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NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH INTELLECTUAL DISABILITIES (DIVYANGJAN)

(Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
MANOVIKAS NAGAR, SECUNDERABAD – 500 009
An ISO 9001:2015 Institution

NOTICE

The written test and the interview for the post of Lecturer in Rehabilitation Psychology (UR) against employment notification no. 03/2026 which was earlier scheduled on 16th and 17th September, 2026 from 10:00 AM onwards is **now rescheduled to** be held on **16th September, 2026** from 10.00 AM onwards at NIEPID, Secunderabad. The details are given below:

DAY & DATE	TIME	VENUE	Mode of exam
16.09.2026 Wednesday	09:00 AM Onwards	National Institute for the Empowerment of Persons with Intellectual Disabilities (Divyangjan), Manovikasnagar, Secunderabad-500 009 Telanagana	Written exam
	02:00 PM onwards		Personal Interview (the top scoring 05 candidates qualifying the written test will only be allowed to attend for Interview).

The other terms and conditions mentioned in the earlier letter remain unchanged.

The syllabus for the written test is placed below (from 2nd page onwards).

Sd/-
DIRECTOR

Date: 03.09.2026

SYLLABUS FOR WRITTEN EXAM for the post of Lecturer in Rehabilitation Psychology

The syllabus for the written test is RCI approved syllabus for M.Phil in Rehabilitation Psychology as given below

Part – I

PAPER – I: Psychosocial Perspectives of Disability

Objectives:

By the end of Part – I, trainees are required to:

1. Demonstrate a working knowledge of various psychosocial models of disability and their implications in successful rehabilitation.

2. Demonstrate an awareness of the range of psychosocial problems/issues with which disabled can present to services, as well as their contextual mediation.

3. Demonstrate how societal and family attitudes/stigma/prejudices impact on the disability adjustment process and persons' self-efficacy.

4. Understand the various ethical and moral issues involved in rehabilitation process and how these are reflected in the national policies and practices.

Academic Format of Units:

Learning would be chiefly through clinical workup of clients presenting with range of disability and mental health problems, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory – involving long and short essays Syllabus:

Unit - I: Introduction: Overview of the profession of Rehabilitation Psychology and practice, history, growth and scope, professional role and functions; current issues and trends, areas of specialization, magnitude and incidence of disability, cost of disability (disability adjusted life years (DALY)), major national epidemiological reports and surveys

Unit – II: Concepts and theory: Concept of impairment, disability and handicap, models of disability, international classification of functioning, impairment, disability and handicap, theories and models of adaptation to disability and adaptation processes, ways of coping with disability, concept of quality of life and its domains, assessment, global & specific indicators of QOL.

Unit – III: Adjustment and well-being: Personality variables in PwD, mediators and moderators of psychosocial adjustment and wellbeing, education and intervention strategies to enhance integration and self-efficacy, and promotion of well-being.

Unit – IV: Family and disability: Impact of disability on family, family care and burden, role of family on coping, adaptation and integration, needs of families and their assessment and strengthening family to support and care of PwD.

Unit – V: Society and disability: Societal attitudes toward disabilities, strategies for attitude change, social competence, participation and integration, social network and support; disabling factors in social environment, prejudice, stigma, discrimination, marginalization, gender disparity.

Unit – VI: Mental health issues: Psychological reactions such as denial, regression, compensation, rationalization, emotional reaction such as grief, loss, guilt & fear, coping styles and strategies; co-existing mental morbidity such as anxiety, depression, personality disorders, substance abuse, and emotional and behavioral disorders in children and adolescents, problems related to marital and sexual life, abuse and exploitation of persons with disability; stages of adaptation and factors impeding adjustment, interventions for mental illnesses

Unit – VII: Ethical issues: Issues around the role of being caregivers, autonomy and informed consent, ethical and legal issues in social integration, rights issues, professional code of conduct

Essential References:

Handbook of Developmental and Physical Disabilities. Pergamon Press, New York. Vincent B. Van Hasselt, P. S. Strain, & M. Hersen.(1988).

Persons with Disabilities in Society. Jose Murickan & Georgekutty .(1995) Kerala Federation of the Blind, Trivandrum.

Culture, Socialization and human development, Saraswathi, T.S (1999). Sage publications: New Delhi.

Quality of Life and Disability An Approach for Community Practitioners (2004). Jessica Kingsley Publishers.London.Ivan Brown, Roy I Brown, Ann Turnbull

Robert G. Frank Timothy R.Elliott (2000). Handbook of Rehabilitation Psychology, APA Washington.

Indian Social Problems, Vol.1 & 2, Madan G.R (2003). Allied Publishers Pvt. Ltd., New Delhi.

Elements of ancient Indian Psychology, 1st ed. Kuppuswamy, B. (1990) Konark Publishers: New Delhi.

Family Theories – An Introduction, Klein, D.M. & White, J.M. (1996). Sage Publications: New Delhi.

Making sense of Illness: the social psychology of health and disease. Radley, A. (1994). Sage publications: New Delhi

Fish's Clinical Psychopathology, Fish, F, & Hamilton, M (1979). John Wright & Sons:Bristol.

