APPENDIX A

INFORMED CONSENT FORM

Study: Efficacy of Integrative Correctional Psycho-education in Enhancing Mental Health among Convicts: An Experimental Study

Information to the participant:

The aim of the current study is to assess the effectiveness of an integrative correctional psycho-education program in bringing about an enhancement in mental health of the convicts. The study is an intervention which will be carried out for a period of 6 months. The intervention consists of educational as well as psychological programs. It will not cause any harm to the participants. All information from the participants will be kept confidential.

Undertaking by the researcher:

Consent for including you in the study is sought. Your participation is voluntary and you may or may not benefit from this undertaking, but knowledge obtained from the same will be used for the benefit of others. You have the right to refuse or withdraw your consent during any part of the study without giving any reason whatsoever. The information related to you as a person will be kept confidential.

Consent:

“I have been informed well about the study. I have understood that I have the right to refuse or withdraw my consent at any time during the intervention without giving any reason whatsoever. I am aware that by giving my consent to participate in this intervention study, I have to get involved in it. I am also aware that this intervention will not interfere with my routine work.
I,……………………………………., the undersigned, hereby give my consent to be a participant of the above said intervention study.

Signature of the participant

Name and Address

Signature of the witness

Name and Address

Signature of the Researcher

Mohan, M.

PhD, Scholar in Psychology, Research and Development Centre, Bharathiar University, Coimbatore

Date:.............

Place:
APPENDIX B

M.H.S.SCALE

EVELOPED BY P.GIREESAN & Dr. H. SAM SANANDA RAJ

Department of Psychology, University of Kerala, Thiruvananthapuram 1998

Instructions

Some situations related to certain problems that we face in our daily life are given below. These situations are expressed in the form of a statement. Please indicate how far you agree or disagree with each statement. Against each statement are given five choices-A, B, C, D and E. ‘A’ denotes Strongly Agree, B denotes Agree, C denotes Undecided, D denotes Disagree, and E denotes Strongly Disagree. Read each statement carefully and indicate your response by putting a TICK mark in the appropriate column. Try to answer all items. Your response will be kept confidential and will be used for research purpose only.
## SECTION 1

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<tr>
<th></th>
<th>Statements</th>
<th>A: Strongly Agree</th>
<th>B: Agree</th>
<th>C: No Response</th>
<th>D: Disagree</th>
<th>E: Strongly Disagree</th>
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<td>1</td>
<td>I consider criticism as a chance for progress.</td>
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<td>2</td>
<td>I like to do things in the proper way.</td>
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<td>3</td>
<td>I insist that others must accept my opinion.</td>
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<td>4</td>
<td>I do not like my weaknesses being pointed out.</td>
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<td>5</td>
<td>I do not think of my role in any matter.</td>
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<td>6</td>
<td>I will readily accept if someone says that I am not broad-minded.</td>
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<td>7</td>
<td>I do not consider that I am responsible for my mistakes.</td>
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<td>8</td>
<td>I often feel that I am not self-sufficient in certain matters.</td>
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<td>9</td>
<td>I cannot make friends with others, by understanding their limitations.</td>
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<td>10</td>
<td>When I think of my future, I do not consider my abilities.</td>
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<td>11</td>
<td>While evaluating an action, its negative side should be considered.</td>
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<td>12</td>
<td>I have a high esteem about myself.</td>
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<td>1</td>
<td>I am prepared to dedicate my life for a noble cause.</td>
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<td>2</td>
<td>There is no need for showing respect towards human beings.</td>
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<td>3</td>
<td>At times of happiness, my mind involves in other things.</td>
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<td>4</td>
<td>When I help others, I derive a lot of mental satisfaction.</td>
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<td>5</td>
<td>Obstacles do not stand on my way, while I try for achieving my goals.</td>
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<td>6</td>
<td>It is not good to have foresight about future,</td>
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<td>7</td>
<td>It is better no to express one’s own abilities.</td>
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<td>8</td>
<td>I behave in such a way to attract friends.</td>
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<td>9</td>
<td>I do not take any responsibility which does not affect me.</td>
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<td>10</td>
<td>I can behave in such a manner as to evoke pity in others.</td>
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<td>11</td>
<td>I do not express my sympathy towards the suffering innocent.</td>
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<td>12</td>
<td>The views of others must be considered.</td>
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<td>Statements</td>
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<td>1 When I evaluate myself, I consider my merits as well as demerits.</td>
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<td>2 I think that life has a meaning.</td>
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<td>3 High aspirations should be the core of life.</td>
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<td>4 When I am unable to solve a problem, I feel frustrated.</td>
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<td>5 After a failure, I can find new methods.</td>
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<td>6 I do not have anxiety even in my difficulties.</td>
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<td>7 I have no goals in my life.</td>
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<td>8 There is nothing wrong in not keeping words.</td>
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<td>9 I think that facts and moral values do not coincide.</td>
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<td>10 I am conscious about the rights of others.</td>
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<td>11 I am not able to face a disappointing situation.</td>
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<td>12 I do not like the work which needs accuracy.</td>
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<td>1 I can take appropriate decisions.</td>
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<td>2 What I think cannot be implemented always.</td>
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<td>3 I do many things because of the pressure from others.</td>
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<td>4 I can work with self-control.</td>
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<td>5 I like others working on my behalf.</td>
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<td>6 I do not always follow the traditions when found necessary.</td>
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<td>7 In choosing things, I depend on others.</td>
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<td>8 My actions are always justifiable.</td>
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<td>9 It is better not to think independently.</td>
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<td>10 I have control on my actions.</td>
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<td>11 It is nice to have the ability to take care of one’s own affairs.</td>
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<td>12 I act according to my own will and pleasure.</td>
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<td>1 I can accept my mistakes.</td>
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<td>2 I do not fully grasp things that happen around me.</td>
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<td>3 I remind even my parents about their mistakes.</td>
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<td>4 On my own accord, I don’t distort facts.</td>
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<td>5 I am not responsible for some of the failures which occur in my life.</td>
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<td>6 I am conscious of my limitations.</td>
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<td>7 I do not care for things which are done by others, even if they are good.</td>
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<td>8 We need not bother about the feelings of others.</td>
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<td>9 Without any reason, others find fault with me.</td>
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<td>10 I would like analyse things realistically.</td>
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<td>11 It would be sensible to take care of oneself ignoring the surroundings.</td>
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<td>12 It is better to know how others think about a problem.</td>
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<td>Statements</td>
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<td>One must carry out things according to situations.</td>
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<td>I take initiative to solve the problems of others.</td>
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<td>I am confident that there will be achievements at any time in my life.</td>
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<td>My words often annoy others.</td>
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<td>My relationship with my friends is satisfactory.</td>
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<td>I do not like to move closely with others.</td>
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<td>I cannot make use of happy experience of my life.</td>
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<td>I never try to face difficult problems.</td>
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<td>Before doing a work, its merits should be considered.</td>
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<td>I find it difficult to cope with the new surroundings.</td>
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<td>I become upset due to repeated failures.</td>
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<td>I like to work for the welfare of others.</td>
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APPENDIX C
CONVICTS’ PRISON LIFE ADJUSTMENT INVENTORY
MOHAN M. & Dr RAJU,S (2011)

