculum that should be followed in order to become a psychologist. (input model).

Roe (2002) defined competence as a learned ability to adequately perform a task, duty or role. Two distinguished features of competence were given: a) it relates type of work to be performed in a specific work setting and it assimilate several types of knowledge, skills and attitudes. Roe (2002) also explained the difference of competence and knowledge, skills and attitude by explaining that knowledge, skills and attitudes can be acquired and assessed separately. Knowledge, skills and attitude were believed to be acquired during one's academic career or any learning situation. Competence is also distinguished from abilities, personality traits and other more stable characteristics of an individual. The relationships of knowledge, skills and attitudes with competencies and sub-competencies is described by competence architecture model in the image of Greek temple as shown in figure 1.3.

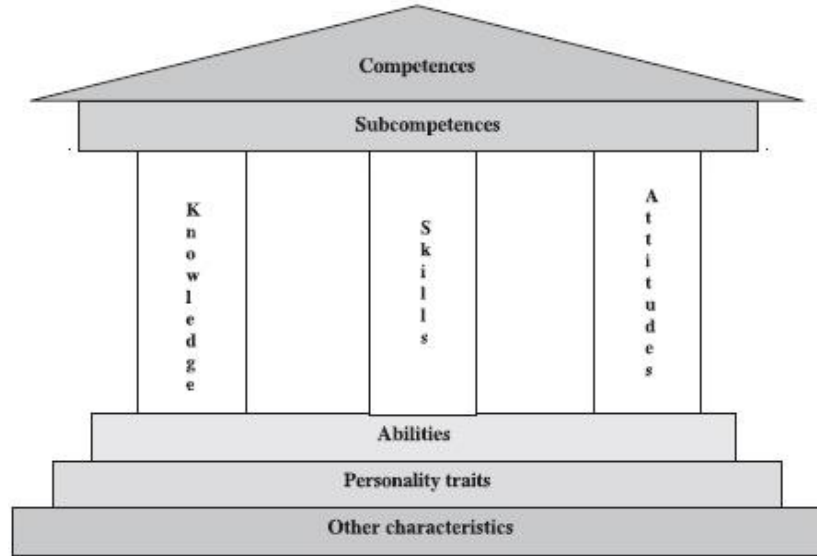


Figure 1.3 – Competence Architecture Model.

(Source – Roe (2002))

The competence architecture model presented above may serve as a tool to build up a comprehensive “competence profile” of the psychologist. A competence profile is defined as “a list of competences, subcompetences, knowledge, skills, attitudes, abilities, personality traits and other characteristics that are essential for carrying out a job or an occupation. The model is can implemented for any occupation by focusing on the ingredients from which competences are built which are knowledge, skills and attitudes. In case of psychology, Roe (2002) defined knowledge refers to which pertains various theories and empirical data produced within different fields of psychology. The skills apply oral and written communication, observing and listening, problem analysis, applying statistical methods, etc. the attitudes relates to accuracy, integrity, self-criticism, commitment, responsibility, respect and tolerance for others. Sub-competencies are broader and integrate knowledge, skills and attitudes. For example, occupational functions such as administering test, conducting interviews, applying group techniques and browsing literature on internet.

Roe (2001) also developed a comprehensive competence profile for the psychological profession and discussed potential applications of the competence model in building up a system. Psychologist can be defined as, “an academically educated professional who helps clients to understand and solve problems by applying the theories and methods of psychology”. It was

observed in above definition that the path to profession of psychology, i.e., the academic education, is a key element in the definition of the psychologist. The concern of defining psychology professional is that unlike medical and engineering, every different country has different fundamental profile for psychologists. Differences are in terms of psychology curriculum, in training, non-psychological content, the degree of specialization, the treatment of theory and practice (Newstead & Makkinen, 1997; Green, Wolf & Leney, 1999). Differences also were found in occupational settings from where psychologists operate, such as the prevalence of employment over independent practice, the scope of legal and other regulations, the protection of the title of the psychologist, the relative position in competition with other profession, the power of profession at bodies and unions (Pulverich, 1997; Lunt et al., 2001b).

1.13. CURRENT SCENARIO OF PSYCHOLOGY IN INDIA

India has at present a fairly large and diversified system of higher education. The quantitative growth of the higher education sector since independence has been impressive. Now, India's higher education system has become the third largest in the world, after the USA and China. George (2013) observed that "The Indian higher education system over the years has contributed significantly in enabling the country to become today the second fastest economy in the world by providing trained and skilled human power."

Challenges and Development in Indian Higher Education

Academic reforms from time to time are inevitable for quality assurance and enhancement in higher education. They mainly include revamping the course curricula, teaching learning process and evaluation methods. Broadly speaking, the curricula and courses in Indian higher education system are found to be deficient in the quality and relevance. Rigidity in the Indian Higher education system has prevented most of the higher educational institution to offer new generation courses and programmes in true with the changing times and the changing demand pattern (Agrawal, 2006). The conventional courses need to be restructured and made up-to-date. Evaluation reforms are yet another challenging issue which require urgent attention.

The other important challenge faced by the Indian higher institutions in India is the lack of professionally committed teachers. Most of the Indian studies reveal that teachers in higher education lack professionalism. According to various studies about 20 to 60 per cent faculty position are lying vacant in Indian higher educational institutions (George, 2013). These vacancies are being filled by teachers on temporary basis, who are given only consolidated honorarium for their services. This leads to drain of morale among teachers. Bright and talented people dare not to pursue teaching as their profession. The working environment in the colleges and universities ceases to be any different from that in government (Denekar, 2013). Critical comments are not welcomed even in academic seminars and meetings. No wonder the critical faculty is not encouraged even among students; few teachers will take critical questions from students without frowning. Denekar (2013) further states about the nature of permanent teachers of higher education that, *“Continuous competition created by the job security which is not conducive to honest effort, hence, a system can be designed where there is no competition and all security. The competition is only at the entry point of the job. Once in position, a teacher is assured not only of his /her salary every month, but annual increments every year, and pension on retirement. One need only live and, to help in that, there is the free medical service. And now there is demand for automatic promotion so that an assistant professor may become an associate professor and then a full professor by sheer passage of time. With so many securities from cradle to grave beyond, what incentive, what need is there for any effort and diligence on the part of teachers?”* It appears that higher education system is a great monopoly operating in the interest not for students but of the teachers. Despite of many vacant positions, state universities and affiliated colleges are not recruiting faculties because of several reasons (NPE, 2016). First, because of the reluctance on the part of some states to fill the post on regular basis with the aim of saving the outgo on salaries of full-time faculties. Second, the recruitment process through the public service commission is often time consuming. NPE (2016) admits that the quality of education and research is affected adversely due to the recruitment of ad-hoc and part time faculty. It also notes that wherever the states have invested in the recruitment of permanent, qualified faculty, the outcomes are far superior. Indian universities are found performing poorly in the field of research in comparison with their counterparts in the developed world and some Asian countries like China, South Korea and Singapore.

Education of Psychology in Higher Education

After Independence, the teaching of psychology in this country has expanded its scope. It has also created scopes in sectors such as management and human resource development, rural development, forestry, mining, industries, banking, entrepreneurship, health, child development and executive development. Many young psychology professionals came in contact with contemporary psychologists in other parts of the world. Fullbright and Commonwealth fellowships played an important role in promoting training and research in many subfields of psychology. The exchange programmes with different countries have helped exposing psychologists to the academic interests and activities being undertaken in different parts of the world.

As per the categorization of psychological thought into three different periods by Mishra and Paranjape (2012), the history of psychology is divided into: First, a multi-millennial span from antiquity to the founding of the British empire in the mid-nineteenth century; second, about a century of British colonial times up to independence attained in 1947; and third, over a half century of the independence era. In 1847, the policy which was adopted by the British East India Company for the European style education was implemented to produce an English thinking Indians in the country. Education in colleges and universities was modeled after Oxford and Cambridge and was introduced at Calcutta University with the starting of distinct department of psychology in 1916. University Grant Commission (UGC) was constituted in 1956 and the number of psychology department increased to 32 by the end of 1960s. Psychology in India was dominated by the scholars trained abroad and they acquired expertise in Western theories and methods of psychology and also expressed their interest to implement their knowledge to understand and solve social problems.

Over the years, Psychology has expanded in various professional courses such as engineering, agriculture, management and medical sciences. All five Indian Institutes of Technology have departments of Humanities and Social Sciences of which psychology is a constituent subject with Ph.D. programmes. All four Indian Institutes of Management have departments of Organizational Behavior. Psychology is taught in undergraduate classes, particularly in-Home Science and Extension Education departments in 26 agricultural universities and 28 agriculture institutes. Psychology has been a part of course on Preventive and

Social Medicine in medical colleges, but due importance is not given to subject. In most of the branches such as agriculture and medical, psychology is not taught by experts and experienced academicians, but by junior staff and research assistants (Atal, 1976).

Contemporary psychology professionals are gradually becoming aware of the wide gap between their academic pursuits and real-life problems of people. Replicative nature of research accomplishments, outdated and obsolete teaching programmes and lack of applied orientation have devoid the discipline of any professional momentum. Mishra and Paranjape (2012) observed rapid growth of higher education and expansion of professional institutions in India to reach up to the demand of trained professionals in various sectors such as health, administration, banking, police, military and management. Culture complexity in the country due to diversity in ecology, language, religion, family structure and technology.

Admissions in Postgraduation in Psychology

In most Indian universities, selection of students is done on the basis of merit for Postgraduation in psychology. Some universities conduct interviews along with merit. Specializations in Postgraduation such as Clinical Psychology, Cognitive Psychology, Counseling Psychology, Developmental Psychology, Educational Psychology and Industrial Psychology is offered on the basis of merit and interview. Whereas in most other competitive academic streams such as engineering and management, aptitude test is conducted, sadly there is no such test for admission to post graduation in psychology. As psychologists are supposed to interact profoundly with clients in their profession, they must also have aptitude to deal with the mental health issues of people.

Outdated and Obsolete Teaching Programmes.

Indian universities and colleges have adopted curriculum from the Western academic institutes. Fundamental subjects such as, *Experimental Psychology, Clinical Psychology, Personality Theories, Educational Psychology, Cognitive Psychology, Counseling Psychology, Industrial Psychology, Organizational Behavior, Developmental Psychology, Psychological Assessment and Testing and Clinical Counseling and Psychotherapy* have been in curriculum for more than two decades.

1.14 COMPARISON OF PSYCHOLOGICAL PRACTICES IN INDIA AND OTHER DEVELOPED COUNTRIES.

As presented in earlier section, Psychological associations of individual countries have developed code of conduct for the standardization and supervision of psychological services and have been implementing ethical guidelines for psychological practices, which practitioners need to follow in their practice such as, unbiased treatment, ethical use of the skills, confidentiality of clients' personal information, regular reporting to supervisor and so on. Various psychological associations such as – American Psychological Association (APA), European Federation of Psychologist's Association (EFPA), Australian Psychological Society (APS), Canadian Psychological Association (CPA), etc., which are established by their government, are responsible for maintaining and implementing good quality practice for society. And perhaps, that is why, mental health has been given equal importance and attention as physical health in those countries.

Joyce and Rankin (2010) conducted a study to explore the historical context around the American Psychological Association (APA)'s decision to draft an ethics code, reviews its development and discusses its role for psychologists today. The examination for professional practice in psychology (EPPP) has ethical, legal and professional issues as one of its eight content areas of foundational knowledge in the field. The APA was founded by G. Stanley Hall in 1892, including 31 charter members – psychiatrists and philosophers as well as those trained in experimental psychology in Germany. During the development of psychology as an applied field, the need for the development of an ethics code for the accountability of members were recognized. In 1933, the Association of Consulting Psychologists (ACP) produced the first known ethics code for applied psychology. A need for a concrete code of ethics to shape the domain of psychology was grown after the evolution of psychological science with new challenges for the new professional psychologists became evident. However, Nicholas Hobbs, the chairman of the eventual APA committee noted that being an academic discipline, an ethics code was not needed (Hobbs, 1948) and also it was mentioned that the work of academic psychologists could be subsumed under existing codes of educational institutions and research.

Issac (2009) presented an overview of ethical issues in clinical psychology. Ethical principles on mental illness based on philosophical perspectives of Greek philosophy and Christianity were focused including the role of APA in development and implementation of general principles, psychological assessment, education and training and psychology interventions in the development of ethics code. According to Oxford dictionary ethics can be defined as 'the moral principles' that govern a person's behavior or how an activity is conducted'. Similar concept is redefined in the context of clinical psychology for understanding moral principles and underlying psychological thought and activity. Therefore, this study also discusses the understanding of social, philosophical and religious aspects which influenced clinical psychology as a profession.

In India, the scenario of mental health is very different than Western countries. People in India live with many stereotypes for mental health problems and treatments. As a result, they are suffering from many mental illnesses. Besides, due to lack of the need of mental health awareness, people do not put serious efforts for the treatment to cope with the illness. Those who seek for mental health services cannot get appropriate suggestions or referrals by their doctors or society due to lack of authentic certification of professionals who are practicing in the field of psychology. Goel (2011) reviewed why mental health services in low and middle – income countries are under-resourced and underperforming. It was derived from his visit to mental hospitals that top-down approach of government in planning schemes of mental health, divorced from the ground realities. Other reasons such as the poor governance, managerial incompetence and unrealistic expectations from low paid / poorly trained primary healthcare personnel were responsible for underperformance and lack of resources of mental health services. Goel (2011) also suggested his perspective on revised agenda of *National Mental Health Policy: Vision 2020*, which will be focusing on following aspects:

1. Accessibility – of basic facilities of psychological services facility within the community to as larger section of population as possible.
2. Affordability – of services with regard to initial capital cost as well as recurring expenses.
3. Adaptability – of widely varying geographical, socio-cultural and economic mosaic of vast country.

4. Acceptability of mental health care by target population in the context of low level of literacy, ignorance, superstition, economic backwardness and lack of empowerment of woman, adolescents and children.
5. Assessment of performance of mental health care professionals through continuous monitoring, periodic review and professional development.

Getting good quality services for psychological help is another concern for people in India due to lack of awareness regarding the access of resources of psychological services. One major reason behind lack of awareness among people is the absence of regulatory body or professional psychological association which can be responsible for monitoring and validating professionals and give them permission to work in the field. There are no standardized guidelines, official document/policies to decide good quality professionals and standardized services in India.

There are many other such issues that need the attention of people who are responsible for the better quality of life of the people in India. Those people can be experienced psychologists – who are well established in giving services to people, directors/top level management of already established psychological associations, currently practicing psychology professionals, lecturers/professors who teach psychology in colleges and universities and also most importantly – the people of the society to whom psychological services is to be delivered ethically through certified and skilled and knowledgeable psychology professionals.

Agrawal (*n.d*) reviewed on current scenario of Rehabilitation Council of India (RCI) in India. RCI was set up as a registered society in 1986 to provide licensing to clinical psychologists and rehabilitation psychologists only. The RCI Act was enacted by Parliament in 1992 and it became a Statutory Body in 1993. The Act was amended by Parliament in 2000 to make it broader based and the mandate given to RCI is to regulate and monitor services given to persons with disability, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. (RCI Act, 2000) The objective was to provide licensing to psychologists who are working with disabled and needing rehabilitation and registered with RCI. For this an MPhil in Clinical Psychology is the only option and Postgraduation from any other central or state university were not applicable to have license of RCI. Hence, since the advent of the RCI the confusion has

increased even more. The psychologists working in other fields than rehabilitation don't know if they need to get registered with RCI or not. RCI has not supported to resolve this confusion by providing ambiguous information to the psychologists asking for clarifications. There have been voices of protest everywhere but to no avail (DNA, 2015). Many psychologists in fear of these false rumors of punitive actions (if RCI certificate is not availed) began the search of some RCI certificate by taking some meaningless certificate course, totally unconnected to their actual practice. Finally, in response to an RTI application RCI stated that it has no authority to register anyone who is not claiming to be a clinical psychologist or working in the field of rehabilitation (IP, 2015). Since, there is lack of professional regulation and even lack of ethical guidelines for psychological practicing, the employers are not sure whom they need to recruit. And due to competition for getting jobs, individuals without degree or skills accept the job with less salary and psychology professional need to suffer. Also, with lack of code of conduct or licensing for psychology professional, chances of malpractices are quite high.

The Indian Association of Clinical Psychologists (IACP) has also adopted a code of conduct, which is based on the APA code of conduct and, though shorter, covers similar areas, which includes:

- a. **Professional Competence and Services:** The interest of the client is paramount and clinical psychologists should keep abreast of recent developments in the field.
- b. **Referrals:** If proper assessment is not possible this should be communicated to the referral source. If referral to a physician, psychiatrist or other health professional is necessary, this referral should be made.
- c. **Opinion:** Clinical psychologists should take full responsibility for their opinions under all circumstances.
- d. **Consent:** It includes all information about the nature of illness, method of treatment, factors associated with efficacy and risk factors.
- e. **Client welfare:** This is paramount. Therefore, clinical psychologists should not take up any case which is not within their competence.
- f. **Court testimony:** This should be based purely on findings and observations and should not include bias and prejudice.

g. **Confidentiality:** Information should not be disclosed except to a concerned co-professional or an appropriate authority. Test material should not be taken out of the clinic or laboratory except for teaching purposes.

Issac (2009) rightly points out that people with varying qualifications and experiences are actively offering psychological services in India. Unlike other developed countries, one does not need a license or supervision of experts in their profession to validate their psychological services. The concern is that the actual role of MA level psychologists, counsellors and special educators are poorly defined and so it is being very difficult to identify a level of competence or a minimum qualification that is applicable to all.

Mukherjee, Kumar and Mandal (2009) reviewed the present status of military psychology and traced its growth over the years in India. Military psychology is an application of psychological principles and theories to the military context, where knowledge gained from various branches such as experimental, social, clinical, organizational and personality converges. Psychology found a place in the military efforts in the form of application of scientific principles to the selection of military personnel. Few concerns which need to be focused in military psychology are regarding mental health and psychological well-being of the soldiers: psychological aspects of sexual deprivation and isolation in the military, the problems faced by disabled soldiers and issues pertaining to maintaining their morale and concerns regarding the scientific selection of officers. Defense Institute of Psychological Research (DIPR) is the only institute in the country that provides technical assistance to the armed forces in ensuring person-job-fit.

Dalal and Mishra (2002) examined the evolution and emerging trends of social psychology in India and progress of Western social psychology and its implications for understanding social issues and problems in India. They also discussed the evolution of social psychology in India as a Euro-American enterprise and other major historical developments which shaped discipline in West. It was observed that with the adaptation of Western concepts and theories, social psychology in India developed but the importance of culture in society have been given less importance. Attempts are being made to examine the boundaries of Western concepts in Indian cultural contexts. Social psychologists in India believe that social psychology indeed can find the solutions of Indian problems from Indian perspective by implicating untapped cultural resources, symbolic and behavioral both.

In India, teaching and training of psychology, psychological practices and professional regulation are the determinants that need the attention of the Government associated mental health institutes, Rehabilitation Council of India (RCI), other non-government psychological associations such as NAOP, IAAP, IACP, PCI, etc. Social Work, Family Studies, Human Development, Management are interrelated disciplines where psychology is being taught in terms of human development, social development, personal development and organizational development. Hence, in this case, students who have completed Postgraduation on these disciplines, tend to attract to work in areas such as school counselor, psychologist in NGOs, hospitals and organizations where core abilities of psychology professional are needed. Due to job insecurity and competitions, such students accept the work with low salary as compared to qualified psychology professional.

1.15 RATIONALE OF THE STUDY

In this time of rapid change, competition, rising expectations and available options, there is a surge of conflicts, stress, frustrations and anxieties in daily life. At times, people experience the need of professional help to cope with everyday life challenges.

Psychology, since the inception in 1905, has been evolved as a streamline profession in India. Psychology professionals are working in sectors such as education, healthcare, industries and also in military. In this phase, it is important to monitor and evaluate the way psychology practices have been given to society and also regular update of the knowledge and abilities of psychology professionals. Despite hundred years of existence of psychology in India, there is still no government or private agency which is responsible for licensing and standardization of psychology practices.

As Allan (2010) mentioned in his study, a hallmark of any profession which provides services to society, is its ability to be self-regulating. People who belong to profession of psychology in academics, research and practice, accede on standards of psychological practice that can be expected of them all and stick to those standards in their everyday professional activities such as teaching, practicing and training. As a result, the students, society and the government and other members can be assured of the quality of service provided by individual members of that profession. These standards of a particular profession like medical, law,

engineering and psychology are usually encapsulated in documents, which are called, codes of ethics.

It was revealed from the discussion and opinion of experienced practitioners and academicians that there is a need to develop psychological union to streamline teaching and practicing of psychology in India. Over the time, concern has been expressed for the lack of professional orientation in imparting psychology education in the universities both at graduate and post-graduate level. In India, each university has a different curriculum for graduate and post-graduate programs, because of which, it is not feasible to measure whether all students are equipped with required knowledge, skills and abilities which is necessary to work in psychology profession. There is a list of subjects recommended by UGC model curriculum to educate students graduate and post-graduate studies, but it is not updated and followed regularly. The UGC model curriculum itself is not revised since 2003. The nature of healthy psychological services is dependent on the kinds of knowledge and training imparted by the higher education in universities. Hence, education of psychology needs to be revisited and scrutinized thoroughly by academicians and government higher educational associations.

It has also been observed through various discussions among groups such as, Mental Health Policy Group, wherein they have initiated a forum to discuss the need of universal guidelines for mental health practitioners in India and the need to develop a system where continuous monitoring and evaluation of practitioners takes place for maintaining high standard of quality in Psychology). Rao (2003) draws attention to a wide variation in the settings in which psychological services have been carried out as well as in the type and level of professional training of psychologists. In the absence of regulatory body monitoring professional training, the onus is on individual psychologist, to ensure that he/she is qualified to deal with client's issues. The paucity of trained practitioners in India and the lack of regulatory body for its monitoring are matters of grave concern and needs urgent attention.

It is therefore crucial to reflect upon the existing scenario of quality of education of psychology at post-graduate level in universities of India, psychological practices and functions and role of professional development of psychology professionals. Misra and Kumar (2005) have examined and brought out various standards that characterized theory, research and applications of psychology in India. They have also drawn attention to the criteria where the goal is to see

psychology, becoming a more vibrant field of study and constructively contributing in solving the problems faced by rapidly changing Indian society.

This study will be first documented research to understand the issues regarding quality of education of psychology at post-graduate level, professional development of psychology professionals that need attention of all stakeholders, the educators, practitioners and concerned government bodies. Its relevance to existing academic and professional curriculum and professional development in terms of required knowledge, skills and abilities have never been documented from practitioners' perspectives.

The researcher aims to capture aspects of the review process of ethical guidelines and professional development as well as describe challenges, practitioners experience due to lack of professional regulation in their educational training and practice in dealing with clients, establishing themselves as effective practitioners in society. This study will also provide explanations for current status of education of psychology and required model for professional development of psychology professionals in India.

1.16 RESEARCH QUESTIONS

- What is the status of psychological practices in India?
- What Knowledge, Skills and Abilities are essential for effective psychological practices?
- To what extent the curriculum of post-graduate psychology programmes are leading to effective psychological practices?
- What are the challenges faced by practitioners?
- How far the professional regulation in psychology will influence the psychological practices in India?

1.17 OBJECTIVES OF THE STUDY

- To study the present status of curriculum of Psychology at Postgraduation level in all the universities of India.
- To understand practitioners' perspectives on challenges faced by psychology professionals in psychological practice.

- To study the practitioners' perspectives of knowledge, skills and abilities needed for their professional development.
- To understand practitioners' perspectives on the need of professional regulation of psychology profession in India.

1.18 OPERATIONAL DEFINITION

Practitioner / Psychology Professional

An individual who has achieved minimum post-graduate degree in Psychology and has been working by teaching (Universities, Colleges and Schools) or practicing (Healthcare, Education, Industries and Independently) or doing research work in the psychology related areas for more than two years.

CHAPTER II

METHODOLOGY

The purpose of the study is to examine the perceptions of practitioners (Academics /Practicing Professionals/ Researchers) regarding existing scenario of education of Psychology, quality and deliverance of psychological practices and need of professional development of psychology professionals in India.

The four objectives of this chapter are,

1. To describe the research methodology of the study.
2. To explain the sample distribution (Quantitative + Qualitative)
3. To describe the procedure used in designing the instrument and collecting the data (Quantitative + Qualitative)
4. To provide an explanation of the statistical procedures used, to analyze the responses. (Quantitative + Qualitative)

2.1 INTRODUCTION

A descriptive research methodology was used for this study. A survey was administered to a selected sample from population identified by the researcher. A survey is a series of self-report measures administered either through an interview or a written questionnaire. Surveys are the most widely used method of collecting descriptive information about a group of people. In all descriptive research, the aim of the survey is to produce a "snapshot" of opinions, attitudes or behaviors of a group of people at a given time (Stangor, 2011). With the advantage of getting worldwide information in short time, surveys are extensively used by businesspeople, advertisers and politicians to help them what people think, feel or do.

In the century of technology and globalization, surveys are sent to respondents through mail or email. One advantage of sending survey through mail or email is that the researcher does not have to be present while the survey is being completed and also, such a way, surveys can be sent to a much larger number of participants. There are several disadvantages also associated with this strategy. First, the researcher cannot be sure who actually complete the survey. Even if the intended respondent completes the survey, there is no guarantee that the respondent will answer the questions in the same order in they appeared (Smith and Davis, 2010).

Since questionnaires are less expensive and easier to administer than personal interview; they lend themselves to group administration; and they allow confidentiality to be assured, the researcher designed questionnaire survey instrument to assess the perceptions of practitioners regarding challenges of and professional development of psychology professionals in India.

In this chapter, a detailed plan and procedure of the study has been presented. This plan and procedure gives a clear picture of the research design that includes population and sample of the study, source of data, development of research tools, data collection procedure, and details of data analysis.

2.2 RESEARCH DESIGN

The present research study has employed a mixed methods research design to explore the perspectives of psychology professionals. Mixed methods research is defined as research in which the investigator collects and analyzes data, integrates the findings and draws inferences using both quantitative and qualitative approaches or methods in a single study or a program of inquiry (Tashakkori & Creswell, 2007). The purpose of using mixed methods research is that it provides more evidence for studying a research problem than either quantitative or qualitative research alone. Researchers are enabled to use all types of the tools of data collection available rather than being restricted to the types of data collection typically associated with quantitative research or qualitative research.

Creswell and Clark (2011) mentioned six types of mixed methods research design as follows; a) Convergent Parallel Design b) The Explanatory Sequential Design, c) The Exploratory Sequential Design, d) The Embedded Design, e) The Transformative Design and f) The Multiphase Design. From above mentioned different types of methods, which method need to be chosen depends on the different ways qualitative and quantitative strands relate to each other. A strand is a component of a study that encompasses the basic process of conducting data, analyzing data, and interpreting results based on that data (Teddle and Tashakkori, 2009).

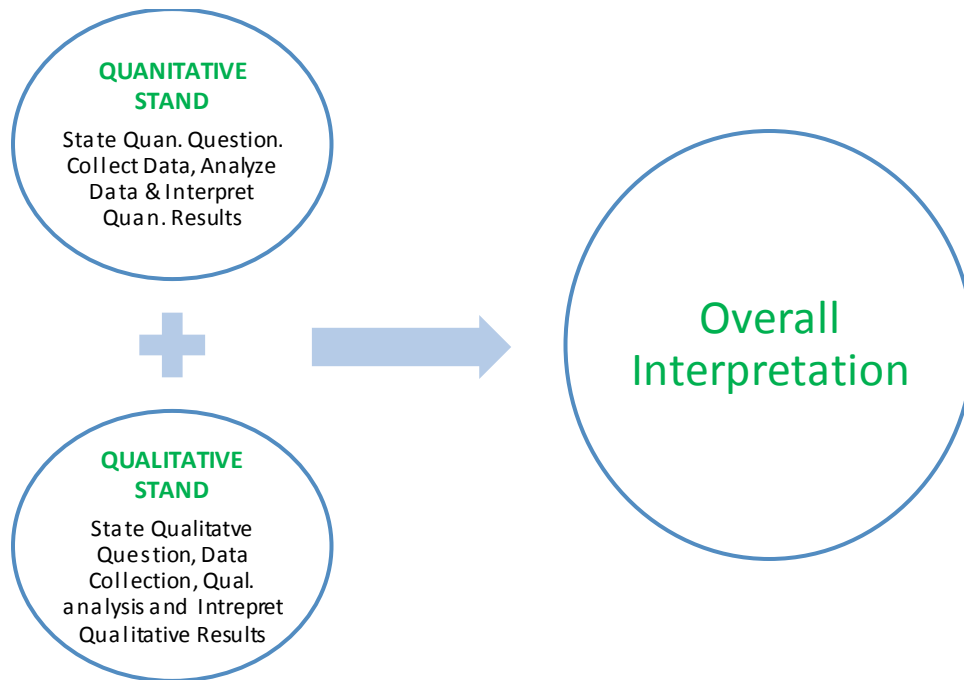


Figure 2.1 - Quantitative and Qualitative Strands in a Mixed Methods Study

Four key decisions are involved in choosing appropriate mixed methods design for the study. The decisions are 1. The level of interaction between the stands, 2) the relative priority of the strands, 3) the timing of the strands, and 4) the procedures for mixing methods the strands. Based on the objectives and data collection of the study, independent level of interaction was chosen in which both qualitative and quantitative strands will be mixed while drawing conclusions during the overall interpretation at the end of the study. Greater emphasis is placed on the quantitative methods while qualitative methods are used in secondary role. Timing refers to the temporal relationship between the quantitative and qualitative strands within a study. In this case, concurrent timing was chosen in which researcher implements both the quantitative and qualitative strands during a single phase of the study. Lastly, researcher needs to determine the approach for mixing quantitative and qualitative strands. Mixing is the explicit interrelating of the study's quantitative and qualitative strands and has been referred to as combining and integrating. In this study, based on the objectives and data collection, both quantitative and qualitative strands will be mixed during the final step of the research process after the researcher collected and analyzed both sets of data. It also will involve researcher drawing conclusion or inferences that reflect what was learned from the combination of results from the two stands of the study. Keeping in mind the key decisions of choosing research design, *Concurrent Parallel Design* was used for this study.

