

GENERAL INSTRUCTION FOR SUBJECT WISE DISTRIBUTION OF WORKS

1. The syllabus for each of the paper is as appended. It is desired that each unit in theory paper be covered with 20 hr. of input in the form of didactic lectures.
2. Total 15 units from three theory papers (5 units per paper) have been worked out (12 units x 16 hr. = 192 hr.).
3. Another 40 hour per paper (total 120 hr. from three theory papers) be dedicated to input in the form of seminar, clinical pedagogy, tutorials and discussion on topic related to each of the theory paper.
4. Each didactic lecture on any of the topic of the syllabus is considered as one hour of theory input. Similarly, each seminar, tutorial/topic discussion or review of research article is considered as two hours of input in the relevant area.
5. Attention shall be given, however, to see that each method of teaching shall not exceed 25% of the required teaching input.
6. The candidates should be provided with abundant opportunities to acquire the necessary skill and competency in each of the following psychological tests. Since psychological assessment forms major part of Diploma level training, extensive exposure in working up of cases and carrying out the assessment shall be ensured.
7. The domains that should be emphasized include but not limited to: Case history method, mental status examinations, arriving at the clinical diagnosis, rationale of psychological testing, observations, response recording, analyze, interpret and communicate the findings to the team members.
8. Specific tests: Tests for attention, memory, intelligence, developmental skills, abstract ability, personality, diagnosis, rating scales, assessing disability, QOL and wellbeing, stress and adaptation (includes standardized vernacular version of tests/scales those used in adult and child conditions).

S. P. PUNE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- I: DISABILITY AND REHABILITATION

Objectives:

Hours: 60 Hours

1. To develop the familiarity with the field of Rehabilitation Psychology mainly with history and growth of the rehabilitation field, types of and current issues and trends involved in rehabilitation.
 2. To understand the concepts and theories of impairment, disability, functional capacity, coping, well-being and quality of life with its domain and content areas.
 3. To orient the students to models of disability and processes of enabling and disabling and make them understand the disability through life cycles.
 4. To develop the clarity of ethics and policy issues involved the rehabilitation and different acts involved in the same.
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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. [12]

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. [12]

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. [12]

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. [12]

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. [12]

Reference books:

Book should be of Latest Edition

1. Aarons, M. and Glittens, T., Routledge (1992). The handbook of Autism: A guide for parents and professionals, New York.
2. Dell Orto, A. E., & Marinelli, R. P. (Eds.) (1995). Encyclopedia of disability and rehabilitation. NY: Simon & Schuster Macmillan.
3. Development and Disability, Lewish, Blackwell Publishers, U.K., 2003
4. Eisenberg, M. G., Glueckauf, R. L., & Zaretsky, H. H. (Eds.) (1999). Medical aspects of disability:
5. A handbook for the rehabilitation professional (2nd ed.). NY: Springer.
6. Gary L. Albrecht (2006). Encyclopedia of Disability, Vol. 1 – 5. Sage Publications, Chicago
7. Jena, S.P.K. (2013). Learning Disabilities: Theory to Practice, New Delhi. Sage Publication, New Delhi.
8. Karen Whalley Hammell, Churchill Livingstone (2006). Perspectives on Disability and Rehabilitation: Contesting Assumptions, Challenging Practice.
9. Rehabilitation Council of India (1012). Status of Disability in India. New Delhi.
10. Sagar, R. (Ed.) (2014). Specific Learning Disorder: Indian Scenario. New Delhi: Department of Science and Technology, Govt. of India
11. Smart, J. (2012). Disability across the Developmental Life Span: For the rehabilitation counselor. New York: Springer Publishing Company.
12. Smith, C.R., Allyn and Bacon, Boston. (2004). Learning Disabilities: The interaction of students and their environments.
13. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, Government of India, New Delhi, 1999.
14. The Persons of Persons with Disabilities Act, Ministry of Social Justice & Empowerment, Government of India, New Delhi, 2016.
15. Yuker, H. E. (Ed). (1988). Attitudes Toward Persons with Disabilities. New York: Springer Publishing Company.