1. I have good acceptance among my fellow prison inmates. YES/NO
2. I have no problems with any of my custodial officers. YES/NO
3. I am very much upset about my sentence. YES/NO
4. I experience quite often stress and tension. YES/NO
5. I very often get lost in day dreams. YES/NO
6. I am ashamed of myself. YES/NO
7. I am very much worried about my family. YES/NO
8. I believe in my personal commitment to social progress. YES/NO
9. Once upset, it takes me much time to return to normality. YES/NO
10. I am confident to face with any difficult problem in my life. YES/NO
11. I have no serious physical illnesses. YES/NO
12. I become overanxious about everything. YES/NO
13. I have confidence in my own abilities. YES/NO
14. I have hope of a bright future. YES/NO
15. I am eager to get information about outside world. YES/NO
16. I suffer from irrational fear(s). YES/NO
17. I have history of a mental health problem. YES/NO
18. I believe in my capacity to change myself positively. YES/NO
19. I have personal responsibility for my actions. YES/NO
20. I have desire to get noticed in groups or gatherings. YES/NO
21. I do not have any sleep problems. YES/NO
22. I relish my food. YES/NO
23. I have diminished/excessive sexual desire. YES/NO
24. I experience recurrent thoughts or images that cause distress. YES/NO
25. I am careful in maintaining my personal cleanliness. YES/NO
26. I very often feel sad. YES/NO
27. I have frequent mood swings. YES/NO
28. I can control my anger well. YES/NO
29. I am suspicious of my fellow inmates. YES/NO
30. I feel disgusted with my life. YES/NO
APPENDIX D

PSYCHOLOGICAL INTERVIEW SCHEDULE FOR CONVICTS

1. How much formal education could you attain so far?
2. What is your birth order among your siblings?
3. How do you assess the socio-economic status of your family?
4. How was your childhood?
5. Have you experienced any type of child abuse in your childhood?
6. How was your school life-stressful or normal?
7. Are you married or single?
8. If married, how many children have you got?
9. What type of relationship do you have with your spouse?
10. What was your occupation before you were sent to prison?
11. How do you evaluate the life style you had before you were arrested?
12. How do you describe your sexual life before you were sent to prison?
13. Do you have the habit of substance use? If so, is it normal, high or addicted?
14. When you reflect on your life, what do you think are the main factors that have led to a criminal behaviour?
15. What is the nature of the crime you have committed?
16. What is the term of sentence you have been given by the court?
17. Have spent any type of imprisonment earlier?
18. Do you have a history of mental health problems?
19. What are your presenting mental disturbances?
20. Do you have faith in God?
21. What are your main adjustment problems with the prison life?
22. How do you think to plan your life after your release?
23. What is your dream to be fulfilled in your life?
24. What is your concept of freedom?
25. Do you think that life has a purpose to realise?

26. When you reflect on your past life, what are the things to be proud of and what are the things to ashamed of?

27. What would you have been if you had not succumbed to the criminal thinking?

28. Do you have thoughts that you have been seduced?

29. Do you remember now whether you have resisted outside pressures or you own temptations?

30. How do you assess the present sentence you have awarded?
APPENDIX E
PSYCHO-EDUCATIONAL THERAPY FOR CONVICTS: MODULE 1

Module Title: MENTAL HEALTH: A GENERAL PERSPECTIVE

Mode of Intervention: Group                                                                  Time Required: 2 hours

DESCRIPTION OF MODULE:

This module is meant for making the participants aware of the basic concept of mental health. It puts forward the idea that there is no health without mental health. The WHO definition of health is also made familiar to them. The bio-psycho-social model of health is the underlying perspective of this module. The cognitive, affective and conative aspects of mental health are also taught. The learners are motivated to put in practice the mental health tips explained to them.

OBJECTIVES:

1. The learner understands the concept of mental health.
2. The learner recognises the essential aspects of mental health.
3. The learner comprehends the importance of mental health in both individual and social life.
4. The learner applies the mental health knowledge in his/ her own life.

TEACHING STRATEGIES: Brain Storming, Pair and Group discussion, Power Point presentation, Case Study, Interactive talk, video clips, jigsaw technique

TEACHING POINTS:

- Mental health is a state of well-being in which every individual realises 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 is the foundation for individual well-being and the effective functioning of a community.
- The health of nervous system and endocrine system is a sine qua non for mental health.
- Proper thinking styles, emotional intelligence and proper behavioural patterns are crucial to mental health. Resilience power is also pivotal to mental health.

ASSIGNMENTS: Make patterns of mental well-being and ill-being using jigsaw blocks.

EVALUATION: The instructor asks some relevant questions regarding the mental health.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 2
Module Title: PRISON LIFE AND MENTAL HEALTH PROBLEMS
Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:
This module provides a psychological insight into the incarceration. It has been designed in the light of the findings of the psychological study conducted in the Bangalore Central Prison by NIMHANS. The module assumes that there is a chance for every convict to fall victim to mental ill-health. So, preventive measures to avoid mental problems are important.

OBJECTIVES:
1. The learner understands the psychological implications of imprisonment.
2. The learner recognises the likelihood of mental disturbances among convicts owing to various factors involved in incarceration.
3. The learner understands how he can strengthen his psychological well-being by following various steps.

TEACHING STRATEGIES: Individual reflective responses, Power Point presentation, Case study, Jigsaw technique, interaction, story narration

TEACHING POINTS:
- The concept of prison has changed positively.
- Prison is part of criminal justice system existing in our country. Judiciary, police and prosecution being the other components of criminal justice system.
- The secure custody of prisoners is the most basic requirement of all prisons.
- Through safe custody, it tries to bring about positive behaviour modification and re-socialisation of the prisoners. It facilitates smooth reintegration of the prisoners into society.
- Imprisonment is stressful in one way or other.
- Privacy, freedom of movement, freedom of conjugation etc. are denied.
- Frustration and guilt feelings may eat into some convicts’ mental well-being.
- The emotional resilience of the convicts should be strengthened and their coping capacity with stress and frustration should be enhanced.

ASSIGNMENTS: Prepare a list of psychological difficulties they experience in the prison.
EVALUATION: Some questions based on the module are asked to the learners.
Module Title: INTER PERSONAL RELATIONSHIPS

Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:
This module is intended to give the participants an insight into the interpersonal relationships they get involved in their everyday life. The nature, meaning and prospect of interpersonal relationship are taught using different strategies. They are motivated to examine the purpose and meaning of the existing interpersonal relationships and transform them into fulfilling ones.

OBJECTIVES:
1. The learner understands the essential ideas regarding interpersonal relationship.
2. The learner recognises the significance and inevitability of relationships in human life.
3. The learner understands the role of personality, individual difference, empathy, ego-states, ego defence mechanisms and transactional analysis skills in interpersonal relationships.

TEACHING STRATEGIES: Case study, Power point presentation, group discussion.

TEACHING POINTS:
- Interpersonal relationship is a relationship between two individuals enabling an exchange of any kind.
- Thoughts, emotions, things, labour, help etc. are exchanged in an interpersonal relationship.
- Man is in and through different and various social relationships. Human life is shaped through various social relationships.
- Interpersonal relationship influences the individuals involved in it. The influence results in changes in awareness, learning, personality and motivation.
- Two kinds of inter personal relationships-co-operative and conflicting.
- How inter personal relationship can be improved

ASSIGNMENTS: Skits are presented for role playing the main ego defense mechanisms.

EVALUATION: The instructor asks the learners some questions regarding the various concepts involved in inter personal relationship.

DESCRIPTION OF MODULE:

The module on attitude and attitude change focuses on the explanation of the psychological concept-attitude. The learners are informed how their lives are determined by their respective positive or negative attitude to various things in life. The significance of developing positive attitude to life and its many supporting factors is also emphasised. Holding negative attitude to many vicious things is inevitable for a good life, too. Attitude change to positive direction is part of any meaningful self-development and innovation programme.

OBJECTIVES:

1. The learner understands what attitude is.
2. The learner recognises the significance of developing appropriate attitude to life and its many issues.
3. The learner examines his or her own attitude pattern to various things relating to life.
4. The learner recognises the inevitability of changing some of his or her inappropriate attitude in order to bring about a self-innovation.