The purpose of the design is to obtain different but complementary data on the same topic, to best understand the research problem and to bring together the differing strengths and non-overlapping weaknesses of quantitative (large sample, generalization) and qualitative methods (small sample, in depth). This method is used when researchers want to triangulate the methods by directly comparing and contrasting quantitative statistical results with qualitative findings for corroboration and validation purposes (Cresswell, 2011)

The procedure for implementing a convergent parallel design are outlined below in the procedural flowchart in figure 2.2. There are four major steps in the convergent design. First, the researcher collects both quantitative data and qualitative data about the objectives of the study. There are two types of data collection. First, in which data collection goes concurrent but separate, which means one does not depend on the result of the other. Second, the researcher analyzes the two data sets separately and independently from each other using quantitative and qualitative analytic procedures. Once the two sets of initial results are in hand, the researcher reaches the point of interface and works to merge the results of two data sets in the third step, which includes directly comparing the separate results or transforming results to facilitate relating the two data types during additional analysis. In the final step, the data is interpreted to an extent the two data sets of results converge, diverge from each other, relate to each other or combine to create better understanding in response to the study's overall purpose.

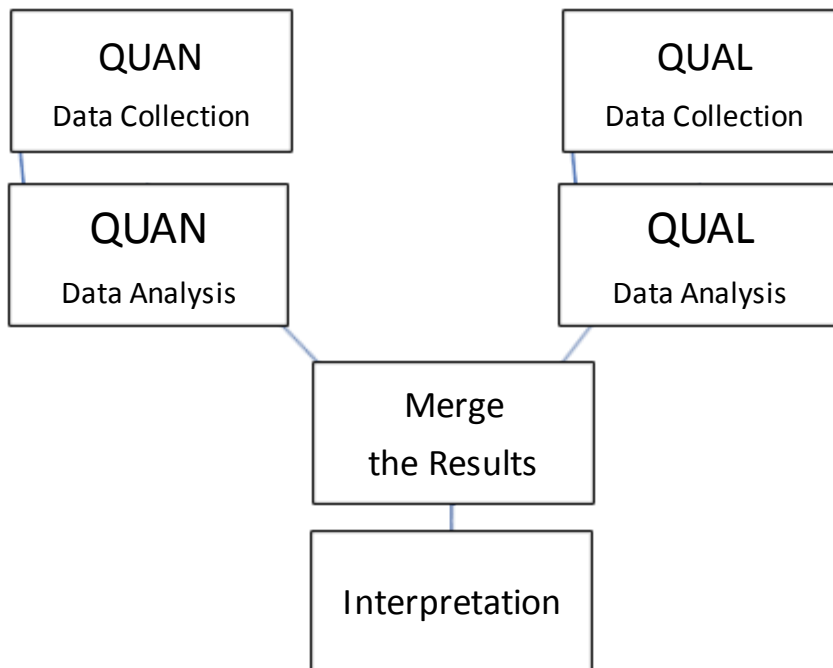


Figure 2.2 - Diagram of Basic Flow Chart in Implementing a Convergent Parallel Design

2.3 DESCRIPTION OF POPULATION AND SAMPLE

1.3.1 POPULATION OF THE STUDY

The population of the study consisted of all psychology professionals of India. Psychology professionals includes academicians, practitioners and researchers. Academicians include people who were teaching psychology in colleges, institutes and universities. Practitioners include people who were practicing psychology in hospitals, schools, industries, NGOs and also those who owned a clinic. Researchers were those who are doing M.Phil. or Ph.D, who were working in research projects as research assistants or research associates and those who were working at academic or social or educational research centers.

2.3.2 SAMPLE OF THE STUDY FOR QUALITATIVE AND QUANTITATIVE DATA COLLECTION

For this study, psychology professionals were identified from psychology associations such as NAOP, IAAP, IACP and PCI, psychology groups on YahooGroups and Facebook Communities such as Psychologist' World, Psychologist' Club, CBT-REBT therapist and forums such as Mental Health Policy Group and Psychology Council of India (PCI). For the information of academicians, the researcher visited website of each university and collected the available information on faculties.

Because of the delimitations of accessing emails / internet regularly or being active on psychology forum on social media or non-updated contact information on psychological associations and forums, only three hundred thirty-three psychology professionals responded to the questionnaire out of 5000 questionnaires sent.

Details of participants for quantitative and qualitative analysis are described below:

Table 2.1 - Areas from Where Psychology Professionals Responded.

Occupation	Frequency	%
Academician	91	27.3 %
Practitioner	188	56.5 %

Researcher	54	16.2 %
Total	333	100.0 %

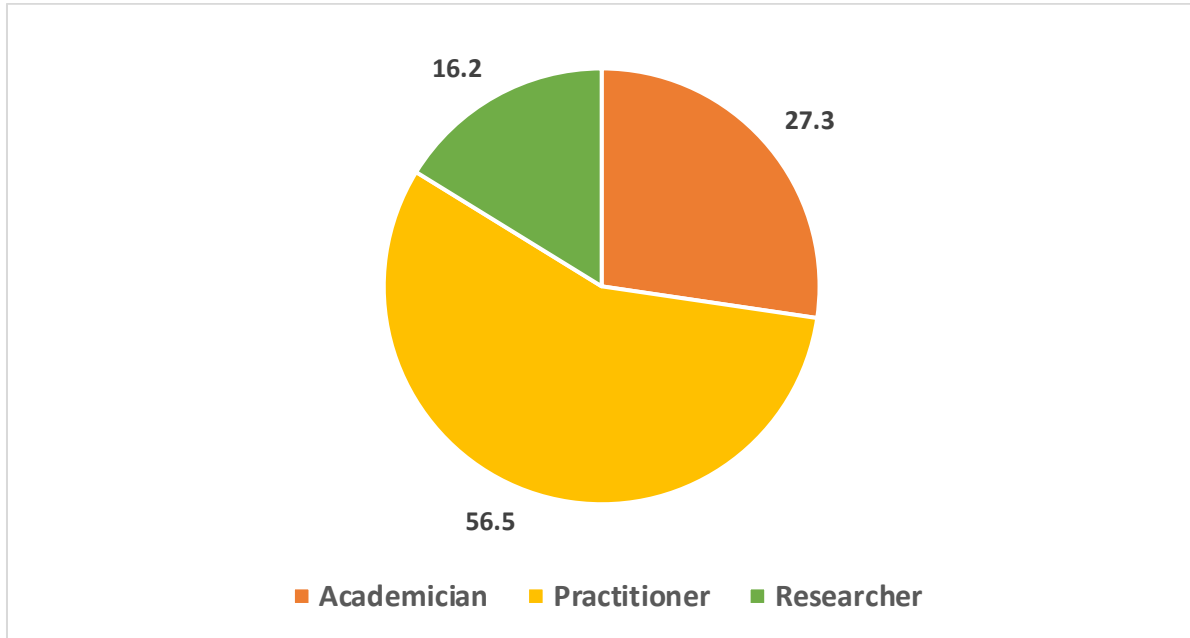


Figure 2.3 Percentage of Types of Areas of Psychology Professionals.

As mentioned in Table 2.1 and Figure 2.3, it was found that, 56.5 % of practicing psychology professionals responded to the questionnaire, 27.3 % of psychology professionals were from academics and 16.2 % of respondents were from research areas. Hence, a total of 333 responded to questionnaire.

The demographic detail of psychology professionals is shown in following table 2.2

Table 2.2 - Profile of Respondents for Quantitative data collection

Demographic Variables	Components	N	%
Gender	Male	68	20.42
	Female	265	79.58
Qualification	Postgraduation	229	68.77
	M.Phil.	47	14.11

	Ph.D.	57	17.12
	Clinical and Health	167	50.15
Area of Work	Education	90	27.03
	Work and Organization	32	9.61
	Counseling	44	13.21
	Less than 5 Years	63	18.92
Work Experience	6 - 10 Years	222	66.67
	More Than 10 Years	48	14.41

From the table 2.2, it is explained that 79.58 % of respondents were female and 20.42 % of respondents were male. Psychology professionals with Postgraduation qualification were 68.77 % where respondents with M.Phil. and Ph.D. were 14.11 % and 17.12 % respectively. It was observed that 50.15 % of respondents were working in the area of Clinical and Health, where 27.03 % of respondents were working in an education sector. The respondents from the area of work and organization and counseling were 9.61% and 13.21% respectively. 66.67% of respondents were having 6-10 years of work experience, where 18.92% of respondents has work experience of less than five years. Respondents having more than ten years of work experiences were 14.41%.

Table 2.3 - Profile of Sample Group of respondents for Qualitative data collection

Factors	Components	Frequency	Percent
Gender	Male	3	30.0
	Female	7	70.0
Education	Postgraduation	3	30.0
	Ph. D	7	70.0
Occupation	Academician	2	20.0

	Practitioner	8	80.0
Work Experience	5 to 10 Years	1	10.0
	More than 10	9	90.0
	Clinical	7	70.0
Area of Work	Education	2	20.0
	Work and Organization	1	10.0
	Total	10	100

Table 2.3 presents the profile of interviewees selected for qualitative analysis. 70% of respondents were female and 30% were male. Similarly, the education of 70% respondents was Ph. D and 30% was of Postgraduation. In occupation, it can be seen that 80% were practicing psychology and 20% were academicians. 90% of respondents has work experience of more than 10 years. Area of work of 70% of respondents were from Clinical, 20% from education and 10% from work and organization.

2.4. RESEARCH TOOLS

For this study, survey questionnaire was constructed for quantitative data collection and semi-structured interview schedule were for qualitative data collection. Both are described in detail below.

A) Professional Development of Psychology in India

A questionnaire was developed namely Professional Development of Psychology in India. The questionnaire contains three sections. 1) Demographic Information about Practitioners. 2) Practitioners' perspectives on selection of psychology at Post-graduate level, uniformity of curriculum and issues faced by Practitioners in India and 3) Professional Development Competencies.

Section 1 consist of demographic information such as gender, education, specialization, area of work, occupation, work experience and city. Section 2 includes practitioners'

perspectives on admission procedure in Postgraduation of psychology, need of theory and practical subjects, need of nationwide uniform curriculum of psychology in Postgraduation and practitioners' perspectives on challenges faced by practitioners in their profession. Challenges such as 'Difficulties in establishing private practice', 'Lack of central licensing body for psychology in the country', 'Lack of awareness among people to seek mental health help'. Items on these challenges were constructed based on the discussions on mental health by professionals from all over India on Mental Health Policy Group and YahooGroups such as *IndianPsychologists* and *Counselor Association of India (CAI)*.

Section 3 is on is professional development competencies. Items are constructed on the basis of the model by National Council for Schools and Programs of Professional Psychology (NCSPP). The NCSPP competency model of education and training identifies six competencies required for entry level practice in professional psychology. The six competencies are 1) Relationship, 2) Assessment, 3) Intervention, 4) Diversity, 5) Research/Evaluation, and 6) Consultation/Education. Each competency is understood by knowledge, skills and attitudes. All the competencies are defined in brief as below:

Relationship is the capacity to develop and maintain a constructive working alliance, and includes the ability to work collaboratively with peers, colleagues, students, supervisors, members of other disciplines, consumers of services, and community organizations (Peterson, 2007). **Assessment** is the central component of psychology, which deriving inferences from multiple sources of information to achieve a broad and cohesive understanding of a psychological system such as an individual, a couple, a family, a group, or an organization (Meyer et al., 1998). **Intervention** includes activities that promote, restore, sustain, and/or enhance positive functioning and a sense of well-being in clients through preventive, developmental, and/or remedial services (Peterson, Peterson, Abrams & Stricker, 1997). The **research and evaluation** competency are grounded in the assumption that students are trained in research so that they can acquire, organize, and evaluate psychological information (Trierweiler and Stricker, 1998). **Consultation and Education** refers to the planned collaborative interaction between the professional psychologist and one or more clients or colleagues, in relation to an identified problem area or program. Education is the directed facilitation by the professional psychologist of the growth of knowledge, skills, and attitudes in

the learner (McHolland, 1992). The **diversity** competency requires the ability to identify and understand issues of individual and cultural difference (ICD), and issues of power, privilege and oppression.

The questionnaire was constructed with 124 statements keeping in mind above competencies and their knowledge, skills and attitudes. Then it was given to four experts to establish face validity of the questionnaire. The experts were from different areas like one from academics, one from research and two were practicing psychologists who were working in the field of psychology for more than 10 years. Experts were instructed to check the items on the basis of suitability and clarity of the item for the specific competency. The suggestions given by the experts were incorporated in the questionnaire. Eight statements were eliminated as suggested by the experts. Elimination of the statements were because of repetition of statements and the irrelevance in Indian context. Hence, the final questionnaire consisted of total 116 statements distributed among above mentioned competencies each with statements regarding Knowledge, Skill and Attitudes.

Responses of Section 2 where practitioners' perspectives for challenges faced by psychology professionals in India were asked, these responses were collected in five-point likert scale – Not a Problem, Rarely, Sometimes, Most of the times and Always. Section 3 where professional development competencies were asked, these responses were collected on 4-point scale; 1 = Not at All Needed, 2 = Low Level of Need, 3 = Moderate Level of Need and 4 = High Level of Need. Description of the questionnaire is shown in following table.

Table 2.4 - Components of the Questionnaire.

No.	Components	Total Statements
1	Basic Information and Information about Selection and Curriculum	11
2	Challenges faced by Psychology Professionals in India	11
3	Competence Profile	
3a	Relationship	23
3b	Assessment	15
3c	Intervention	15
3d	Research and Evaluation	19

3e	Consultation and Education	11
3f	Diversity	11

B) Semi Structured Interview Schedule

Semi structured Interview Schedule was constructed to collect the data from psychology professionals. The researcher has developed an interview schedule based on themes derived from the objectives – education of psychology, psychological practices and need of professional regulation and research questions. Then it was given to three experts for the face validity of the items of semi structured interview schedule. Experts were from the areas of academics, research and practice. They were instructed to check the items on the basis of suitability and clarity of the item for the specific competency. Suggestions were given to make themes more specific to objectives of the study. Suggestions by the experts were incorporated and semi-structured interview schedule was finalized. The description of the themes is described below.

Table 2.5 – Components of Themes

No.	Objectives	Themes
1	Education of Psychology	Selection of Students / Selection of Subjects Curriculum Education Pedagogy Practitioner's Approach
2	Psychological Practices	Challenges in Practice Improvement in quality of Practice
3	Need of Professional Regulations	Professional Regulation in India Need of Regulatory Body Change

2.5 - ACTUAL PROCEDURE

In this study, both quantitative and qualitative data were collected concurrently. The procedure of data collection is described as follows,

A) Quantitative Data Collection Procedure

Electronic Survey method was used to collect the data from psychology professionals. Goodwin (2013) defined electronic survey method, which also called e-surveying is accomplished through sending e-surveys via e-mail to a selected sample of individuals. The survey questionnaire was converted into online survey so that psychology professionals from all over the country can be reached. The application of Google, 'Google Forms' were used for online survey. For the contact information of faculties from various universities, all universities websites were visited and email addresses were collected wherever available. Contact information were of psychology professionals, academicians or practitioners or researchers were collected through websites of 1) National Academy of Psychology (NAOP) which has around 2000 members, 2) Indian Psychologists Yahoo Group which has more than 6000 members and 3) various other psychologist forums available on Facebook and LinkedIn. After the development of online survey, the link was generated and questionnaire was sent to all above all participants with brief explanation of purpose of research and importance of their participation in the study. The link and the instructions to the participants is given below:

Dear Madam/Sir,

I am pursuing Ph.D. in Psychology from the Department of Psychology, The M.S. University of Baroda, Vadodara, on PRACTITIONERS' PERSPECTIVES ON EDUCATION, PSYCHOLOGICAL PRACTICE AND PROFESSIONAL REGULATION OF PSYCHOLOGY IN INDIA: THE MIXED METHODS APPORACH. The focus of this study is to understand and reflect upon the quality of education, psychological services, and the role of regulatory body in India. The study also attempts to know what the competencies, a prospective psychologist needs to have while starting profession. You are requested to respond to questionnaire below. Please, respond to each question as per your experience and knowledge in psychology profession. You are assured that the data will be used for research purpose only and will be strictly confidential.

Your opinion will be very significant for this research. Please, click on following link to respond to the questionnaire. Link: - <http://goo.gl/gRmbga>. Thank you and Good day.

In google form, the responses are recorded directly in to excel file in terms of raw scores. Raw scores mean, data are recorded in terms of options, selected by practitioners. For example, for gender, raw scores are male and female. An excel file was exported and raw scores are converted in numbers. Likewise, Male were coded as 1 and female were coded as 2.

B) Qualitative Data Collection Procedure

Semi-structured interview schedule was developed to collect responses of psychology professionals. The purpose of collecting qualitative data was to collect in depth information regarding existing scenario of psychology in India. Only those psychology professionals who had been in the field for over 10 years, were approached for the interview. Time and place were decided based on the convenience of the interviewee. As per the convenient time of all interviewee, the researcher went to the place he asked to and conducted interview. The responses were audio recorded with the prior permission of all respondents. An average duration of the interview was forty-five minutes to one hour.

2.6 DATA ANALYSIS

A) Quantitative Analysis

For quantitative data, descriptive analysis has been used. The collected data was coded and analyzed in SPSS 23.0. The descriptive statistics mainly, frequency, mean and standard deviation were used to describe the status of different variables in the study. Independent Sample T-test was used to describe the significance of difference between means of different independent variables (Gender, Qualification, Area of Work and Work Experience) and a dependent variable (Six Competencies of Model). Intensity indices for the competencies was used to rank some independent variable.

B) Qualitative Analysis

For qualitative data, thematic content analysis was to used. The responses will be coded and analyzed in nVivo 10.0.

CHAPTER III

RESULTS AND INTERPRETATIONS

3.1 INTRODUCTION

In the previous chapter, research design of the study was presented along with research methodology in detail. This chapter presents statistics and interpretation of data collected from psychology professionals for the purpose of the study. Analysis and results are presented quantitatively and qualitatively followed by summary paraphrasing the results. The primary data were collected through questionnaires and interviews to understand the perspectives of psychology professionals regarding professional development of psychology, the Secondary data were collected from the official websites of state and central universities and other educational institutions.

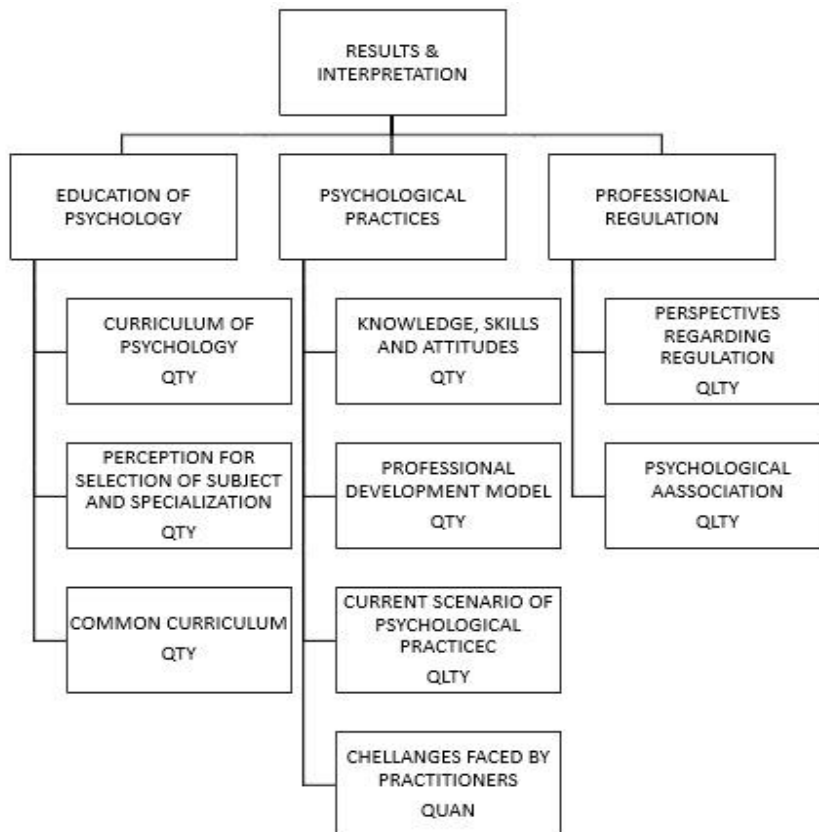


Figure – 3.1 – Scheme of Analysis

A) Descriptive Analysis

Quantitative methods of data analysis were used in the study and presented in following sections.

3.2.1 SECTION I

This section contains practitioners' perspectives for different aspects of Postgraduation in Psychology such as, their perspectives on

- ✓ Methods of selecting students in Postgraduation,
- ✓ Methods of allotment of specialization in Postgraduation.
- ✓ Importance of theoretical knowledge and practical knowledge in Postgraduation curriculum and
- ✓ Practitioners' opinion about uniform curriculum in Postgraduation across country.

Table 3.1 – Methods for Selecting Students at Postgraduation Level

Categories	Frequency	%
Merit + Entrance Test + Interview	139	41.7
Merit + Entrance Test	87	26.1
Merit + Interview	107	32.1
Total	333	100.0

Table 3.1 represents practitioners' perspectives on the methods for selecting students in Postgraduation. In India, universities give admission to students on the basis of merit, entrance test and interview. When asked about their preferences for the methods, 41.7 % of practitioners responded that selection need to be done on the basis of all methods, merit, entrance test and interview, 32.1 % of respondents said that selection need to be done on the basis of merit and interview and 26.1 % of respondents preferred merit and entrance test as appropriate for the selection of students in Postgraduation.

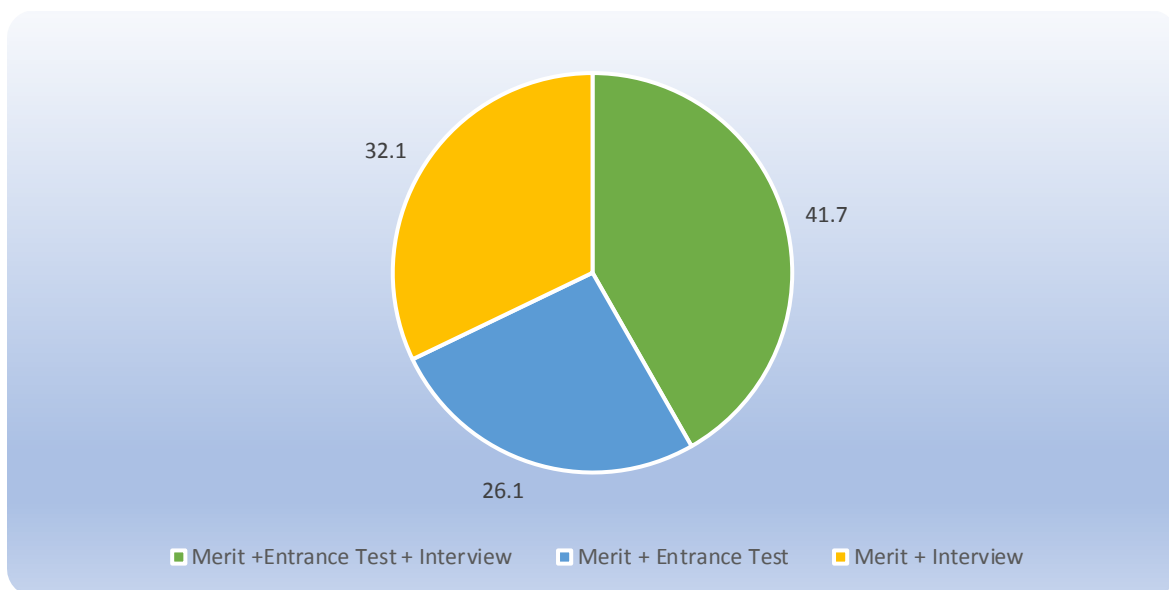


Figure 3.2 – Pie Chart of Preferred Methods of Selecting Students for Postgraduation.

Table 3.8 - Selection of Specialization at Postgraduation Level

Categories	Frequency	%
Merit + Entrance Test + Interview	125	37.5
Merit + Entrance Test	89	26.7
Merit + Interview	119	35.7
Total	333	100.0

Table 3.8 represents practitioners' perspectives on the methods for giving specializations to students in Postgraduation. Universities and colleges in India, offers specializations in Postgraduation of psychology such as Clinical Psychology, Counseling Psychology, Developmental Psychology, Educational Psychology, Health Psychology, Social Psychology and Industrial Psychology. In most universities, it was observed that students' marks in graduation is considered primarily for an allotment of specialization in Postgraduation. When asked about the preference from practitioners' perspectives, 37.5 % of respondents suggested that all methods, merit, entrance test and interview need to be considered for the specialization, where 35.7 % of respondents perceived that merit and interview need to be considered for the allotment of specialization.

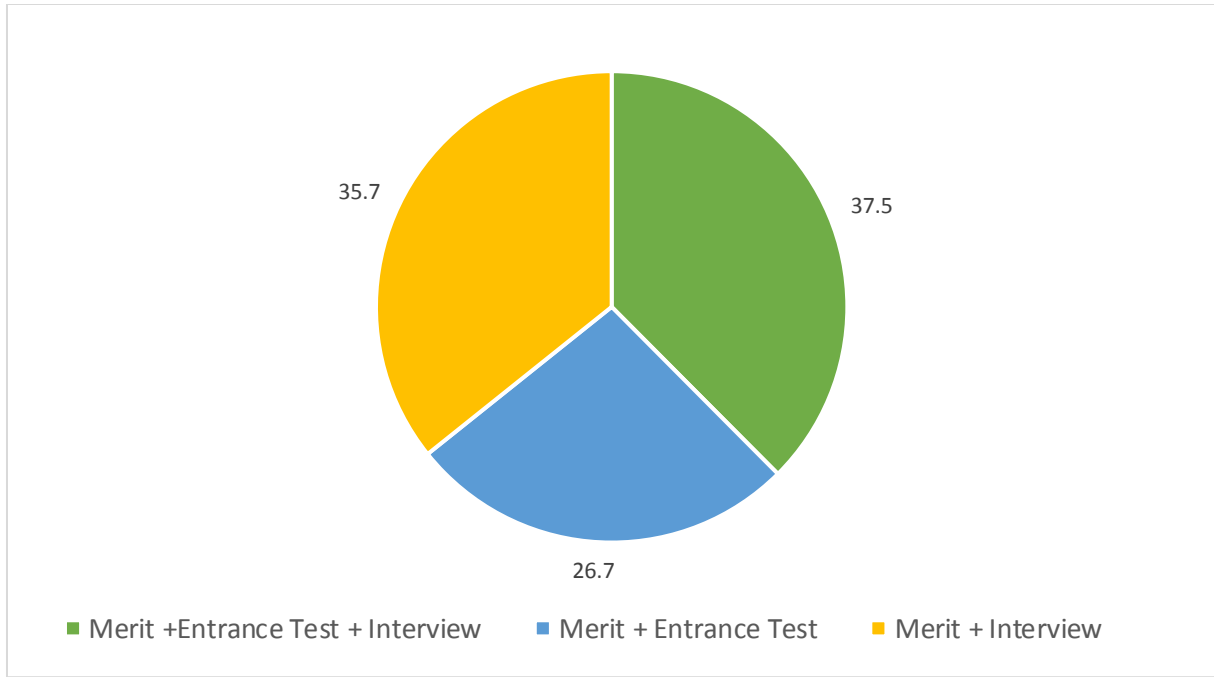


Figure 3.3 – Pie Chart of Methods of Allotment of Specialization in Postgraduation.

Table 3.3 - Need of Theoretical Knowledge in Postgraduation

Categories	Frequency	%
Needed	236	70.9
Neutral	55	16.5
Not Needed	42	12.6
Total	333	100.0

Table 3.3 represents practitioners' perspectives on the importance of theoretical knowledge in the curriculum of Postgraduation in Psychology. As indicated in table 3.3, 70.9 % of practitioners perceived that theoretical knowledge is needed the most and 16.5 % of respondent stated theoretical knowledge is not needed.

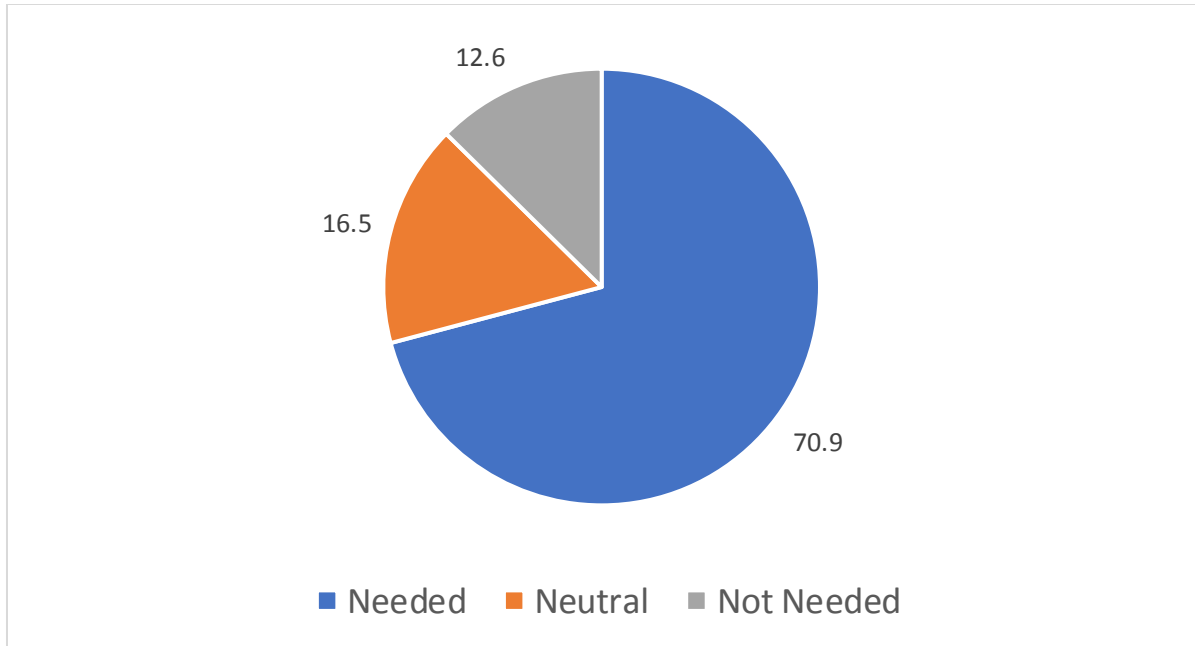


Figure 3.4 – Pie Chart of Importance of Theoretical Knowledge

Table 3.4 – Importance of Practical Learning

Categories	Frequency	%
Needed	285	85.6
Neutral	10	3.0
Not Needed	38	11.4
Total	333	100.0

Table 3.4 represents practitioners' perspectives on importance of practical knowledge in Postgraduation of Psychology. In psychology, practical exposure of counseling, therapeutic intervention, psychological assessment and research are crucial points which need to be included in the PG curriculum. As shown in table 3.10, 85.6 % of respondents said that practical exposure is need the most where 11.4 % of respondents denied the statement.

