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Under section 11(7) of University Act, 2014.

Curriculum Framework

POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY (P.G.D.R.P.)

Norms, Regulations & Course Content

March, 2017

Effective from Academic Session 2018-19
One Year Duration

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29/9/18



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Postgraduate Diploma in Rehabilitation Psychology (PGDRP)

1.0 INTRODUCTION

The aim of the course is to prepare rehabilitation counselors who promote understanding of the situations and needs of people with disabilities and perform a vital role in the personal, vocational and educational adjustment of persons with disability within self-advocacy and community development model. The program is an ideal model for entry into the field of professional rehabilitation counseling and allows for the easiest avenue to registration under CRR.

The training program prepares prospective candidates in a variety of concepts, theories, and techniques to function in numerous settings such as state or private run rehabilitation centers, public and private schools and other organizations serving persons with physical, sensory or cognitive disabilities. The coursework for the program includes: history of the rehabilitation movement and its legislation, models of disability and rehabilitation theory, psychosocial implications of disabling conditions, theoretical understanding of psychological assessment and testing methods, evaluation of the psychosocial problems and counseling, education and vocational needs of clients, case management skills utilizing community resources and multidisciplinary approach. In summary, the successful trainees have the broad base of rehabilitation knowledge to serve people with disabilities and they also have the ability to counsel, support, and deal with their clients from a humanistic and holistic approach.

1.1 Distinguishing Features

Rehabilitation counseling is first level (entry) of a two-level series within rehabilitation psychology services and is distinguished from the second higher level (M. Phil in Rehabilitation Psychology) training program. The later is an independent full-fledged professional training with higher level of competency, responsibility and authority for providing services to clients with disability. The Rehabilitation Counselor cadre shall not be used as an under fill class for existing Rehabilitation Psychologist positions for providing services to clients with disability.

1.2 Typical Tasks

The successful candidates screen and evaluate referrals to determine potential eligibility for services; may make referrals to other resources as appropriate; assess family background, prior work experience and education, disability, and functional limitations; determine needs and coordinate medical and psychological assessments with concerned specialists and/or medical/psychology consultants; advice/refer for aptitude, intelligence and personality tests and provide interpretation of results to clients and their families; determine physical restoration requirements (e.g., surgery, physical therapy, artificial limbs, hearing aids) and training necessary for employability; coordinate needed services with other agencies and organizations; provide psychological, behavioral, career and vocational counseling to clients; develop and implements rehabilitation plans with each client and track progress through successful termination of the case.

2.0 AIM

The aim of the program is to train candidates in basic knowledge and skills necessary for rehabilitation counseling practice. The program includes core counseling courses (e.g. theories of counseling) and rehabilitation-specific coursework (e.g. assessment of persons with physical/sensory/developmental/ cognitive disability). The program allows the trainees to develop expertise in any one areas of rehabilitation counseling (for eg. school counseling) during the one-month extra-institutional placement, which occurs in the third quarter of the course/training.

2.1 Objectives

On completion of the course the trainees are expected to demonstrate:

- 2.1.1 An understanding of basic physical, sensory, developmental and cognitive impairments and effects such impairments have on functional performance.
- 2.1.2 Knowledge of commonly accepted interventions for various impairments and skill in communicating verbally and in writing the decisions made and explaining and answering questions.
- 2.1.3 Skill in interviewing and providing support and empathy to clients with disability and their families.
- 2.1.4 Ability to utilize the principles and practices used in counseling and in the provision of services to rehabilitation clients and facilitate the development of problem solving skills in individuals with disability.
- 2.1.5 Demonstrate an understanding of caregiver and family burden, suggest and/ or undertake interventions drawing on their knowledge and problem solving skills.
- 2.1.6 Ability to develop plans for vocational rehabilitation clients, and counsel, motivate, and inspire clients.
- 2.1.7 Ability to work within specific agency programs, operations, policies, and procedures affecting assigned work, and to coordinate the provision of services to clients with other agencies and organizations.
- 2.1.8 Ability to read and interpret psychometric reports (intelligence, aptitude, personality assessment etc.) provided by rehabilitation/clinical psychologists and explains the implications of findings to clients and their families and carry out the suggested counseling and/or remedial training with the clients (for eg. remedial training/intervention in children with disorders of scholastic skills, and counseling of families and children with behavioral and emotional disorders occurring in the home/school context)
- 2.1.9 Ability to develop and maintain effective working relationships with local employers and community social service agencies, and market clients' skills and abilities to potential employers.

