## KOTHARI INTERNATIONAL SCHOOL, NOIDA

## ANNUAL ACADEMIC PLAN

SUBJECT: PSYCHOLOGY SESSION: 2023-24 GRADE: A LEVEL

NAME OF THE TEACHER: Ms VANYA CHADHA

| MONTH              | TOPIC                            | CONCEPT                                   | LEARNING<br>OBJECTIVES   |
|--------------------|----------------------------------|---|--|
| MARCH (16<br>DAYS) | PSYCHOLOGY<br>AND<br>ABNORMALITY | SCHIZOPHRENIC<br>& PSYCHOTIC<br>DISORDERS | - To gain an understanding towards the objectives and notions in abnormal psychology   |
|                    |                                  |   | Characteristics<br>Of Schizophrenia<br>Spectrum And<br>Psychotic Disorders   |
|                    |                                  |   | -To depict and explain the various aspects of the definitions, examples and case studies of schizophrenia and psychotic disorders. |
|                    |                                  |   | -To explain schizophrenia and<br>delusional disorder   |
|                    |                                  |   | -To describe and assess symptom assessment using virtual reality by Freeman (2008).  |
|                    |                                  |   | Explanations Of<br>Schizophrenia And Delusional<br>Disorder  |
|                    |                                  |   | -To describe the genetic causes of<br>schizophrenia with the help of<br>research evidence by Gottesman<br>and Shields (1972).      |
|                    |                                  |   | -To elucidate the biochemical causes using dopamine hypothesis.  |
|                    |                                  |   | -To explain the cognitive causes of<br>schizophrenia using the study by<br>Frith (1992)  |
|                    |                                  |   |  |

|                 |                                  |                               | Treatment and Management Of Schizophrenia And Delusional Disorder  — To depict biochemical (antipsychotics and atypical antipsychotics) treatment.  — To elucidate the use of electro- convulsive therapy for treating schizophrenia.  — To explain token economy (Paul and Lentz, 1977) as a treatment.  — To describe cognitive- behavioural therapy (Sensky, 2000) as a way of treating and managing the symptoms of schizophrenia.  |
|-----------------|----------------------------------|-------------------------------|---|
| APRIL (15 days) | PSYCHOLOGY<br>AND<br>ABNORMALITY | BIPOLAR AND RELATED DISORDERS | Characteristics Of Bipolar And Related Disorders  — To explain the definitions and characteristics of abnormal affect.  — To elucidate the types: depression (unipolar) and depression and mania (bipolar).  — To understand the measures: Beck depression inventory.  Explanations Of Depression  — To explain the biological: genetic and neurochemical causes of depression. (Oruc et al., 1997).  — To elucidate the cognitive causes of depression (Beck, 1979).  — To describe learned helplessness/attributional style (Seligman, 1988) and it's role in depression. |

|  |                       | Treatment and management of                                 |
|--|-----------------------|---|
|  |                       | Depression  |
|  |                       | -To depict biological:                                      |
|  |                       | chemical/drugs (MAO, SSRIs)<br>treatment for depression.    |
|  |                       | — To explain electro-convulsive                             |
|  |                       | therapy for depression.                                     |
|  |                       | — To elucidate cognitive                                    |
|  |                       | restructuring (Beck, 1979) for depression.                  |
|  |                       | — To describe rational emotive                              |
|  |                       | behaviour therapy for depression                            |
|  |                       | (Ellis, 1962).  |
|  |                       |   |
|  |                       |   |
|  | IMPULSE<br>CONTROL    | Characteristics of impulse control disorders and non-       |
|  | DISORDERS             | substance addictive<br>Disorder                             |
|  | AND NON-<br>SUBSTANCE |   |
|  | ADDICTIVE<br>DISORDER | -To explain the definitions of impulse by Griffiths, 2005). |
|  | 2 20 0 1 2 2 2 2      | To describe the types of impulse                            |
|  |                       | disorders- kleptomania,<br>pyromania (Burton et al., 2012)  |
|  |                       | and gambling<br>Disorder.                                   |
|  |                       |   |
|  |                       | -To understand the various<br>measures: Kleptomania Symptom |
|  |                       | Assessment Scale (K-SAS).                                   |
|  |                       | Causes Of Impulse Control                                   |
|  |                       | Disorders And Non-Substance<br>Addictive Disorder           |
|  |                       |   |
|  |                       | -To depict the biochemical causes in terms of dopamine.     |
|  |                       | To describe the behavioural                                 |
|  |                       | causes in terms of positive reinforcement                   |
|  |                       | — cognitive: feeling-state theory (Miller, 2010).           |
|  |                       | (Minici, 2010).   |
|  |                       | Treating and managing                                       |
|  |                       | impulse control disorders and non-substance                 |
|  |                       | addictive disorder  |
|  |                       |   |