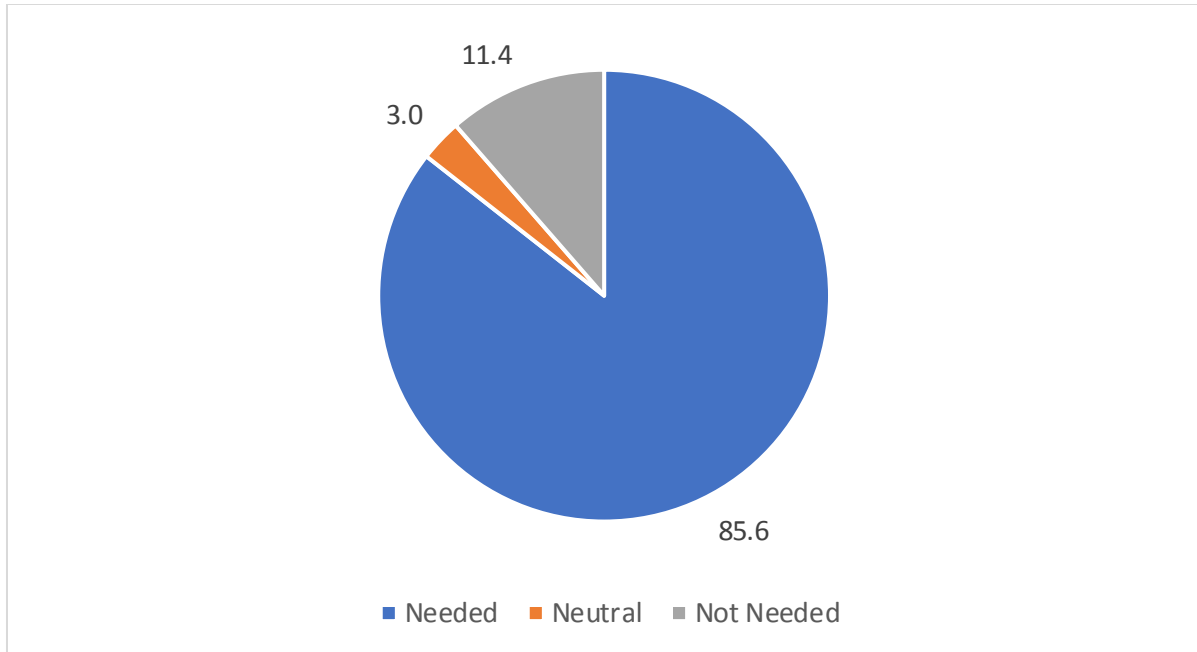


Figure 3.5 – Pie Chart of Importance of Practical Knowledge.

Table 3.5 - The Importance of Uniform Curriculum in Psychology at Post-Graduate Level.

Categories	Frequency	%
Needed	219	65.8
Neutral	65	19.5
Not Needed	49	14.7
Total	333	100.0

Table 3.5 represents practitioners' perspectives on the importance of uniform curriculum in Psychology at post-graduate level. When asked to practitioners about their opinion about uniformity of psychology curriculum, 65.8 % of respondents believed that uniformity in curriculum across the country is needed, whereas 14.7 % of respondents perceived that it is not needed.

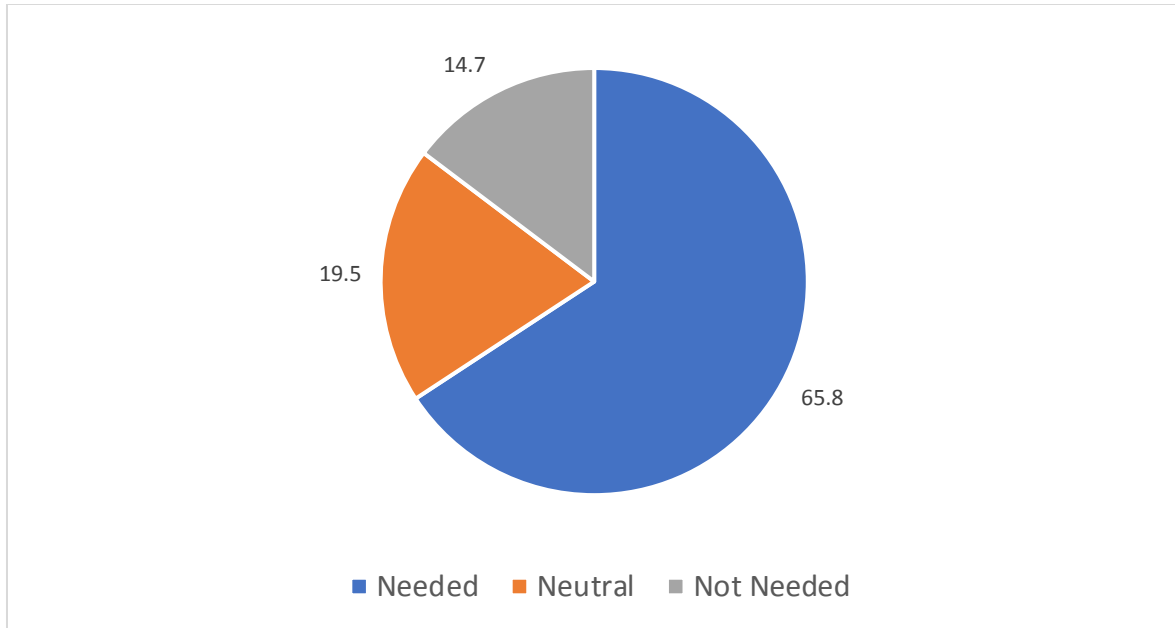


Figure 3.6- Pie Chart of Importance of Uniform Curriculum in Psychology

Table 3.6 – Intensity Indices of Perceived Issues of Psychology in India

Sr. No.	Major Issues in Psychology	N	Mean	Std. Deviation
1	Lack of regulatory body in the country for Psychology.	333	4.27	0.95
2	Lack of Support from Government and Non-Government Psychological Organizations	333	4.25	0.89
3	Lack of Awareness to Seek Mental Health Services among People in Society.	333	4.24	0.81
4	Misuse of the terms, "Psychologist" and "Counselor"	333	4.20	0.88
5	Lack of appropriate training in psychological practices.	333	4.17	0.87
6	Lack of Ethical Guidelines to Practice	333	4.10	0.90

7	Lack of Supervision and Monitoring of Psychological Services	333	4.09	0.96
8	Lack of attention to other disciplines of psychology except 'Clinical Psychology'.	333	3.86	1.04
9	Difficulty in establishing private practice.	333	3.74	1.04
10	Exhaustion due to professional responsibilities and client care	333	2.99	1.01

Table 3.6 represents perceived issues in psychology profession by practitioners. Lack of regulatory body in the country for psychology (M = 4.27), lack of support from Government and Non-Government psychological organizations (M = 4.25), lack of awareness to seek mental health services among people (M = 4.24) and Misuse of terms "Psychologist" and "Counselor" (M = 4.20) are perceived major issues in psychology profession in India. Lack of training to deliver psychological services (M = 4.17), Lack of Ethical Guidelines to psychological practice (M = 4.10), lack of supervision and monitoring of psychological services (M = 4.09) were perceived on moderate level. Lack of attention to other disciplines of psychology except 'Clinical Psychology' (M = 3.86), difficulty in establishing private practices (M = 3.74) and exhaustion due to professional responsibilities and client care (M = 2.99) are least concerned issues which are prevailing in psychology profession.

3.2.1 - SECTION II

This section represents test of significance among demographic variables – Gender, Qualification, Specialization, Area of Work and Work Experience and Dimensions of Professional Development (Relationship, Assessment, Intervention, Research and Evaluation, Consultation and Education, Diversity and Technological Competence). Independent Variable T-Test and Analysis of Variance (ANOVA) were calculated to measure whether there is a significance difference among demographic variables and dimensions.

Table 3.7 - Independent Variable T Test Between Various Dimension and Gender

Dimension	Gender	N	Mean	t	Df	Sig. (2-tailed)
Relationship	Male	65	34.47 (9.98)	1.65	320	0.10
	Female	257	32.53 (8.08)			
Assessment	Male	68	20.98 (6.63)	0.74	331	0.46
	Female	265	20.41 (5.40)			
Intervention	Male	68	19.3 (5.87)	0.92	331	0.36
	Female	265	18.67 (5.76)			
Research and Evaluation	Male	68	14.64 (5.07)	-0.65	331	0.52
	Female	265	15.1 (5.30)			
Consultation and Education	Male	68	17.75 (6.36)	0.05	331	0.96
	Female	265	17.7 (6.30)			
Diversity	Male	68	36.91 (12.08)	-0.61	331	0.54
	Female	265	37.89 (11.92)			
Technological Competence	Male	68	6.29 (2.42)	-1.86	331	0.06
	Female	265	6.94 (2.60)			

Table 3.7 represents independent variable t-test between dimensions of professional development and Gender. No significant difference among the responses of male and female for professional development of psychologists were noted. Hence, it can be interpreted that both males and females had homogeneous perspectives for the betterment of psychology profession.

Table 3.8 - One Way Analysis of Variance (ANOVA) between All dimensions and Qualification.

Dimensions	Qualification	Mean	SD	df	F	Sig. (2 tailed)
Relationship	Postgraduation	32.49	8.399	(2, 330)	2.82	0.06
	M.Phil.	32.11	6.916			
	Ph.D.	35.41	9.820			
Assessment	Postgraduation	20.55	5.613	(2, 330)	0.69	0.50
	M.Phil.	19.77	5.292			
	Ph.D.	21.07	6.219			
Intervention	Postgraduation	18.42	5.710	(2, 330)	2.62	0.07
	M.Phil.	18.91	4.685			
	Ph.D.	20.37	6.673			
Research and Evaluation	Postgraduation	15.07	5.371	(2, 330)	0.42	0.66
	M.Phil.	14.40	4.337			
	Ph.D.	15.32	5.520			
Consultation and Education	Postgraduation	17.48	6.433	(2, 330)	1.52	0.22
	M.Phil.	17.30	5.361			
	Ph.D.	19.04	6.442			
Diversity	Postgraduation	37.66	12.162	(2, 330)	0.94	0.39
	M.Phil.	36.00	9.727			
	Ph.D.	39.23	12.694			
Technological Competence	Postgraduation	6.97	2.724	(2, 330)	1.52	0.22
	M.Phil.	6.36	2.201			
	Ph.D.	6.53	2.237			

Table 3.8 represents one-way analysis of variance between dimensions of professional development and qualification. There is no significant difference among the responses of practitioners having qualification, Postgraduation, M.Phil. and Ph.D. – for professional development of psychologists. Thus, the concern for regulation and continuous development of psychology professionals is same from the perspectives of all practitioners., irrespective of their qualification.

Table 3.9 - One Way Analysis of Variance (ANOVA) between All dimensions and Area of Work.

Dimension	Area of Work	Mean	SD	Df	F	Sig. (2 tailed)
Relationship	Clinical and Health	33.75	8.85	(3, 329)	1.81	0.14
	Education	32.59	7.81			
	Work and Organization	33.03	10.23			
	Counseling	30.42	6.95			
Assessment	Clinical and Health	20.84	5.59	(3, 329)	0.75	0.52
	Education	20.12	5.62			
	Work and Organization	21.16	6.23			
	Counseling	19.73	5.72			
Intervention	Clinical and Health	19.47	6.01	(3, 329)	2.03	0.11
	Education	18.39	5.48			
	Work and Organization	18.91	6.01			
	Counseling	17.20	5.09			
Research and Evaluation	Clinical and Health	15.43	5.21	(3, 329)	1.18	0.32
	Education	14.23	4.70			

	Work and Organization	14.53	5.30			
	Counseling	15.41	6.35			
	Clinical and Health	18.53	6.45			
Consultation and Education	Education	16.88	5.80	(3, 329)	1.89	0.13
	Work and Organization	17.03	5.55			
	Counseling	16.84	7.05			
	Clinical and Health	38.98	11.89			
Diversity	Education	35.76	10.51	(3, 329)	1.48	0.22
	Work and Organization	37.09	12.18			
	Counseling	37.25	14.34			
	Clinical and Health	7.15	2.61			
Technological Competence	Education	6.26	2.24	(3, 329)	2.42	0.07
	Work and Organization	6.66	2.50			
	Counseling	6.77	3.04			

Table 3.9 represents the one-way analysis between dimensions of professional development and Area of Work of practitioners. There are no significant differences among the responses of practitioners from Clinical and Health, Education, Work and Organization and Education. Hence, it can be concluded that all practitioners' opinions are homogeneous for professional development.

Table 3.10 - One Way Analysis of Variance (ANOVA) between All dimensions and Occupation.

Dimensions	Occupation	N	Mean	SD	Df	F	Sig. (2 tailed)
Relationship	Academician	88	33.49	8.01	(2, 330)	0.95	0.39
	Practitioner	184	32.38	8.19			
	Researcher	50	33.96	10.40			
Assessment	Academician	91	20.40	5.88	(2, 330)	0.26	0.77
	Practitioner	188	20.71	5.36			
	Researcher	54	20.13	6.42			
Intervention	Academician	91	19.15	6.16	(2, 330)	0.41	0.66
	Practitioner	188	18.57	5.30			
	Researcher	54	19.15	6.75			
Research and Evaluation	Academician	91	14.36	5.46	(2, 330)	1.41	0.25
	Practitioner	188	15.43	4.97			
	Researcher	54	14.67	5.81			
Consultation and Education	Academician	91	17.88	7.10	(2, 330)	0.09	0.92
	Practitioner	188	17.59	5.74			
	Researcher	54	17.89	6.88			
Diversity	Academician	91	37.26	13.34	(2, 330)	0.18	0.84
	Practitioner	188	37.68	10.60			
	Researcher	54	38.48	13.92			
Technological Competence	Academician	91	6.42	2.44	(2, 330)	1.46	0.23
	Practitioner	188	6.97	2.60			
	Researcher	54	6.93	2.75			
	Practitioner	188	36.13	4.61			
	Researcher	54	34.98	4.59			

Table 3.10 represents the one-way analysis of variance between dimensions of professional development and occupation of practitioners. There is no significant difference among the responses of practitioners from different occupations such as academics, research

and practice. It shows homogeneous way of responding from all practitioners for professional development of psychologists.

Table 3.11 - One Way Analysis of Variance (ANOVA) between All dimensions and Work Experience

Dimensions	Work Experience	N	Mean	SD	Df	F	Sig. (2 tailed)
Relationship	Less than 5 Years	59	35.03	8.72	(2, 330)	4.07	0.02
	6 - 10 Years	216	31.99	7.85			
	More Than 10 Years	47	34.57	10.48			
Assessment	Less than 5 Years	63	20.43	5.19	(2, 330)	2.91	0.06
	6 - 10 Years	222	20.17	5.47			
	More Than 10 Years	48	22.33	6.87			
Intervention	Less than 5 Years	63	18.87	5.71	(2, 330)	3.94	0.02
	6 - 10 Years	222	18.36	5.39			
	More Than 10 Years	48	20.92	7.15			
Research and Evaluation	Less than 5 Years	63	15.13	5.38	(2, 330)	3.50	0.03
	6 - 10 Years	222	14.60	5.08			
	More Than 10 Years	48	16.79	5.60			
Consultation and Education	Less than 5 Years	63	18.49	6.02	(2, 330)	3.16	0.04
	6 - 10 Years	222	17.14	6.18			
	More Than 10 Years	48	19.40	6.93			

	Less than 5 Years	63	38.59	11.23			
Diversity	6 - 10 Years	222	36.64	11.78	(2, 330)	3.46	0.03
	More Than 10 Years	48	41.44	12.98			
	Less than 5 Years	63	6.97	2.46			
Technological Competence	6 - 10 Years	222	6.63	2.56	(2, 330)	2.21	0.11
	More Than 10 Years	48	7.46	2.76			

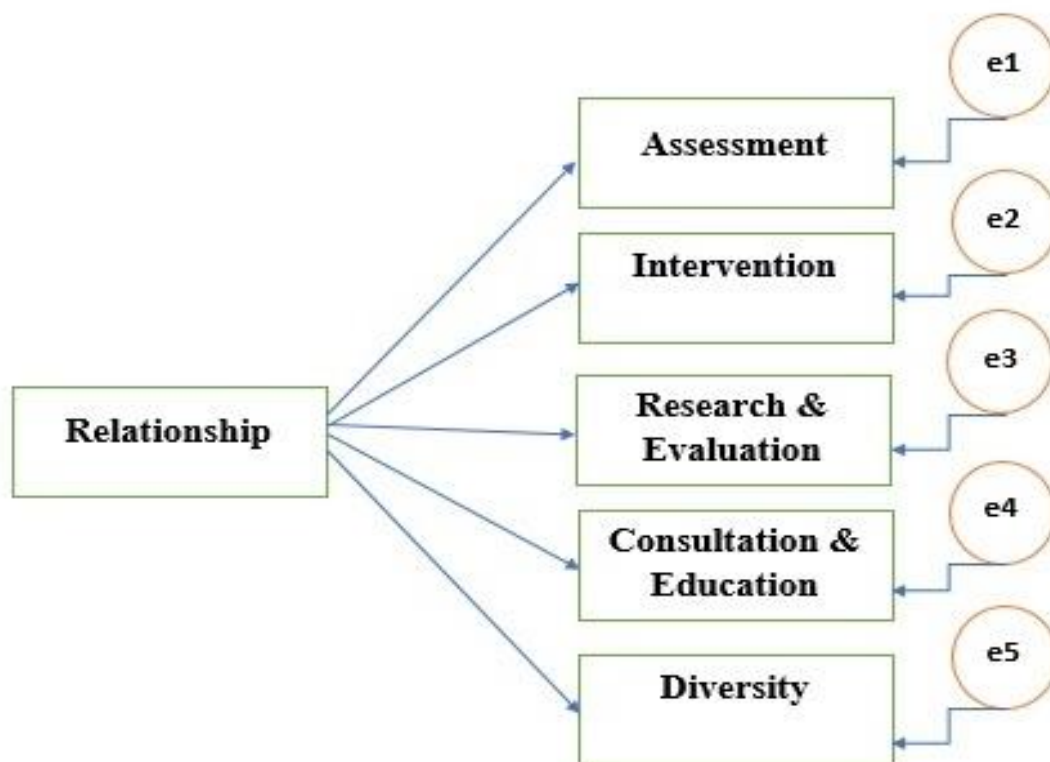
*. The mean difference is significant at the 0.05 level.

Table 3.11 represents one-way analysis of variance between dimensions of professional development and work experience. Out of all dimensions, there is a significant difference among the responses of practitioners from less than 5 years of experience, 6 – 10 years of experience and more than 10 years of experience and Relationship, Intervention, Research and Evaluation, Consultation and Education and Diversity. There is no significant difference between work experience and assessment and technological competence. It can be interpreted that practitioners from different work experiences perceives dimensions differently in terms of relationship, Intervention, Research and Evaluation, Consultation and Education and Diversity

3.2.3 - Section III – Professional Development Competencies

Professional development competencies adopted from the model of National Council for School Programs and Professional Psychology (NCSPP) were Relationship, Assessment, Intervention, Research and Evaluation, Consultation and Education and Diversity. Structured equation modeling (SEM) was used to measure the relationships between these competencies. SEM is a multivariate statistical analysis technique to determine structural relationships between variables. In this study, SEM will be applied to understand all professional development competencies make good model. The model will be constructed by keeping one competency construct with all other competencies as follows.

- a) To study the effect of Relationship on Assessment, Intervention, Research and Evaluation, Consultation and Education, Diversity and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below:



Legends: —————> Significant impact > No significant impact

Figure – 3.7 – SEM model of Relationship Competency.

Table: 3.12: Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	5.106 (0.05)	1	5.106	0.996	0.996 (0.878)	0.996	0.926	0.997	0.111

Table 3.12 indicate fit measures of models. Chi-square(X²) values were very sensitive to sample size, the relative Chi-square values (X²/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X²) values is 5.106 which is significant at 0.05 (X²(9) =5.106, p <0.05). The model X²/DF is 5.106 which is less than 5 that means model is fit (X²/DF <5). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R²) in multiple regressions. GFI is 0.996 which is more than 0.90 (GFI < 0.90). Comparative fit

index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.996, GFI is 0.996, NFI is 0.996 and TLI is 0.926. That mean all other measure is above 0.90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.878 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.997 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.111. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that relationship competency makes a good model fit with other competencies such as assessment, intervention, research and evaluation, consultation and education and diversity.

The first competency of professional development of psychology professionals is relationship. Relationship is the capacity to develop and maintain constructive working alliance with peers, colleagues, supervisors, members of other disciplines, clients of services and community organizations. It is derived from the above model that Relationship have positive significant influence on other dimensions of professional development. According to Peterson (2008), essential behavior, a psychology student need to acquire from Relationship competency include, intellectual curiosity and flexibility, open-mindedness, Belief in the Capacity of Change, Appreciation of Individual and Cultural Difference, Personal Integrity and Honesty, and Belief in the Value of Self-Awareness

Table 3.13 Path Analytic Results of Hypotheses (relationship predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	p Sig.	Decision
C_asses	← C_Relationship	0.564	0.561	0.045	12.439	0.01	H ₁ accepted
C_Int	← C_Relationship	0.639	0.639	0.042	15.152	0.01	H ₁ Accepted

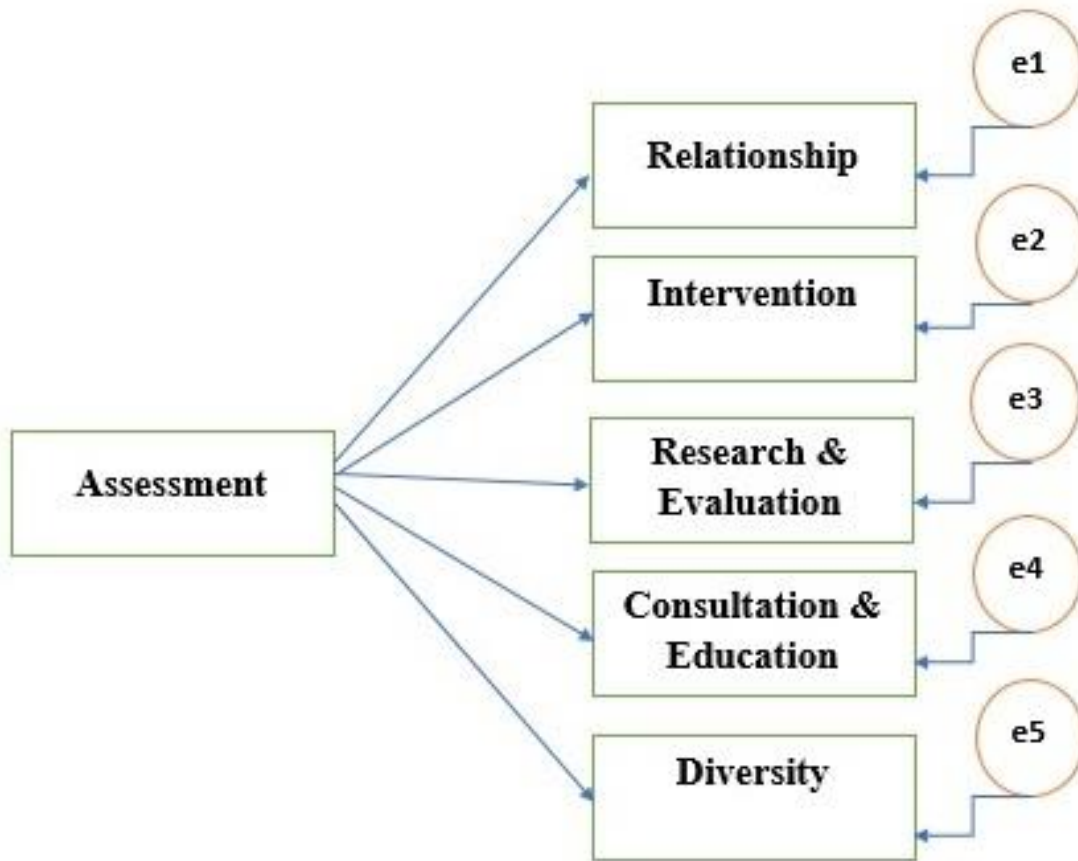
C_Research	← C_Relationship	0.410	0.401	0.049	8.199	0.01	H ₁ Accepted
C_Consult	← C_Relationship	0.524	0.517	0.046	11.212	0.01	H ₁ accepted
C_Div	← C_Relationship	0.511	0.507	0.047	10.846	0.01	H ₁ accepted

Note: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.13 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Relationship significantly positively predicts C_Assesme (SRW=0.564, $p < 0.01$). Relationship positively predicts Intervention (SRW=0.639, $p < 0.01$). Relationship significantly predicts research and evaluation (SRW=0.410, $p < 0.01$). Relationship significantly predicts consultation and education (SRW=0.524, $p < 0.01$). Relationship significantly predicts diversity (SRW=0.511, $p < 0.01$).

Form path analysis and measurement table, it can be derived that the model is fit and there is significant positive effect of relationship competency of professional development on other competencies namely assessment, intervention, research and evaluation, consultation and education and diversity.

- b) To study the effect of Assessment on relationship, intervention, research and evaluation, consultation and education, diversity and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below:



Legends: Significant impact No significant impact

Figure 3.8 - SEM model of Assessment Competency.

Table: 3.14 - Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	13.477 (0.01)	4	3.369	0.992	.989 (.921)	0.989	0.957	0.992	0.084

Table 3.14 indicate fit measures of models. Chi-square(X²) values were very sensitive to sample size, the relative Chi-square values (X²/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X²) values is 13.477 which is significant at 0.01 (X²(4)=13.477, p <0.01). The model X²/DF is 3.369 which is less than 5 that means model is fit (X²/DF <5). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R²) in

multiple regressions. GFI is 0.989 which is more than 0.90 (GFI < 0.90). Comparative fit index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.992, GFI is 0.989, NFI is 0.989 and TLI is 0.957. That mean all other measure is above .90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.921 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.992 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.084. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that assessment competency makes a good model fit with other competencies such as relationship, intervention, research and evaluation, consultation and education and diversity.

The Second dimension of professional development is assessment. Krishnamurthy (2004) described psychological assessment as a complex, integrative and conceptual activity which involve making inferences from multiple sources of information to achieve a comprehensive understanding of a client. NCSPP (2007) also suggested that assessment also involves an ability to measure and formulate degree of need and mental status, development of psychological profiles in response to particular problem and evaluate outcome with tests. The assessment competency is essential for students to integrate data from multiple resources, to effectively answer referral questions and to communicate that inferences and recommendations clearly. The assessment composed of four domains such as, interviewing and relationships, case formulation, psychological testing and ethics and professionalism.

Table 3.15 - Path Analytic Results of Hypotheses (Assessment predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	p sig.	Decision
C_Relation	← C_Assesme	0.56	0.561	0.04	12.35	0.01	H ₁ Accepted

C_Int	←	C_Assesme	0.62	0.622	0.04	14.44	0.01	H ₁ Accepted
C_Research	←	C_Assesme	0.56	0.561	0.04	12.59	0.01	H ₁ Accepted
C_Consult	←	C_Assesme	0.52	0.510	0.04	11.12	0.01	H ₁ Accepted
C_Div	←	C_Assesme	0.59	0.586	0.04	13.46	0.01	H ₁ Accepted
C_tech	←	C_Assesme	0.29	0.297	0.05	5.657	0.01	H ₁ Accepted

Note: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.15 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Assessment significantly positively predicts relationship (SRW=0.561, $p < 0.01$). Assessment significantly positively predicts Intervention (SRW=0.621, $p < 0.01$). Assessment positively predicts research (SRW=0.569, $p < 0.01$). Assessment significantly predicts Consultation (SRW= 0.521, $p < 0.01$). Assessment positively predicts Diversity (SRW=0.564, $p < 0.01$). Assessment significantly predicts technology (SRW=0.296, $p < 0.01$).