S. P. PUNE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- II: PSYCHOSOCIAL ISSUES IN DISABILITY

Objectives:

Hours: 60 Hours

1. To understand the issues of stress and coping related to physical disability and the use of Défense mechanisms and management of emotions.
 2. To develop familiarity with rehabilitation issues associated with family, society and vocations.
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I: Stress and Coping Style: [12]

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.

II: Mental health issues: [12]

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.

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. [12]

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. [12]

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 [12]

References:

Book should be of Latest Edition

1. Ahuja, N. (2011). *A Short Textbook of Psychiatry*. New Delhi: Jaypee Brothers Medical Publishers Pvt. Ltd.
2. Backman, M. (1989). *The Psychology of the Physically Ill Patient: A Clinician's Guide*. New York: Plenum Press.
3. Caplan, B., & Shechter, J. (1987). Denial and depression in disabling illness. In B. Caplan (Ed.) *Rehabilitation Psychology Desk Reference*. Aspen Systems Corp.
4. Cash, T. & Pruzinsky, T. (2002). *Body Image: A Handbook of Theory, Research, and Clinical Practice*. New York: Guilford Publications.
5. Devy, John (1994). *Introduction to Social Psychology*
6. Dunn, D. S. (2000). Social psychological issues in disability. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. Washington, D.C.: APA.
7. Goreczny, A. J. (Ed) (1995). *Handbook of Health and Rehabilitation Psychology*. New York: Plenum Press.
8. Jahan, M. (2016). *Manasik Rog*. Ahuja Book Company Pvt. Ltd., New Delhi
9. Mary Ann Bruce and Barbara Borg (2001). *Overview - Psychosocial Frames of Reference*, SLACK, Incorporated.
10. *Rehabilitation Medicine: Principles and Practice*, 3rd Edition. Philadelphia: Lippencott-Raven, 189-212.
11. Rohe, D. E. (1998). Psychological aspects of rehabilitation. In J. A. DeLisa & B. Gans (Eds.), Singh, R., Yadava, A. & Sharma, N. R. (Eds) (2005). *Health Psychology*. New Delhi: Global Vision Publishing House.
12. Snyder, C. R. (1999). *Coping: The Psychology of What Works*. London: Oxford Press.
13. Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *J Consult Clin Psychology*, 57, (3), 349-57.
14. Wright, B. A. (1983). *Physical Disability: A Psychosocial Approach*, 2nd ed. Harper and Row: New York.

S. P. PUNE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- III: REHABILITATION ASSESSMENT AND COUNSELLING

Objectives:

Hours: 60 Hours

1. To develop understanding about the assessment needs, and various instruments used for assessing cognitive, behavioural, and emotional functioning.
 2. To understand the rehabilitation counselling, theories, techniques and ethical guidelines in counselling profession.
 3. To develop clarity about the different individual interventions like non-directive, humanistic, existential, cognitive and behavioural and some specific interventions like developing social, communication skills and skills of assertion.
 4. To understand vocational counselling along with interest, goals and plans of counsel.
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I: Assessment:

[12]

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.

II: Theory and concepts:

[12]

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.

III: Intervention Approaches:

[12]

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.

IV: Specific Interventions:

[12]

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.

V: Vocational counseling

[12]

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.