3.0 INSTITUTIONS ELIGIBLE TO CONDUCT THE COURSE

- 3.1 Centers already recognized by the RCI for conducting M. Phil. Rehabilitation Psychology program are eligible to conduct the course. However, such centers need to apply for Council's permission before starting the course.
- 3.2 Institute/center catering to people with following disability are eligible to conduct the program.
- A) Specific developmental disability such as mental retardation, cerebral palsy, autism spectrum disorders, epilepsy or any disabling conditions found to be closely related to development processes, that limits/disrupt life activities such as learning, speech and language, mobility, self-help, and independent living begin anytime during developmental period (up to 18 years of age), and lasting throughout a person's lifetime.
 - B) Locomotor disability-congenital or acquired, including leprosy-cured.
 - C) Sensory impairments such as hearing or vision and both.
 - D) Multiple disabilities.
 - E) Traumatic/burn injuries.
 - F) Postgraduate Department of Psychology at universities having attachment or an MOU with any of the Rehabilitation centers (specified in A to E) to place the trainees for hands-on experience
- 3.3 There shall be at least two regular rehabilitation/clinical psychology faculty members on fulltime basis at the center, one of them with at least 5 years of post-qualification (RCI recognized M.Phil. Rehabilitation Psychology or Clinical Psychology degree) experience.

4.0 REGULATIONS OF THE COURSE

4.1 Number of Seats

Since the course involves hands-on training, the number of candidates registered for the course will depend on the availability of qualified clinical psychology/ rehabilitation psychology faculty working fulltime in the concerned institute and the clinical material available at the center. In order to make the training effective, therefore, the intake of the students shall not exceed the following ratio.

RCI Registered Rehabilitation/Clinical Psychologist working fulltime on regular basis -
Candidate ratio shall be, 1: 5

4.2 Entry requirement

Minimum educational requirement for admission to this course will be

- a. Bachelor's degree (regular mode) with general psychology courses in all the three years, or
- b. Master's degree in any branch of psychology either in regular or distance mode, or
- c. Master's degree in counseling psychology either in regular or distance mode

with a minimum of 55% marks in aggregate. For SC/ST/OBC category, minimum of 50% marks in aggregate is essential. Entry qualification shall be from a UGC recognized university.

4.3 Admission Procedure

A selection committee constituted by the University/ Institute shall make admission on the basis of aggregate percentage of marks, academic achievements and experience, if any, in the field of rehabilitation.

4.4 Duration

4.4.1 This is a fulltime training course with opportunities for appropriate practicum and supervised experiences for one academic year.

4.4.2 The candidates shall be posted at any other specialty center for a period of one-month duration during the third quarter of the training.

4.5 Attendance

4.5.1 Course of training must continuously be pursued and complete all the course requirements within a stipulated period from the date of enrollment.

4.5.2 A minimum attendance of 80% shall be necessary for appearing for qualifying examination.

4.5.3 Fifteen days leave shall be permitted during the entire course period.

4.6 Fee Structure

The prescribed tuition and examination fee as laid down from time to time by the concerned institution shall be paid by the candidates.

4.7 Content of the Course (See section 5.0 for subject wise syllabus.)

Group – A

- Paper I : Disability and Rehabilitation
- Paper II : Psychosocial Issues in Disability
- Paper III : Rehabilitation Assessment and counseling
- Papers IV : Community Based Rehabilitation
- Practical** : Rehabilitation Interventions and viva voce

Group – B

Submission :Five fully worked-out Rehabilitation Counseling Records which include case formulation, problem areas elicited, type and technique/s employed to resolve the problems, and the processes of counseling. Out of five records, two shall be related child cases including one from multiple disabilities.

4.8 Minimum prescribed clinical work during the training.

	By the end I year
1) Assessment & workup of client and/or family	<hr/> 25
2) Counseling of persons and/or family with disability (Out of 25 cases 5 shall be related to children)	25

4.9 Internal Assessment

In each subjects of Group – A, 30% marks shall be determined on the basis of two internal exams (theory and practical), each conducted for 50 marks. The marks so obtained are added to the marks allocated to the respective subjects in the final examinations. The results of the final examinations will be declared on the basis of the total so obtained.