Form path analysis and measurement table, it can be derived that the model is fit and there is significant positive effect of assessment competency of professional development on other competencies namely relationship, intervention, research and evaluation, consultation and education and diversity.

c) To study the effect of intervention on Relationship, Assessment, research and evaluation, consultation and education, diversity and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below:

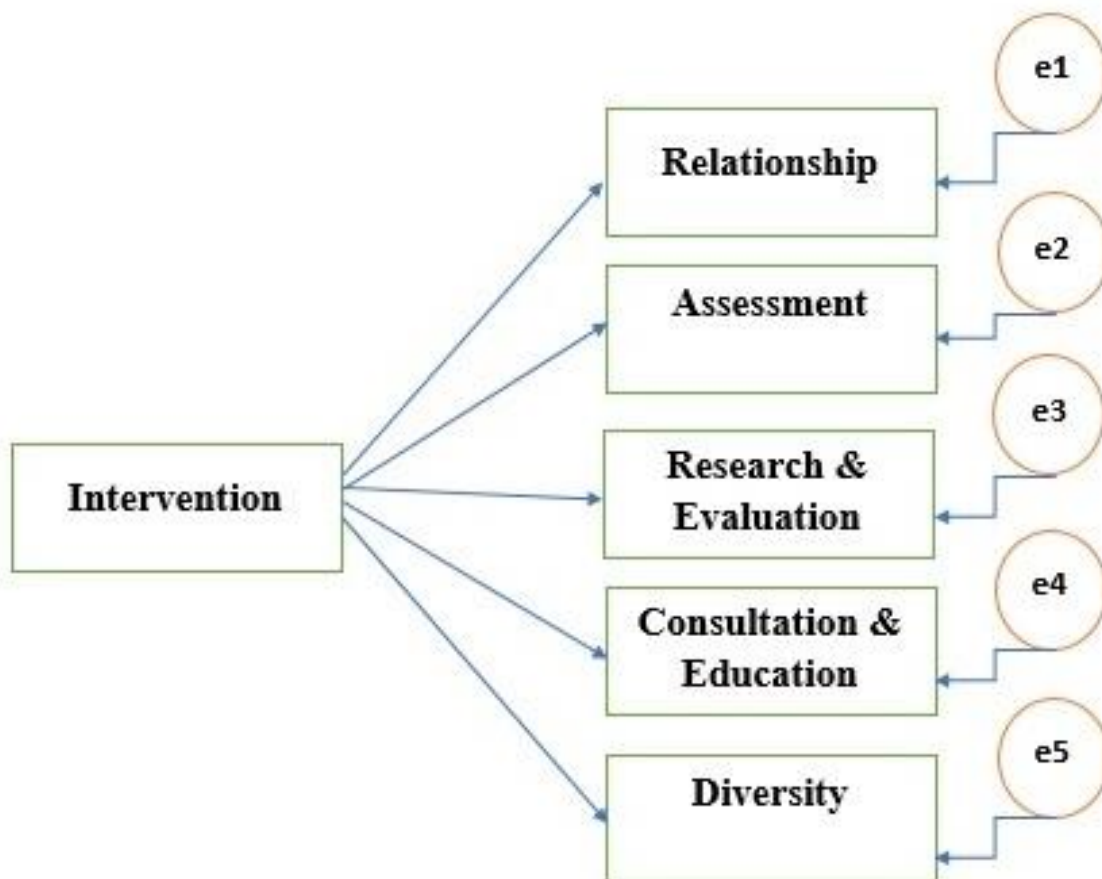


Figure 3.9 - SEM model of Intervention Competency.

Table: 3.16 - Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	10.145 (0.01)	2	5.07	.993	.991 (.881)	.991	.927	.993	0.111

Table 3.16 indicates fit measures of models. Chi-square(X^2) values were very sensitive to sample size, the relative Chi-square values (X^2/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X^2) values is 10.145 which is significant at 0.01 ($X^2(4) = 10.145, p < 0.01$). The model X^2/DF is 5.07 which is less than 5 that means model is fit ($X^2/DF < 5$). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R^2) in multiple regressions. GFI is 0.991 which is more than 0.90 ($GFI < 0.90$). Comparative fit

index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.993, GFI is 0.991, NFI is 0.991 and TLI is 0.927. That mean all other measure is above .90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.881 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.993 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.111. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that intervention competency makes a good model fit with other competencies such as relationship, assessment, research and evaluation, consultation and education and diversity.

The third competency of professional development is intervention, which includes activities that promote, restore and enhance positive functioning and a sense of well-being in clients through preventive, developmental and remedial activities. Peterson (1997) stated that the intervention competency requires understanding of theory and its application in personality, psychotherapy, change processes and the interactions and influences of social, environmental, cultural and physiological factors. The domains under intervention competency are planning, implementation, evaluation and ethics.

Table 3.17 - Path Analytic Results of Hypotheses (intervention predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	Sig.	Decision
C_Relation	← C_Int	0.639	0.639	0.042	15.152	0.01	H ₁ accepted
C_Assesme	← C_Int	0.626	0.621	0.042	14.633	0.01	H ₁ Accepted
C_Research	← C_Int	0.468	0.461	0.048	9.639	0.01	H ₁ Accepted

C_Consult	← C_Int	0.561	0.553	0.045	12.362	0.01	H ₁ accepted
C_Div	← C_Int	0.549	0.543	0.045	11.971	0.01	H ₁ accepted
C_tech	← C_Int	0.255	0.255	0.053	4.799	0.01	H ₁ accepted

Note: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.17 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Intervention significantly positively predicts relationship (SRW=0.639, $p < 0.01$). Intervention significantly positively predicts assessment (SRW=0.626, $p < 0.01$). Intervention positively predicts research (SRW=0.468, $p < 0.01$). Intervention significantly predicts Consultation (SRW= 0. 561, $p < 0.01$). Intervention positively predicts Diversity (SRW=0.549, $p < 0.01$). Assessment significantly predicts technology (SRW=0.255, $p < 0.01$).

Form path analysis and measurement table, it can be derived that the model is fit and there is positive significant effect of intervention competency of professional development on other competencies namely relationship, assessment, research and evaluation, consultation and education and diversity.

- d) To study the effect of research and evaluation on Relationship, Assessment, Intervention, consultation and education, diversity and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below:

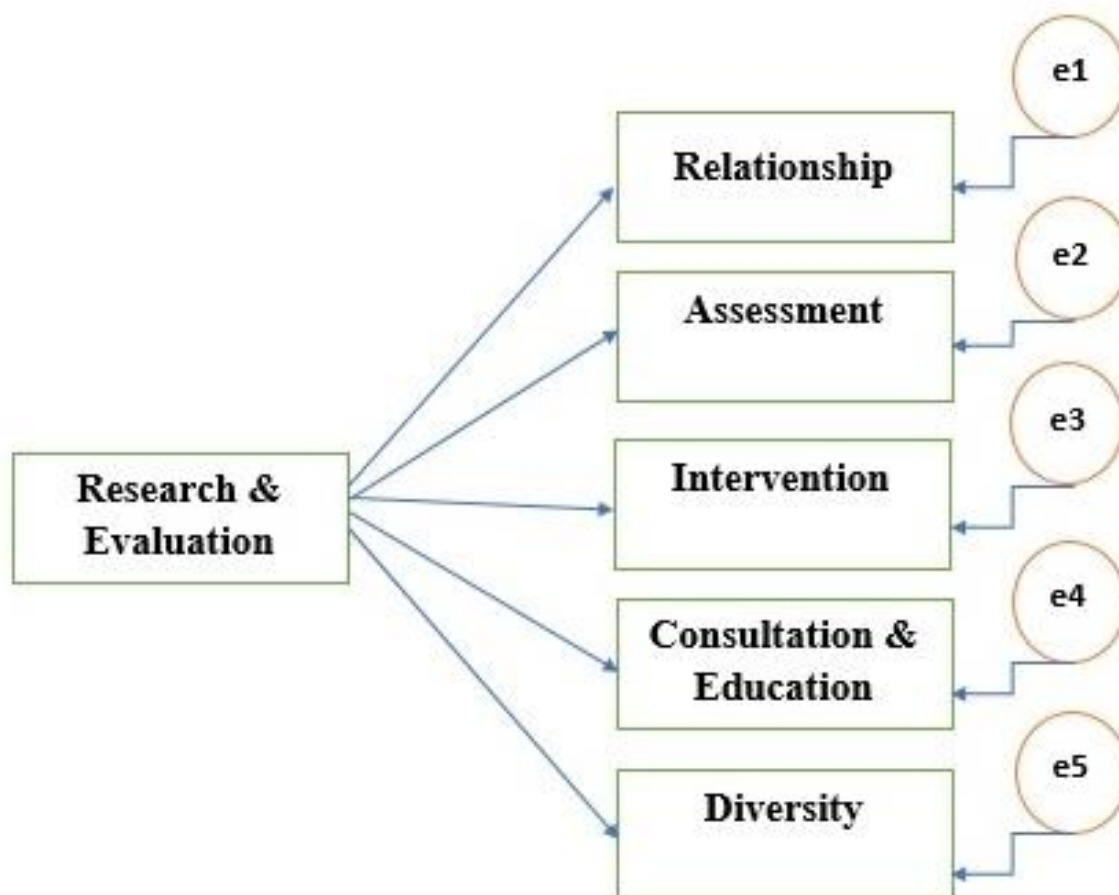


Figure 3.10 - SEM model of Research and Evaluation Competency.

Table: 3.18 - Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	10.197 (0.01)	4	2.549	0.995	0.991 (0.940)	0.991	0.972	0.995	0.068

Table 3.18 indicates fit measures of models. Chi-square(X²) values were very sensitive to sample size, the relative Chi-square values (X²/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X²) values is 10.197 which is significant at 0.01 (X²(4) = 10.197, p < 0.01). The model X²/DF is 2.549 which is less than 5 that means model is fit (X²/DF < 5). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R²) in

multiple regressions. GFI is 0.991 which is more than 0.991 (GFI < 0.90). Comparative fit index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.995, GFI is 0.991, NFI is 0.991 and TLI is 0.972. That mean all other measure is above .90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.940 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.993 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.068. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that research and evaluation competency makes a good model fit with other competencies such as relationship, assessment, intervention, consultation and education and diversity.

The fourth competency research and evaluation consist of three domains: critical evaluation of research, conducting and using research in applied settings and ethics and professional competence. Critical evaluations of research include the ability to locate, evaluate and titrate professional literature and determine the applicability of that literature to essential clinical issues. It also requires an openness of multiple ways of knowing and importantly understanding of strengths and weakness of different forms of research. It also states the ability to design, implement and interpret research and

Table 3. 19 - Path Analytic Results of Hypotheses (Research predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	p sig.	Decision
C_Relation	← C_Research	0.407	0.412	0.051	8.111	0.01	H ₁ accepted
C_Assesme	← C_Research	0.569	0.576	0.046	12.591	0.01	H ₁ Accepted

C_Int	← C_Research	0.468	0.474	0.049	9.639	0.01	H ₁ Accepted
C_Consult	← C_Research	0.571	0.571	0.045	12.661	0.01	H ₁ accepted
C_Div	← C_Research	0.748	0.758	0.037	20.524	0.01	H ₁ accepted
C_tech	← C_Research	0.431	0.437	0.050	8.704	0.01	H ₁ accepted

Notes: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.19 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Research significantly positively predicts relationship (SRW=0.407, $p < 0.01$). Research significantly positively predicts assessment (SRW=0.569, $p < 0.01$). Research positively predicts Intervention (SRW=0.468, $p < 0.01$). Research significantly predicts Consultation (SRW= 0.571, $p < 0.01$). Research positively predicts Diversity (SRW=0.748, $p < 0.01$). Research significantly predicts technology (SRW=0.431, $p < 0.01$).

Form path analysis and measurement table, it can be derived that the model is fit and there is significant positive effect of research and evaluation competency of professional development on other competencies namely relationship, intervention, assessment, consultation and education and diversity.

e) To study the effect of Consultation and Education on Relationship, Assessment, Research and Intervention, diversity and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below,

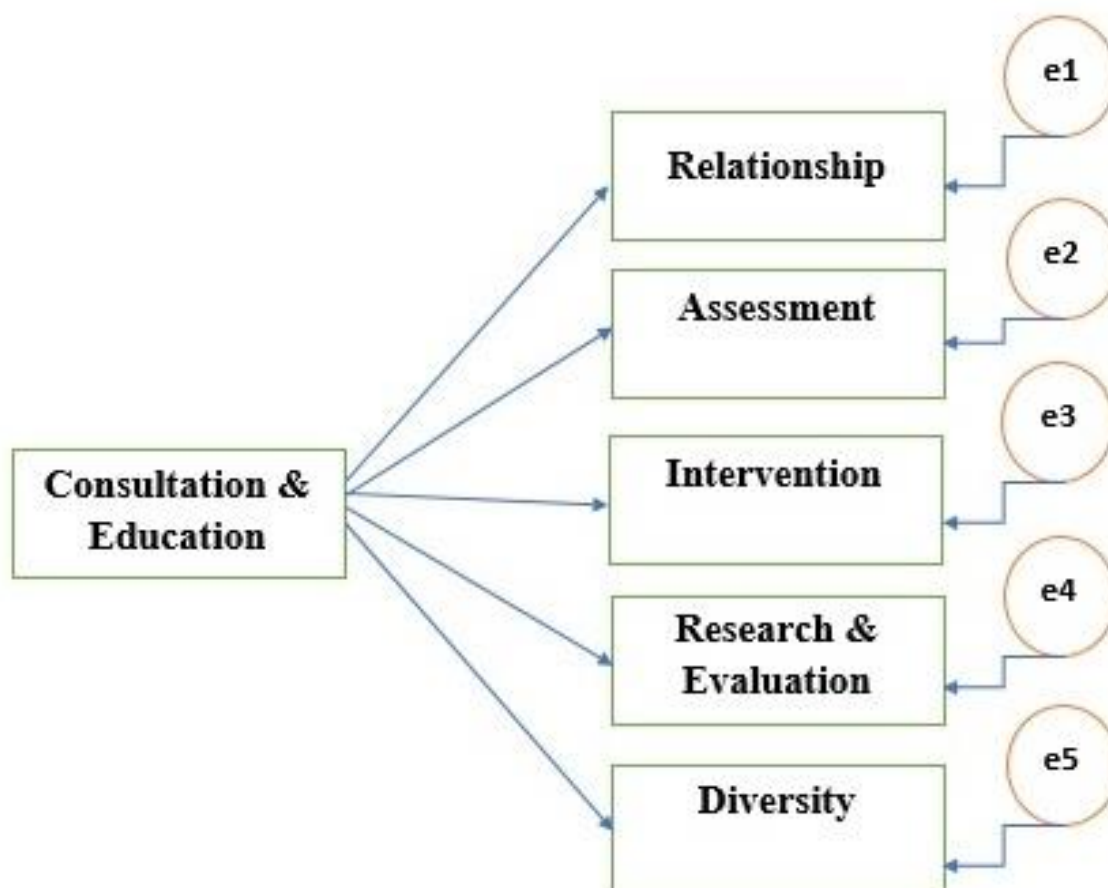


Figure 3.11 - SEM model of Consultation and Education Competency.

Table: 3.20 - Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	16.734 (0.01)	4	4.184	0.989	0.986 (0.903)	0.986	0.943	0.989	0.098

Table 3.19 indicates fit measures of models. Chi-square(X^2) values were very sensitive to sample size, the relative Chi-square values (X^2/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X^2) values is 16.734 which is significant at 0.01 ($X^2(4) = 16.734, p < 0.01$). The model X^2/DF is 4.184 which is less than 5 that means model is fit ($X^2/DF < 5$). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R^2) in multiple regressions. GFI is 0.986 which is more than 0.991 ($GFI < 0.90$). Comparative fit

index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.989, GFI is 0.986, NFI is 0.986 and TLI is 0.943. That mean all other measure is above .90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.903 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.989 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.098. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that consultation and education competency makes a good model fit with other competencies such as relationship, assessment, intervention, research and evaluation and diversity.

The fifth competency of Professional development is consultation and education. Consultation refers to planned collaborative interaction between psychology professional and a client or colleague in relation to identified. Education is facilitated by psychology professional for the growth of knowledge, skills and attitude of the learner. NCSPP (2007) also stated that the education competency also involves skill building in facilitating student knowledge acquisition and scholarly and personal development. Domains under the consultation and education competency are regarding knowledge of evidence-based theories, models and intervention, integration of research and evaluation

Table 3.21 - Path Analytic Results of Hypotheses (Consultation predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	P sig.	Decision
C_Relation	← C_Consult	0.520	0.523	0.047	11.090	0.01	H ₁ accepted
C_Assesme	← C_Consult	0.512	0.515	0.047	10.866	0.01	H ₁ Accepted

C_Int	← C_Concult	0.556	0.559	0.046	12.195	0.01	H ₁ Accepted
C_Research	← C_Concult	0.574	0.562	0.044	12.761	0.01	H ₁ accepted
C_Div	← C_Concult	0.713	0.718	0.039	18.549	0.01	H ₁ accepted
C_tech	← C_Concult	0.399	0.401	0.051	7.929	0.01	H ₁ accepted

Note: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.20 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Consultation significantly positively predicts relationship (SRW=0.520, $p < 0.01$). Consultation significantly positively predicts assessment (SRW=0.512, $p < 0.01$). Consultation positively predicts Intervention (SRW=0.556, $p < 0.01$). Consultation significantly predicts research (SRW= 0.574, $p < 0.01$). Consultation positively predicts Diversity (SRW=0.713, $p < 0.01$). Consultation significantly predicts technology (SRW=0.399, $p < 0.01$).

Form path analysis and measurement table, it can be derived that the model is fit and there is significant positive effect consultation and education competency of professional development on other competencies namely relationship, intervention, assessment, research and evaluation and diversity.

f) To study the effect of Diversity on Relationship, Assessment, Research and Intervention, Consultation and Technological issues, Structural Equation Modelling (SEM) was used and the results are shown below:

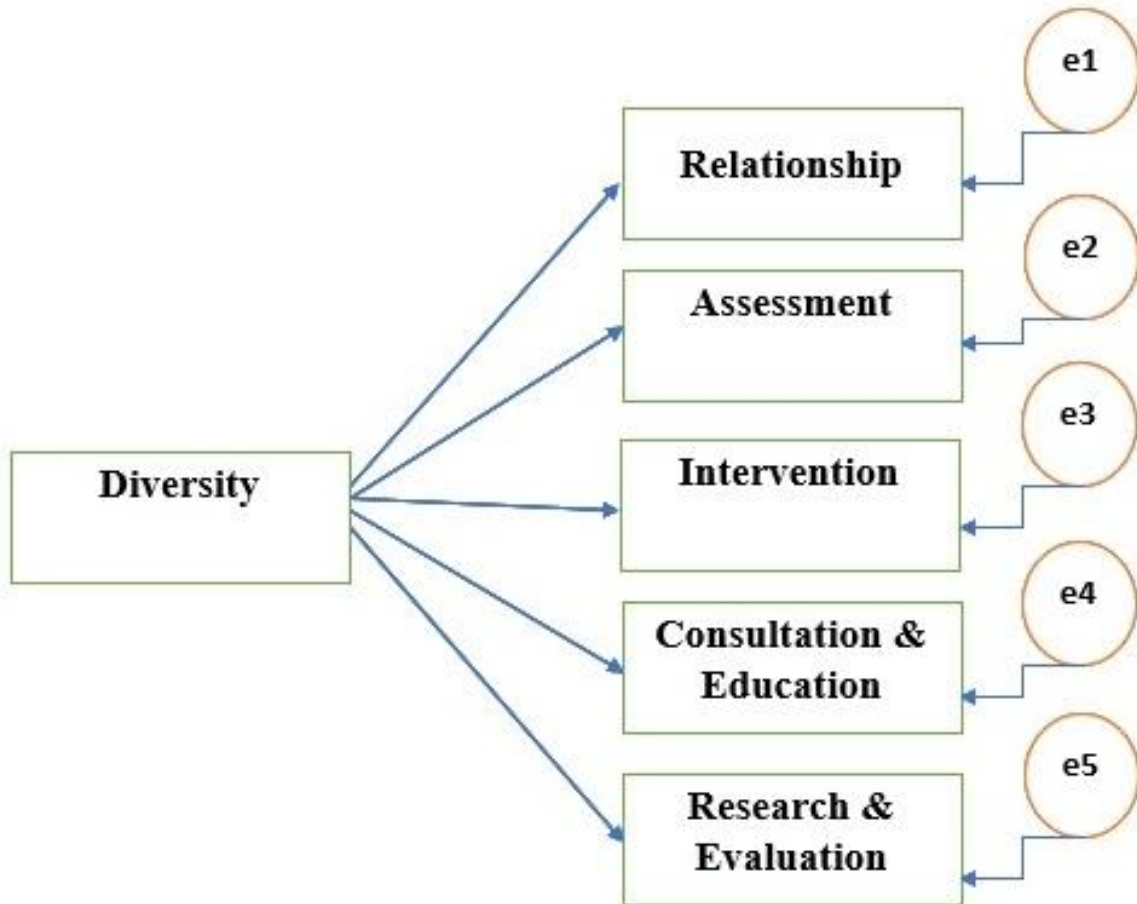


Figure 3.12 - SEM model of Diversity Competency.

Table 3.22 - Fit Measurement of Model

Fit Measures	X ² (Significant)	DF	X ² /DF	CFI	GFI (AGFI)	NFI	TLI	IFI	RMSEA
Default Model	4.049 (0.01)	1	4.049	.997	0.997 (0.903)	0.997	0.945	0.997	0.096

Table 3.21 indicates fit measures of models. Chi-square(X²) values were very sensitive to sample size, the relative Chi-square values (X²/DF) were estimated that were not below the prescribed level of 3 (Kline 1998). The model Chi-square(X²) values is 4.049 which is significant at 0.01 (X²(1) = 4.049, p < 0.01). The model X²/DF is 4.049 which is less than 5 that means model is fit (X²/DF < 5). Hence, other fit measures of the models were considered. Goodness of Fit Index (GFI) is analogous to square multiple correlations (R²) in multiple regressions. GFI is 0.997 which is more than 0.991 (GFI < 0.90). Comparative fit

index (CFI) indicates the overall fit of the model relative to a null model and Normed fit index (NFI) adjusts for the complexity of the model. Tucker-Lewis index (TLI) shows overall performance of model. CFI, GFI, TLI and NFI had values above or close to the cut off limit of 0.9. For the model CFI is 0.997, GFI is 0.997, NFI is 0.997 and TLI is 0.945. That mean all other measure is above .90 and the model is fit. Adjusted Goodness of Fit Index (AGFI) is attempting to adjust the GFI for complexity of Model. AGFI is 0.903 which is Above 0.90 that means Model is Perfect. Incremental fit index (IFI) is 0.997 that means model is fit. Root Mean Square Error Approximation (RMSEA) indicates the approximation of the observed model to the true model. Lower the RMSEA, the better is the model. RMSEA is 0.096. The value of RMSEA is below the prescribed limit of 0.08 in the model.

Hence, it can be derived from above table and various fit indexes such as GFI, CFI, NFI, TLI, AGFI an IFI that diversity competency model is fit with other competencies such as relationship, assessment, intervention, research and evaluation and consultation and education.

The diversity competency requires the ability to identify and understand issues of individual and cultural differences (ICD) and issues of power, privilege and oppression. It was derived from the above diagram that diversity is significantly influencing all other dimensions of professional development. Important aspects of diversity which psychology professionals need to understand are, age, disability and health, ethnicity, gender, language, nationality, race, religion and spirituality, sexual orientation and socio-economic status.

Table 3.23 - Path Analytic Results of Hypotheses (Diversity predict another dimension)

Criterion variable	Explanatory variable	SRW	URW	SE	CR	p sig	Decision
C_Relation	← C_Div	0.507	0.507	0.047	10.717	0.01	H ₁ accepted
C_Assesme	← C_Div	0.589	0.585	0.044	13.271	0.01	H ₁ Accepted
C_Int	← C_Div	0.543	0.543	0.046	11.789	0.01	H ₁ Accepted

C_Research	← C_Div	0.748	0.738	0.036	20.524	0.01	H ₁ accepted
C_Consult	← C_Div	0.714	0.709	0.038	18.572	0.01	H ₁ accepted
C_tech	← C_Div	0.423	0.423	0.050	8.508	0.01	H ₁ accepted

Note: SRW standardized regression weights; URW unstandardized regression weights, SE Standard Error and CR- Critical Ratio

Table 3.22 indicates that Explanatory variable (Independent Variable) Predicts Criterion variable (dependent variable). Diversity significantly positively predicts relationship (SRW=0.507, $p < 0.01$). Diversity significantly positively predicts assessment (SRW=0.589, $p < 0.01$). Diversity positively predicts Intervention (SRW=0.543, $p < 0.01$). Diversity significantly predicts research (SRW= 0.748, $p < 0.01$). Diversity positively predicts consultation (SRW=0.714, $p < 0.01$). Diversity significantly predicts technology (SRW=0.423, $p < 0.01$). From path analysis and measurement table, it can be derived that the model is fit and there is significant positive effect diversity competency of professional development on other competencies namely relationship, intervention, assessment, research and evaluation and consultation and education.

Hence, from all above models, it can be derived that all professional development competencies are positively significant to each other and these competencies can be used for the training for professional development of psychology professionals.

3.3 - QUALITATIVE FINDINGS

Qualitative research focuses on how individuals and groups view and understand the world and construct meaning out of their experiences. The subjective element in the research process is acknowledged in this type of research methods. Qualitative research facilitates the generation of novel insights and new understandings by tapping into the perspectives and interpretations of participants and giving the researcher an opportunity to study meanings of participants' views.

The qualitative part of this study comprised of semi-structured interviews of 10 psychology professionals in India. Thematic content analysis was used to analyze qualitative

data obtained from interviews of psychology professionals. The qualitative data was analyzed by examining, categorizing, and recombining the participants' responses to find out emerging themes, in order to gain a deeper understanding of existing scenario of education of psychology at post-graduate level, psychological practices and need of professional regulation in India.

Thematic analysis involves the following six phases (Braun and Clarke, 2006):

1. Familiarizing yourself with your data: This involves reading and re-reading the data, in an active way; that is, looking for meanings and patterns in the data.
2. Generating the initial codes: This phase involves organizing the data into meaningful groups. It may be done by highlighting potential patterns in the content.
3. Searching for themes: This involves sorting the different codes into potential themes. It basically involves analyzing the codes and considering how different codes could combine to form a theme.
4. Reviewing themes: This phase involves reviewing and refining the initial themes extracted from the coded data.
5. Defining and naming themes: This phase involves further reviewing the themes, determining the aspect of the data that each theme captures, and naming them as per essence of each theme.
6. Producing the report: This involves the write-up on the themes that have emerged, it also includes examples and extracts from the data. It also involves relating the analysis to research question and related literature.

In this study, qualitative analysis is described in three sections

Section I – Content analysis of Interviews of Practitioners

Section II – Review of Curriculum of Psychology in Postgraduation in India

Section III – Review of Various Psychological Associations and Professional Development of Psychologists Around the World.

3.3.1 - Section I – Content Analysis of Interviews of Practitioners

This section explains the qualitative data collected from the interviews of practitioners. The semi-structured interviews were used to collect the data. The responses were audio recorded by the researcher and then transcribed. Collected data were categorized in to certain themes as per the objectives of the study.

This process was used to interpret the qualitative data in the current study. The researcher read and reviewed the qualitative data several times, then highlighted the meaningful points to form initial codes. The codes were then noted down separately and potential themes emerging from these codes were noted alongside. These themes were then reviewed, after which they were given names as per their essence. The themes that thus emerged are delineated below.