TEACHING STRATEGIES: Class discussion based on famous quotable quotes on attitude, Power point presentation, Case study, Interactive talk, Video clip-based response elicitation

TEACHING POINTS:

- Attitude is a response to a person, thing or a problem based on an evaluation.
- It is a favourable or adversary judgemental response to anything.
- It is reflected in one’s beliefs, emotions and conscious behaviour and activities.
- It expresses an individual’s positive and negative feeling about some objects. It describes an individual’s feelings, thoughts and predisposition to act towards some object in the environment.
- Aspects of attitude- cognitive, emotional and behavioural
- Attitude is reflected in thinking as opinions, beliefs and values.
- Attitudes are formed through
  - Direct personal experiences
  - Association
Functions of attitudes
- The adjustment function
- The ego defensive function
- The value expressive function
- The knowledge function

Attitude change
- Change in thinking and behaviour is necessary for attitude change.

Barriers to changing attitude
- Prior commitments
- Insufficient information

Ways to overcome these barriers
- Providing new information
- Use of fear
- Resolving discrepancies
- Influence of friends and peers

Negative attitude
- Circumstances and wrong thinking styles lead one to negative attitudes.

The environment that induces negative attitude
- Other people behaviour
- Negative work environment
- Negative world view
- Changing environment
- Past experiences
- Determinism theory

Determinism theory
- Genetic (My grandparents did it to me) inherited traits
- Psychic (My parents did it to me) upbringing
- Environmental (My spouse, my boss etc. is doing to me) surroundings

Attitude changes happen personally from the inside out.
- So, accept the responsibility of changing attitude.
- Take control of you-ownership, values, discipline and mission.
Thinking style and behaviour style are to be changed.


ASSIGNMENTS: The participants are directed to report before the class any of the attitude changes they had undergone in the past.

EVALUATION: The instructor asks the participants to identify the attitudinal problems the younger generation faces.

HOME WORK: Learners are asked to personally interview their fellow inmates on the attitude towards future.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 5
Module Title: LOCUS OF CONTROL

Mode of Intervention: Group  Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is introduced with a goal of inculcating internal locus of control among the participants. It is expected that with an increase in internal LOC, the participants can excel in decision making power and problem solving skills. Their determination to change themselves for the better is also greatly influenced by the adequate level of internal LOC. The sense of responsibility for their respective individual actions is enhanced through this.

OBJECTIVES:
1. The learner understands the concept of the locus of control and its impacts in an individual’s life.
2. The learner recognises merits of internal LOC and demerits of external LOC.
3. The learner examines his or her own life in the light of LOC.
4. The learner applies the principles of becoming an internal LOC.

TEACHING STRATEGIES: LOC test, Class discussion, Power point presentation.

TEACHING POINTS:
- Locus of Control refers to the extent to which individuals believe that they can control events that affect them.
- LOC is considered to be an important aspect of personality.
- The connected concepts are: self-agency, determination, self-confidence, self-efficacy, self-control, self-esteem
- Two sorts of LOC – INTERNAL LOC and EXTERNAL LOC
- Individuals with a high internal locus of control believe that events in their life result primarily from their own behaviours and actions.
- Individuals with a high external locus of control believe that powerful others, fate or chance primarily determine events in their life.
- Benefits of adequate level of internal LOC.

ASSIGNMENTS: The learners are asked to identify the qualities connected to Internal and External LOC.

EVALUATION: The instructor directs the learners to make pattern of Internal LOC and that of External LOC using jigsaw blocks.

RESOURCES: Wikipedia; wilderdom.com
PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 6

Module Title: POSITIVE THINKING

Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module endeavours to hone positive thinking skills in participants. The benefits of positive thinking are explained to them. They are motivated to think positive in the face of adversities so that they can feel self-worth and self-confidence. The module imparts the awareness that positive thinking leads to optimism and thus a sense of dedication to determined goals.

OBJECTIVES:

1. The learner understands the concept of positive thinking thoroughly.
2. The learner recognises the benefits of positive thinking in life.
3. The learner comprehends the ways of acquiring positive thinking.
4. The learner identifies the ill-effects of negative thinking.

TEACHING STRATEGIES: discussion, case study, power point presentation

TEACHING POINTS

- Positive thinking is a mental attitude that anticipates happiness, success and favourable outcomes in every situation or action you do.
- The thoughts get registered in your subconscious mind and you start taking action to create favourable change.
- A positive outlook can help you to cope better with stressful situations and can change your life for the better.
- Benefits of positive thinking
- Tips to positive thinking

ASSIGNMENTS: The learners are directed to contrast between the properties of positive thinking and that of negative thinking.

EVALUATION: The instructor asks the learners to classify the features of both positive thinking and negative thinking.

RESOURCES: Handbook of Positive Psychology, CR Snyder & Shane J. Lopez (Ed.), Amazon .com
PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 7
Module Title: PERSONALITY AND PERSONALITY DISORDERS

Mode of Intervention: Group                                                                 Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is meant for the conscientisation of the clients about the basic concept of personality. There are widespread misunderstandings about personality among the public. Personality is confined to the qualities of appearance alone. The essential inner qualities are ignored. The clients are also taught different aspects of personality. Some important personality disorders are explained with case studies.

OBJECTIVES:

1. The client understands the basic concepts of personality.
2. The client recognises the constituent factors of personality.
3. The client understands personality disorders and their symptoms.

The client identifies the characteristics of his/her own personality.

TEACHING STRATEGIES: Case study, group discussion, power point presentation, video clips

TEACHING POINTS

- Personality is made up of the characteristic patterns of the thoughts, feelings and behaviours that make a person unique.
- Some of the fundamental features of personality:
  - Big five factors of personality-OCEAN
  - Assertiveness-aggressiveness-passivity
  - Extraversion- introversion
  - Sanguine-melancholic-choleric-phlegmatic
  - Type A personality and Type B personality
  - Different personality types

ASSIGNMENTS: The learners are paired off and each partner is asked to interview the other to understand his or her personality.

EVALUATION: The instructor asks the clients some pertinent questions on personality disorders.

Module Title: STRESS AND STRESS MANAGEMENT

Mode of Intervention: Group
Time Required: 4 hrs (2 classes of 2 hrs)

DESCRIPTION OF MODULE:

This module provides basic, vital information regarding stress and stress management to the clients. Stress has become a very vicious villain in the present mental as well as physical health scenario. The client will be motivated to identify his or her own health issues which have something to do with stress. The client will also learn how to cope effectively with the negative stress problems.

OBJECTIVES:

1. The client understands the phenomenon called stress.
2. The client recognises the various aspects of stress.
3. The client identifies different physiological and psychological diseases caused by stress.
4. The client applies the ways of stress management to his or her life.

TEACHING STRATEGIES: Power point presentation, case study, Venn diagram, group discussion, interactive talk

TEACHING POINTS:

- Stress is a condition of psychological and physical strain or tension generated by physical, emotional, social, economic or occupational circumstances, events or experiences that are difficult to manage or endure.
- Two types of stress- positive stress or eustress and negative stress or distress
- The kind of stress one experiences when one adopts positively to a challenge is called eustress or positive stress. It leads to satisfaction.
- The kind of stress one experiences when one feels under threat, out of control or stretched beyond one’s limits is called distress or negative stress. It causes unpleasant feelings such as fear, anger and frustration.
- Stressors: major events in life, long term worries and daily hassles
- Forms of stress reaction: autonomic experiences, endocrine changes and psychological responses.
- Stress comes from both the good and the bad things that happen to us.
- Stress becomes a problem when we are not sure how to handle an event or situation.
One’s thinking is important to consider if one thing is a stressor or not. Survival occurs when the organism gets adapted best to the stressors. Man has greater capacity to get adapted to stressors. Great French physiologist, Claude Bernard says consistency in the internal bodily environment is essential to survival. External changes in the environment or external forces that change the internal balance must be reacted to and compensated for if the organism is to survive. Examples such external forces include temperature, oxygen concentration in the air, the expenditure of energy and the presence of predators. Disease were also stressors that threatened the constancy of the internal environment of the body.