4.10 Examination

- a) Before appearing for the qualifying examination a candidate should have done the minimum prescribed clinical work as outlined in section 4.8. The logbook duly certified by the concerned supervisors shall be submitted at the time of examination for an evaluation of the clinical work done by the board of examiners.
- b) A candidate failing in any of the Group – A subjects has to appear again in all the Group – A subjects.
- c) A candidate failing in Group – B has to resubmit five fully worked-out counseling records.
- d) A candidate shall appear for both Group A and B examinations when appearing for the first time.
- e) All candidates have to complete the course successfully within a period of three years from the year of admission to course, and within three attempts.
- f) The qualifying examination is held twice a year. The dates for supplementary examinations shall be worked out by the concerned universities depending upon the start of the academic year.
- g) The medium of instruction and examination shall be in English.

h) 4.11 Scheme of Examination

Papers Title	Duration	Marks		Total
		Final Examination (Maximum)	Internal Assessment (Maximum)	
Group – A				
Paper I: Disability and Rehabilitation	3 hr.	70	30	100
Paper II: Psychosocial Issues in Disability	3 hr.	70	30	100
Paper III: Rehabilitation Assessment and Counseling	3 hr.	70	30	100
Paper IV: Community Based Rehabilitation	3 hr.	70	30	100
Practical: Rehabilitation Interventions and viva voce		70	30	100

Group – B

Submission of five fully worked-out Counseling record – formulation, type, technique/s and processes of counseling	None		100	100
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4.12 Board of Examination

The University will conduct the examinations having a board consisting of two examiners of which one shall be an external Rehabilitation/Clinical Psychology faculty appointed for this purpose, and the other shall be an internal Rehabilitation/Clinical Psychology faculty. Both internal and external examiners shall evaluate each theory paper and conduct the practical including viva-voce examination.

4.13 Minimum for Pass

No candidate shall be declared to have passed the course unless he/she obtains not less than 50% of the marks in:

- i) Each of the theory paper (Group – A)
- ii) Practical and viva-voce examination (Group – A)
- iii) Submission (Group – B)

5.0 SUBJECT WISE SYLLABUS

The syllabus for each theory paper is as appended below. It is desired that each units of papers be covered with at least 4-hr. of input in the form of didactic lectures, seminars, tutorials/topic discussion as deemed fit depending on content nature of the units. Approximately 80-hr of theory teaching shall be required in the entire course (in all 20 units have been worked out from four theory papers), in addition to opportunities for learning through rehabilitation case management and work-ups.

6.0 CERTIFICATION AS A REGISTERED PROFESSIONAL

It is mandatory as per Section 13 of RCI Act for every teacher of special education to obtain a "Registered Professional Certificate" from the Rehabilitation Council of India to work in field of professional rehabilitation counseling in India. As continuous professional growth is necessary for the renewal of the certificate, the **Rehabilitation Counselors** should undergo in-service programme periodically to update their professional knowledge.

Amendments, if any, to the regulations of the course will be made periodically by the Rehabilitation Council of India. Any deviation from the above regulations should have the prior approval of the Rehabilitation Council of India. The successful students will be registered as **Rehabilitation Counselors (Professional)**. The training institution/organization should ensure that all passed out students are registered with the Council.

Syllabus

Paper – I : Disability and Rehabilitation

Hours: 60 Hours

- Unit I: Introduction – Overview of the profession, history and growth of rehabilitation field, areas of specialization, current issues and trends in different areas of rehabilitation, magnitude and incidence of disability, cost of disability, major national reports and surveys
- Unit II: Concepts and theory – Impairment, disability and handicap, types and causes of impairments, realms of impairments, concept of functional capacity, coping and well-being, quality of life and its functional domains, content areas, methods of assessment, specific and global indicators of quality of life
- Unit III: Disability and Rehabilitation – Models of disability and rehabilitation, enabling–disabling processes, impact of the physical, social and psychological environments on the enabling–disabling processes, effects of disability on participation, psychosocial theories of adjustment, strategies to enhance adjustment, functional limitations and strategies to reduce and accommodate limitations
- Unit IV: Disability through life-cycle – Specific problems pertaining to each stage of life - childhood, adolescence, young adulthood, middle age, and older adulthood, and adapting strategies
- Unit V: Ethics and policy issues – Rehabilitation ethics, rehabilitation policies and Acts(Persons with Disabilities Act, The National Trust Act, Mental Health Care Act, Rehabilitation Council of India Act, UNCRPD), assistance, concessions, social benefits and support from government, and voluntary organizations; contemporary challenges, civil rights and legislation, empowerment issues

References:

Book should be of Latest Edition

Encyclopedia of Disability, Gary L. Albrecht, Vol. 1 – 5, Sage Publications, Chicago, 2006

Encyclopedia of Disability and Rehabilitation, Arthur E. Dell Orto and Robert P. Marinelli (Eds.), MacMillan Reference Books, 1995

Perspectives on Disability and Rehabilitation: Contesting Assumptions, Challenging Practice, Karen Whalley Hammell, Churchill Livingstone, 2006

Status of Disability in India – 2012, Rehabilitation Council of India, New Delhi.