Table 3.24 - Objective Wise Emerged Themes from Coding of the Interviews of Practitioners

THEMES	1	2	3	4	5	6	7	8	9	10
Psychology Scenario	Practice Oriented Teaching				In Abroad - Emphasis on Documentation, Confidentiality, Ethical Assessment - Difficulty to Adjust in India	"Psychology Needs Importance"		Institutes like, NIMHANS, RIPHANS, IBHAAS, should take an initiative for accreditation of psychology	RAM RAJYA' - People Do What they think is good and Convenient to them	
Selection of Psychology Subject	Interest and Experiences in UG		Gradation of Specializations - CP, IP, CP and EP	Students' Ability to sustain in the field - BEYOND MERIT		Personality / Interest Test				BEYOND MERIT, Specialization - Aptitude

Curriculum

	BEYOND MERIT, Specialization – Aptitude	Orientation of Students about Specialization	BEYOND MERIT, Specialization – Aptitude	"Students are pushed to select specialization"			BEYOND MERIT, Specialization - Aptitude	Students' Conceptual Clarity for Specialization - WHY and WHAT	
No Practice Orientation	Importance of Theory and Experiential Learning	Inclusion of Theory and Practice in Curriculum	Equal weightage to Theory and Practice	Less emphasis on Practice as compared to Theory	Uniform Curriculum	Training During PG	Professional Culture during PG	Supervised Training in PG Internships	Uniform Curriculum
Uniform Curriculum	Importance of Research	Need of Training Need during PG	Importance of Research	Updating of Curriculum	Updating as per international standards	Uniform Curriculum	Link between Teaching and Psychological Practice		training oriented curriculum
Link between Teaching and Psychological Practice	Uniform Curriculum	Link between Teaching and Psychological Practice	Teaching Psychology Subject in Every Discipline	No Practical Experience in PG		Link between Teaching and Psychological Practice	Updating of Curriculum		Equal weightage to Theory and Practice
		Updating of Curriculum	Practical Orientation of Theories	Research is only if - Academics, Not for Practice			Uniform Curriculum		
	Link between Teaching and Psychological Practice	Curriculum Development (Inputs of Psychological Practitioners)		Uniform Curriculum			Need of Books in Indian Context		

Challenges in Practices

Professional Regulation in India	No Training in PG	Lack of Awareness	Lack of Guidance for Sources to undertake Training	Status of Psychologist - Not Grounded	Lack of Awareness	lack of man power as per population	Authenticity of Psychology is concern	Impact on Quality due to Malpractices	BIFURCATION OF SPECIALIZATIONS IN SOCIETY	lack of man power as per population
	Standardization of Definition - Psychologist, Counsellor	Doubts about RCI	Influence of Psychiatrist Over CP	Lack of Awareness	No Centralized System	Migration of trained people to abroad due to lack of system	Lack of Guidance - what after PG?	Malpractices	MENTAL HEALTH AWARENESS	Migration of trained people to abroad due to lack of system
	No Criteria for Unethical Practice	Importance to Other Disciplines	Lack of Guidance - what after PG?	Varied Professional Charges	No Outline for Counselling Procedure or Documentation	limited training opportunity		Malpractices	THE LESS AWARE PEOPLE ARE, THE MORE DIFFICULTIES THEY WILL HAVE IN SEEKING HELP	Lack of Awareness
	Lack of Awareness	Malpractices	Lack of Guidance - Various Entrance exams for M.Phil. / Ph.D	Social Stigma	Malpractices	Need is realized by Govt. but Implementation,	Lack of Guidance for Sources to undertake Training		STANDARDIZATION OF PROCEDURE FOR DIAGNOSTIC ASSESSMENT AND THERAPIES	No Outline for Counselling Procedure or Documentation
			Lack of Awareness	Community has a need. If we don't provide manpower, do provide good service, they will develop their own way of training		Imbalance in the allocation of responsibilities		Malpractices	UNAPPROACHABLE OF SERVICES	UNBALANCED PATTERN OF TEST REPORTS
	Role of Psychological Association	RCI Process for Licensing	No System Country	RCI - Entrance Exam for M.Phil.	the way system works abroad	Govt. Attention to Promote Psychology			Govt. Attention to Promote Psychology	Promotion of Monitoring from Govt.
	Purpose of Regulation	Role of Professional Regulation	Stigma	No System as there are in other countries	we have to create our own recognition in our field	Psychology is taken for granted - bhai, nai karna hai			Untrained Professionals	Attention of Non-Govt. Psychological Association for Standardization Standardization of Curriculum leads to Quality in Practice
Students' Benefits	Awareness of Government	No Standards	Question on Trust from People due to lack of System	Govt. Attention to Promote Psychology	Govt. Attention to Promote Psychology					

Efforts of Eminent Professionals for the establishment of Professional Regulation	Govt. Attention to Promote Psychology	No Quality	Lack of Synchronization between Psychiatrists and Psychologists -	Awareness of People	Lack of uniformity in curriculum	Experts of Clinical Psychology wants to keep themselves preen at the top. There's no Defined Role of Other Psychologists in India"	lack of awareness	E.g. - School counsellor is mandatory in schools. Similarly, in each organization the post of Psychologist can be made mandatory too	Support from Various Sectors like Health, Education, Corporate, Sports
	Role of Media to bring Awareness	Untrained Professionals	we think we are lesser than them	Counsellor - Psychologist - Defined Roles	Awareness to minimize Stigma				

Table 3.25 – Theme wise Coding

THEMES	1	2	3	4	5	6
SELECTION OF STUDENTS and SELECTION OF SPECIALIZATION	Apart from Merit, Aptitude Test for Psychology and Specialization	Students' Orientation and Their Experiences for Specialization in UG	Gradation of Specialization in India	Personality and Interest Test for Selection of Psychology as a Subject		
CURRICULUM OF PSYCHOLOGY IN POSTGRADUATION	Uniformity in Curriculum	Link between Teaching of Psychology and Practice	Need of Practical Experience and Supervised Training in PG	Curriculum Update - (as per International Standards)	Equal Importance to Theory and Practice	Importance of Research

	Books in Indian Context	Curriculum Development - Taking inputs from practicing psychology professionals				
CHALLENGES IN PSYCHOLOGICAL PRACTICE	Mental Health Awareness	Malpractices	No Centralized System	Need of Training in PG	No outline for Counseling Procedure for Documentation	Social Stigma
	Trained Professionals Migration due to Lack of System	Lack of Man Power as per Population	RCI role in Psychology	Influence of Psychiatrist over CP	Lack of Guidance regarding Entrance Exams for M.Phil./Ph.D. in PG	
	THE LESS AWARE PEOPLE ARE, THE MORE DIFFICULTIES THEY WILL HAVE IN SEEKINGHELP	COMMUNITY HAS A NEED. IF WE DON'T PROVIDE MANPOWER, DO PROVIDE GOOD SERVICE, THEY WILL DEVELOP THEIR OWN WAY OF DEALING WITH THE PROBLEM				
PROFESSIONAL REGULATION	Attention of Non. Govt. Psychological Associations	Attention of Government to Streamline Psychology	Social Stigma / Question on Reliability of Services due to absence of regulatory body	Lack of Awareness to seek for help from Society	RCI - Rules and Procedure for Licensing	Lack of Uniformity in Curriculum in PG

Untrained Psychological Professionals	How regulatory body work in other countries?	Regulation is Root of the system- due to which tree of psychology profession - from selection to training and practice - can be strengthen				Experts of Clinical psychology wants to keep themselves preen at the top.No defined role for other psychologists in India.
	Support from various sectors such as health, education, corporate, NGOs and sports.E.g. - School counselor is mandatory in schools.Similar in each organization the post of psychologist can be mandatory too					

As mentioned in table 3.24 and table 3.25, interviews with practitioners regarding existing scenario of Psychology in India in terms of selection of students in Postgraduation, selection of specialization in Postgraduation, challenges faced by practitioners in teaching and practicing and need of regulatory body and streamlining psychology as a profession in India were discussed. Each theme wise description is explained below.

“Psychology Profession in India, needs Attention”

OBJECTIVE 1 - Selection of Students and Selection of Specialization at Post-Graduate Level

With this objective, practitioners were asked about their opinion regarding selecting students for Postgraduation in Psychology. Selection of students with required knowledge, interest and aptitude for any field is a primary factor to strengthen the quality of any discipline. Therefore, disciplines like, military services, civil services, medicines, business administration and sports, candidates were examined whether they have required knowledge and abilities which is crucial for the respective discipline.

Theme 1 – Use of Aptitude Test in selection and specialization.

Out of ten practitioners, most of the practitioners expressed their view regarding selection of students and post-graduate level and also procedure for giving specialization to students. It was found that most of the universities in India select students on merit basis primarily for Postgraduation in psychology. When asked how selection needs to be done, practitioners said that aptitude test need to be implemented for the selection, so that what students have gained during graduation cannot only be derived on the basis of merit but also aptitude test can show whether they have aptitude to make career in the profession or not.

Similarly, it was found that specializations such as, clinical psychology, counselling psychology, educational psychology, industrial psychology, developmental psychology, criminal psychology, are given to students at Postgraduation level on the basis on merit. Practitioners shared their opinions that merit-based choice for specialization is going on in many disciplines. For example, in engineering also, specializations are given on the basis of merit only. Similarly, in psychology, universities and colleges where specializations are offered, follow merit-based approach for the allotment of specialization. With this merit-based procedure, students who have

aptitude and skills to deal with diagnostics and clinical assessment, but with less marks than what is required, are not given a choice to choose clinical psychology. In such circumstances, quality of psychological practices – teaching, clinical and academic counselling, therapeutic procedures and research were compromised.

“Here, Students in Postgraduation are pushed to select Specialization”

One practitioner said that at university level specialization in Postgraduation has become stereotypical in terms of teaching and practicing. Clinical psychologists are found to feel superior than psychologists from other disciplines such as educational, counselling, developmental, industrial and social. In fact, it was observed that after the completion of Postgraduation, they are the one who are applying for jobs in schools and companies.

During discussion of challenges regarding specialization in Postgraduation, one practitioner posted on a psychology forum, *“We study educational psychology for two years. And when there is a vacancy in school, students from clinical and counselling psychology, are also apply for the same post. So, where will we work? what should we do?”* Hence, due to lack of standardization of definition of psychologists and lack of guidelines for specialization, no other criteria are measured. Besides, in universities, the specialization of clinical psychology is given on merit basis, which means, students who had higher grades or percentage, will get the clinical psychology as specialization in Postgraduation. Now, there are more possibilities of these students of getting higher percentage or grades in Postgraduation which is why, they get more opportunities when apply for work. Besides, after finishing Postgraduation in clinical psychology, students apply everywhere from school, NGOs and organizations, where there is a need of professional from counseling psychology, educational psychology or industrial psychology. To strengthen any discipline, quality education is believed to be fundamental root. Unlikely, in medicine it seems standardization is very clear and it is being followed strictly by the medical professionals and hospitals.

Theme 2 – Students’ Orientation and Experiences during Graduation.

When asked about the selection of students and selection of specialization for psychology in Postgraduation, practitioners suggested that during graduation, if students are oriented with types of disciplines along with scopes of job opportunities in India and they were exposed to

workplace situations, choosing specialization would not be difficult for them keeping in mind what and where they want to build their career.

Objective 2 - Curriculum of Psychology in Postgraduation

Practitioners were asked about how curriculum is important to strengthen the psychology profession in India. What is the role of curriculum to streamline the discipline of psychology? Several important issues regarding curriculum development were discussed with practitioner and their views are elaborated in this section.

Theme 1 – Uniformity of Curriculum

All the practitioners were asked whether there was a need for uniformity of curriculum. Nine out of ten practitioners agreed upon the need of common curriculum across the country.

“Uniformity Will Give Good Picture About the Individual and the University and Everybody Will Be Measured at Equal Level”

It was noted from the conversation with practitioners that uniform curriculum of psychology in the country can lead to quality practice and standardization of profession in terms of role of psychologist in various specializations, ethical guidelines for practicing psychologist and various rules and regulation a psychology professional needs to follow in their work. This whole lens should be taken in to consideration from the medicine discipline where there is a uniform curriculum across the country. In existing scenario, United Grant Commission (UGC) has provided a model curriculum for psychology, but then at university level, it is modified as per their convenience and facilities. It was also shared that uniform curriculum can also be useful in the assessment of competitive examinations such as, an entrance examination for M.Phil. or Ph.D., National Eligibility Test (NET), State Level Eligibility Test (SLET), State Public Service Commissions and Union Public Service Commission (UPSC).

Theme 2 – Absence of Bridge between Teaching and Practice.

When practitioners were asked about their thoughts regarding curriculum development, absence of bridge between teaching of psychology and practice was second most repeated concern by most of the practitioners. It was derived from the conversation with practitioners that there is an

absence of bridge between what is taught in Postgraduation and what is actually needed to practice.

“Professionals who are practicing should be in the committee for curriculum development”

It was shared that curriculum of psychology need to be equipped with both theoretical subjects and subjects with practical exposure such as, supervised counselling sessions, psychological assessment, therapeutic assessment and so on. As observed in UGC curriculum, only few university have developed their curriculum in such a manner. One practitioner shared that theoretical subjects enhance their comprehension of information regarding the subject and also equipped them to acquire the require knowledge and abilities. Inclusion of subjects with practical exposure to situation and environment leads to good amalgamation to become a learned individual.

In today's scenario, in major universities students are taught regular subjects such as clinical psychology, counselling psychology, educational psychology, industrial psychology, personality theories and research methods. When it comes to practice, there are various psychological therapies, psychological assessment and software applications available which can be helpful for students to acquire knowledge, skills and abilities. Hence, after the completion of Postgraduation, students have to look for resources to acquire above mentioned criterion by enrolling themselves in workshops and certified courses.

Theme 3 - Need of practical experiences and supervised training in Postgraduation.

From the reflections of practitioners, it was found that students in postgraduation need practical experience in the area where they are willing to build their career. It was reflected in responses of practitioners that students who are pursuing to practice psychology in clinical and counseling settings, they have been given similar practical exposure during postgraduation and students who wants build career in research and development, they can be given exposure in research institutions and projects of social and human development. And if somebody is interested to pursue career in to research or teaching, then he/she should be given that kind of exposure. Hence, equal importance to theory and practice in the needed area is needed in the curriculum at post-graduate level. As per the guidelines of UGC model curriculum theory and

practical subject ratio need to be 70% - 30%, whereas in majority of universities, it is 85% - 15%.

Objective 3 – Challenges in Psychology Practices

Since the inception of psychology in India in 1950, mental health has not been given importance as physical health. Since, then psychology professionals have been struggling for the identification and equal importance of psychology in India. In this study, both quantitative and qualitative part of questions, practitioners were asked about the number of challenges they face in the psychological services. Few common issues are explained below.

Theme 1 – Awareness of Seeking Help among People.



Figure 3.1 – The nucleus of Mental health awareness.

As shown in the figure 3.1, the essence of strengthening psychological services through factors such as pedagogy of psychology, standardization of the term ‘psychologist’, professional regulation of the profession and training needs are connected to mental health awareness. From the conversations with practitioners about existing scenario of psychology in India, challenges faced by practitioners and need of professional regulation for psychology professionals, it was derived that mental health awareness is the biggest challenge for psychology professionals that

exist in the country. India is a country with hundreds of languages and thousands of culture and different religions and castes. People are hardwired to go to their religious places and gurus when faces troubles with their life and their choices. Besides, stigma of being labeled as 'pagal' or 'psycho' is very common in the country. Some rays of hope were seen when school counselor was made mandatory in CBSE schools. Then it is also believed that the need of psychologist is till school education only. Very few higher educational institutes, colleges and universities have provision of psychological services to students. Very few hospitals have recruited psychologists. At corporate level, the role of psychologists has been surpassed by human resources, coaching and training. Psychology is just a one unit of the curriculum of human resources in corporate sectors. It was reflected from the opinion of practitioners that mental health awareness programs at every level of society and each area of work need to be done. The role of government is also thought to be essential for mental health awareness.

Theme 2 – Malpractices

As mentioned in objectives of National Academy of Psychology (NAOP), promotion of growth of psychology and promotion of highest standards of psychological measurement, testing and instrumentation. It is revealed that no government or non-government psychological association has taken an initiative of monitoring and supervision of psychological practices facilitated by professionals to semi-professionals to amateurs. Unlike, Medical Council of India, psychological practices such as clinical counselling, psychotherapies, psychological assessment through various psychological tests, counselling of students, parents, teachers, couples, patients, professionals and special children needs to be monitored and confirmed that these services are being given by some responsible professionals who must acquire certain educational qualification and certification for certain skills and abilities. In the absence of such monitoring and supervising body, there are non-qualified and untrained people who have started working in psychology profession.

As seems logical, professionals opinioned that any service can be labeled as malpractice or unethical only if there is certain criterion under which psychology can be practiced.

Theme 3 – No Standardization of the terms, ‘Psychologist’ or ‘Counsellor’

Dalal (2002) stated that psychology as an academic discipline was established in Calcutta university in the beginning of 19th century. Over the years, the profession has seen much professional growth in the various disciplines such as, healthcare, education, corporate, sports and defense services. In the interviews with psychology professionals, it was derived that the definition of psychologist is still ambiguous in the country. It is commonly believed that those who have done Postgraduation in Psychology in Arts or Science stream, can themselves psychologist as per their specialization such as, Clinical Psychology, Counselling Psychology, Educational Psychology, Industrial Psychology, etc. Rehabilitation Council of India (RCI) gives certification to Clinical Psychologist only if the students have studied from RCI recognized institutes.

According to an article published in Times on India on May 4, 2016, the doctor – population ratio, according to Medical Council of India (MCI) in the country stands at 1:1681, based on the assumption that 80 % of total doctors are available on any given day. In case of Psychology, due to lack of government regulatory body, no database is developed for the number of psychologists in India. Though, according to an article published on National Survey on Mental health disorders in India in Daily News and Analysis (DNA) on June 16, 2013, there are only about 4000 psychiatrists, 1000 psychologists and 3000 social workers for the 1.34 billion population of the country.

Theme 4 – Need of Training in Postgraduation.

Graduation, Postgraduation and Doctoral Level Psychology is taught in Arts as well Science stream. Psychology is an applied discipline where psychological practices in the specializations such clinical, educational, industrial and developmental are needed. When students finish their masters, it is expected that they are taught and equipped with certain skills and abilities to work in the field. It was derived from the interviews as well through curriculum of 34 universities that no practical training is given in most of the universities. RCI registered institutes provides clinical training experience in hospital for mental health. Due to lack of training during Postgraduation leads to compromise in quality in psychological services. Only after Postgraduation students seek to learn skills and abilities required for psychological services.

Theme 5 – No outline for Documentation of Counselling Procedure

American Psychological Association (APA, 2002b) states that the nature and extent of the record or documentation vary as per the purpose, setting and context the psychological services. Documentation of counselling sessions benefit both client and psychologist through treatment plans, services provided and clients' progress. Documentation is also a concern shown when practitioners were asked about how quality of psychological services could be strengthening. It was noted in the comments of interviews that documenting the records of sessions is not practiced in India by most psychology professionals. Due to absence of any recommendation by Govt. / Non – Govt. body, practitioners have developed record keeping or documentation as per their own convenience. There is no standardized practice

Theme 6 – Social Stigma

Stigma has been argued to be a major determinant of outcome of severe mental illness across cultures in India. A study conducted by Raguram (2004) reported that stigma about seeking mental illness impact negatively on work, finances and social interactions. The study also reported concerns about the social impact of the illness on the affected person, with difficulties in marriage, social devaluation and avoidance by society. In India, lack of awareness regarding seeking help in mental illness is a prominent factor which plays major role in social stigma.

Supreme Court of India and Ministry of Human Resource Development, Government of India (MHRD- GoI) constituted a committee, which stated the deployment of counsellors in secondary and senior secondary schools. It also mandated arrangement of specified number of regular and periodic psychological counselling sessions per year for every student till they finish school with involvement of parents and teachers during the whole practice. Government has taken such initiative to provide psychological services to all school children. Similarly, if such laws and regulations are implemented in other work disciplines such as, health, manufacturing, corporate, Information Technology.

Theme 7 – Migration of Trained Professionals

This issue was shared by two of eminent psychologists in India during the interviews. They expressed that because of the absence of professional regulation and lack of attention for

psychology by the Government, many clinical psychologists preferred to migrate abroad for practice after completion of their M.Phil. or Doctoral study. The psychology profession is reputed and in demand in countries like Australia, New Zealand, USA, Canada and Nordic countries. According to a presentation in BBC news, psychology profession is in top 20 most wanted professions of the world (BBC, 2013).

Theme 8 – Role of RCI

The Rehabilitation Council of India (RCI) was set up as a registered society in 1986. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22 June 1993. The primary objectives of RCI is to regulate the training policies and programmes in the field of rehabilitation of persons with disabilities and to bring about standardization of training courses for professionals dealing with persons with disabilities. RCI, however can provide license only to those who have studied degree, diploma and certificate courses from RCI recognized institutions and universities across India. Central Rehabilitation Register accepts registration under the categories such as, clinical psychologists, audio and speech therapists, rehabilitation psychologists and rehabilitation social workers. There are no norms or guidelines for any disciplines of psychology (M.A/ M.Sc.) which is taught in state and central universities. Moreover, clinical psychology is only considered under for RCI registration only if the individual has studied from RCI recognized institutes.

Theme 9 – Influence of Psychiatrist Over Clinical Psychologists

Though psychology was introduced in 1950, psychologists in India are still looking for recognition for psychological practices. Singh, S and Singh, A (2006) explained this relationship as like modern marriage. Can't do without it, can't get out of it. It was also labeled as separation with mutual consent. Psychiatrists are dealing with mental disorder on clinical level and psychological level, but it was found a layer of apprehensiveness to consult the opinion of clinical psychologist whenever needs. Clinical psychologists found them over-reacting and aggressive when confronted in some circumstances. However, both psychiatrist and clinical psychologist have realized that attitude of ignorance for mental health movement at large. One rationale for this attitude of psychiatrist was derived that they were exposed to similar treatment from their seniors and medical colleagues. Clinical psychologists were also found either

protectively aggressive towards psychiatrist or meekly submissive. Psychiatrists' way of neglecting psychosocial treatments and favoring biological creates the exasperation in clinical psychologists.

Objective IV – Professional Regulation

Theme 1 – Attention of Government to Streamline Psychology

Since the inception in 1950, psychology as a profession is still searching for recognition in society. It was derived from the perspectives of psychology professionals that lack of regulatory body by government is major roadblock to streamline the profession. Rehabilitation council of India (RCI) was established in 1986 and was responsible for monitoring and supervision of mental health services in India. Psychological practices have been practiced in different aspects such as clinical, educational, organizational and developmental settings. RCI is limited to monitor rehabilitation and clinical practices of psychology professionals. Several institutes in India are affiliated with RCI and running certificate and degree courses which gives a license to practice in the areas of rehabilitation psychology, clinical psychology and psychiatric social work. Except, RCI, there is no other regulatory body to monitor and supervise other areas of psychology, which actually covers major part of mental health related issues.

Theme 2 – Attention of Non - Government Psychological Association

Psychological associations such as, National Academy of Psychology (NAOP), Indian Association of Clinical Psychology(IACP) and Indian Association of Applied Psychology (IAAP) are most active in organizing annual conferences and giving memberships to psychology professionals of India. When it comes to monitoring of psychological services, there is no direct initiative from them. Associations claimed that their aim is to promote quality of teaching and training for research in psychology and to foster the growth of psychology as a profession in India. Some associations have constructed ethical guidelines for psychology professionals and kept on the website. It is also important to monitor whether ethical guidelines have been taken sincerely by the members.

It was also discussed in *Mental Health Policy Group* that such psychological associations need to take responsibility for monitoring of psychological services by establishing committee.

Theme 3 – Reliability of Psychological Services

The growth and development of psychology as a profession in India is based on the quality of psychological services practiced by psychology professionals. Psychological services include teaching and psychological and clinical counselling and assessments. Due to lack of regulatory body which can monitor whether the appropriate psychological services are practiced or not. The root of quality psychological services lies in the academics as perceived by practitioners. They said that the pedagogy of psychology need to restructured from practical and application perspective at university level. For the scrutiny of psychological practices, there is a serious need of regulatory body like medicine has in India. In the absence of supervision and monitoring by any legal system, malpractices have been increased.

3.3.2 - Section II – Critical Review of Curriculum of Psychology in Postgraduation

To understand the gap between the UGC model curriculum / guidelines and existing curriculum at post-graduate level in the universities in India, different data were collected from the official websites of each university. Total 33 curriculums have been collected from 33 state and central universities of India. One of the limitation of the review was that some universities have not put the curriculum of Postgraduation on their website.

Table 3.26 - List of subjects included in psychology curriculum at post-graduate level

	Unive rsity	NA AC Gra de	Ye ar	Annua l / Seme ster	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	
1	Andhra University	A	2013-14	Semester	Principles of Psychology	Life Span Developm ental Psychology	Physiologic al Psychology	Research Methodolo gy	Personality and Adjustment	Cognitive Psychology	Psychopat hology	Clinical Psycholo gy	Project	Human Resource Managemen t	Peace Psychology
					Psychologi cal Testing	Psychologi cal Testing (Practical)	Cognitive Psychology (Practical)	Social Psychology	Organizatio nal Behavior	Counseling Psychology	Health Psycholog y	Psycholo gical Assessm ent			
2	Banaras Hindu University	A		Semester	Attention and Perceptual Processes	Research Methods and Exp. Designs	Advanced Physiologic al Psychology	Applied Social Psychology	Practical	Language, Memory and Thinking	Non- experime ntal and Correlatio nal Methods	HRM	Psychology of Adolescents	Rehabilitatio n Psychology	Cross Cultural Psychology
					Psychobiolo gy	Cross- cultural Psychology	Practical	Therapeuti c Technique	Neuro Psychology	Personality	Organizati onal Developm ent	Psycholo gy of Adulthoo d and Aging	Organizational Communication	Sports Psychology	Psychology of Rehabilitation
					Practical	Comprehe nsive Viva	Health Psychology/ Human Factors	Drugs and Behaviour	Counseling						
3	Banasthali University	A		Semester	Cognitive Psychology	Psychopat hology	Theories of Personality	Research Methods and Statistics	Community Psychology	Environme ntal Psychology	Positive Psycholog y	Social Science	Organizational Behavior	Sports Psychology	Gerontology
					Clinical Psychology	Counseling Psychology	Health Psychology								

4	Bharathiar University	A	2011	Semester	Psychometry and Research Methodology	Health Psychology	Organizational Behavior	Cognitive Psychology	Experimental Psychology	Advanced Social Psychology	Personality Research and Applications	Educational Psychology	Sports Psychology	Group Dynamics for Social Living	Consumer Psychology
					HRM	Theories of Motivation and Emotions	Theories of Counseling	Experimental Psychology	Project Work / Practical						
5	Dr. Bhimrao Ambedkar University	A	2013-14	Semester	Experimental Psychology	Statistical Methods	Social Psychology	Indian and Western Contribution to Psychology	Experimental Psychology II	Psychopathology	Psychometry	Physiology	Research Designs and Statistics	Theories of Personality	Psychology of Current Trends in Social Issues
					Organizational Psychology	Clinical Psychology	Educational Psychology	Advanced Statistics and Exp. Design	Man, at Work: Assessment and Training	Psychodiagnostics	Forensic Psychology	Group Processes	Educational Psychology II	Man, at Work: Satisfaction, Motivation and Performance	Viva
					Psychotherapy and Counseling	Advanced Educational Psychology	Developmental Psychology	Guidance and Counseling	Dissertation						
6	Gulbarga University	B		Semester	Systems of Psychology	Physiological Psychology	Research Methodology	Social Psychology	Cognitive Psychology	Psychological Statistics	Theories of Motivation and Personality	Principles of Psychological Measurements	Practical	Child Development	Counseling Psychology
					Psychopathology and Mental Hygiene	Health Psychology	Clinical Assessment	Block Placement	HRM	Clinical Psychology	OB	Fieldwork	Dissertation		
7	Jamia Millia Islamia	A	2013-15	Semester	Cognitive Psychology	Research Methods	Social Psychology	Psychometrics	Psychological Testing	Psychopathology	Organizational Behaviour	Dissertation	OB	C. Advanced Social Psychology	C. Consumer Psychology

8	Jawahar Nehru University	A		Semester	Statistics in Psychology	Peace Psychology	Psychological Experiments	Health Psychology	Positive Psychology	Intervention in Counseling	HRM	Psychotherapy						
					Theories and Systems	Experimental Psychology	Social Psychology	Research Methods and Statistics	Cognitive Psychology	Practical	Psychopathology and Clinical Psychology	Organizational Psychology	Principles and Applications of Guidance	Human Development	Psychometrics			
					Personality	Physiological Psychology	Psychological Testing											
9	Jiwaji University	A	2008-09	Semester	Cognitive Processes	Research Methods and Statistics	Psychopathology	Life Span Development	Psychology of Personality	SoCal Psychology	Educational Psychology	Clinical Psychology						
10	Karnatak State Open University	A		Annual	Systems and Contemporary Trends in Psychology	Biological and Social foundations of Behaviour	Cognitive Processes	Motivation and Emotions	Personality and Adjustment	B. Advanced Skills and Processes of Counseling and Psychotherapy		B. Consultation-Liaison Psychology						
11	Kolkata University	A	2013-15	Semester	O. Training and Development													
12	Kurukshetra University	A	2002-03	Semester	Experimental Psychology	Social Psychology	Research Methodology	Practical	Cognitive Psychology	Practical	N. Sports Psychology							
13	Madras University	A		Semester	Advanced General Psychology	Advanced Social Psychology	Life Span Psychology	Research Methodology	Psychological Testing	Organizational Behaviour	Consumer Behavior	HRM	Counseling and Behavior Modification	Health Psychology	Group and Team Effectiveness in Organizations			

14	Madurai Kamraj University A	2013	Annual	I. Organizational Development	General Psychology	Life Span Development	Social Psychology	Research Methodology	Experimntal Psychology - Practical	Psychopat hology and Mental Hygiene	Environm ental Psychology	Counseli ng Psychology	HRM	Project Work	
15	Maharshi Dayanand University A	2014-15	Semester		History of Psychology	Experiemntal Psychology	Physiologic al Psychology	Research Methods and Statistics	Practical	Theoriesof Psychology	Cognitive Psychology	Develop mental Psychology	Practical	Guidance and Counseling	Consumer Psychology
					Personality	Bio- Psychology	Research Designsand Statistics	Practical	Psychologic al Testing	Foundatio ns of Clinical Psychology	Social Psychology	Neuro Psychology	Health Psychology	Child Psychology	G. Child Emotionaland Behavioral Problems and Interventions
					Practical	Psychomet rics	Clinical Interventio n	Applied Social Psychology	Neuro Psycho Rehabilitati on	G. Gender and Psychology	Industrial Psychology	Positive Psychology	Management of Health and Illness	HRM	Peace and Harmony
16	Mahatma Gandhi University A	2011	Semester		Cognitive Psychology	Personality and Personal Development	Positive Psychology	Testing and Measurement in Psychology	Psychologic al Assessment - Practical	Psychology of Intelligence, Learning and Motivation	Health Psychology	Clinical Psychology	Community Psy/Clinical Psy/OB/Criminology/ Fundamentals of Sports and Exercise	Contempora ry Issuesand role of Psychology in Social Engineering	Cross Cultural Psychology
					Research Methodology	Psychodiag nostics - Practical	Principles of Neuropsychology	Cognitive and Behavior Oriented Therapies	Counseling	Psychology of Differently Abled / Counseling in School Settings	HRM / Consumer Behavior and Advertisement Psychology	Forensic Psychology	Principles of Sports Behavior	Internship	Dissertation

17	Mizoram University	A	Semester	Cognitive Psychology	Research Methodology	Applied Social Psychology	Practical	Learning and Memory	Statistics and Psychometrics	Advanced Physiological Psychology	Practical	Stress, Emotions, Coping and Health	Psychodiagnostics	Practical	
				Personality Theories	Practical	Clinical Psychology	Adult Psychopathology	Neuropsychology	Dissertation						
18	Mumbai University	A	2013-14	Semester	Personality Psychology	Cognitive Neuropsychology	Statistics	Experimental Psychology	Evolutionary Psychology	Intervention Systems in Psychology	Research Methodology in Psychology	Practical (Psychological Assessment)	Counseling across life span	Organizational Behaviour	Multiculturalism
					CBT, REBT and Group Therapy	Psychological Assessment: Application Report writing	Clinical Psychopathology	Constructing Social Psychology	Positive Psychology	Advanced Applied Psychometrics	Change Management				
19	Osmania University	A	CBCS	Statistics	Social Psychology	Cognitive Psychology	Personality Theories and Assessment	Experimental Psychology - Practical	Exp. Designs in Psychology	Development Across Life Span	Psychological Testing	Psychological Testing - Practical	Understanding Basic Psychological Processes	Health Psychology	
				Experimental Psychology - Practical	Abnormal Psychology	Organizational Behavior	Fundamentals of Counselling	HRM	Counseling Skills and Practical	Seminar	Applied Psychology for Health				
20	Punjab University	A	Semester	Theories and Systems	Social Psychology	Experimental and Cognitive Psychology	Research Methodology	Social Psychology	Practical	Organizational Behaviour	Child Psychology	Practical	Behavior Economics	Parapsychology	
				Clinical Psychology : Psychodiagnostics	Counseling Psychology	Sports Psychology	Positive Psychology	Health Psychology	Media Psychology						