|               |                                  |                                 | -To elucidate the biochemical treatment for impulse control and non-substance addictive disorders(Grant et al., 2008)  -To explain the cognitive-behavioural: covert sensitisation (Glover, 2011), imaginal desensitisation (Blaszczynski and Nower, 2002), and impulse contro therapy (Miller, 2010)   |
|---------------|----------------------------------|---------------------------------|---|
| MAY (19 days) | PSYCHOLOGY<br>AND<br>ABNORMALITY | ANXIETY DISORDERS               | Characteristics Of Anxiety Disorders  To define the characteristics of generalised anxiety and examples/case studies of phobias  To explain the types: agoraphobia and specific phobias (blood phobia, animal phobia, button phobia)  To understand the measures: the blood injection phobia inventory (BIPI); Generalised Anxiety Disorder assessment (GAD-7)  Explanations of phobias  To explore the behavioural causes (classical conditioning, Watson, 1920)  To explain the psychoanalytic (Freud, 1909)  To elucidate the biomedical/genetic (Ost, 1992)  To understand the cognitive (DiNardo et al., 1988)  Treatment and management of anxiety disorders  To explain systematic desensitisation (Wolpe, 1958).  To focus on applied tension (Ost et al., 1989).  To understand the role of cognitive-behavioural therapy (Ost and Westling, 1995) |
|               |                                  | OBSESSIVE-<br>COMPULSIVE<br>AND |   |

|                 | 1          | DELL VIDEO   | 01 4 14 000                         |
|-----------------|------------|--|-------------------------------------|
|                 |            | RELATED  | Characteristics Of Obsessive-       |
|                 |            | DISORDERS  | Compulsive And Related              |
|                 |            |  | Disorders                           |
|                 |            |  |                                     |
|                 |            |  | -To define the types of and         |
|                 |            |  | common obsessions, common           |
|                 |            |  | compulsions, hoarding disorder      |
|                 |            |  | and body dysmorphic disorder.       |
|                 |            |  | -To explain the examples and        |
|                 |            |  | case studies ('Charles' by          |
|                 |            |  | Rappaport,1989).                    |
|                 |            |  | -To elucidate the measures:         |
|                 |            |  | Maudsley Obsessive-Compulsive       |
|                 |            |  | Inventory                           |
|                 |            |  | (MOCI), Yale-Brown Obsessive-       |
|                 |            |  | Compulsive Scale (Y-BOCS)           |
|                 |            |  | Evalenctions of changing            |
|                 |            |  | Explanations of obsessive-          |
|                 |            |  | compulsive disorder                 |
|                 |            |  | -To depict the biomedical causes    |
|                 |            |  | (genetic, biochemical and           |
|                 |            |  | neurological)                       |
|                 |            |  | -To understand the cognitive and    |
|                 |            |  | behavioural causes of ocd.          |
|                 |            |  | -To explain the psychodynamic       |
|                 |            |  | causes of ocd.                      |
|                 |            |  | Treatment and management of         |
|                 |            |  | obsessive-compulsive and            |
|                 |            |  | related disorders                   |
|                 |            |  | -To understand the biomedical       |
|                 |            |  | treatment (SSRIs).                  |
|                 |            |  | -To acknowledge the                 |
|                 |            |  | psychological: cognitive (Lovell et |
|                 |            |  | al., 2006) and exposure and         |
|                 |            |  | response prevention (Lehmkuhl et    |
|                 |            |  | al., 2008)                          |
|                 |            | PRACTISE OF  |                                     |
|                 | REVISION   | PAST PAPERS  |                                     |
|                 |            |  | -To assist them to enhance their    |
|                 |            |  | conceptual knowledge.               |
|                 |            |  |                                     |
|                 |            |  |                                     |
| <b>JUNE</b>     | SUMMER     |  |                                     |
| (SUMMER         |            |  |                                     |
| VACATION)       | VACATION   |  |                                     |
|                 |            |  |                                     |
|                 |            | THE PATIENT  |                                     |
| <b>JULY (22</b> | DEVCHOLOGY | PRACTITIONER   |                                     |
| DAYS)           | PSYCHOLOGY | RELATIONSHIP   |                                     |
| _~,             | AND HEALTH | THE STATE OF THE S | Practitioner and patient            |
|                 |            |  | interpersonal skills                |
|                 |            |  |                                     |
|                 |            |  |                                     |
|                 |            |  |                                     |