The concept of homeostasis was coined by the great neurologist, Walter Cannon. Cannon traced ‘fight or flight’ response to the release of a powerful neurotransmitter-nor-epinephrine (nor-adrenaline) from the adrenal gland.

Hans Selye, later, introduced the term ‘stress’ from physics and engineering. The abnormal stress responses cause various diseases - anxiety disorders, depression, high blood pressure, certain ulcers and other gastro-intestinal diseases, some cancers and even aging itself.

Stress also seems to increase the frequency and severity of migraine headaches, asthma attacks, and blood sugar fluctuations in diabetics.

PTSD (transient or chronic) is caused by overwhelming psychological stress.

Stress has been linked to all the leading causes of death-cardio vascular diseases, cancer, accidents and suicide.

Work place violence has been attributed to stress.

The repetition of the ‘fight or flight’ response, designed originally to allow us to survive occasional real threats, begins to alter our everyday physiology and health.

Chronic stress causes heart diseases. Sudden changes in heart rate and increased demands on the cardio-vascular system can precipitate angina increasing one’s risk for a fatal heart attack. Repetitive increases in blood pressure can damage the inner lining of the artery walls, leading to atherosclerosis.

Prolonged or frequent episodes of stress can gradually worsen high blood pressure, affecting the cardio-vascular system and the arteries that lead to the brain, thus increasing the risk of stroke.
Prolonged exposure to stress can blunt the immune system response, increasing the response for colds and more serious infections.

Chronic stress can cause either a loss in appetite and weight loss or an increase in craving for fat, sugar and salt, which leads to weight gain.

Insomnia, migraines and irritable bowel syndrome (IBS) are also caused by chronic stress.

Stress management steps

ASSIGNMENTS: The learners are asked to make a list of their own stressors.

EVALUATION: The instructor asks some relevant questions on the ill-effects of chronic stress.

HOME WORK: Learners are asked to prepare a list of stressors that their friends face.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 9
Module Title: EMOTIONAL INTELLIGENCE
Mode of Intervention: Group  Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module was conceived and designed with a view to sensitising the client about the basic ideas of emotional intelligence. The client is made familiar with the concept of EQ and its significance in the present phase of human development. The module that focuses on the client’s awareness will be followed by some modules targeting training in EQ. The client is expected to assess his or her own level of emotional intelligence.

OBJECTIVES:
1. The client understands the fundamental ideas of emotional intelligence.
2. The client recognises the significance of EQ in individual and social life.
3. The client identifies the essential aspects of emotional intelligence.
4. The client recognises the contrast between intellectual intelligence and emotional intelligence.

TEACHING STRATEGIES: Brain storming, case study, power point presentation

TEACHING POINTS:

- Emotional Intelligence refers to the array of personal management and social skills that allows one to succeed in the social life and life in general.
- EQ means Emotional Intelligence Quotient. It measures emotional intelligence.
- EQ encompasses intuition, character, integrity, motivation and good communication and relationship skills.
- There should be a balance between emotional intelligence and intellectual intelligence.
- IQ and cognitive skills do not guarantee success in life.
- Emotional intelligence has two dimensions- self and social

ASSIGNMENTS: The learners are directed to identify certain behaviours relating to intellectual intelligence and emotional intelligence.

EVALUATION: The instructor asks some relevant questions regarding areas of emotional intelligence.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 10
Module Title: SELF-AWARENESS

Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module attempts to sensitise the clients on the importance of self-awareness in our personal life. It is based on the fundamental concept-self and other. Self-awareness strengthens a person to meet his or her life confidently. The module describes the way self-awareness is inculcated in the clients using some training strategies. Positive self-concept, self-image and image fixation are the related ideas to be explained.

OBJECTIVES:
1. The client recognises the level of self-awareness they have.
2. The client enhances his or her self-awareness by undergoing a training program for self-awareness improvement.
3. The client applies the energy model of emotions for labelling emotions.

TEACHING STRATEGIES: Information transfer using diagrams. IF Test, JOHARI Window

TEACHING POINTS:
- Self-awareness refers to an awareness of ourselves on our body and our physical reactions; our emotions, preferences and intentions; our goals and values and our knowledge about how we come across to others.
- We can make a conscious choice about how to respond or whether to respond at all only if we are aware of the emotions we are experiencing.
- If we are not aware of what is happening within us, our responses might only be automatic—not guided by reason or by intuition.
- Turning in to our physical self is where self-awareness must begin. The concepts of self-image and image fixation.

ASSIGNMENTS: The learners are asked to respond to the IF test. The test results are explained individually.

EVALUATION: The instructor asks some relevant questions regarding self-awareness.

HOME WORK: Learners are directed to write a journal on the question: What is important to me?

Module Title: SELF-CONFIDENCE

Mode of Intervention: Group

Time Required: 2 hrs

DESCRIPTION OF MODULE:

This is a training module. It aims at enhancing self-confidence of the clients. At the outset, it adds to the awareness of the client. The following training phase persuades the client to be engaged in some activities that may run into many days or weeks. The client is sensitised on the ill-effects of low confidence and over confidence or pseudo-confidence. The obvious signs of confidence problems are also explained.

OBJECTIVES:

1. The client understands the benefits of being confident in his or her life.
2. The client recognises the kinds of confidence problems and their ill-effects on life.
3. The client applies the principles of self-confidence to his or her life by taking part in activities designed for enhancing self-confidence.

TEACHING STRATEGIES: Brainstorming, power point presentation, psychological games.

TEACHING POINTS:

- Self-confidence is a basic belief that we can do what is needed to produce the desired outcome.
- Overcoming barriers and giving ourselves credit for what we have achieved are important ways to build self-confidence.
- Experiencing small successes will build larger ones.
- Low self-confidence and over-confidence or pseudo-confidence are incompatible with EQ.
- Over confidence is arrogance that destructive in nature.
- Difficulty admitting mistakes, an unwillingness to apologise, pushiness and bragging are signs of a confidence problem.

ASSIGNMENTS: Each of the clients is motivated to write a positive script for themselves; Write a personal mission statement for yourself.; Write your strengths and weaknesses

EVALUATION: The therapist asks some relevant questions on the role of self-confidence in order to check the understanding of clients.

HOME WORK: Learners are asked to prepare a positive script and write a personal mission statement.

RESOURCES: Emotional Intelligence: Emily A. Sterrett, Jaico Publishing House, Mumbai
DESCRIPTION OF MODULE

The module imparts the concept of self-control to the clients. It has been designed to sensitise the clients with regard to the benefits of self-control. Emotional intelligence becomes meaningless if its self-control aspect is ignored. Self-control never signifies the denial or neglect of emotional experiences. One has to admit their presence in order to properly regulate and manage it. The core of self-control is emotional control.

OBJECTIVES:

1. The client understands the concept of self-control and its place in emotional intelligence.
2. The client identifies the way one has to follow so that one can be emotionally self-controlled.
3. The client examines his or her own level of emotional self-control.
4. The client recognises the relevance of following self-control measures.

TEACHING STRATEGIES: Power point presentation, interactive talk, and role play.

TEACHING POINTS:

- Self-control is a component of emotional intelligence. It is based on our having a positive self-attitude and enough self-knowledge to make the right decision about what to do with an emotion.
- Lack of self-control causes not controlling our emotions enough and over-controlling our emotions.
- It is normal to feel negative feelings as well as positive feelings.
- Self-control doesn’t mean bottling up feelings, sentiments and vulnerability.
- If we fail to express them and deal with them appropriately, they will return to haunt us in the form of physical complaints, poor health, moodiness and ultimately lack of success in managing or interacting with other people.

ASSIGNMENTS: The learners are asked to practise a role play to present in the class.

EVALUATION: The therapist evaluates each client while they perform their task in the group.

Module Title: ANGER CONTROL

Mode of Intervention: Group

Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module on anger control is a training module. Anger control is part of self-control measures. It is essentially a variable that constitutes emotional intelligence. Anger management requires keenness and motivation in its treatment.