21	Rajasthan University	A	2015 - 17	Annual	Systems and Theories of Psychology	Cognitive Psychology	Physiological Psychology	Statistics and Research Methods	Practical/ Experiments	Applications of Psychology	Social Psychology	Fundamental of Clinical Psychology	Population Psychology	Organizational Psychology	Vocational Psychology
				Semester	Personality Theories	Thesis	Guidance and Counseling	Industrial Psychology	Ecological Psychology						
22	Rashtrasant Tukdoji Maharaj Naagar	A	2015 - 17	Semester	Cognitive Psychology	Research Methods	Personality Theories	Advanced Social Psychology	Practical	Advanced General Psychology	Research Designs	Personality Theories II	Health Psychology	Practical (Clinical Psychology)	Management of Personnel n HR
				Semester	Issues in Social Behavior	Practical	Abnormal Psychology	Psychodiagnosics	Counseling and Psychotherapy	Family and Couples Therapy	Consumer Behaviour	Industrial Psychology Practical	Guidance and Counseling	Education and Career Guidance	Assessment in Counseling
				Semester	OB	Child Assessment	Therapeutic Interventions	Community Mental Health and Medical Psychology	Clinical Psychology Practical	OD	Leadership in Communication	OC, Learning and Change	Employee Counseling	Practical	Psychological Testing
				Semester	PsyTesting in Guidance N Counseling	Psychology Disorder	Intervention Strategies in Counseling	Special Areas of Counseling	Basic Counseling Skills	Counseling Psychology Practical	Psychopathology				
23	Ravenshaw University	A	2015 - 17	Semester	Human Cognition and Mind	Theoretical System in Psychology	Research Methods I	Statistics I	Practical Works	Cognitive Psychology	Theoretical System in Psychology II	Research Methods II	Health Psychology	Dissertation	Seminar Paper
				Semester											

24	Sambalpur University	B+	2014-15	Annual	Statistics II	Practical Works	Applied Social Psychology	Counseling Psychology	Applied Social Psychology	L. Personnel Psychology	Personality Disorders: Theory, assessment, and Interventions				
					General Psychology	Abnormal Psychology	Practical (Experiments)	Educational Psychology	Statistics	Practical	Guidance and Counseling				
					Developmental Psychology	Social Psychology	Industrial Psychology	Practical							
25	Saurashtra University	A	2005	Semester	Advanced Experimental Psychology	Research Methodology	Developmental Social Psychology	Health Psychology	Psychology of Emotion - I	Perspectives of Human Behavior	Advanced Industrial Psychology	Environmental Psychology	Dissertation	Social psychology and Praxis	Rehabilitation Psychology
					Practical	Statistics in Psychology	Psychological Measurement and Scaling	Organizational Psychology	Neuro Psychology/ Psychodiagnostics/ Models of Psychopathology	Psychodiagnostics Testing	Stress Management				
26	Shivaji University	A	2013-14	Semester	Research Methods in Psychology	Applied Cognitive Psychology	Personality Psychology	Practical (Experiments)	Statistics	Health Psychology	Positive Psychology	Practical (Psychological Assessment)			
27	SNDT Women's University	A		Semester	Cognitive Processes	Research Methodology	Psychological Testing	Psychological Testing - Practical	Theories of Personality	Environmental Psychology	Neuro-cognition	Applications of Statistics in Psychology	Counseling Psychology- Intervention Strategies/ Internship/ Dissertation	Career Counselling and World of Work	Environmental Psychology

28

St. Francis
College of
Women

A

Semester

Practical	Applied Social Psychology	Positive Psychology	Cross-cultural Psychology	Clinical Psychology - Psychopathology	OB	Psychology of Adjustment	Psychotherapy and Counseling	Industrial Psychology - Employee Counseling	Practical (Clinical Psychology)	Dissertation
Psychodiagnosics	Practical	HRM	OC and Development	Occupational Health and Safety	Psychology of Adjustment	Assessment in Counseling	Internship			
Essential of Psychology	Theories of Psychology	Life Span Development	Statistics in Psychology	Practical I	Practical III	Seminars	Cognitive Psychology	Positive Psychology	OB	Workplace Counseling
Psychopathology	Research Methodology	Therapeutic Psychology	Psychological Counseling Skills	Techniques of Counseling	Internship	Dissertation	Counseling in Diverse Settings	HRM		

29

The M.S.
University of
Baroda

B

Semester

Theories and Systems	Psychophysics and Psychometrics	Perceptual and Motor Processes	Personality	Understanding Individual in an Organization	Fundamentals of Educational Psychology	Clinical Psychology	Org. Theory, Structure and Design	Foundations of Behavioral Problems	Psychology of Personality and Adjustment	Org. Development
Placements	Health Psychology	Experimental Design	Learning, Motivation and Thinking	Individual and Group Behavior	Adv. Industrial Psychology and OB	Counseling Skills	Educating Exceptional Children	Memory and Thinking	Exp. Psychology - Practical	Applied Social Psychology
Psy. Testing	Env. Psychology	Dissertation	Social Psychology	Human Resource Development	Approaches to Counseling	Adv. Educational Administration	Analysis of Research and Scientific Writing	Psycholinguistic and Consciousness		

30	University of Jammu	A	2011-12	Semester	Experimental Psychology	HISTORICAL ISSUES AND SYSTEMS OF PSYCHOLOGY	STATISTICAL FOUNDATIONS OF PSYCHOLOGICAL RESEARCH	PSYCHOLOGY PRACTICUM-I	PSYCHOLOGY OF PERSONALITY	PHYSIOLOGICAL PSYCHOLOGY	RESEARCH METHODS IN PSYCHOLOGY-II	COGNITIVE PSYCHOLOGY	FOUNDATIONS OF COGNITIVE PSYCHOLOGY	PSYCHOPATHOLOGY	
					ORGANIZATIONAL PSYCHOLOGY	ADVANCED SOCIAL PSYCHOLOGY	PSYCHOLOGY PRACTICUM-III	MODERN HEALTH PSYCHOLOGY	DEVELOPMENTAL PSYCHOLOGY	CLINICAL PSYCHOLOGY: ASSESSMENT AND DIAGNOSIS	FIELD TRAINING IN THE SPECIALIZED AREA: CLINICAL PSYCHOLOGY	COMMUNITY PSYCHOLOGY	COUNSELING AND PSYCHOTHERAPEUTIC TECHNIQUES		
31	University of Mysore	A	2013-14	Semester	Advanced Cognitive Psychology	Test Construction and Standardization	Basic Genetic, Evolution and Behavior	Childhood Pathology	Psychological Assessment	Organizational Behaviour	Human Resource Training and Management	Advanced Statistics	Adult Psychopathology	Animal Behavior	Psychology: Indian Perspectives
					Clinical Assessment	Human Behavior and Counseling at Work	Learning Theories	Perspectives in Personality	Social Evolution	Psychotherapy	OD	Research Preparation	Dissertation	Field work	
32	University of Pune	A	2013-14	Semester	Cognitive Processes	Psychological Testing	Statistics Method	Practical (Tests)	Learning and Memory	Psychological Testing: Applications	Research Methodology	Practical (Experiments)	J. Health psychology	J. Palliative Care and Counseling	
33	Utkal University	B++		Semester	Basic Psychological Processes	Life Span Developmental Psychology	Statistics and SPSS/ Clinical Psychology	Psychological testing	Research Methodology/ Counseling across	Social and Health Psy. / Applied Psy.	Educational Psychology	Testing and Seminar Presentation.	Internship, Dissertation/Term Paper	Behavior Therapy	Disaster Management/ Film Appreciation

Table 3.26 depicts the curriculum of psychology in Postgraduation in above mentioned universities. The curriculum of Psychology in Post-graduate level has been compared with the UGC Model Curriculum and also analyzed critically.

Weightage of Theory and Practical in the Curriculum

As per the UGC Model Curriculum recommendation, theoretical courses should carry a weight of 70-80% and practical courses between 20-30% such as laboratory work, field work, dissertation etc. It was found from the data consolidation of curriculum of different central and state universities, theoretical courses carry a weight of 85-90% and practical courses between 10–15% of the curriculum. There are also some universities found all the subjects are post-graduation consists of all theoretical subjects.

Lack of appropriate practical exposure affect the quality of education and also quality of psychology practice for students of Psychology.

Revision of Curriculum

It was found from the data consolidation that curriculum have been revised in average four years' span. The concern of revision of curriculum is not at university level, but the UGC Model Curriculum have not been revised or updated since 2001. The UGC Model Curriculum have been collected from the UGC website in recent time.

So, it is revealed that for fifteen years, the UGC has not taken any initiative for upgradation of the Model Curriculum. Psychology as a profession has been evolving drastically in the 21st century of globalization and digitalization. As per the development of the human life and important role of technology, mental health problems and needs are also increasing rapidly in no time.

Relevance to Psychological Practice

To strengthen Psychology profession in India requires quality of psychology practices in terms of education and training of psychology professionals, research and psychological practice. The concern about the relevance in the UGC Model curriculum is that all the courses elected by most of the universities are similar and subjects such as, Neuropsychology, Cross-cultural Psychology, Psychology of Sports, Behavior Modification, Cognitive Psychology and Artificial Intelligence, Psycho-Neuro Immunology, Advanced Physiological Psychology, Ethology and Comparative Psychology, Social Evolution and Peace, Conflict and International Relations have not been included in the curriculum.

Relevance to Indian Context

Since the beginning, when Psychology was introduced in India in Calcutta and Mysore, theories and concepts of Experimental Psychology and Psychotherapies were adopted and influenced from Western worldviews and psychological theories, similarly in the UGC Model Curriculum, one of the subject is Indigenous Psychology which is about understanding psychological theories and concepts in Indian context and scriptures, have been included but none university have included in their curriculum.

From the references books in each subject syllabus, it can also be observed that teaching of psychology – Clinical Psychology, Industrial Psychology, Educational Psychology, Developmental Psychology and Counseling Psychology are based upon the books of Western theories and concepts.

3.3.3 - SECTION III – This section presents the review of various psychological associations and programs for professional development of psychologists around the world.

Table 3.27 – Psychological Associations and programs from different country.

No.	COUNTRY	NAME	CONTENT 1	CONTENT 2	CONTENT 3	CONTENT 4	CONTENT 5	CONTENT 6
1	UK	Health and Care Professions Council	Work based learning.	Professional activity.	Formal / Educational.	Self-directed learning.		
2	Australia	Psychology Board of Australia	- conducting or attending - psychology workshops, seminars, - lectures or courses of study;	- writing, assessing or reading and analyzing: - peer review psychology journal articles, - scholarly professional books and monographs, or research proposals and grants	- producing, reviewing or viewing and analyzing - professional videos, audios, internet resources or scientific posters;	providing peer consultation to other psychologists		
3	Canada	Canada Psychological Association	Programme Content	Faculty and Institutional Personnel	Program Evaluation	Administration		
4	Europe	European Federation of Psychologist's Association	Goal Specification - Need Analysis, - Goal Setting	Assessment - Individual Assessment, - Group Assessment, Organizational Assessment, - Situational Assessment	Development - Service or Product definition - Requirement Analysis, - Service and Product Design,	Intervention - Planning, Perion Directed Orientation - Situation Directed Orientation, - Indirect Intervention - S n P Implementation	Evaluation - Planning, Measurement - Analysis	Communication - Give Feedback, Report Writing

5	New Zealand	The New Zealand Psychological Society	<ul style="list-style-type: none"> - Discipline, - Knowledge, Scholarship - Research 	Diversity and Culture	<ul style="list-style-type: none"> - S and P Testing, - S and P Evaluation 				
6	Singapore	Singapore Psychological Society	There are 3 categories of PD activity and the PD hours can include hours from any of these 3 categories per cycle	<ul style="list-style-type: none"> - Workshops - Professional Courses - Symposia / Lecture, 					
7	United States and Canada	Association of State and Provincial Psychology Boards (ASPPB)	Scientific Orientation	Professional Practice Assessment, Intervention Consultation	Relational Competence Diversity Relationships	Professionalism Personal Competence, Reflective Practice)	Ethical Practice Applications of Ethical Codes, Applications of Law and Rules and Ethical Decision Making)	System Thinking Organization, Interdisciplinary Collaboration	

8		European Network of Organizational and Work Psychologists (ENOP)	Educational Objectives Orientation, Knowledge of explanatory theory, Knowledge of technological theory, Diagnostic skills, Intervention skills, Professional competences, Research competences	Curriculum Components Courses, Apprenticeship Research project	Didactic Methods - Knowledge Lecture, Audio-visual, Learning Environment, Demonstration	Didactic Methods - Skills Exercises, Computer Exercises, Assignments and Case Study		
9	United States	HSPEC - Health Service Primary	Science Related to the Biopsychosocial Approach, Research/ Evaluation)	Systems Leadership/ Administration, Interdisciplinary Systems Advocacy	Professionalism Professional Values and Attitudes Individual, Cultural and Disciplinary Diversity Ethics in PC, Reflective, Practice/Self-assessment/Self-care	Relational Interprofessionals in Building and Sustaining Relationships in PC	Application Practice Management Assessment Intervention Clinical Consultation	Education Teaching Supervision
10	United States	Joint Council on Professional Education in Psychology (JCPEP)	Foundational knowledge competencies	Research Competencies	Practice competencies at the doctoral and postdoctoral levels of education and training.			

11	United States	Council of Chairs of Training Councils (CCTC)	Graduate Training and Readiness for Practicum and, and	Practicum Training Readiness for Internship,	Internship Training	Readiness for Entry to Practice	Entry to Advanced Practice and Specialization	
12	United States and Canada	Examination for Professional Practice of Psychology (EPPP)	the biological, cognitive-affective, and social and multicultural bases of behavior.	Growth and Lifespan Development	Assessment and Diagnosis	Treatment, Intervention Prevention	Research Methods and Statistics	Ethical/Legal/ Professional Issues.
13	United States	National Register of Health Service Providers in Psychology (NRHSPP) and	Integrated Healthcare	Ethics and Legal Issues	Evidence-Based Practice	Areas of Expertise	Cultural Competence	Supervision
14	United States	Council of Credentialing Organizations in Professional Psychology (CCOPP)	Cube Model for Competency Development	Foundational Competencies - Self - Assessment - Reflective Practice - Relationships - Scientific Knowledge - Ethical and Legal Standards - Individual and Cultural Diversity - Interdisciplinary Systems	Functional Competencies - Assessment - Diagnostics - Consultation - Research / Evaluation - Supervising / Teaching - Management / Administration			
15	UK	Competence Model for CBT	Generic Competencies (used in all psychological therapies)	Basic cognitive and behavioral therapy competences ()	Specific cognitive and behavioral therapy	Problem-specific competences		Metacompetencies overarching, higher-order competences

techniques (the core technical interventions)

which practitioners need to use to guide the implementation of any intervention

16

United States

National Association of School Psychologists (NASP)

Functional Domains

Data based decision making and accountability, Interpersonal Communication, Collaboration and Consultation, Effective Organization and Development of Cognitive/Academic Skills

Foundational Domains

- Diversity, - Prevention - Wellness promotion - Crisis Promotion - Research and Program Evaluation - Legal, Ethical Practice and - Professional Development)

As mentioned by American Psychological Association (APA), Continuing Education (CE) and Professional development programs are tailored to the needs of practicing psychologists. It was found in previous studies that colleges and universities programs sometimes do not provide extensive range of learning experiences and training, which is sincerely required to become effective psychology professionals. Once student complete masters, get their degrees and are employed or start own psychological practice, they learn through experience. Due to lack of professional regulatory body for most of the psychology professionals except clinical psychologists, psychology practice without any supervision or monitoring is quite common in India. Present paper reviews and compare the various continuing education and professional development programs, being implemented by different psychological association in the world.

Table 3.27 show a list of 16 psychological associations around the world. It also shows the curriculum structured and implemented by various psychological associations. It was found from the data tabulation of curriculum of various psychological associations that CE and professional development programs have been implemented with the inclusion of different curriculum or course contents in a different manner. The researcher has highlighted some similar contents observed common in these psychological associations.

Academic areas such as writing papers, publications, teaching, journal clubs and peer review have been highlighted with orange color in the table 3.26. Learning related to legal and ethical rules and regulations, code of conduct related subjects has been highlighted with yellow color. Pink color represents the knowledge of audio-video resources, computer proficiency, exercises and assignments and case study. Green color depicts all importance of workshops, conferences, symposiums, research projects and lectures and blue color represent assessment and

evaluation of a psychology professional based on the specialization, interests and work area. Lastly, red color represents the research competency of an individual in professional development curriculum.

From the data comparisons of various psychological associations, objectives, their curriculum and also specific contents, it can be derived that, in each country, as per the policies and specializations, different psychological associations have their standardized ways of conducting continuing education and professional development program, where there are possibilities of becoming trained and certified psychology professional. Education of psychology and practice of psychology, both are positively correlated with each other, if quality of one increases, an immediate effect will be seen on other and vice versa.

CHAPTER IV

DISCUSSION

With the advancement of technology and globalization, the radical shift has emerged in society towards changes in family and social bonds and societal supports and network and commercialization of existence. Brundtland (2000) stated that during last century, malaria and tuberculosis remain prominent as major killers in the world, however surprisingly mental illnesses are now increasing in both rich and poor countries. Mental disorders accounted for, approximately 12% of disability adjusted life years lost in 1998. Major depression was ranked fifth in ten leading causes of global disease burden. The most important causes of neuropsychiatric burden are alcohol dependence, bipolar affective disorders and schizophrenia. It was also observed that frequency and intensity of stress and anxiety also have been increased from children to old age people. In developing country like India, mental health has not been given low priority as compared to physical health. Mental health care which is affordable and also effective has not been provided to people. Besides low priority to mental health, poor applications of strategies – lack of awareness among people, health care workers and policy makers. Because of lack of awareness among people, stigma of mental illness which result in to inhibitions from people who seek mental health care. From nursery to university education, workplace and in day to day challenges of today's man, it is very important to take good care of mental health. World Health Organization (WHO) also defines health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

There is No Health Without Mental Health

- WHO

This research study was formulated to understand practitioners' perspectives on existing scenario of curriculum of psychology in Postgraduation, issues, challenges of psychological practices and need of professional regulation of psychology and to recommend professional development of psychologists in India. Singh (2015) reviewed status of clinical psychology in India from retrospective perspective and derived that teaching, training, research, administration and organizational work from different sectors such as, education, healthcare, corporate, civil services, IT and other governmental organizations needs psychological services, but still there is a lack of talented psychology professionals in India. Singh (2015) found from number of

research studies that 25% of practitioners are going abroad due to poor remuneration and lack of regulatory body and poor future prospect. According to Indian Association of Clinical Psychology (IACP), there are only 872 clinical psychologists in India which is very less in comparison to the population. There are very few people with Ph.D. who are active in the psychology profession. It was found that psychology professionals do not have much career prospect in India and as a result, they prefer to go abroad. Clinical psychologists are treated as assistant to psychiatrists and do not get social recognition and exposure to utilize their psychological skills and abilities. ‘Self-Style Practitioner’ – label is given to practitioners in India due to absence of code of conduct and national regulatory body such as American Psychological Association and British Council of Psychologists.

The study entitled ‘Practitioners’ Perspectives on Education, Psychological Practice and Professional Regulation of Psychology in India’ shed a lot of light on the perspectives of different practitioners in the field of Psychology. Both, quantitative as well as qualitative data helped in analyzing the entire curriculum and practice of Psychology and how, through the years of experience, do practitioners see them as over the years. Keeping the research objectives in mind, the data were collected through qualitative and quantitative means and the data were segregated into different themes.

4.1 Education of Psychology in Postgraduation

Psychology has been considered a degree course in Arts stream (as a Bachelors of Arts (BA) or Masters of Arts (MA)) or Science stream (as a B.Sc. and M.Sc.) in most of the universities in India. Some universities also offer M.Phil. (Masters of Philosophy) and Ph.D. (Doctorate of Philosophy) in Psychology. It was found that Arts, Commerce, Engineering, Law and Medicine are areas where students complete their Postgraduation and start working as an engineer, a doctor and a lawyer respectively.

In India, most of the courses and degrees of universities offer admissions on the basis of merit list of students’ previous education. According to UGC model curriculum, post-graduate program in psychology is an advanced course aimed at competence building among the students from a holistic and interdisciplinary perspective. A large number of practitioners (41.7%) feel that selection of students in Postgraduation in psychology need to be done on the basis of merit list, entrance test and interview while some of the practitioners preferred both merit list and entrance test, merit list and interview was enough for the selection of psychology students. (refer

table 3.7) The root to strengthen any profession lies in the quality of knowledge and training imparted to the students during their academic year. Hence, it is important to measure whether students have required aptitude for the profession. Some common specializations offered by Indian university clinical psychology, counseling psychology, educational psychology, developmental psychology, industrial psychology, social psychology and health psychology.

It was also found from the interviews of practitioners that for specialization in Postgraduation, students should be oriented in the beginning of their postgraduation about each specialization and job opportunities in India. One practitioners commented that, *In India, Students in Postgraduation are pushed to select Specialization on the base of Merit list, no matter what they deserve or what they want*

Stereotyping areas of specialization in Postgraduation in psychology is also a concern for the growth of psychology as a profession. Clinical psychology is being given much attention in by stakeholders such as teaching faculties of universities, governmental and non-government bodies. For example, rehabilitation council of India (RCI) has a provision to give license to practice to students who study from RCI recognized institutes in India. As per the updated list, the number of RCI approved institutions for study and training are 580, which is very less in comparison to the need of people in the country. Second example of stereotyping of clinical psychology is whole different psychological association is established called, Indian Association of Clinical Psychology (IACP). Apart from this, there is not associations for counseling psychology, industrial psychology or educational psychology. Hence, it can be interpreted that all areas of specializations need to be given equal priorities as each have a different significance. It can be initiated from university level by communicating and teaching these areas with equal rate of interest and importance.

Theme one analyzed the overall scenario of Psychology in India and the results showed that largely it needs the importance that other disciplines get. Due to this less importance, practitioners often do what they think is good and convenient to them. Comparing the course with that in other countries abroad, it was found that the emphasis abroad is more on documentation, confidentiality and ethical assessment which is largely missing in India. Hence many practitioners feel that Institutes like NIMHANS, RIPHANS, IBHAAS should take initiatives of accreditation of the discipline of Psychology.

On the subject of curriculum, practitioners largely revealed that it need to be uniform in nature and requires upgradation as per international standards. They also felt that there exists a large gap between theory and practice of Psychology and the link needs to be established through channelized research, adequate and supervised training at post graduate level and at the same time there is an urgent need to give equal weightage to theory and practical with adequate introduction of training-oriented curriculum.

Uniformity in the curriculum is an essential need to enhance the educational system in most of the country as it will be able to ensure the fair competition and all the students will be educated with equal amount knowledge, skills and abilities. In India, at university level, uniformity of curriculum has been practiced in the field of medicine only. When asked about the need of uniformity of curriculum in Postgraduation of psychology, most of the practitioners supported the need of uniformity in curriculum on all over the nation. As per the article cited in essay forum, uniform curriculum also helps a teacher to pertain to the necessities specified in the curriculum and can help her develop or coach student in required manner. It was also reflected from the interviews that uniform curriculum can be an important factor for the betterment of the nation in producing young passionate and competitive minds who will be also strengthen the psychology profession.

4.2 - Challenges in Psychological Practices

India need a number of psychologists and mental health professionals to help people deal with mental health related challenges (Agrawal, 2015). In this study, practitioners were asked about their perspectives regarding severity of various challenges faced by practitioners. It was derived from the intensity indices of various challenges that lack of regulatory body in psychology in India and lack of support from Govt./Non-Govt. psychological associations to strengthen the psychology profession were considered major concern by all practitioners. According to National Sample Survey Organization (NSSO, 2002), 1.49% of population in India is suffering from mental health issues. It was also reported that three to five percent of teenagers, studying in 9th standard or above show the symptoms of depression and most important concern is 30% to 50% of cases were gone unnoticed.

In India, Central Board of Secondary Education guidelines demand each school to have one counselor. But this criterion covers only 3% of schools of India and moreover, not all CBSE

schools have qualified school counselor. In current scenario, unlike abroad, most of the hospitals don't have psychiatry and psychology departments. In most cases, psychiatrists are doing jobs of psychologists and counselors. Some good hospitals chains have started recruiting counselors and also looking for skilled and trained psychology professionals. According to APA's center for workforce Studies, there were 106,500 licensed psychologists in United States in 2014. (APA 2014). There is no such data about psychology professionals is available in India. Associations such National Academy of Psychology (NAOP), Indian Association of Applied Psychology (IAAP) and Indian Association of Clinical Psychology (IACP) offer memberships to psychology professionals all over India, but other than that there is no other initiative such as, skill-based training, professional development programs and monitoring and supervision of current psychological practices to strengthen the psychology profession.

Lack of awareness to seek mental health services among people and misuse of the terms 'Counselor' and 'Psychologist' are the major challenges practitioners have rated the most. In India, like engineering, law and medicine, it is believed that after finishing Postgraduation in these areas, students become 'Engineer', 'Lawyer' and 'Doctor' respectively. In case of psychology, there is no standards set by Government or any other psychology associations. Students get license of 'Clinical Psychologist' only they study M.Phil. in Clinical Psychology from RCI recognized institutes in India. Rehabilitation Council of India (RCI) offers three courses in Clinical Psychology which are, Masters of Philosophy in Clinical Psychology (M.Phil.), Professional Diploma in Clinical Psychology and Psy. D in Clinical Psychology. There are only 8 institutes which offers M.Phil. in Clinical Psychology which is quite low compared to the need in the society. Because of lack of resources to seek mental health care and also stigma attached to it, there is a wide gap in understanding of the importance of mental health. Because of lack of awareness regarding mental health care, the quality of psychological practices is hampered. If an individual who has realized the need to consult psychologist, but is not aware about resources, he or she will go to any professional without knowing the authenticity of services. In India, the scenario is worse. People do not even check or inquire about the degree or qualification of doctor for their physiological health issues. Mental health is too far to be considered by them. The Government has realized the importance and need of spreading mental health awareness however, RCI recognized colleges in India being only 8 in number, many

professionals choose to leave the country and practice abroad. This is a major brain drain challenge for a country like India where Psychology is fairly a young practicing discipline.

1.3. Professional Regulation of Psychology in India

According to RCI Act (2000), the primary objective was to provide licensing to psychologists who are working with disabled and needing rehabilitation and registered with RCI. Apart from disability and people who need rehabilitation, there are large number of people who are suffering anxiety, stress, lack of self-esteem and many more daily life mental problems in the areas of Education, Healthcare, Organizations, Sports, Civil Services, etc. In such cases, expertise of psychology other than clinical psychology and rehabilitations psychology is equally important Educational psychology, Counseling Psychology, Industrial Psychology, Criminal Psychology and Developmental Psychology. Unlike, American Psychological Association (APA), European Federation of Psychological Association (EFPA), Australian Psychological Society (APS), there is no such regulatory body for the monitoring and licensing of psychology professionals from all areas in India. Issacs's (2009) research shared the concern that the role of MA level psychologists and special educators are poorly defined or it can be also said that it is not defined at all. In the era of globalization, technology is changing every facet of human lives so rapidly that it is being difficult to adjust and also affecting mental health. Being overly connected to technology can cause psychological issues such as distraction, narcissism, expectation of instant gratification, and even depression. Overuse of technology can also have negative repercussions on physical health causing vision problems, hearing loss, and neck strain. In absence of professional regulation in the country, two situations have emerged. Psychological services delivered by practitioners are losing the quality in the absence of supervision and the rate of malpractices has been increased which is indirectly affecting the quality of psychological practices.

4.4 - CONCLUSION

On the basis of practitioners' perspectives on education of psychology, psychological practices and need of professional regulation in India, it can be concluded that psychology in India needs a serious attention from Government agencies for curriculum development, professional development and license for psychology professionals. Psychology in India has ample amount of opportunities for prospective psychology professionals. Professional development of practitioners is also perceived to be significant role to increase quality services in psychological practices and to sustain potential psychology professionals in India. Uniformity in Psychology curriculum in Postgraduation is perceived to be most important aspect for the betterment of education and training in psychology. Need of regulatory body for license of practitioners is also perceived most challenging aspect which affect the education, training, assessment and professional development of practitioners. The practitioners have recommended a framework for postgraduate psychology curriculum and pedagogy which includes knowledge, skills and attitude on the basis of essential competencies of professional development for psychology professionals.

4.5 - IMPLICATIONS OF THE STUDY

The present study has significant implications in understanding existing scenario of psychology from the perspectives of practitioners. The practical implications of the study can be summarized as follows:

1. Procedures for selecting students and allocation of specialization subjects in Postgraduation were perceived to be implied not just focusing on merit list but also aptitude and interest of a student in given subject.
2. Uniformity for curriculum of Psychology in Postgraduation is perceived as a significant aspect for the education of Psychology.
3. Psychology curriculum is needs attention for updating by UGC and the ratio of theory and practical need to be followed by universities as per UGC guidelines.
4. Psychology as profession needs a serious attention from the Government and other stakeholders to streamline it by the establishment of regulatory body for licensure of practitioners and implementation of quality psychological services in India.

4.6 - LIMITATIONS OF THE STUDY

- For quantitative data collection, the web-based survey was sent to more than 5000 practitioners, but it was delimited to the people who access their emails on regular basis and who were also active on LinkedIn and Facebook.

4.742 - DIRECTIONS FOR FUTURE RESEARCH

After the four years of research work and experiences in understanding existing scenario in Psychology in this study, the following suggestions are offered for future consideration of research in this area.

- Further research can be carried out for the standardization of the definitions of the words used for psychology professional such as, ‘Psychologist’, ‘Psychotherapist’ and ‘Counselor’.
- Research in Psychology in India was also one of the factor, supposed to be explored in this study, but then it was kept for further research.
- Professional development programs can be developed and implemented at university level to make competent psychologist.
- Government and other stakeholders such as non-government psychological associations need to develop and promote programs for mental health awareness in community.
- Government and Non-government psychological associations also need to initiate programs for monitoring and supervising psychological services to strengthen the profession of psychology and also to minimize malpractices carried out by people from non-psychological background.