Development and Disability, Lewish, Blackwell Publishers, U.K., 2003

Learning Disabilities: The interaction of students and their environments, Smith, C.R., Allyn and Bacon, Boston, 2004

The handbook of Autism: A guide for parents and professionals, Aarons, M. and Glittens, T., Routledge, New York, 1992

The Persons of Persons with Disabilities Act, Ministry of Social Justice & Empowerment, Government of India, New Delhi, 2016

The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, Government of India, New Delhi, 1999

Yuker, H. E. (Ed). (1988). Attitudes Toward Persons with Disabilities. New York: Springer Publishing Company.

Dell Orto, A. E., & Marinelli, R. P. (Eds.) (1995). Encyclopedia of disability and rehabilitation. NY: Simon & Schuster Macmillan.

Eisenberg, M. G., Glueckauf, R. L., & Zaretsky, H. H. (Eds.) (1999). Medical aspects of disability: A handbook for the rehabilitation professional (2nd ed.). NY: Springer.

Jena, S.P.K.(2013). Learning Disabilities: Theory to Practice, New Delhi. Sage Publication

Sagar, R. (Ed.) (2014). Specific Learning Disorder: Indian Scenario. New Delhi: Department of Science and Technology, Govt. of India

Smart, J. (2012). Disability across the Developmental Life Span: For the rehabilitation counselor. New York: Springer Publishing Company.

Paper II : Psychosocial Issues in Disability

Hours: 60 Hours

- Unit I: Stress and Coping Style – Stress due to disability, threat to life and physical well being, body image, independency, autonomy and control, self-concept, self esteem, life goals and future plan, invisible disabilities, marginalization, Denial, regression, compensation, rationalization, emotional reaction – grief, loss, guilt and fear, coping styles and strategies, stages of adaptation and adjustment, factors impeding adjustment to disability and disabling processes, psychological control
- Unit II: Mental health issues – Psychopathological reactions such as anxiety, depression, adjustment problems, other co-existing mental morbidity, emotional and behavioral disorders in children and adolescents, problems related to marital and sexual life, abuse and exploitation, substance use, interventions for mental illnesses
- Unit III: Family issues – Relationship issues with family, problems of families of disabled adults and children, impact of disability on family, family burden, needs of family and models of family adaptation, intervention to strengthening family support to disabled
- Unit IV: Social issues – Societal attitudes toward disabilities, measurement of attitude and strategies for attitude change, social environment, social participation, social interaction, social network and support, disabling factors, prejudice, stigma, discrimination, marginalization, gender disparity
- Unit V: Vocational issues - Career competency, career development issues, work related stress, economic independence, well-being, assistive devices for activities of daily living, mobility aids, at work place, sensory devices, environment modifications and universal designs, needed support system

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Mary Ann Bruce and Barbara Borg (2001). *Overview - Psychosocial Frames of Reference*, SLACK, Incorporated, 2001

Dunn, D. S. (2000). Social psychological issues in disability. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. Washington, D.C.: American Psychological Association.

Wright, B. A. (1983). *Physical Disability: A Psychosocial Approach*, 2nd ed. New York: Harper and Row.

Backman, M. (1989). *The Psychology of the Physically Ill Patient: A Clinician's Guide*. New York: Plenum Press.

Caplan, B., & Shechter, J. (1987). Denial and depression in disabling illness. In B. Caplan (Ed.) *Rehabilitation Psychology Desk Reference*. Aspen Systems Corp.

Cash, T. & Pruzinsky, T. (2002). *Body Image: A Handbook of Theory, Research, and Clinical Practice*. New York: Guilford Publications.

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Rehabilitation Medicine: Principles and Practice, 3rd Edition. Philadelphia: Lippencott-Raven, 189-212.

Snyder, C. R. (1999). *Coping: The Psychology of What Works*. London: Oxford Press.

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Devy John (1994). *Introduction to Social Psychology*

Ahuja, N. (2011). *A Short Textbook of Psychiatry*. New Delhi: Jaypee Brothers Medical Publishers Pvt. Ltd..

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Goreczny, A. J. (Ed) (1995). *Handbook of Health and Rehabilitation Psychology*. New York: Plenum Press.