|  | To describe the non-verbal communications (McKinstry and Wang, 1991).  To depict the verbal communications (McKinlay, 1975 Ley, 1988).  Patient and practitioner diagnosis and style  To explain the practitioner style doctor and patient-centred (Byrn and Long, 1976, Savage and Armstrong, 1990).  To depict the role of practitione diagnosis: type I and type II errors.  To understand the disclosure of information (Robinson and West 1992).  Misusing health services  To explain the delay in seeking treatment (Safer, 1979).  To explore the misuse: hypochondriasis (Barlow and Durand, 1995).  To provide knowledge on Munchausen syndrome (Aleem and Ajarim, 1995).  To provide knowledge on Munchausen syndrome (Aleem and Ajarim, 1995).  Types of non-adherence and reasons why patients don't adhere  To depict the types of non-adherence (failure to follow treatment; failure to attend appointment) and problems caused by non-adherence.  To explain why patients don't adhere: rational non-adherence (Bulpitt, 1994). |
|--|--|
|--|--|

| AUGUST (22 DAYS)  PSYCHOLOGY AND HEALTH  PSYCHOLOGY AND HEALTH  Po explain the definitions of pain: acute and chronic organic pain; psychogenic pain (phantom limb pain).  -To elucidate the various theories of pain: specificity theory (Descartes, 1664), gate control theory (Melzack, 1965).  Measuring Pain  -To depict the self-report measures (clinical interview) of assessing pain. |   |      | -To describe the health belief model (Becker and Rosenstock, 1974).  Measuring non-adherence -To explain the subjective: self-reports (Riekart and Droter, 1999)To understand the objective: pill counting (Chung and Naya, 2000)To acknowledge the biochemical tests (Roth and Caron, 1978)To elucidate the repeat prescriptions (Sherman et al., 2000).  Improving adherence -To explore the improve practitioner style (Ley, 1988). |
|--|---|------|--|
| AUGUST (22 DAYS)  PSYCHOLOGY AND HEALTH  Types And Theories Of Pain  -To explain the definitions of pain: acute and chronic organic pain; psychogenic pain (phantom limb pain).  -To elucidate the various theories of pain: specificity theory (Descartes, 1664), gate control theory (Melzack, 1965).  Measuring Pain  -To depict the self-report measures (clinical interview) of           |   |      | 1984; Watt et al.,   |
|  | - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 | PAIN | -To explain the definitions of pain: acute and chronic organic pain; psychogenic pain (phantom limb pain).  -To elucidate the various theories of pain: specificity theory (Descartes, 1664), gate control theory (Melzack, 1965).  Measuring Pain  -To depict the self-report measures (clinical interview) of  |