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APPENDICES

Appendix No.	Title of Appendix
Appendix I	Survey Questionnaire
Appendix II	Semi-structured Interview Schedule
Appendix III	Paper Publications

APPENDIX I
SURVEY QUESTIONNAIRE



DEPARTMENT OF PSYCHOLOGY
FACULTY OF EDUCATION AND PSYCHOLOGY
THE M.S. UNIVERSITY OF BARODA
VADODARA

Dear Madam/Sir,

I am pursuing Ph.D. in Psychology from the Department of Psychology, The M.S. University of Baroda, Vadodara, on **PRACTITIONERS' PERSPECTIVES ON EDUCATION, PSYCHOLOGICAL PRACTICE AND PROFESSIONAL REGULATION OF PSYCHOLOGY IN INDIA: THE MIXED METHODS APPORACH**. The focus of this study is to understand and reflect upon the quality of education, psychological services, and the role of regulatory body in India. The study also attempts to know what the competencies are, a prospective psychologist needs to have while starting profession. You are requested to respond to questionnaire below. Please, respond to each question as per your experience and knowledge in psychology profession.

You are assured that the data will be used for research purpose only and will be strictly confidential. Thank you for your cooperation.

Jatin Patel

Research Scholar

DEMOGRAPHIC INFORMATION

Sex : Male Female

Qualification : _____

Specialization (if any): - _____

University / Institute / College: _____

Area of Work: Clinical & Health Education Work & Organization Other

Occupation : Academician Practitioner Researcher

Experience : < 5 years 6 - 10 > 10

City :

FUNDAMENTAL INFORMATION

PLEASE, SELECT THE FOLLOWING OPTIONS AS YOU FEEL IMPORTANT FOR THE SELECTION OF STUDENTS AT PG LEVEL. */* Multiple Response Possible*

**/please, put an 'X' in the selected box.*

-
- A. Merit Only
-
- B. Merit + Interview
- C. Merit + Entrance Test
- D. Entrance Test
- E. All the Above

PLEASE, SELECT THE FOLLOWING OPTIONS AS YOU FEEL IMPORTANT FOR THE SELECTION OF SPECIALIZATION AT PG LEVEL */* Multiple Response Possible*

*Possible */please, put an 'X' in the selected box.*

-
- A. Merit Only
-
- B. Merit + Interview
- C. Merit + Entrance Test
- D. Entrance Test
- E. All the Above

PLEASE, RATE THE WEIGHTAGE FOR THE DESIGN OF ACADEMIC CURRICULUM AS PER YOUR EXPERIENCE IN THE PROFESSION AT PG LEVEL. PLEASE, PUT AN 'X' IN THE SELECTED BOX

	0 %	25 %	50 %	75 %	100 %
A. Need of Theoretical Learning (e.g. – Lectures, Presentations & Examinations)					
B. Need of Practical Learning (e.g. – Practical, Research Assignments & Internship)					
C. Need for common academic curriculum in Psychology at PG level.					
D. Online Learning + Online Assignments					

7. RATE THE FOLLOWING STATEMENTS THE EXTENT TO WHICH THE FOLLOWING ISSUES FACED BY PSYCHOLOGISTS IN INDIA. PLEASE, PUT AN 'X' IN THE SELECTED BOX.

		Not a Problem	Rarely	Sometimes	Most of The Times	Always
A	Exhaustion due to professional responsibilities and client care					
B	Difficulty in establishing private practice.					
C	Lack of a central licensing body in the country for Psychology.					
D	Lack of appropriate training of psychological practices.					

E	Lack of attention to other disciplines of psychology except 'Clinical Psychology'.					
F	Lack of Awareness to Seek Mental Health Among People in Society.					
G	Lack of Ethical Guidelines to Practice.					
H	Lack of Supervision and Monitoring of Psychological Practices.					
I	Lack of Support from The Govt. / Non-Govt. Psychological Organizations.					
J	Misuse of The Label "Counselor" Or "Psychologist".					
K	Lack of Mental Health Awareness in Society.					

COMPETENCE PROFILE FOR PSYCHOLOGIST

INSTRUCTIONS: Following table contains a list of competencies, what a psychologist need to be gained, for their professional development of psychologist. Please, put a tick mark on the statements where you feel appropriate. Please, put an 'X' in the selected box.

Not at All Need – NA,

Low Level of Need – LLN,

Moderate Level of Need - MLN

High Level of Need - HLN

Relationship					
		(NA)	LLN)	(MLN)	(HLN)
	Professional Demeanor				
K	Knowledge of Norms of Professional Relationships.				
S	Ability to Interact with Others with Respect and Appropriate Assertiveness.				
S	Ability to Reflect on The Impact of Oneself on Others.				
A	Respect & Manners for Those Above and Below the Person in The Chain of Command.				
	Self				
K	Adequate Knowledge of Self as A Psychologist				
K	Knowledge of Personal Strengths and Limits				
S	Ability to Listen and Be Empathic to Others				
S	Ability to Engage in Fairly Advanced Self-Evaluation and Self-Reflection				
S	Ability to Recognize, tolerate, and Use One's Affect in Professional Relationships.				
A	Openness to Others' Input and Views About Oneself.				
	Other				
S	Integration of Experience with Literature to Understand Professional Relationships.				
A	Respect for and Interest in Other Cultures and Other Perspectives.				
	Interpersonal Connection				
S	Ability to Communicate Hope.				

S	Ability to Understand Things in A Moment, Not Just Upon Reflection.				
A	Openness to Hearing About and Understanding the Experience of Others.				
A	Exhibition of Basic Compassion toward Self and Others.				
A	Openness to Give and Receive Feedback.				
	Cultural Adaptability				
K	Knowledge of Helping Relationships Within a Social Justice and Cultural Context.				
S	Ability to Take the Other's Perspective When Working with Individuals from Groups.				
	Ethics				
K	Understanding of Legal and Ethical Requirements of The Profession and How They Relate to Developing Professional Relationships.				
K	Ability to Seek and Provide Consultation Around Relationships When Needed.				
K	Ability to Articulate Understanding of The Legal and Ethical Requirements of a Professional Psychologist.				
S	Demonstration of Respect for Self, Others, and The Profession Both Verbally and Nonverbally				
Assessment					
	Interviewing & Relationships	(NA)	(LLN)	(MLN)	(HLN)
K	Familiarity with Models and Techniques of Interviewing, Treatment Planning, and Goal Setting.				

K	Broad Knowledge of One's Personal Characteristics, As They Impact the Assessment Process.				
S	Active Listening to Interviews and Assessment.				
A	Willingness to Tolerate Ambiguity, Conflict, and Stress.				
	Case Formulation				
K	Basic Knowledge of The Process of Hypothesis Generation and Psychological Testing.				
S	Ability to Generate Differential Diagnostic Possibilities				
S	Ability to Discuss Strengths and Limitations of Assessment Measures in Report as Needed.				
A	Willingness to Think Critically and With an Open Mind About Alternative Hypotheses.				
	Psychological Testing	(NA)	(LLN)	(MLN)	(HLN)
K	Basic Knowledge of Psychometric Test and Measurement Theory (E.G., Test Construction, Validity, Reliability)				
K	Knowledge of Strengths, Weaknesses, and Limits of Applicability of Standard Intellectual and Personality Measures				
S	Ability to Choose, Administer, Score, and Interpret Tests, Appropriate to The Referral Question with Increasing Levels of Autonomy				
A	Respect for Value of Psychological Testing and Assessment.				
	Ethics & Professionalism				

S	Knowledge and Ability to Apply Relevant Legal and Ethical Principles to The Assessment Situation and Seeks Supervision or Consultation.				
S	Ability to Make Referrals Based on Legal and Ethical Principles.				
A	Willingness to Critically Examine Test Results In Light of Diverse Populations and Normative Data.				
Intervention					
	Intervention Planning	(NA)	(LLN)	(MLN)	(HLN)
K	Basic Knowledge of Theories of Therapy and Their Intervention.				
S	Ability to Explain Rationale for Selection of a Treatment Strategy and Ability to Change Strategy as Necessary				
S	Ability to Seek and Utilize Consultation Strategically When Formulating Cases.				
A	Curiosity, Openness, Empathic Stance, Desire to Serve, Respect, and Nonjudgmental Attitude.				
A	Belief in Possibility of Change and Attitude of Hope and Optimism.				
Intervention Implementation					
K	Knowledge of The Appropriate Treatment Intervention for Particular Clients and Current Problems.				
K	Awareness of One's Personal Abilities and Limits in Regard to Various Treatment Their Outcomes.				

S	Ability to Use Appropriate and Effective Relational Skills and Communication Skills to Establish and Maintain Therapeutic Relationships.				
S	Ability to Prioritize Problems to Be Addressed and Plan Interventions Accordingly.				
S	Ability to Terminate Appropriately, With Sensitivity to The Issues at Hand.				
A	Appreciation of The Value of Receiving Supervision, Consultation, and Guidance.				
	Intervention Evaluation	(NA)	(LLN)	(MLN)	(HLN)
A	Greater Comfort in Role of Professional Psychologist Related to Trusting One's Judgment on Intervention, Process, and Outcome.				
A	Commitment to Evaluation of Knowledge, Skill and Attitudes to The Development of a Professional Identity.				
	Ethics				
K	Knowledge of Ethical and Legal Guidelines from Various Sources (E.G., RCI, APA and Other Psy. Associations).				
K	Knowledge of Specific Licensure Requirements.				
K	Awareness of Basic Documentation, Procedures, Agency Policies, and Other Practice Management Skills.				
A	Openness to Self-Exploration and Self-Critique, When It Relates One's Own Beliefs and Biases				
Research & Evaluation					
	Critical Evaluation of Research	(NA)	(LLN)	(MLN)	(HLN)

K	Understanding of The Strengths and Limitations of Different Research Methodologies. (I.E., Quantitative and Qualitative).				
S	Ability to Independently Conduct a Comprehensive Literature Review on A topic of Interest.				
A	Ability to Distinguish Scientific Evidence from Personal Opinion.				
A	Incorporation of Scientific Attitudes and Values in Work as A Psychologist				
	Conducting and Using Research in Applied Settings	(NA)	(LLN)	(MLN)	(HLN)
K	Knowledge of Basic Statistical Concepts.				
S	Ability to Collect and Analyze Both Qualitative and Quantitative Data.				
S	Ability to Detect and Correct Errors in Conducting Research.				
A	Ability to offer Feedback to Peers on Research Design Through Supervision or Consultation				
	Ethics and Professional Competence				
S	Ability to Conduct Research According to Accepted Ethical Principles and Standards.				
Consultation & Education					
	Knowledge of Evidence Based Theories, Models & Interventions	(NA)	(LLN)	(MLN)	(HLN)
K	Knowledge of A Range of Educational Methods and Approaches (E.G., Lecture, Small Group, Tutorial, Independent Study, Blended, Online).				
S	Ability to Use Appropriate Consultation and Educational Evaluation				
	Integration of Research & Evaluation				

K	General Knowledge of Outcome Research and Evaluation Methods in Consultation and Education				
S	Beginning Ability to Write Reports, Under Supervision, That Provide Useful Recommendations to Consultants.				
A	Willingness to Research and Adopt Innovative Approaches to Consultation and Education				
Problem Solving and Intervention					
A	Knowledge and Willingness to Use Consultation and Education As tools of Psychology to Address Social Problems.				
Performing Consultation and Education Roles and Building Relationships					
K	Knowledge of Roles of Educators and Consultants.				
S	Ability to Select and Conduct Appropriate Consultation and Education Models and Interventions Taking into Account Individual and Group Differences.				
S	Ability to Summarize and Present Results in A Clear, Useful Manner.				
A	Attitude of Curiosity toward Others and One's Personal Impact in The Context of Consultation and Education				
Ethical Professional Practice					
K	Understanding and Openness to The Importance of Ethical and Legal Issues in Consultation and Education				
Diversity					
	Multiple Identities	(NA)	(LLN)	(MLN)	(HLN)

K	Knowledge of The Importance of Individual Differences and Their Impact on Professional Work.				
S	Ability to Be Self - Reflective and Articulate Own Attitudes, Biases, and Conflicts Around Individual and Cultural Diversity (Iced).				
K	Inclusion of Diversity Issues in The Development, Implementation, and Interpretation of Research				
S	Ability to Recognize and Discuss the Impact of Social Injustice				
	ICED - Specific Knowledge				
K	Knowledge of The Scientific, Theoretical, and Application-Based Literature Related to ICD.				
S	Ability to Determine How ICD Knowledge Applies to One's Identity and Experiences as Well As Others				
	Culturally Competent Service Provision				
K	Knowledge of Culturally Competent Treatment Approaches.				
S	Ability to Establish Rapport with Individuals From Diverse Groups.				
A	Willingness to Make Active Attempts to Interact with Persons of Diverse Backgrounds.				
	Ethics				
K	Basic Knowledge of Ethical Principles and Guidelines That Address Professional Relationships and Issues of ICD.				
S	Ability to Integrate ICD Issues into Ethical Decision Making				
	Technological Competence	(NA)	LLN)	(MLN)	(HLN)

K	Knowledge of Assistive Technology				
K	Knowledge of Software for Psychological Testing				
S	Ability to Operate Various Technological Resources Such As, Email, Social Network, Skype and Other Resources to Communicate with Others.				
A	Willingness to Adapt Technology in Psychological Practices.				

Thank you very much for your support to strengthen the psychology profession. Please, contact below if you would like to share any significant information which be fruitful for the study.

Jatin P.

Research Scholar

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APPENDIX II

SEMI-STRUCTURED INTERVIEW SCHEDULE

The study concerns existing scenario of psychology in India. The title of the study is **PRACTITIONERS' PERSPECTIVES ON EDUCATION, PSYCHOLOGICAL PRACTICE AND PROFESSIONAL REGULATION OF PSYCHOLOGY IN INDIA: THE MIXED METHODS APPROACH.**

The focus of the research is to understand and reflect upon the quality of existing education, practices and affiliation with professional institutions; and functions and role of regulatory body in India. This explorative study will help us to understand the issues that need attention of all stakeholders, the educators, practitioners and concerned government bodies.

Will it be ok for you if I record the interview?

Information I collect during this interview will be handled confidential. Scientific results will be reported so no specific person or organisation could be identified.

Do you agree to participate in this study?

Preliminary Information

Name, Gender, Age, Qualification (Academic/Training), Specialization, University, Experience in current work, Experience in this field.

Are you associated with any psychological association in India or abroad?

Objective I

To understand practitioners' perspectives on the education of psychology at university level.

Theme 1 - ADMISSION

- What do you know/suggest about current admission process for post-graduation from?
 - What were the selection criteria for students at post-graduation level?
 - What could be the selection criteria for students at post-graduation level?
- And also, the way specialization has been allotted to students?
 - What are different criteria set by university for allotting a specialization to students?

- Based on your experience, how would you think a university should offer specialization or general subjects/curriculum?

Theme 2 – CURRICULUM

- Your views on curriculum at academic level.
 - How important is the theoretical curriculum relevant in your practice?
 - Have you received any training during post-graduation? Where? Duration?
 - What is your opinion for the need of theoretical/practical experiences in curriculum?
- Views on theory/practical's/research/field experience
 - Do you think research/dissertation is required as a core course for post-graduation?
 - How do you feel it can be integrated in the academic curriculum?

Theme 3 – EDUCATION PADAGOGY

- Process of teaching, Methods of teaching
 - As a practitioner, do you feel there is a need of common ground for education of psychology in India? How?
 - In your opinion, how teaching methods has been evolved over the years? How can we strengthen for the better quality of teaching?

Objective II

- To understand practitioners' professional psychological practices.

THEME 1 PRACTITIONER'S APPROACH

- What is your preferred approach for practice?
- Other kinds of techniques/therapy you use in practice?
- For where you have earned the expertise in such techniques?
- What are the different therapies/techniques are being used by other practitioners nowadays? What are the available resources to acquire such knowledge?

THEME 2 CHALLENGES IN PRACTICE

- Do you think today practitioners in India faces many challenges in their practices? What are the challenges?
- What can be the major reasons behind it?
- How can be it resolved?

THEME 3 PRACTICE NEEDS

- Do you think the quality and kind of psychological practices needs to be improved or change?
- Where is the gap between the practitioners' approach and knowledge?
- What would be probable steps to bring about a change?
- What will be the benefits for clients? For society? for practitioners

Objective III

- To understand the need of regulatory body and possible model of regulation in India.

THEME 1 UNDERSTANDING REGULATORY BODY

- Have you heard of regulatory body/licensing system for psychologists in India?
- Please, share the information you know
- Have you registered yourself to any psychological association (RCI/NAOP/IAAP/IACP...)? How it helps you?
- Do you know how such body work in foreign countries?

THEME 2 NEEDS FOR REGULATORY BODY

- What is your opinion about existing system of practice without any regulation?
 - How it affects the standards of psychological services?
 - How it affects the development of people and society?
- Do you think there should there is a need to establish regulatory body in India?

THEME 3 CHANGE NEEDED IN EXISTING SYSTEM

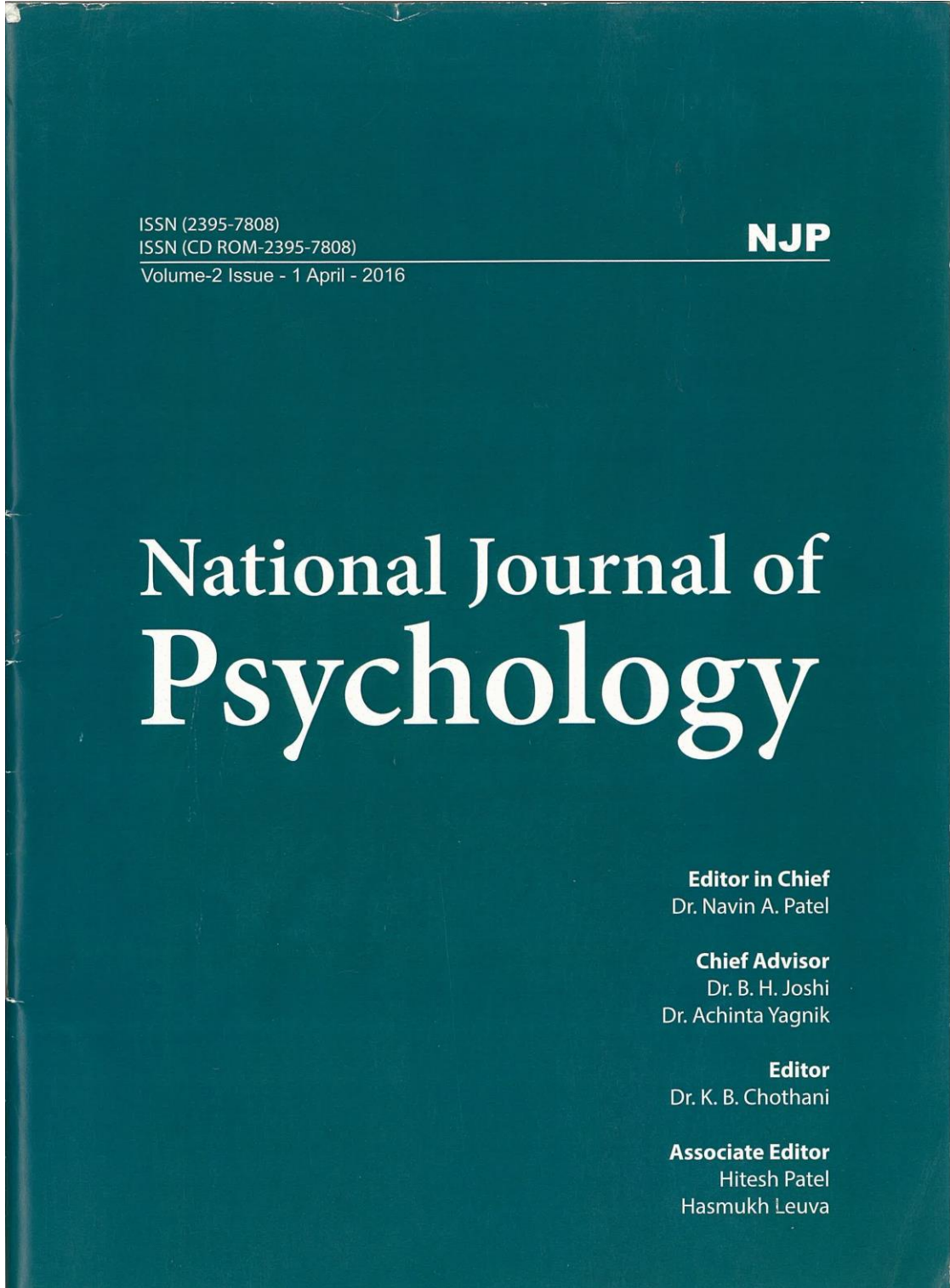
- Do you think existing system needs to be changed? (or specifically education/psychological practice)
- In what way?
- How it will be helpful to strengthen quality of psychological services?

- How it will be helpful to students of psychology?
- How it will be helpful to people?

ANY OTHER SUGGESTIONS/COMMENTS YOU WOULD LIKE TO GIVE FOR THIS STUDY?

HOW WOULD YOU LIKE TO CONTRIBUTE YOUR EXPERIENCE IN THE FIELD OF PSYCHOLOGY?

APPENDIX III
PAPER PUBLICATIONS



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PRESENT STATUS OF PSYCHOLOGY AND IMPORTANCE OF ETHICAL GUIDELINES FOR PSYCHOLOGISTS IN INDIA

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Abstract

Ethical guidelines for psychologists are meant to stimulate and enhance the abilities of psychologists to perform appropriately with respect to clients, colleagues and other individuals, involved in their professional relations. The purpose of ethical guidelines is often said to be protection of clients, raising standards of psychological practice, protection of qualified one against the malpractice of others and to serve as a label and means of identification. This paper talks about present status of psychology in India and emphasize the ethical aspects of education and psychological practice. Psychologists practicing and teaching in India do not have ethical guidelines, hence they face dilemma: they need to behave ethically yet they do not know guidelines or system that monitors such behaviours. This paper highlights the need of professional attitude towards psychology and the need to develop regulatory body for psychologists in India. It also consolidates the perspectives of practitioners and academicians for development of regulatory body/licensing system.

Keywords : *Ethical guidelines, Psychological practice, Regulatory body, licensing system*

PSYCHOLOGY IN INDIA

Psychology was first introduced as a subject in the philosophy department at Calcutta University in 1905. After eleven years, the first psychology department was established in 1916 at Calcutta University. During 1960s, departments were started at many places. With academicians' efforts to bring psychology discipline relevant to Indian socio-cultural context, the study of psychology was expanded to the study of social issues such as poverty, prejudice, cultural identity and other concerned issues. (Mishra, 2003).

In recent years, the demand of psychological services is rapidly growing in India. In 1986, Rehabilitation Council of India (RCI) was established in order to regulate rehabilitation services, to regulate and monitor services given to persons with disability and also to standardize syllabi and maintain a Central Rehabilitation Register for all qualified professionals and personnel. The Mental Health Act enacted by Parliament also prescribes punitive action against unqualified person. However, RCI registers only Psychiatrist, Clinical Psychologists, Psychiatric Social Worker, Rehabilitation Psychologist, and Rehabilitation Counsellor and allied professionals such as special educators and occupation therapists. It is not mandatory to register to RCI except its requirement for government services. Minimum requirement for registration as a clinical psychologist or rehabilitation psychologist or a counsellor is Master of Philosophy (M Phil) or PhD in Clinical Psychology, Psychiatric Social Worker, or Rehabilitation Psychology from recognized institutes that provide training. However in India, very few institutions train professionals in above mentioned subjects. As a result, several qualified (but not registered) as well unqualified professionals mushroomed in the field and providing psychological services varying from assessment, training to counselling. As per mental health policy group on web, mental health professionals' discussions in 2011, it has been said that psychiatrists are dominantly providing psychiatric services while lay psychology practitioners who are not qualified are providing psychology services.

EDUCATION OF PSYCHOLOGY

Psychology has been considered a degree course in Arts stream (as a Bachelors of Arts (BA) or Masters of Arts (MA)) or Science stream (as a B.Sc. & M.Sc.) in most of the universities in India. Some universities also offer

M.Phil. (Masters of Philosophy) and Ph.D. (Doctorate of Philosophy) in Psychology. In other areas such as, engineering and medical, students complete their masters' programme and they walk out with the label of engineer or doctor respectively.

In most of the universities in India, the curriculum of masters' programme includes only theoretical subjects and hardly any practical oriented subjects/experiences except experimental psychology practical. Very few department of psychology provide exposure in hands on experience training in terms of placement or internship as a part of the curriculum. Because of lack of opportunities in practical approach in the curriculum in many universities, students themselves have not developed the clear understanding of their theoretical learning and got confused in the selection of work as per their specialization. For example, students who have done their masters' studies in clinical psychology are working as a school counsellor. Students who have done their masters' studies in organizational psychology are found working with psychiatrist or rehabilitation centres as a clinical psychologist.

Even, the definition of 'Psychologist' is not defined as per standards of psychology. Who is Psychologist? Those who complete their masters' program without any training or practical approach or those who have completed in other areas of humanities such as, social work. Similarly, the term 'counsellor' have been found having many interpretations in different areas such as marketing, retail, educational and vocational institutes and healthcare. As a result, individual who specialized in counselling psychology has been misunderstood for his/her profile by the society and it also affects the job opportunities in the field of psychology.

Those who are interested in academics are required to pass the National Eligibility Test (NET) or State Level Eligibility Test (SLET) and they are eligible to teach Psychology in universities. Institutes such as, NIMHANS, IBHAAS and RIPHANS provide certification for clinical practice as part of M.Phil. or Ph.D. There is no association found which provides license to practice to other students who have completed the masters' program, M.Phil. or Ph.D. in other areas of psychology such as, counselling psychology, developmental psychology, industrial psychology and so on. Rehabilitation Council of India (RCI) also considers only rehabilitation psychologist, clinical psychologist and psychiatrists for certified practice and provides them license.

In India one does not need a license or proof of adequate training in order to offer psychological services. With relatively few psychologists, and a huge need for psychological services, it is certain that therapies and psychological testing will be conducted by people, who have no certified degree or certification to practice. Further, as the actual roles of the different professions such as, psychologist, psychotherapist and counsellor, are poorly defined, it is extremely difficult to identify a level of competence or a minimum qualification that is applicable to all. A definition of who is qualified to practice as a clinical psychologist is therefore vital.

Misra and Kumar (2005) have examined and bring out various standards that characterized theory, research and applications of psychology in India. They have also drawn attention to the criteria where the goal is to see psychology, becoming a more vibrant field of study and constructively contributing in solving the problems faced by rapidly changing Indian society. Rao (2003) draws attention to a wide variation in the settings in which psychological services have been carried out as well as in the type and level of professional training of psychologists. In the absence of regulatory body monitoring professional training, the onus is on each psychologist, to ensure that he/she is qualified to deal with client's issues. The paucity of trained practitioners in India and the lack of regulatory body for its monitoring are matters of grave concern and urgent in demand.

Licensing system in India is not responding to the emerging demand of psychological practices by not allowing post-graduate professionals and continuing education credits. Lack of strict regulation gives opportunities for unqualified people to provide services that is hampering the quality of psychological services to society.

LICENSING

IMPORTANCE OF LICENSING

Kuhlmann (2013) have described the importance of licensing as follows.

Protection of public, or part of the public that is being served, is placed as first in importance. For example, to wire

a house and to install electrical instruments so as to prevent fire and injury or deaths require some special knowledge and skill. The electrician's state license serves both as a label by which the competent worker may be identified and offers a reasonably good guarantee that satisfactory service will be given.

Second important factor is the protection of qualified against the inefficiency or mal-practice by others because license serves as a label and mean of identification. In India, there are no specified criteria for psychologists who practice psychology, so it would require the accurate definition of psychologist, various certification and training under supervision one need to have. Once, this criterion for psychologists, those who practice or those who are into academics is defined appropriately, those who mal-practice without required qualification or training will be identified easily.

Raising standards to a uniform and required level of education of psychological practice is the third factor, which explained that qualification must be determined and standards set and should have uniform education all over the nation. Education of Psychology at graduate/post-graduation level do have varied curriculum all over India. Hence, quality of teaching and training during post-graduation does not impart uniform knowledge necessary to be an effective psychologists. For example, in medicine, there is uniform curriculum all over India, which says that a student in New Delhi will have similar education and training as a student in Vadodara. Having uniform education can enhance the quality of psychological services also.

Education of the public is the fourth objective for licensing. The license says the public that a special skill is required for psychologist or psychotherapist and there are people who possess that skill. Practitioners having post-graduation in psychology and having certified training in specific psychotherapy will be very efficient compared to the one who has done degree in social work and working as a clinical psychologist in school for special children. If public fails to observe these facts, the licensed person can be depended upon to tell the public what it needs to know. It also helps making public aware about the need of psychological help and skill conscious.

NEED OF LICENSING TO PRACTICE IN PSYCHOLOGY

The factors described above are also implied to license to practice psychology in India. if one should canvass all whom people call psychologists for an opinion as to whether psychology can be sufficiently applied in the practical affairs of everyday life to merit the name of the profession it is doubtful whether a majority would vote in the affirmative. The challenge for teachers is to establish effective teaching and training for students so that, like any medicine student in India, students from masters in psychology feel confident and well qualified for practice in Psychology.

Undoubtedly, this may lead to more effort on the part of universities to give training that students needed and could apply. The integration of courses for the purpose of giving adequate training for any particular field in psychology is almost unknown among universities teaching psychology.