References: Book should be of Latest Edition

1. Ben-Yishay, Y. & Diller, L. (1993). Cognitive remediation in traumatic brain injury: Update and issues. *Archives of Physical Medicine and Rehabilitation*, 74, 204-213, Brooks/Cole Cengage Learning
2. Carpener B, (2002). *Families in Context, Emerging Trends in Family Support and Intervention*, David Fulton Publishers Ltd., London.
3. Corthell, D. S. (Ed.) (1997). *Traumatic Brain Injury and Vocational Rehabilitation*. Menomonie, WI: University of Wisconsin- Stout.
4. Frank, R.G., Elliott, T.R. Washington, D.C.: American Psychological Association. 287-309.
5. Fraser, R. (1991). Vocational evaluation. *Journal of Head Trauma Rehabilitation*, 6, 46-58.
6. Gladding, S. T. (2014). *Counselling: A comprehensive profession*. Pearson Education Inc. (Published by Dorling Kindersley (India) Pvt. Ltd., Noida for India).
7. Goodheart, C. & Lansing, M. H. (2001). *Treating People with Chronic Disease: A Psychological Guide*. Washington, D.C.: American Psychological Association. Guidebook. New York: Plenum Press.
8. Hansen, S. L., Guenther, R., Kerkhoff, T. & Liss, M. (2000). Ethics: historical foundations, basic principles and contemporary issues. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. Washington, D.C: American Psychological Association.
9. Hough, M. (2014). *Counselling Skills and Theory*. Italy: Hodder Education.
10. Kerkhoff, T., Hanson, S., Guenther, R., & Ashkanazi, G. (1997). The foundation and application of ethical principles in rehabilitation psychology. *Rehabilitation Psychology*, 42 (1), 17-30.
11. Meichenbaum, D., & Turk, D. (1987). Facilitating treatment adherence: A practitioner's personality in people with physical disabilities. *Handbook of Rehabilitation Psychology*. (Eds).
12. Radnitz, C. L., Bockian, N., & Moran, A. I. (2000). Assessment of psychopathology and personality in people with physical disabilities. *Handbook of Rehabilitation Psychology*. Eds. Frank, R.G., Elliott, T.R. Washington, D.C.: American Psychological Association.
13. Rao, N., & Kilgore, K. U. (1992). Predicting return to work in traumatic brain injury using *Rehabilitation Psychology*, 30 (3), 131-143.
14. 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.
15. Rohe, D. E., & Athelstan, G. T. (1982). Vocational interests of persons with spinal cord injury. *Journal of Counseling Psychology*, 29 (3), 283-291.
16. Rohe, D. E., & Athelstan, G. T. (1985). Change in vocational interests after disability.
17. Shewchuk, R., & Elliott, T. (2000). Family caregiving in chronic disease and disability. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. Washington, D.C. American Psychological Association.
18. Szymanski, E. M. (2000). Disability and vocational behavior. In R. G. Frank & T. R. Elliott (Eds.), *Handbook of Rehabilitation Psychology*. American Psychological Association: Washington, D.C
19. Whiston, S. C. (2009). *Principles and Applications of Assessment in Counselling*. CA:

S. P. PUNE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- IV: COMMUNITY BASED REHABILITATION

Objectives:

Hours: 60 Hours

1. To develop familiarity with goals, objectives and principles of CBR and different components of rehabilitation like creation of positive attitudes, education and training.
 2. To make students understand the role of CBR professionals and initiatives like social counselling, community awareness raising and guiding local self-help groups.
 3. To orient the students to empowerment issues, social mobilization and political participation.
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I: Goals and Objectives; **[12]**

Definition of CBR, Goals and objectives, key principles - equality, social justice, solidarity, integration and dignity.

II: Components: **[12]**

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.

III: Role of CBR professionals: **[12]**

As local advocates, liaison and continuity of care, continued supervision of home programs, community initiatives to remove barriers that affect exclusion, advocacy.

IV: Initiatives: **[12]**

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

V: Empowerment issues: **[12]**

Approaches for empowering - social mobilization, political participation, communication, self-help groups and organization working for persons with disabilities.