-To explain the psychometric measures and visual rating scales (McGill pain questionnaire, visual analogue scale). -To elucidate the behavioural/observational measures (UAB pain behavior scale). To describe the pain measures for children (paediatric pain questionnaire, Varni and Thompson, 1976; Wong-Baker scale, 1987). Managing And Controlling Pain -To understand the medical techniques (biochemical) of pain. -To explain the psychological techniques: cognitive strategies (attention diversion, non-pain imagery and cognitive redefinition). -To identify the alternative techniques (acupuncture, stimulation therapy/TENS. **STRESS** Sources Of Stress -To understand the physiology of stress and effects on health: the GAS Model (Selye, 1936). -To explain the causes of stress: work (Chandola et al., 2008), life events (Holmes and Rahe, 1967), personality (Friedman and Rosenman, 1974).

|  |              | Measures of stress   |
|--|--------------|--|
|  |              | -To elucidate physiological                                      |
|  |              | measures: recording devices and                                  |
|  |              | sample tests (Wang   |
|  |              | et al., 2005, Evans and Wener,                                   |
|  |              | 2007)  |
|  |              | -To describe the psychological                                   |
|  |              | measures: self-report  |
|  |              | questionnaires (Holmes and Rahe,                                 |
|  |              | 1967; Friedman and Rosenman,                                     |
|  |              | 1974).   |
|  |              |  |
|  |              |  |
|  |              | Management Of Stress   |
|  |              |  |
|  |              | -To depict the medical techniques                                |
|  |              | (biochemical).   |
|  |              | Tr 1.41  |
|  |              | To understand the psychological                                  |
|  |              | techniques: biofeedback  |
|  |              | (Budzynski et al., 1969) and                                     |
|  |              | imagery (Bridge et al., 1988).                                   |
|  |              | -To explain the ways of preventing                               |
|  |              | stress (Meichenbaum, 1985).                                      |
|  |              | stress (Weichenbaum, 1985).                                      |
|  | HEALTH       |  |
|  | PROMOTION    |  |
|  | 1101/1011011 |  |
|  |              |  |
|  |              | Strataging For Dramating   |
|  |              | Strategies For Promoting   |
|  |              | Health   |
|  |              | To explain the fear arousal (Janis                               |
|  |              | and Feshbach, 1953; Cowpe,                                       |
|  |              | 1989).   |
|  |              | 1707).   |
|  |              | -To understand Yale model of                                     |
|  |              | communication.   |
|  |              |  |
|  |              | –To provide information for                                      |
|  |              | promoting health (Lewin, 1992).                                  |
|  |              |  |
|  |              |  |
|  |              |  |
|  |              | Health promotion in schools,                                     |
|  |              | worksites and communities  |
|  |              |  |
|  |              | -To elucidate the health   |
|  |              | promotion in schools (Tapper et                                  |
|  |              | al., 2003).  |
|  |              | To understand the premation of                                   |
|  |              | -To understand the promotion of health in worksites (Fox et al., |
|  |              | 1987).   |
|  |              |  |
|  |              |  |

|  |  |                         | -To explain health promotion towards communities (five city project, Farquhar et al., 1985).  Individual factors in changing health beliefs  -To explain the notion of unrealistic optimism (Weinstein, 1980).  -To elucidate the transtheoretical model (Prochaska et al., 1997).  -To depict the health change in adolescents (Lau et al., 1990). |
|--|--|-------------------------|---|
| SEPTEMBER (20 DAYS)  MOCK TEST OCTOBER- NOVEMBER SERIES                                | REVISION   | PRACTISE OF PAST PAPERS | -To enable them to revisit the conceptsfor efficient preparationTo enrich the understanding of students in greatdetail.   |
| OCTOBER (19 DAYS)  CAMBRIDGE EXAMINATI ON OCTOBER- NOVEMBER SERIES  NOVEMBER (16 DAYS) | CAMBRIDGE<br>EXAMINATION<br>OCTOBER-<br>NOVEMBER<br>SERIES |                         |   |