Paper III : Rehabilitation Assessment and Counseling

Hours: 60 Hours

- Unit I: Assessment – Need for assessment in counseling, assessment-based model for decision making, planning, and implementing individualized interventions, various instruments used for assessing cognitive, learning, behavioral, and emotional functioning, social and emotional development, assessment of perception of the problems and potential to participate and benefit from interventions, and assessing intervention efficacy
- Unit II: Theory and concepts – Definition and goals of rehabilitation counseling, theories and techniques, counselor role, boundaries of confidentiality, ethical guidelines in counseling activities, concept of dual relationships, professional challenges in counseling and conflict resolutions, models, spiritual, culture and gender issues in counseling
- Unit III: Intervention Approaches – Individual counseling approaches viz. non-directive, existential, humanistic, person-centered, cognitive and behavioral counseling, and behavior modification, techniques of remedial training for scholastic/learning problems
- Unit IV: Specific Interventions – Specific intervention for developing social skills, academic skills, assertiveness, anger management, addressing anxiety/mood disorders, assessing family functioning, its strengths and resources, family counseling, crisis intervention
- Unit V: Vocational counseling – Assessment and components of vocational counseling viz. identifying interests, goals and plans, and counseling during the training and job placement processes, scheme related to skill development

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Carpener B, (2002). Families in Context, Emerging Trends in Family Support and Intervention, David Fulton Publishers Ltd., London.

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Goodheart, C. & Lansing, M. H. (2001). *Treating People with Chronic Disease: A Psychological Guide*. Washington, D.C.: American Psychological Association.

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Rao, N., & Kilgore, K. U. (1992). Predicting return to work in traumatic brain injury using assessment scales. *Archives of Physical Medicine and Rehabilitation*, 73, 911-916.

Rohe, D. E., & Athelstan, G. T. (1982). Vocational interests of persons with spinal cord injury. *Journal of Counseling Psychology*, 29 (3), 283-291.

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Rohe, D. E. & Krause, J. S. (1998). Stability of Interests After Severe Physical Disability: An 11-Year Longitudinal Study. *Journal of Vocational Behavior*, 52, 45-58.

Szymanski, E. M. (2000). Disability and vocational behavior. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. Washington, D.C.: American Psychological Association

Gladding, S. T. (2014). *Counselling: A comprehensive profession*. Pearson Education Inc. (Published by Dorling Kindersley (India) Pvt. Ltd., Noida for India).

Hough, M. (2014). *Counselling Skills and Theory*. Italy: Hodder Education.

Whiston, S. C. (2009). *Principles and Applications of Assessment in Counselling*. CA: Brooks/Cole Cengage Learning.

Paper IV : Community Based Rehabilitation

Hours: 60 Hours

- Unit I: Goals and Objectives – Definition of CBR, Goals and objectives, key principles - equality, social justice, solidarity, integration and dignity
- Unit II: Components – Creation of a positive attitude, provision of rehabilitation services, education and training opportunities, creation of micro and macro income generation opportunities, provision of long term care facilities, prevention of causes of disabilities and monitoring & evaluation
- Unit III: Role of CBR professionals – As local advocates, liaison and continuity of care, continued supervision of home programs, community initiatives to remove barriers that affect exclusion, advocacy
- Unit IV: Initiatives – Social counseling, training in mobility and daily living skills, community awareness raising, facilitating access to loans, vocational training, information for local self-help groups, contacts with different authorities, school enrolment
- Unit V: Empowerment issues – Approaches for empowering - social mobilization, political participation, communication, self help groups and organization working for persons with disabilities

References:

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Helander Einar (1999). Prejudice and Dignity – An Introduction to Community Based Rehabilitation, Second Edition, United Nations Development Program, NY

Community Based Rehabilitation and the health care referral services (1994), World health Organization

Community Based rehabilitation for and with people with disabilities (1994), UNESCO (Special Education), WHO

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David Werner. Disabled Village Children: a guide for community health workers, rehabilitation workers families, The Hesperian Foundation, USA.

Einar Helander, Padmani Mendis and Gunnel Nelson. Training disabled people in the Community — a manual on CBR for developing countries, WHO, Switzerland.

Community Based Rehabilitation —Report of a WHO International Consultation, Colombo, Lanka,

Scheme of assistance to Organizations for disabled persons, Ministry of Social Welfare, Govt. of India, New Delhi.

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Training Manual for Village Rehabilitation Workers, District Rehabilitation Centre Scheme, Ministry of Welfare, Govt. of India published by Wiley Eastern Ltd.

Mrs.Achala Pahwa (Ed.). Manual on Community Based Rehabilitation. Ministry of Social Welfare, Govt. of India.

Pilling, A. (1991). Rehabilitation and Community Care. London: Routledge

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