OBJECTIVES:

1. The client understands the damage over-anger brings about.
2. The client identifies the effective ways of anger control.
3. The client applies in his or her life the anger-control measures.

TEACHING STRATEGIES: Mind video, psychological games, power point presentation

TEACHING POINTS:

- Anger can be defined as an emotional state experienced as the impulse to behave in order to protect, defend or attack in response to a threat or a challenge.
- Problematic anger, associated with poor impulse control, is commonly evidenced in domestic violence and other forms of criminal behaviour.
- Anger is influenced by our cognitions, our behaviours and our physiology.
- Thinking errors involve personalising and catastrophising.
- Beliefs include that life should be fair or that one is entitled to take revenge for perceived injustice.
- Behavioural responses to anger include both adaptive and maladaptive responses.
- Physiological response is that triggered in the autonomic nervous system by adrenalin which produces symptoms such as increased heart rate, sweating and flushing to all emotions.
- Aggression, perhaps the most important sequel of anger, can be defined as any form of behaviour directed towards the goal of harming or injuring another living being or object.

ASSIGNMENTS: The learners are asked to list their problems with lack of anger control.

EVALUATION: The instructor asks some relevant questions as regards the different reactions to anger.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 14
Module Title: STRESS MANAGEMENT TRAINING
Mode of Intervention: Group
Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is intended to train the clients in stress management. Stress management skills are essential for maintaining self-control and enriching emotional intelligence. The educational process that is designed at the beginning will address the cognitive domain of the clients. Their willingness and responsibility are to be ascertained.

OBJECTIVES:
1. The client understands the prospect of managing stress.
2. The client recognises the benefits of stress reduction.
3. The client practises the methods of stress management.

TEACHING STRATEGIES: Demonstration, video, power point presentation, discussion

TEACHING POINTS:
- Dealing effectively with stress forms part of self-control.
- Too much stress results in a lowered immune system, chronic diseases, reduced memory and cognitive ability and weakened relationships.
- We can choose to take charge of those things that are under our control.
- We can work to reduce the negative effects and cope better with those situations we can’t control.
- Practising Jacobson Progressive Relaxation Therapy
- Practising abdominal breathing exercise
- Practising Programmed Response
- Guided Imagery

ASSIGNMENTS: The learners are trained in Jacobson Progressive Relaxation Therapy.

EVALUATION: Some questions are asked on the benefits of stress reduction techniques.

DESCRIPTION OF MODULE:

This module introduces the concept of empathy. It is one of the very important six aspects of emotional intelligence. Empathy is required in almost all walks of social life. The possession of that quality makes one popular among colleagues and the public. Its presence changes the situations with its golden touch. The clients are made aware of the relevance and significance of empathy in the humanistic setting of thinking and actions. The clients are also taught how to read social cues effectively.

OBJECTIVES:

1. The client understands the concept of empathy.
2. The client recognises the relevance and importance of empathy in social life.
3. The client practices the principles of empathy in his or her personal life.

TEACHING STRATEGIES: Demonstration, video, power point presentation, role play.

TEACHING POINTS:

- The social awareness or ability to tune in to others and feel what they are feeling is called empathy. It is the ability to understand another person’s feelings by remembering a similar experience from our own life.
- Empathy builds trust. Empathy also comes when we more accurately read non-verbal cues such as posture, facial expression, and tone of voice.
- 90% of a given message is contained in the non-verbal cues while only about 10% of the meaning is contained in words.
- Look for physiological changes which show up in muscles, posture, gestures, voice pitch, volume or word emphasis, the colour of the face or neck, and the breathing rate.
- Rather than focussing inward and rehearsing what we want to say, we should tune in to these cues so we can better understand how we should react.
- When non-verbal cues indicate one thing and the words say something else, believe the non-verbals. Good listening skills are the keys to genuine empathy.

ASSIGNMENTS: The learners are asked to make role play on empathy.

EVALUATION: The instructor asks some relevant questions regarding empathy.

RESOURCES: Emotional Intelligence: Emily A. Sterrett, Jaico Publishing House, Mumbai, 2006
PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 16
Module Title: MOTIVATION

Mode of Intervention: Group
Time Required: 2 hrs

DESCRIPTION OF MODULE:

The module aims at educating the clients on the role of motivation in life. It focuses on how motivations lead a person to satisfaction and a dynamic life. The related ideas of optimism and creativity are made familiar. The concept namely, purpose-meaning-motivation is introduced. The need pyramid introduced by Abraham Maslow is presented to the clients.

OBJECTIVES:

1. The client understands the concept of motivation.
2. The client recognises the role motivation plays in an individual’s life.
3. The client identifies the ways of maintaining motivation, optimism and creativity.
4. The client applies the principles of motivation in his life.

TEACHING STRATEGIES: Demonstration, video, power point presentation, discussion

TEACHING POINTS:

- Motivation is a synonym for enthusiasm, initiative and persistence. It is the internal energy that moves outward in one direction. It will be very difficult to sustain motivation if we do not attach meaning to what we do.
- Purpose-meaning-motivation-action-satisfaction. Hope or optimism is an important part of emotional intelligence.
- The feeling of hopelessness can lead to depression. We must convince ourselves that mistakes are only permanent if we let them be permanent.
- An emotionally intelligent person looks for the good in the world, in the community and in the work place. Creativity is the capacity to think outside the box.
- Difficulties are opportunities. Out of the difficult times come windows of opportunity.
- The body, mind and emotions regain strength, motivation returns, and we re-enter life with renewed zeal.

ASSIGNMENTS: The participants are shown some objects and pictures, and asked to view them from different angles.

EVALUATION: The instructor asks some relevant questions on motivation, optimism etc.

Module Title: SOCIAL COMPETENCY

Mode of Intervention: Group                                                                 Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module teaches the clients the ways of becoming socially competent. It also imparts knowledge about the levels of relationships. The module tries to inculcate in the client the cognitive as well as emotional maturity with regard to social relationships.

OBJECTIVES:

1. The client understands the importance of social skills in personal and social life.
2. The client identifies the ways through which he or she can become socially competent.
3. The client applies the principles of social competency in his or her life situations.

TEACHING STRATEGIES: Class discussion, case study, presentation, interactive talk

TEACHING POINTS:

- Social competency refers to the sum total of the social skills one has to make social relationships and interactions possible.
- ‘The rules’ of social interactions
  - Acknowledge others
  - Initiate conversation
  - Keep conversation going
  - Pace and Backtrack
  - Enter a conversation correctly
  - Reciprocity (Relationships that are not on similar intensity levels cannot survive.)
  - Understand personal space
  - Take turns in a conversation
  - When in doubt, don’t say it.
- Suggestions for developing deeper relationships

EVALUATION: The instructor asks some relevant questions regarding the mental health concepts taught to them.

Module Title: COMMUNICATION SKILL

Mode of Intervention: Group 
Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module explains various aspects of communication process and its significance in personality development. The client will be provided an opportunity to assess his or her own communication characteristics. The module explains how one can improve one’s style of communication.

OBJECTIVES:

1. The client understands what communication is.
2. The client recognises various aspects of communication process.
3. The client comprehends how to improve his or her own communication style.

TEACHING STRATEGIES: Role play, video, power point presentation, discussion.

TEACHING POINTS:

- Communication is exchange of information, message or meaning between individuals and groups.
- Interpersonal communication
- Group communication
- Mass communication
- Verbal communication
- Non-verbal communication- body language and sign language
- Body language includes Facial expression; Gaze; Gestures; Postures; Bodily contacts; Spatial behaviour; Clothes and appearances; and Smell
- Inter personal communication
- Barriers of communication
- 4 Life positions
- 3 Ego states
- Types of transactions

EVALUATION: The therapist assesses the learners’ understanding by asking some questions on communication process and TA.