References: Book should be of Latest Edition

1. Achala Pahwa (Ed.). Manual on Community Based Rehabilitation. Ministry of Social Welfare, Govt. of India.
2. Community Based Rehabilitation and the health care referral services (1994), World health Organization.
3. Community Based rehabilitation for and with people with disabilities (1994), UNESCO (Special Education), WHO.
4. Community Based Rehabilitation —Report of a WHO International Consultation, Colombo, Shri Lanka.
5. David Werner. Disabled Village Children: a guide for community health workers, rehabilitation workers families, The Hesperian Foundation, USA.
6. Einar Helander (1984). Rehabilitation for All: a guide to the management of CBR M.C.
7. Einar Helander, Padmini Mendis and Gunnel Nelson. Training disabled people in the Community-- a manual on CBR for developing countries, WHO, Switzerland.
8. Govt. of India Scholarships for the disabled persons: Ministry of Social Welfare, Govt. of India.
9. Helander Einar (1999). Prejudice and Dignity – An Introduction to Community Based Rehabilitation, Second Edition, United Nations Development Program, NY.
10. Jonsson Ture (1994). Inclusive Education – United Nations Development Program.
11. Narasimhan and A.K. Mukherjee. Disability: A Continuing Challenge, Wiley Eastern Ltd., New Delhi.
12. Programs and Concessions for the disabled persons: Ministry of Social Welfare, Govt. of India, New Delhi.
13. Pilling, A. (1991). Rehabilitation and Community Care. London: Routledge
14. Scheme of assistance to Organizations for disabled persons, Ministry of Social Welfare, Govt. of India, New Delhi.
15. Training Manual for Village Rehabilitation Workers, District Rehabilitation Centre Scheme, Ministry of Welfare, Govt. of India published by Wiley Eastern Ltd.

S. P. PUNE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- PRACTICAL: REHABILITATION INTERVENTIONS

Objectives:

Marks: 100

1. To provide opportunities to acquire the necessary skill and competency in psychological assessment.
 2. The administration of psychological tests, interpretation, scoring and report writing.
 3. To develop the skill of understanding scores, analyze, interpret and communicate the findings through case study report format.
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1. GENERAL ABILITY TESTS **(Any Two)**

- a. Binet-Kamat test
- b. Raven's tests of intelligence (all forms)
- c. Bhatia's battery of intelligence tests
- d. Malin's intelligence scale for children
- e. Wechsler adult performance intelligence scale

2. LEARNING DISABILITY TESTS **(Any Two)**

- a. Dyslexia Screening Test
- b. Test of written language
- c. Cognitive Linguistic Test
- d. Test of Auditory Processing Disorders in Adolescents and Adults

3. NEUROPSYCHOLOGICAL ASSESSMENTS TESTS **(Any Two)**

- a. Neurobehavior Functioning Inventory
- b. Neurocognitive Assessment Test
- c. Early Screening Inventory (ESI-R)
- d. Severe Impairment Battery

4. DEVELOPMENTAL ASSESSMENT TESTS (Children Tests) **(Any Two)**

- a. Bayles Scales of Infant and Toddler Development Test
- b. Executive Functions Assessment Test
- c. Bracken Basic Concept Scale (BBCS-3: R)
- d. Autism Spectrum Rating Scales
- e. Multidimensional Anxiety Test of Children

5. CLINICAL TESTS **(Any Two)**

- a. Million Clinical Multiaxial Inventory-2
- b. Adolescent Clinical Inventory
- c. Substance Abuse Subtle Screening Inventory
- d. Hare Psychopathy Checklists Screening Version
- e. Beck's Inventory

Important notes:**A. General Instructions:**

1. Each batch of practical will consist of maximum 5 students.
2. A separate batch will be formed if this number exceeds even by one.
3. Students will have to complete any ten tests with detail report submit in journal for this course and obtain the completion certificate from the teacher in-charge and certified by Head of Dept.
4. Without this certification the students will not be allowed to appear for the Internal and External examination.

Conduct of Practical Examination**Evaluation of Practical**

1. There will be 30 marks for continuous (internal) assessment and 70 marks for external (Final) examination.

a. Continuous (Internal) Assessment of Practical for First Three Months-30 Marks.**b. Distribution of Marks (30 Marks)**

There will be internal practical examination after completion of five practical's and the division of 30 internal marks like following:

Items	Marks
Instruction and Conduct of test	10
Report writing and viva	10
Report of Five Practical's and punctuality	10
Total	30

Internal examination will be conducted at departmental level and subject teacher and one expert appointed by H.O.D. will conduct the examination with following manner.