It is also important to consider the attitude of the layman's tendency to perceive, the man/woman who has not a degree of psychology in college, but who may use the services of a psychologist. In India, the biggest problem with layman's attitude in acquiring psychology services is that he/she is confused with the quack, in the form of mental healer, fortune teller, tantric and what not, who have preceded the psychologist by many generations. All of these methods of problem solving can be harmful to people but they are unaware of it and unconsciously-consciously they always choose to consult them for their problems. Today, superstitious rituals are still playing major role in Indian society directly-indirectly and hence, it affects people's lives, People are not still convinced that psychology now has a better method that is very effective for their mental issues as compared to above mentioned methods. Awareness of the need of psychological need to be considered by the universities and they need to implement programs for students to ignite the spark of help among public. The license to practice psychology could go far towards distinguishing legitimate practice from quackery in the public mind. Once the license would be allocated to psychologists to practice, the chances of quackery will be minimised. According to Kuhlmann (2013, an individual, though with

unquestionable merits as a teacher of his subject, but with an experience in handling children or in administrating tests, is a quack when he proposed to function as practitioner. If the psychologist is a quack when his activities go beyond his specialization and subject, much more so is the physician, the attorney, the school teacher or the social worker, when they without any special certification or training, indulge into psychological testing. They usually do much more, including the interpretation of the psychological test and the evaluation of psychological testing in general for the enlightenment of the public.

- Why do inadequately trained people indulge into psychological services?
- Why does industrial psychologist so often function as a clinical psychologist or vice versa?

All these issues are being raised by many practitioners, students and psychological associations recently. This might have happened because of following reasons.

The employers do hire such individuals as the immediate cost to him is less and secondly, the employer might be unaware of the fact that, considering the real value of the service received, he is choosing the more expensive way. It is found that school teachers, nurses and social workers doing psychological testing as a side-line to their real jobs instead of psychologist trained in psychological testing. Thirdly, psychologists themselves including both the college teacher of psychology and the practitioner, are unable to see eye to eye, to see their common interest, share information and therefore, unable to cooperate with each other.

PSYCHOLOGICAL PRACTICES

According to American Psychological Association (APA), psychological practices are defined as “an assortment of evidence based treatments to help people improves their lives through training, teaching and counselling.”

In Western countries such as, United States of America (USA) and United Kingdom (UK), practicing psychologists have professional training and skills to help people learn to cope more effectively with the life issues and mental health issues. After years of graduate school and supervised training, they become licensed and professional by the government to provide a number of services including evaluation and psychotherapy. There are number of ethical guidelines for practice, which practitioners have been asked to implement in to their practice such as, unbiased treatment, ethical use of the skill, confidentiality of clients’ personal information, regular reporting to supervisor and so on. There are various psychological association such as – American Psychological Association (APA), EFPA, APS, SPC etc., which have been established by the government, responsible for maintaining and implementing good quality practice for society. And maybe, that is why, mental health has been given equal importance and attention as physical health in those countries.

But mental health is debatable issue in India. People in India live with many myths about mental health diseases and treatment, despite suffering from mental illnesses. They do not seek care and treatment, and if someone seek for mental health services, he/she get inappropriate guidance or referrals by doctors or society due to lack of check on authentic professionals. Getting good quality services for psychological need is another concern for society in India, due to lack of awareness about how – from where – from whom, they can get good and authentic services and absence of regulatory body or psychological association which can be responsible for monitoring and validating professionals and give them permission to work in the field. There are no standardized guidelines, official document/ policy to decide on good quality professionals and standardized services here in India.

Some questions can be as follows,

- Psychologist / Counselor / Psychotherapist – what is the standardization of labeling an individual as psychologist. Different people believe and follow differently as per their convenience and knowledge.
- What are the rules and regulations for the ethical practices? On what basis, it can be decided?
- Who can or cannot practice or work in the field of psychology.

- What if an individual having insufficient knowledge and skills provide inappropriate services to others?
- Who is responsible to monitor or keep check whether ethical services are being given or not?

There are several such issues that need the attention of experts, who are responsible for the better quality of life of the people in India. Those people can be experienced psychologists – who are well established providing psychological services to people, directors/top level management of already established psychological associations, currently working practitioners, lecturers /professors who teach psychology every day to students and also importantly – the people of the society to whom, psychological services need to be delivered ethically through certified and skilled and knowledgeable man power.

CONCLUSION

There is a need to develop psychological union in India to streamline teaching and practicing of psychology. Over the time, concern has been expressed for the lack of professional orientation in imparting an education of psychology in the universities both at graduate and post-graduate level. It has been observed through various discussions among groups such as, Mental Health Policy Group, wherein they have initiated a forum on the need of universal guidelines for mental health practitioners in India and the need to develop a system where continuous monitoring and evaluation of practitioners takes place for maintaining high standard of quality in Psychology.* (personal communication with practitioners from yahoo group and mental health policy group.)

Similarly, it is crucial to understand quality of existing education, psychological research, practices and functions and role of regulatory body in India. Further, no scientific study observed in reviewed literature in India on the topic.

While keeping the above observations, a Ph.D. work focuses on current scenario of psychology in India. The objective is to capture aspects of the review process of ethical guidelines as well as describe problems practitioners experienced due to lack of codes of ethics in to their training and practice, dealing with clients, establishing themselves as effective practitioners in society. This study will also provide explanations for current status of teaching psychology in universities and kind of practice delivered by practitioners in India.

It focuses on three factors namely, Education of psychology, Psychological practice and Need of regulatory body in India, from the perspectives of practitioners and academicians. Practitioners and academicians will share their opinions and experiences on how universities are imparting knowledge, theoretical and practical exposure to students in psychology, what can be done to streamline psychology field, so that people can get good and authentic psychological help from the certified and experienced practitioners, how a student can choose the specialization in psychology as per his/her interest, how an unethical service provider can be stopped doing malpractice into society and how can be made aware of the need of psychological help which is as normal as going to gymnasium.

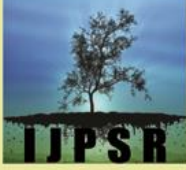
- This study will be first scientific document to record contemporary psychological practices and regulation, practitioners' perspectives on practices and regulatory body.
- On the basis of feedback by the practitioners, this study will also help psychologists to maintain, develop and increase competencies in order to strengthen services and to enhance contribution to psychology profession.
- This study will provide inputs to aspiring and next generation of psychologists in India.

A hall mark of any profession which provides services to society, is its ability to be self-regulating. People who belong to profession of psychology in academics, research and practice, accede on standards of psychological practice that can be expected of them all and stick to those standards in their everyday professional activities such as teaching, practicing and training. As a result, the students, society and the government and other members can be assured of the quality of service provided by individual members of that profession. This standards of a particular profession like medical, law, engineering and psychology are usually encapsulated in documents, which are called, codes of ethics. (Allan A., 2010)

In the globalization period, the world is experiencing rapid change and development in terms of health and wellbeing. It is necessary to develop a code and scrutinize it thoroughly. development in psychological practices and training of practitioners, in community standards have been crucial aspects which need to be regulated appropriately keeping in mind the wellbeing of society. This paper provides insight into rethinking of present status of psychology in India in terms of education of psychology, processes of psychological practices and need of regulatory body or ethical guidelines for psychologists in India.

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PSYCHOLOGY CURRICULUM AT POST-GRADUATE LEVEL IN INDIAN UNIVERSITIES:A CRITICAL ANALYSIS

Patel, J¹ & Sharma, R²

ABSTRACT

According to National Policy on Education (1986), the role of higher education provides an opportunity to reflect on critical social, economic, cultural, moral and spiritual issues facing humanity. It also contributed to the national development through dissemination of specialized knowledge and skills in society. Inherent in this declaration is the assumption that there are no principles for developing a curriculum. This paper presents critical thoughts on contemporary psychology in post-graduation, with a particular focus on the gap of implementation of curriculum by more than thirty universities in India. Curriculum of post-graduation was collected from these universities and they are compared with the model curriculum recommended by United Grant Commission (UGC). It has been also noticed that the critical analysis of psychology curriculum, there is gap in the relevance of inclusion of theoretical and practical subject ratio, needed upgradation and relevance with applications psychological practice between the model curriculum and what has been implemented in major Indian universities. It was also observed that there is need of practice and training oriented curriculum for teaching Psychology at post-graduation level.

Keywords - Curriculum, Psychology, Higher Education, Teaching

HIGHER EDUCATION IN INDIA IN 21ST CENTURY

Being the third largest education system in the world, after United States of America (USA) and China, the Indian higher education system presents a fairly large and diversified system of higher education. With growing internationalization of higher education, the Indian higher education system has become the second fastest growing economy in the world by providing trained and skilled human power. It has also acted as a powerful mechanism for the upward social mobility of the economically and socially backward sections. With Globalization and internationalization, opportunities appear to be immense in diverse areas. The remarkable development information technology has promoted learners' method of learning in both the formal and distance modes. Distance education and virtual institutions are regarded to be an industrialized form of education. With the fast growing information and communication technology the availability and flow of academic resource materials is providing input to the academicians to compete with their counterparts anywhere in the world (Rashmi, 2013).

The first universities of the country were established by the British government in 1857 at Calcutta (Kolkata), Bombay (Mumbai) and Madras (Chennai). The higher education system was largely elitist and the number of higher education institutions

was limited. At the time of independence, there were only 20 universities and 500 affiliated colleges in India. Since then major transformation has taken place in the higher education sector of the country. (George, 2013). The University Grant Commission (UGC) was established by the Government of India in 1953 for the planned development of higher education of the country. The UGC became a statutory organization by an Act of Parliament in 1956 and was entrusted with the task of coordination, determination and maintenance of standards of higher education. The UGC also provides financial assistance under various schemes to eligible colleges and universities which are included under Section 2(f) and declared fit to receive central assistance under Section 12(B) of the UGC Act, 1956. The Government of India set up few central universities by the Acts of Parliament. All the central and state universities depend heavily on central government or the state government for funds. The period since 1990 has witnessed the emergence of private universities and colleges in large numbers.

Present State of the Higher Education System.

The institutional framework of the higher education sector in India at present mainly consists of 46 central universities, 329 state universities, 205 state private universities, 128 deemed universities, 33 institutions of national importance and over 40,760 colleges as shown in below table 1.

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Table 1 - Number of Universities/Colleges in India

Types of Institutions	Number (As on 31.03.2015)
Central Universities	46
State Universities	329
State Private Universities	205
Institutions deemed to be universities	128
Institutions established under state legislations	03
Colleges	40,760

Source: UGC Annual Report – 2014 -15.

As per the above table, although India have more than 500 universities including central universities, state universities, deemed universities and other private universities and institutions, there will be need of 1500 universities in the near future. A minimum standard of quality need to be ensured in teaching, research, publications, patent, innovations, social recognitions and international reputations. Higher education system in India is facing a number of issues of concerns and challenges such as, access, quality, governance, autonomy, accountability, funding, impact of technology, privatization, internationalization, etc.

THE UGC MODEL CURRICULUM OF PSYCHOLOGY, 2001

Renewing and updating of the curriculum is the essential ingredient of any vibrant university academic system. According to UGC model curriculum for Psychology (2003), there ought to be a dynamic curriculum with necessary with a prime objective to maintain updated curriculum and also providing therein inputs to take care of fast paced development in the knowledge of the subject concerned. Revision of curriculum need to be a continuous process to provide an updated education to the students at large.

The UGC Model Curriculum has been produced to take care of the lacuna, defects/shortcomings in the existing Curricula in certain universities, to develop a new Model Curriculum aiming to produce the one which is compatible in tune with recent development in the subject,

- To introduce innovative concepts
- To provide a multi-disciplinary profile and
- To allow a flexible cafeteria like approach including initiating new papers to cater to frontier development in the concerned subject.

Panels of experts from the across the country attempted to combine the practical requirements of teaching in the Indian academic context with the need to observe high standards to provide knowledge in the frontier areas of their respective disciplines. It

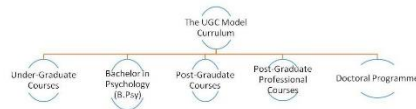
has been also aimed to combine the goals and parameters of global knowledge with pride in the Indian heritage and Indian contribution in this context.

The University Grant Commission (UGC) constituted the Curriculum Development Committees to meet the need and requirement of the society and in order to enhance the quality and standards of education, updating and restructuring of the curriculum. The model curriculum of Psychology has been provided to the universities only to serve as a base and to facilitate the whole exercise of updating the Curriculum soon.

With the development of new courses, the Curriculum Development Committee (CDC) envisions that the training imparted by Universities and college departments will enable students in,

- Generation of psychological knowledge through inter-disciplinary focus and
- Developing skills for rendering psychological services to the society for human and social development.

The CDC in Psychology has categorized the UGC Model Curriculum in three broad sections as follows:



CURRICULUM OF PSYCHOLOGY AT POST-GRADUATE LEVEL

The purpose of post graduate programme in Psychology is aimed at competence building among students from holistic and interdisciplinary approach. The curriculum at post-graduate level needs to inculcate both knowledge generation as well as application in different domains of the discipline. However, all psychology departments may nor may not opt for specialization in various branches of the discipline. With the offering wide variety of courses at post-graduate level, special attention was recommended to be given to the use of Indian source material since most of them are Euro-American products. Also, it was recommended to give emphasis to laboratory work, practical training and practice in scientific writing and reporting. Development of professional skills and competence building were considered the important for pedagogy. As per the CDC recommendation, it was expected that an appropriate mix of theoretical courses and practical in doing laboratory work, field work, etc. will be decided by departments based on the specializations, but recommendation is

that the theoretical courses need to carry a weight of between 70-80% and practical courses between 20-30 %.

DATA CONSOLIDATION OF CURRICULUM OF PSYCHOLOGY AT POST-GRADUATE LEVEL

For the purpose to understand the gap between the UGC model curriculum / guidelines and existing implementation of curriculum at post-graduate level in the universities in India, different cur-

riculum was collected from the official websites of each university. Total 33 curriculums have been collected from 33 state and central universities of India. One of the limitation of the review was that some university have not put the curriculum of post-graduate on their website.

Table 1 shows the list of subjects included in psychology curriculum at post-graduate level from different universities.

Table 1. Curriculum of Various Universities of India

	University	UAC Grade	Year	Annual / Semester	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	
1	Andhra University	A	2013-14	Semester	Principles of Psychology	Life Span Developmental Psychology	Physiological Psychology	Research Methodology	Personality and Adjustment	Cognitive Psychology	Psychopathology	Clinical Psychology	Project	Human Resource Management	
					Psychological Testing	Psychological Testing (Practical)	Cognitive Psychology (Practical)	Social Psychology	Organizational Behavior	Counseling Psychology	Health Psychology	Psychological Assessment			
2	Banaras Hindu University	A		Semester	Attention & Perceptual Processes	Research Methods & Exp. Designs	Advanced Physiological Psychology	Applied Social Psychology	Practical	Language, Memory & Thinking	Non-experimental & Correlational Methods	HRM	Psychology of Adolescents	Rehabilitation Psychology	Cross Cultural Psychology
					Psychobiology	Cross-cultural Psychology	Practical	Therapeutic Technique	Neuro Psychology	Personality	Organizational Development	Psychology of Adulthood & Aging	Organizational Communication	Sports Psychology	Psychology of Rehabilitation
3	Banasthali University	A		Semester	Cognitive Psychology	Psychopathology	Theories of Personality	Research Methods and Statistics	Community Psychology	Environmental Psychology	Positive Psychology	Social Science	Organizational Behavior	Sports Psychology	Gerontology
					Clinical Psychology	Counseling Psychology	Health Psychology								
4	Bharathiar University	A	2011	Semester	Psychometry & Research Methodology	Health Psychology	Organizational Behavior	Cognitive Psychology	Experimental Psychology	Advanced Social Psychology	Personality Research & Applications	Educational Psychology	Sports Psychology	Group Dynamics for Social Living	Consumer Psychology
					HRM	Theories of Motivation and Emotions	Theories of Counseling	Experimental Psychology	Project Work / Practice						
5	Dr. Bhim Rao Ambedkar University	A	2013-14	Semester	Experimental Psychology	Statistical Methods	Social Psychology	Indian and Western Contribution to Psychology	Experimental Psychology II	Psychopathology	Psychometry	Physiology	Research Designs and Statistics	Theories of Personality	Psychology of Current Trends in Social Issues
					Organizational Psychology	Clinical Psychology	Educational Psychology	Advanced Statistics and Exp. Design	Man at Work: Assessment and Training	Psychodiagnostics	Forensic Psychology	Group Processes	Educational Psychology II	Man at Work: Satisfaction, Motivation and Performance	Viva
					Psychotherapy and Counseling	Advanced Educational Psychology	Developmental Psychology	Guidance and Counseling	Dissertation						



6	Gulbarga University	B		Semester	Systems of Psychology	Physiological Psychology	Research Methodology	Social Psychology	Cognitive Psychology	Psychological Statistics	Theories of Motivation & Personality	Principles of Psychological Measurements	Practical	Child Development	Counseling Psychology
					Psychopathology & Mental Hygiene	Health Psychology	Clinical Assessment	Block Placement	HRM	Clinical Psychology	OB	Fieldwork	Dissertation		
7	Jamia Millia Islamia	A	2013-15	Semester	Cognitive Psychology	Research Methods	Social Psychology	Psychometrics	Psychological Testing	Psychopathology	Organizational Behavior	Dissertation	OB	C. Advanced Social Psychology	C. Consumer Psychology
					Statistics in Psychology	Peace Psychology	Psychological Experiments	Health Psychology	Positive Psychology	Intervention in Counseling	HRM	Psychotherapy			
8	Jawahar Nehru University	A		Semester	Theories & Systems	Experiential Psychology	Social Psychology	Research Methods and Statistics	Cognitive Psychology	Practical	Psychopathology & Clinical Psychology	Organizational Psychology	Principles & Applications of Cognition	Human Development	Psychometrics
					Personality	Physiological Psychology	Psychological Testing								
9	Jiwaji University	A	2008-09	Semester	Cognitive Processes	Research Methods & Statistics	Psychopathology	Life Span Development	Psychology of Personality	Social Psychology	Educational Psychology	Clinical Psychology			
10	Karnatak State Open University	A		Annual	Systems and Contemporary Trends in Psychology	Biological and Social foundations of Behavior	Cognitive Processes	Motivation and Emotions	Personality and Adjustment	B. Advanced Skills and Processes of Counseling and Psychotherapy		B. Consultation-Liaison Psychology			
11	Kolkata University	A	2013-15	Summer	O. Training and Development										
12	Kurukshetra University	A	2002-03	Semester	Experimental Psychology	Social Psychology	Research Methodology	Practical	Cognitive Psychology	Practical	N. Sports Psychology				
13	Madras University	A		Semester	Advanced General Psychology	Advanced Social Psychology	Life Span Psychology	Research Methodology	Psychological Testing	Organizational Behavior	Consumer Behavior	HRM	Counseling and Behavior Modification	Health Psychology	Group and Team Effectiveness in Organizations
					I. Organizational Development										
14	Madurai Kamraj University	A	2013	Annual	General Psychology	Life Span Development	Social Psychology	Research Methodology	Experiential Psychology - Practical	Psychopathology & Mental Hygiene	Environmental Psychology	Counseling Psychology	HRM	Project Work	
15	Maharshi Dayanand University	A	2014-15	Semester	History of Psychology	Experiential Psychology	Physiological Psychology	Research Methods and Statistics	Practical	Theories of Psychology	Cognitive Psychology	Developmental Psychology	Practical	Guidance and Counseling	Consumer Psychology
					Personality	Bio-Psychology	Research Designs and Statistics	Practical	Psychological Testing	Foundations of Clinical Psychology	Social Psychology	Neuro Psychology	Health Psychology	Child Psychology	G. Child Emotional and Behavioral Problems and Interventions
					Practical	Psychometrics	Clinical Intervention	Applied Social Psychology	Neuro Psycho Rehabilitation	G. Gender and Psychology	Industrial Psychology	Positive Psychology	Management of Health and Illness	HRM	Peace and Harmony

16	Mahatma Gandhi University	A	2011	Semester	Cognitive Psychology	Personality and Personal Development	Positive Psychology	Testing & Measurement in Psychology	Psychological Assessment - Practical	Psychology of Intelligence, Learning & Motivation	Health Psychology	Clinical Psychology	Community Psy/Clinical Psy/CDr Criminology, Fundamentals of Sports & Exercise	Contemporary issues and role of Psychology in Social Engineering	Cross Cultural Psychology
					Research Methodology	Psychodiagnosics - Practical	Principles of Neuropsychology	Cognitive and Behavioral Orientations of Theories	Counseling	Psychology of Differently Abled / Counseling in School Settings	HRM / Consumer Behavior & Advertisement + Psychology	Forensic Psychology	Principles of Sports Behavior	Internship	Dissertation
17	Mizoram University	A		Semester	Cognitive Psychology	Research Methodology	Applied Social Psychology	Practical	Learning & Memory	Statistics & Psychometrics	Advanced Physiological Psychology	Practical	Stress, Emotions, Coping & Health	Psychodiagnosics	Practical
					Personality Theories	Practical	Clinical Psychology	Adult Psychopathology	Neuropsychology	Disorientation					
18	Mumbai University	A	2013-14	Semester	Personality Psychology	Cognitive Neuropsychology	Statistics	Experimental Psychology	Evolutionary Psychology	Intervention Systems in Psychology	Research Methodology in Psychology	Practical (Psychological Assessment)	Counseling across life span	Organizational Behavior	Multiculturalism
					CBT, REBT and Group Therapy	Psychological Assessment Application Report writing	Clinical Psychopathology	Constructing Social Psychology	Positive Psychology	Advanced Applied Psychometrics	Change Management				
19	Osmania University	A		CSCS	Statistics	Social Psychology	Cognitive Psychology	Personality Theories & Assessment	Experimental Psychology - Practical	Exp. Designs in Psychology	Development Across Life Span	Psychological Testing	Psychological Testing - Practical	Understanding Basic Psychological Processes	Health Psychology
						Experimental Psychology - Practical	Abnormal Psychology	Organizational Behavior	Fundamentals of Counseling	HRM	Counseling Skills & Practical	Seminar	Applied Psychology for Health		
20	Punjab University	A		Semester	Theories & Systems	Social Psychology	Experimental & Cognitive Psychology	Research Methodology	Social Psychology	Practical	Organizational Behavior	Child Psychology	Practical	Behavior Economics	Parapsychology
					Clinical Psychology: Psychodiagnosics	Counseling Psychology	Sports Psychology	Positive Psychology	Health Psychology	Media Psychology					
21	Rajasthan University	A	2015-17	Annual	Systems and Theories of Psychology	Cognitive Psychology	Physiological Psychology	Statistics and Research Methods	Practical / Experiments	Applications of Psychology	Social Psychology	Fundamentals of Clinical Psychology	Population Psychology	Organizational Psychology	Vocational Psychology
					Personality Theories	Thesis	Guidance and Counseling	Industrial Psychology	Ecological Psychology						
22	Rashtrasant Tukdoji Maharaj Nagpur University	A		Semester	Cognitive Psychology	Research Methods	Personality Theories	Advanced Social Psychology	Practical	Advanced General Psychology	Research Designs	Personality Theories II	Health Psychology	Practical (Clinical Psychology)	Management of Personnel HR
					Issues in Social Behavior	Practical	Abnormal Psychology	Psychodiagnosics	Counseling & Psychotherapy	Family and Couple Therapy	Consumer Behavior	Industrial Psychology Practical	Guidance and Career Guidance	Education and Career Guidance	Assessment in Counseling
					OB	Child Assessment	Therapeutic Interventions	Community Mental Health and Medical Psychology	Clinical Psychology Practical	OD	Leadership in Communication	OC, Learning and Change	Employment Counseling	Psy Practical	Psychological Testing
					Psy. Testing in Guidance N Counseling	Psychology Disorder	Intervention Strategies in Counseling	Special Areas of Counseling	Basic Counseling Skills	Counseling Psychology Practical	Psychopathology				

30	University of Jammu	A	2011-12	Semester	Experimental Psychology	Historical issues and systems of psychology	Statistical foundations of psychological research	Psychology practicum-i	Psychology of personality	Physiological psychology	Research methods in psychology-i	Cognitive psychology	foundations of cognitive psychology	psychopathology	
					Organizational psychology	advanced social psychology	psychology practicum-iii	modern health psychology	developmental psychology	clinical psychology: assessment and diagnosis	field training in the specialized area: clinical psychology	community psychology	counseling and psychotherapeutic techniques		
31	University of Mysore	A	2013-14	Semester	Advanced Cognitive Psychology	Test Construction & Standardization	Basic Genetic Evolution and Behavior	Childhood Pathology	Psychological Assessment	Organizational Behavior	Human Resource Training & Management	Advanced Statistics	Adult Psychopathology	Animal Behavior	Psychology: Indian Perspectives
					Clinical Assessment	Human Behavior & Counseling at Work	Learning Theories	Perspectives in Personality	Social Evolution	Psychotherapy	OD	Research Preparation	Dissertation	Field work	
32	University of Pune	A	2013-14	Semester	Cognitive Processes	Psychological Testing	Statistics Method	Practical (Tests)	Learning & Memory	Psychological Testing: Applications	Research Methodology	Practical (Experiments)	J. Health psychology	J. Palliative Care and Counseling	
33	Utkal University	B+		Semester	Basic Psychological Processes	Life Span Developmental Psychology	Statistics & SPSS	Psychological testing	Research Methodology	Social & Health Psychology	Educational Psychology	Testing & Seminar Presentation.	Internship, Dissertation/Term Paper	Behavior Therapy	Disaster Management
					Clinical Psychology	Counseling across	Applied Psychology	Film Appreciation							

CRITICAL ANALYSIS

The curriculum of Psychology in Post-graduate level adopted by 34 state and central universities have been compared with the UGC Model Curriculum on following aspects

Weightage of Theory and Practical in the Curriculum

As recommended in the UGC Model Curriculum (2003), theoretical courses should carry a weight of 70-80% and practical courses between 20-30% such as laboratory work, field work, dissertation etc. It was found from the data consolidation of curriculum of different central / state universities and institutes, theoretical courses carry a weight of 85-90% and practical courses between 10-15% of the curriculum. There were also some universities found

all the subjects are post-graduation consists of all theoretical subjects.

Lack of appropriate practical exposure in psychology affect the quality of understanding the subject thoroughly and which leads to ineffectiveness in psychological practices for post-graduate students. In other developed countries such as, United States, Canada, United Kingdom and Australia, there is a professional regulatory body run by government, which monitors and supervise the psychology practices. Each clinical psychologist, counseling psychologist or psychotherapist have been assigned supervisor whom they are liable to report every information regarding the clients they are dealing with. In India, due to lack of professional regulation and supervision, most psychology professionals are dealing with issues of clients based on their knowledge

and experience in respective specialization. Hence, practical exposure to psychology subjects and research become essential in the curriculum as recommended by UGC model curriculum.

Development of Curriculum

It was found from the data consolidation that curriculum have been revised in average four years' span. The concern of revision of curriculum is not at university level, but the UGC Model Curriculum have not been revised or updated since the year 2001. The UGC Model Curriculum have been collected from the UGC website in recent time.

So, it can be derived that for fifteen years, the UGC has not taken any initiative for upgradation of the Model Curriculum. Psychology as a profession has been evolving drastically in the 21st century of globalization and digitalization. As per the constant development of the human life and important contribution of technology and media, mental health problems and needs are also increasing rapidly in no time.

Relevance to Usefulness and Professional Outlook

To streamline psychology profession in India, there is an essential need to strengthen quality of psychology services in terms of education and training of psychology professionals, research and psychological practices. The concern about the relevance in the UGC Model curriculum is that all the courses elected by most of the universities includes subjects which gives fundamental orientation of each specialization such as Clinical Psychology, Educational Psychology, Guidance and Counseling, Industrial Psychology, Consumer Behavior, Counseling Psychology, Developmental Psychology, Research Methods and Statistics. Whereas, applied subjects such as, Neuropsychology, Cross-cultural Psychology, Psychology of Sports, Behavior Modification, Cognitive Psychology and Artificial Intelligence, Psycho-Neuro Immunology, Advanced Physiological Psychology, Ethology & Comparative Psychology, Social Evolution and Peace, Conflict and International Relations have not been included in the curriculum by the most of the universities.

Relevance to Indian Context

Since the beginning, when Psychology was introduced in India in Calcutta and Mysore, theories and concepts of Experimental Psychology and Psychotherapies were transplanted and were influenced from Western worldviews and psychological theories, the concern for the absence of contextualization of Western theories and assessment tools in to Indian social reality was needed. Dalal (2002) pointed out

the failure of western theories and mindless testing to resolve inner conflicts of cherishing Indian cultural values at the personal level and maintaining western orientation at professional level. Western psychological theories and research were not found effective in understanding the Indian social reality. Due to cultural diversity in ecology, language, religion, family structure and uneven involvement of technology, it is crucial to develop and promote a distinct identity of psychology in Indian context.

In the UGC Model Curriculum of Psychology, one of the subject in the list is Indigenous Psychology which is about understanding psychological theories and concepts in Indian context and scriptures. No university in India included Indigenous psychology as a subject in the psychology curriculum for post-graduate level. It was also noticed from the references books in each subject syllabus, teaching subjects such as Clinical Psychology, Industrial Psychology, Educational Psychology, Developmental Psychology and Counseling Psychology are based upon the books of Western authors.

CONCLUSION

According to, National Educational Policy (NEP), 2016, being one of the largest higher education system in the world, the quality of universities and colleges and they education they offer is far from satisfactory. Top most Indian institutions do not figure in the international rankings of universities in the world. The programme/dis, Institutional, National and International contexts influence the curriculum development process. In planning for curriculum of Psychology, it is important to be aware of these changing contexts of diversity of behavior, attitudes, interest and culture. From the comparison of the UGC model curriculum with the curriculum of other state and central universities, it is reflected that sincere efforts need to be made for the betterment of education of psychology subject at post-graduate level to minimize the gap of determinants such as weightage of theory and practical teaching, continuous evaluation of curriculum development, Indian context based teaching and learning and usefulness of curriculum for students to work efficiently in the field. It can also be suggested that in order to sustain in the knowledge based economy and deal with demand of job market, incorporation of competency based curriculum is emerging as a necessity in higher education sector. Competency models developed for Psychology discipline through intense research can serve as a guiding tool to strengthen the quality of education in Psychology. And improved quality of education can lead to better psychological practices and streamline the profession.

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