RESOURCES: Emotinal Inteligence: Emily A. Sterrett, Jaico Publishing House, Mumbai.2006
Module Title: PROBLEM SOLVING SKILL

Mode of Intervention: Group                                                                 Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module concentrates on problem solving skill, which forms part of the 10 life skills proposed by WHO. The module explains the ways of acquiring this skill. It also gives an insight how this skill helps an individual to be successful in life.

OBJECTIVES:

1. The client understands the importance of problem solving skills in life.
2. The client identifies the ways of problem solving.
3. The client recognises his or her own need for improving problem solving skill.

TEACHING STRATEGIES: Question-answer session, presentation, paper-pencil test

TEACHING POINTS:

- The productive work involved in the evaluation of the situation and the strategy worked out to reach one’s set goals is collectively termed problem solving.
- An innovated approach in finding steps in problem solving
  - Problem awareness
  - Problem understanding
  - Collection of the relevant information
  - Formulation of hypotheses or hunch for possible solutions
  - Selection of the correct solution
  - Verification of the concluded solution or hypothesis
- Factors affecting problem solving: Factors inherent in the nature of the problem; Factors associated with the problem solver.
- Useful strategies for effective problem solving: Algorithms and Heuristics; Sub-goal analysis; Means-end analysis; Working backward; and Using an analogy

ASSIGNMENTS: The learners are given many problematic situations and asked to find solution using the strategies familiarised.

EVALUATION: The instructor presents some real life problems to the clients and asks them to suggest the ways to solve them effectively.
Module Title: ANTI-SOCIAL PERSONALITY DISORDER

Mode of Intervention: Group  
Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is meant for sensitising the clients individually who have developed anti-social personality problems. It tries to restructure the cognitive domain of the client providing vital information about the anti-social personality disorder.

OBJECTIVES:

1. The client understands the characteristics of anti-social personality.
2. The client identifies anti-social personality features in his or her own personality.
3. The client comprehends the ways to restructure his or her own personality.

TEACHING STRATEGIES: Case study, video, power point presentation, discussion

TEACHING POINTS:

- The essential feature of ASPD is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.
- Diagnostic criteria for ASPD (any three or more of the following)
  - Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest.
  - Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure. Impulsivity or failure to plan ahead. Irritability and aggressiveness, as indicated by repeated physical fights or assaults. Reckless disregard for safety of self or others. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations.
  - Lack of remorse, as indicated by being indifferent to or rationalising having hurt, mistreated, or stolen from another. ASSIGNMENTS: The therapist asks the client to explain certain criminal behaviours indicative of ASPD.

EVALUATION: The therapist asks some relevant questions on ASPD.

Module Title: BORDERLINE PERSONALITY DISORDER

DESCRIPTION OF MODULE:

The module is intended to divulge ideas on borderline personality disorder. Based on the DSM IV, the module presents the diagnostic criteria for borderline personality problems. The client is expected to think of his or her own personality features and take cognizance of the problematic aspects that go with borderline personality.

OBJECTIVES:

1. The client understands the determining aspects of borderline personality.
2. The client recognises the diagnosing criteria for BPD.
3. The client identifies the features of his or her own personality that go with BPD

TEACHING METHODOLOGY/STRATEGIES: Case study, power point presentation.

TEACHING POINTS:

- The essential feature of BPD is a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.
  1. Frantic efforts to avoid real or imagined abandonment.
  2. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealization and devaluation.
  3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
  4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
  5. Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour
  6. Affective instability due to a marked reactivity of mood
  7. Chronic feelings of emptiness
  8. Inappropriate, intense anger or difficulty controlling anger
  9. Transient, stress-related paranoid ideation or severe dissociative symptoms

ASSIGNMENTS: The learner is asked to identify BPD from the clues given.

EVALUATION: Some relevant questions are asked on the characteristics of BPD.

Module Title: CRIMINAL LIFE STYLE

Mode of Intervention: Group                                                                  Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module delineates the behavioural patterns and thinking errors connected to criminal life style. It tries to explain how most of the clients happened to be in incarceration. The module motivates the clients to get rid of such thinking errors to lead a meaningful and productive life.

OBJECTIVES:

1. The client understands the concept of criminal life style and thinking errors.
2. The client interprets his or her own life crisis in the form of imprisonment on the basis of thinking errors.
3. The client identifies the need to change his or her own behaviour patterns.

TEACHING STRATEGIES: Case study, power point presentation, discussion

TEACHING POINTS:

- Features of a criminal life style can be seen among the prison inmates.
- Criminal life style has close connection with anti-social behaviour pattern.
- This life style is characterised by four behavioural patterns: Irresponsibility: social, moral and legal obligations are ignored or forgotten. Self-indulgence: a lack of restraint in the pursuit of immediate gratification, with little apparent concern for the negative long-term consequences of these actions. Inter personal intrusiveness: callously encroaching on the rights, feelings and private life of others. Social rule breaking: a blatant disregard for the laws and norms of society.
- There are 8 thinking styles that maintain the 4 behavioural patterns. Every person has the potential to embrace a criminal life style with its promise of unlimited wealth, power, and immediate gratification.
- Some people are at greater risk for initial involvement in the criminal life style because the presence of certain dispositional and situational factors.

ASSIGNMENTS: The learners are asked to identify the behaviour patterns and thinking errors connected to criminal life style.

EVALUATION: The instructor asks some relevant questions regarding criminal life style and its consequences.

Module Title: NARCISSISTIC PERSONALITY DISORDER

Mode of Intervention: Group

Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module explains the characteristic features of Narcissistic Personality Disorder. The client is sensitised to assess his own personality in the light of the explanation of NPD. The module motivates the client to think of ways to get rid of the features of personality that are compatible with NPD.

OBJECTIVES:

1. The client understands the salient features of NPD.
2. The client assesses his or her own personality in the light of the criteria explained.
3. The client identifies the need for redeeming himself from personality problems.

TEACHING STRATEGIES: Case study, power point presentation, discussion

TEACHING POINTS:

- The essential feature of Narcissistic Personality Disorder is a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins by early childhood and is present in a variety of contexts.
  - Has a grandiose sense of self-importance and is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
  - Requires excessive admiration
  - Has a sense of entitlement, i.e., unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations
  - Is inter personally exploitative, i.e., takes advantage of others to achieve his or her own ends
  - Lacks empathy, is unwilling to recognise or identify with the feelings and needs of others
  - Is often envious of others or believes that others are envious of him or her
  - Shows arrogant, haughty behaviours or attitudes

ASSIGNMENTS: Make patterns of mental well-being and ill-being using jigsaw blocks.

EVALUATION: The instructor asks some relevant questions on health concepts

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 24

Module Title: PARANOID PERSONALITY DISORDER

Mode of Intervention: Group
Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module teaches the essential features of paranoid personality disorder. The client is sensitised to identify his or her own personality traits and assess whether he or she has any of these PPD traits. The module motivates the client to identify the needs for an emancipation from PPD traits in order to lead a life of worth and satisfaction.

OBJECTIVES:

1. The client understands the characteristic features of paranoid personality disorder.
2. The client examines his or her own personality traits in the light of knowledge of PPD.
3. The client identifies the need for an elimination of PPD traits.

TEACHING STRATEGIES: Case study, power point presentation, discussion

TEACHING POINTS:

- The essential feature of PPD is a pattern of pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent. This pattern begins by early adulthood and is present in a variety of contexts.
  - suspects, without sufficient basis, that others are exploiting, harming or deceiving.
  - Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
  - Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
  - Reads hidden demeaning or threatening meanings into benign remarks or events
  - Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights
  - Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counter attack
  - Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

ASSIGNMENTS: The learners are asked to identify the characteristic features of PPD.

EVALUATION: The instructor asks some relevant questions on PPD for the evaluation.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 25
Module Title: HISTRIONIC PERSONALITY DISORDER

Mode of Intervention: Group  Time Required: 2 hrs

DESCRIPTION OF MODULE:
This module imparts the characteristic features of histrionic personality disorder. The client is sensitised about HPD in order to make him or her able to assess own personality for the traits of HPD. The module tries to motivates the client for the need to develop a personality devoid of negative traits.