- a. Each batch of practical and practicum examination will consist of maximum 5 students.
- b. Course teacher and expert appointed by H.O.D. will jointly set question papers (two subsets i. e. A & B).
- c. Duration of internal examination will be three hours per batch.
- d. Marks are given by both examiners; average of the same will calculated and considered as final marks of the students under given heading.
- e. Final marks list will be submitted to the H.O.D.
- c. Final Assessment (External) of Practical – After completion of Six Months-30 Marks.**
 1. The candidates are required to submit the final record of 10 case studies with above stated tests with details report under following headings:
 - a. Reasons for selection of tests.
 - b. Short-and-long-term objectives for interventions
 - c. Rationales of interventions technique with proper process.
 - d. Counseling or psychotherapies if needed with reasons.
 - e. Outcome and integration strategies employed for future plans.

2. **Practical examination- (External exam) After completion of Ten Months-40 Marks.**

Items	Marks
One case presentation and viva-voce	10
Detail rehabilitation and interventions reports	10
Three separate cases of children with report	10
Varieties of cases, punctuality, and attendance	10
Total	40

3. For final examination certificate of Head of the Department is necessary that stated as the candidate has attained the require competence in psychological testing and completed minimum rehabilitation work with different centers and submission of the same.
4. A certificate by the Head of the Department that the candidate has attained the required competence in all rehabilitation interventions shall be necessary for appearing in the final examination.

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DEPARTMENT OF PSYCHOLOGY
POSTGRADUATE DIPLOMA IN REHABILITATION PSYCHOLOGY
PDRP- PRACTICUM

Objectives:

100 Marks

1. To understand the types of interventions in rehabilitation psychology.
 2. To develop a skill in the areas of interventions with an appropriate training.
 3. To obtain the knowledge of different interventions in psychology area.
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Students should select at least 20 Rehabilitation Counseling Records in consultations with the teacher, and prepare detailed report which should include following stages:

- a. Case formulation
- b. Problem areas elicited
- c. Types and techniques to resolve the problems
- d. An appropriate interventions/counseling for cases
- e. Writing session report of each case
- f. Presentation of 2 cases in classroom

1.0. GENERAL INSTRUCTIONS:

- a. Each batch of practicum should consist of maximum 5 students.
- b. Workload for each batch will be equivalent to 8 lecture periods.
- c. Each student should study clinical cases in rehabilitation centers / clinic / correctional institution/schools or NGO set up.
- d. One teacher/supervisor should accompany a group of students.
- e. Eligibility for the Practicum Examination is subject to Certification of Practicum by teacher-in-charge and Head of Department.

2.0. BREAK –UP OF 100 MARKS FOR INTERNAL ASSESSMENT WILL BE AS FOLLOWS:

- a. Submission of Twenty fully worked-out Rehabilitation Counseling Records, which include case history with multiple disabilities (intellectual disabilities, substance abuse, learning disabilities, speech and articulations problems, and brain functioning cases) with types of problems, symptoms, mental status examination, with suitable treatment/counselling sessions, out of twenty records, five shall be related child cases including from multiple disabilities **(15 Marks)**.
- b. Presentation of two cases (one should be children) in front of examiners (latest by five weeks from the commencement of the semester) **(15 Marks)**.
- c. Assessment and workup of client or family for selected cases **(20 Marks)**.
- d. Counselling to clients or family members with disabilities **(20 Marks)**.
- e. Five cases of children with assessment and interventions **(10 Marks)**.
- f. One hypothetical case analysis with possible intervention/treatment with viva **(10 Marks)**

- g. Overall performance (e.g. regularity, sincerity, quality of work etc.) and variety of cases **(10 Marks)**.
- h. Internal assessment will be conducted by two examiners, one internal and one external, appointed by 32 (5) (a) Committee of Pune University.