OBJECTIVES:
1. The client understands the characteristic features of histrionic personality disorder.
2. The client examines his or her own personality traits for HPD.
3. The client identifies the need for developing a personality free from HPD.

TEACHING STRATEGIES: Case study, power point presentation, discussion

TEACHING POINTS:
- The essential feature of Histrionic Personality Disorder is pervasive and excessive emotionality and attention-seeking behaviour. This pattern begins by early adulthood and is present in a variety of contexts.
  - Is uncomfortable in situations in which he or she is not the centre of attention
  - Interaction with others is often characterised by inappropriate sexually seductive or provocative behaviour
  - Displays rapidly shifting and shallow expression of emotions
  - Consistently uses physical appearances to draw attention to self
  - Has a style of speech that is excessively impressionistic and lacking in detail
  - Shows self-dramatization, theatricality, and exaggerated expression of emotion
  - Is suggestible, i.e., easily influenced by others or circumstances.
  - Considers relationship to be more intimate than they actually are.

ASSIGNMENTS: The learner is asked to identify HPD from various clues given.
EVALUATION: The instructor asks some relevant questions on HPD characteristics.
Module Title: INTERMITTENT EXPLOSIVE DISORDER

Description of Module:

This module is intended for making the client aware of the features of Intermittent Explosive Disorder. It tries to explain how the lack of impulse control makes a behaviour pattern problematic. The client is also motivated to develop a behavioural pattern free from impulsivity.

Objectives:

1. The client understands the main features of intermittent explosive disorder.
2. The client examines whether he or she has the morbid behaviour pattern of IED.
3. The client identifies the need for the elimination of impulsivity from the behaviour.

Teaching Strategies: Case study, power point presentation, discussion

Teaching Points:

- The essential feature of Intermittent Explosive Disorder is the occurrence of discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
- Examples of serious assaultive acts include striking or otherwise hurting another person or verbally threatening to physically assault another individual.
  - Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
  - The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.
  - The aggressive episodes are not better accounted for by another mental disorder and are not due to the direct physiological effects of a substance or a general medical condition.

Assignments: The learner is asked to identify IED features from a list given.

Evaluation: The instructor asks some relevant questions regarding the mental health.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 27

Module Title: GENERALIZED ANXIETY DISORDER

Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is meant for making the client aware of the generalized anxiety disorder. It will sensitise the client about important features of GAD in order to assess own behaviour for it. The module motivates the client to take up strategies for getting freed from GAD.

OBJECTIVES:

1. The client understands the main features of generalised anxiety disorder.
2. The client assesses his or her own mental health on the basis of GAD features.
3. The client identifies the need for an elimination of elements of GAD from his affective domain.

TEACHING METHODOLOGY/STRATEGIES: Case study, power point presentation.

TEACHING POINTS:

- The essential feature of Generalized Anxiety Disorder is excessive anxiety and worry occurring more days than not for a period of at least 6 months, about a number of events or activities.
- The diagnostic criteria for GAD are the following as per DSM IV
  - Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities. The person finds it difficult to control the worry. The anxiety and worry are associated with three (or more) of the following six symptoms.
    - Restlessness or feeling keyed up or on edge
    - Being easily fatigued
    - Difficulty concentrating or mind going blank
    - Irritability
    - Muscle tension
    - Sleep disturbance

ASSIGNMENTS: The learners are asked to recognise the essential symptoms of GAD.

EVALUATION: The instructor asks some relevant questions with regard to GAD.

Module Title: CANNABIS DEPENDENCE, ABUSE AND INTOXICATION

Mode of Intervention: Group

Module Title: CANNABIS DEPENDENCE, ABUSE AND INTOXICATION

DESCRIPTION OF MODULE:

This module is meant for making the client aware of the ill effects of cannabis intoxication. The client will be given proper information on what are the consequences of cannabis abuse. The therapist will explain the content of the module prepared on the criteria developed by DSM IV-TR.

OBJECTIVES:

1. The learner understands the ill effects of cannabis abuse.
2. The learner identifies the symptoms related to cannabis abuse, dependence and withdrawal.
3. The learner comprehends that cannabis will destroy the very existence of his mental well-being.

TEACHING STRATEGIES: Brain storming, video, power point presentation, discussion

TEACHING POINTS:

- Cannabis dependence and cannabis abuse can be explained using the general ideas presented in the case of substance dependence and substance abuse respectively.
- Individuals with cannabis dependence may use very potent cannabis throughout the day over a period of months or years, and they may spend several hours a day acquiring and using the substance. This often interferes with family, school, work, or recreational activities.
- Individuals with cannabis dependence may also persist in their use despite knowledge of physical problems or psychological problems. When psychological or physical problems are associated with cannabis in the context of compulsive use, a diagnosis of cannabis dependence rather than cannabis abuse should be considered.

ASSIGNMENTS: The learners are asked to identify the problems of cannabis abuse from a chart.

EVALUATION: The instructor asks some relevant questions regarding cannabis abuse and withdrawal.

Module Title: NICOTINE DEPENDENCE AND WITHDRAWAL

Mode of Intervention: Group
Time Required: 2 hrs

DESCRIPTION OF MODULE:

The module draws attention of the learners to the dire health issues caused by nicotine in our society. It endeavours to sensitize them about the symptoms of nicotine dependence and withdrawal. The different and various areas of nicotine attack are explained.

OBJECTIVES:

1. The client understands the ill effects of nicotine on health and life.
2. The client recognizes the benefits of abstinence from nicotine abuse.
3. The client infers the quality of life free from nicotine influence.

TEACHING STRATEGIES: Brain storming, video, power point presentation, discussion

TEACHING POINTS:

- Nicotine dependence and withdrawal can develop with use of all forms of tobacco and with prescription medications.
- The relative ability of these products to produce dependence or to induce withdrawal is associated with the rapidity characteristic of the route of administration and the nicotine content of the product.
- Tolerance to nicotine is manifested by a more intense effect of nicotine the first time it is used during the day and the absence of nausea and dizziness with repeated intake, despite regular use of substantial amount of nicotine.
- Cessation of nicotine use produces a well-defined withdrawal syndrome.
- Many individuals who use nicotine take nicotine to relieve or to avoid withdrawal symptoms when wake up in the morning or after being in a situation where use is restricted.
- Individuals who smoke and other individuals who use nicotine are likely to find that they use up their supply of cigarettes or other nicotine-containing products faster than originally intended.
- Spending a great deal of time in using the substance is best exemplified by chain smoking.

ASSIGNMENTS: The learners are asked to make a list of health issues caused by nicotine.

EVALUATION: Questions are asked on mental health issues related to nicotine dependence.

PSYCHO EDUCATIONAL THERAPY FOR CONVICTS: MODULE 30
Module Title: ALCOHOL DEPENDENCE, ABUSE, INTOXICATION AND WITHDRAWAL

Mode of Intervention: Group                                                                 Time Required: 2 hrs

DESCRIPTION OF MODULE:
Alcohol abuse and related issues have become a very serious health problem in the contemporary society. The present module tries to sensitise the clients about the symptoms and dire consequences of alcohol abuse, dependence, intoxication and withdrawal. It also explains the physical and mental health problems involved in it.

OBJECTIVES:
1. The client understands the symptoms and consequences of alcohol abuse, intoxication, dependence and withdrawal.
2. The client recognises the benefits of an alcohol-free life.
3. The client gets motivated to abstain from alcohol abuse.

TEACHING STRATEGIES: Brain storming video, power point presentation, discussion

TEACHING POINTS:
- In most cultures, alcohol is the most frequently used brain depressant and a cause of considerable morbidity and mortality.
- Physiological dependence on alcohol is indicated by evidence of tolerance or symptoms of withdrawal.
- Individuals with alcohol dependence may continue to consume alcohol, despite adverse consequences, often to avoid or to relieve the symptoms of withdrawal.
- Once a pattern of compulsive use develops, individuals with dependence may devote substantial periods of time to obtaining and consuming alcoholic beverages. These individuals often continue to use alcohol despite evidence of adverse psychological or physical consequences (e.g., depression, blackouts, liver disease, or other sequelae).
- Alcohol abuse requires fewer symptoms and thus, may be less severe than dependence and is only diagnosed once the absence of dependence has been established.

ASSIGNMENTS: The learners are asked to make a list of health issues caused by alcohol consumption.

EVALUATION: Questions are asked on the consequences of alcohol abuse and intoxication.

Module Title: MAJOR DEPRESSIVE EPISODE
Mode of Intervention: Group Time Required: 2 hrs

DESCRIPTION OF MODULE:

The module describes the mental health problem called Major Depressive Episode. The client is expected to be well-informed about the features of this disorder. The module underscores the principle that cognitive equipment will prepare a safeguard measure against the disorder.

OBJECTIVES:

1. The client understands the symptoms of major depressive episode.
2. The client recognises the means to save himself from falling into the trap of the disorder.
3. The client equips himself with the practices that help him maintain mental health.

TEACHING STRATEGIES: Power point presentation, discussion

TEACHING POINTS:

- 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., tearful). Note: In children and adolescents, can be irritable mood.
- 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
- 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
- 4. Insomnia or hypersomnia nearly every day
- 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- 6. Fatigue or loss of energy nearly every day
- 7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day

EVALUATION: The instructor asks some questions with regard to major depressive episode.

Module Title: SOCIAL PHOBIA

Mode of Intervention: Group

Time Required: 2 hrs

DESCRIPTION OF MODULE:

The module describes social phobia and its ill effects in one’s day to day life. The disorder is a neurotic problem which can be successfully addressed through cognitive behavioural approach. The module tries to make the client wary of the symptoms and consequences of the disorder.

OBJECTIVES:

1. The client understands the symptoms and nature of social phobia.
2. The client recognises the ill effects and deficits caused by the disorder.
3. The client comprehends the clinically viable way of redeeming himself from the disorder.

TEACHING STRATEGIES: Role play, power point presentation, discussion

TEACHING POINTS:

- A. A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- B. Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed panic attack.
- C. The person recognizes that the fear is excessive or unreasonable.
- D. The feared social or performance situations are avoided or else are endured with intense anxiety or distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation (s) interferes significantly with the person’s normal routine, occupational (academic), or social activities or relationships, or there is marked distress about having the phobia.

ASSIGNMENTS: The learners are asked to internalise the main features of social phobia.

EVALUATION: The instructor asks the learner to present himself in front of the class on various tasks.

Module Title: OBSESSIVE- COMPULSIVE DISORDER

Mode of Intervention: Group

Time Required: 2 hrs

DESCRIPTION OF MODULE:

This module is meant for providing the client with information regarding OCD. It explains the essential features of OCD. The client can be thus wary of the symptoms of the disorder and can identify it whenever he confronts it in other persons. It will also make him sensible about the mental process underlying the disorder. This will enable him to be conscious of the well-being of mental ill-health.

OBJECTIVES:

1. The client understands the mental disorder called OCD.
2. The client recognises the symptoms of OCD.
3. The client comprehends the way one should take to be mentally healthy.

TEACHING STRATEGIES: Power point presentation, discussion

TEACHING POINTS:

(1) Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress

(2) The thoughts, impulses, or images are not simply excessive worries about real life problems

(3) The person attempts to ignore or suppress such thoughts, impulses or images or to neutralize them with some other thought or action

(4) The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

(5) Repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly

(6) The behaviour or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviours or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

EVALUATION: The instructor asks some relevant questions regarding OCD.

RESOURCES: DSM-IV-TR, APA, JAYPEE, New Delhi 2000
Module Title: POSTTRAUMATIC STRESS DISORDER

Description of Module:

The module explains the mental disorder PTSD in terms of its symptoms. It is meant to provide the client the basic information about the disorder. The client will be made aware of the symptoms and the effects of the psychological intervention to solve it. The module also tries to sensitise the client about the curability of the mental disorder.

Objectives:

1. The client understands the extent of distress PTSD causes.
2. The client identifies the symptoms of PTSD.
3. The client uses the knowledge of PTSD to safeguard himself against the onset of it.

Teaching Strategies: Power point presentation, discussion

Teaching Points:

- A. The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
  2. The person’s response involved intense fear, helplessness, or horror.
- B. The traumatic event is persistently re-experienced in one of the following ways:
  1. Recurrent and intrusive distressing recollections of the event, including images, thoughts and perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
  2. Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
  3. Acting or feeling as if the traumatic event were recurring.
  4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Assignments: The learners are asked to describe the main features of PTSD.

Evaluation: The instructor asks some relevant questions regarding PTSD.

Resources: 1. DSM-IV-TR, APA, JAYPEE, New Delhi 2000
Module Title: SOMATIZATION DISORDER

Mode of Intervention: Group
Time Required: 2 hrs

DESCRIPTION OF MODULE:

The module attempts at explaining the somatisation disorder. The disorder and the distress it causes create much mental health problems among people. Most of the individuals having this disorder do not understand the underlying emotional and cognitive derailment. The module is hoped to impart the basic information regarding the somatization disorder.

OBJECTIVES:

1. The client understands the features of somatization disorder and its underlying facts.
2. The client recognises the symptoms of somatization disorder.
3. The client uses the knowledge for strengthening his insight towards mental health.

TEACHING STRATEGIES: Power point presentation, discussion

TEACHING POINTS:

- A history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment in social, occupational, or other important areas of functioning.
- Each of the following criteria must have been met.

  1. Four pain symptoms: a history of pain related to at least four different sites or functions (e.g., head, abdomen, back, joints, extremities, chest, rectum, during menstruation, during sexual intercourse, or during urination)
  2. Two gastrointestinal symptoms: a history of at least two gastrointestinal symptoms other than pain. One sexual symptom: a history of at least one sexual or reproductive symptom other than pain.
  3. One pseudo neurological symptom: a history of at least one symptom or deficit suggesting a neurological condition not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphony, urinary retention, hallucination, loss of touch or pain sensation, double vision, blindness, deafness, seizures; dissociative symptoms such as amnesia; or loss of consciousness other than fainting)

EVALUATION: The instructor asks some questions regarding the symptoms of the disorder.
APPENDIX F

Government Permission Order for the Prison Intervention

Sect. 37. 3/41/2009/2 Lakh. GPM. © Govt. of Kerala.

GOVERNMENT OF KERALA

95056/B1/2010/Home

From
Additional Chief Secretary to Government.

To
Sri Mohan M
Rodintekizhakkeputhenveedu
Edackadu, Kollam

Sir:

Sub: Home Department-Prisons-Request for permission to conduct research work -

Reg

Ref:- Request dated 26/11/2010 of Mohan, PhD student in Psychology,
Bharathiar University, Coimbatore.

With reference to the letter cited, I am to inform you that permission is
granted to conduct research work at the Central Prison, Thiruvananthapuram for a period of six
months, subject to the following conditions:

1. The data so collected will be kept confidential and it will be used only for academic purpose.

2. The applicant will submit a copy of the questionnaire to the Superintendent of the jail
concerned, for approval, before the data collection is done.

3. The applicant cannot collect data from more than 20 inmates and their names and convict
numbers will not be recorded.

4. The applicant will submit a copy of the thesis to Addl Director General of Police (Prisons)
for reference.

5. The interview of the prisoners will be with their consent only

Yours faithfully,

N.Pushkaran
Deputy Secretary

For Additional Chief Secretary to Government.

Approved for issue

Section Officer.