Mental Health of Indian Children, Kapur, (1995). Sage publications: New Delhi

Naomi Dale (1996) Working with families of children with special needs partnership and practice.Routledge London NewYork.

PAPER – II: Biological Perspectives of Disability

Objectives:

By the end of Part – I, trainees are required to demonstrate ability to:

1. Explain normal physiology of human body systems.

2. Understand the medical aspects of disability and their biological causes, nature, functional aspects and physical treatment.

3. List functional limitations and disability associated with various diseases, illnesses, and traumatic injuries, congenital and developmental disorders.

4. Understand various assistive and corrective aids employed in mitigating the functional limitations, and their limitations.

Academic Format of Units:

The learning would be primarily through clinical assessment of cases with chronic medical illness and disorders. Lectures, seminars and demonstrations by the experts in specific discipline, such as by Orthopedician, Dermatologist, Surgeon, Pediatrician, Audiologist, Psychiatrist, Neurologist and Neurosurgeons are required to impart knowledge and skills in certain domains. Depending on the resources available at the center these academic activity can be arranged.

Evaluation:

Theory – involving long and short essays

Syllabus:

Unit - I: Introduction: Normal anatomy and physiology of human body systems known to produce disability in everyday life activities (CNS, peripheral and autonomic nervous systems, and visual and auditory systems), illness and diseases, medical interventions and procedure, common complications and concerns, complementary and alternative medicine, non-drug and wellness promotion approaches, common medical terminology and their meaning

Unit - II: Medical aspects of Impairments: Causes of impairments, domains of impairments,

prevalence, incidence, common signs and symptoms, course, prevention, early identifications of impairments

Unit - III: Medical aspects of disability: Medical aspects of physical, sensory, cognitive and developmental disabilities, traumatic brain injury, epilepsy, work-related cumulative trauma and repetitive strain injury

Unit - IV: Wellness and illness: Concept of functional capacity and limitations, strategies to reduce or accommodate for the functional limitations imposed by chronic disabling medical conditions, prevention and management of disabling medical conditions, genetic counseling, rehabilitation goals in common disabling conditions.

Unit - V: Assistive technology: Identifying vocational, social and independent living implications of various long-term medical disabilities, role of assistive & corrective devices, environmental modification, remedial training, retraining, biofeedback techniques in correcting functional impairments, acupuncture, massage and other evidence-based alternative/complimentary approaches.

Unit - VI: Aids and appliances: Type and nature of mobility aids, transportation aids, communication aids/systems, sensory aids for vision and hearing loss, adaptive devices/methods for recreational & vocational pursuits, and other appliances/devices for managing bodily dysfunctions such as bowel and bladder dysfunctions, respiratory dysfunctions

Essential References:

Oxford Handbook of Rehabilitation Medicine (2009) Michael Brnes Anthony Ward

Clinical Neuroanatomy for Medical Students, Snell, R.S. (1992), Little Brown & Co.:Boston.

Neuropsychology, a clinical approach, Walsh K. (1994), Churchill Livingstone: Edinburgh.

Textbook of Medical Physiology, Guyton, A.C. Saunders Company: Philadelphia. Behavioral

Neurology, Kirshner H.S, (1986). Churchill Livingstone: NY.

Handbook of Cognitive Neuroscience, Gazaaniga, M. S. (1984). Plenum Press: NY

Neuropsychological assessment of neuropsychiatric disorders, 2nd ed., Grant, I. & Adams, K.M. (1996). Oxford University Press: NY.

Diagnosis & Rehabilitation in clinical neuropsychology, Golden, CJ, Charles, C.T. (1981). Spring Field: USA

Principles of Neuropsychological Rehabilitation, Prigatano, G.P. (1999). Oxford University Press: NY

Neuropsychological assessment, Lezak, M.D. (1995), Oxford Univ. Press: NY

Neurorehabilitaion Principles &practice Tally A.B Sivaraman Nair K.P &Murali T(1998). NIMHANS Bangalore India.

Clinical Neuroanatomy for Medical Students, Snell, R.S. (1992), Little Brown & Co.:

Boston.

Neuropsychology, a clinical approach, Walsh K. (1994), Churchill Livingstone: Edinburgh.

Textbook of Medical Physiology, Guyton, A.C. Saunders Company: Philadelphia. Behavioral

Neurology, Kirshner H.S, (1986). Churchill Livingstone: NY.

Handbook of Cognitive Neuroscience, Gazaaniga, M. S. (1984). Plenum Press: NY

Neuropsychological assessment of neuropsychiatric disorders, 2nd ed., Grant, I. & Adams, K.M. (1996). Oxford University Press: NY.

Diagnosis & Rehabilitation in clinical neuropsychology, Golden, CJ, Charles, C.T. (1981). Spring Field: USA

Principles of Neuropsychological Rehabilitation, Prigatano, G.P. (1999). Oxford University Press: NY

Event Related brain potentials – Basic issues & applications, Rohrbaugh, J W (1990). Oxford University Press: NY.

Neuropsychological assessment, Lezak, M.D. (1995), Oxford Univ. Press: NY

PAPER – III: Statistics and Research Methods

Objectives:

By the end of Part – I, trainees are required to demonstrate ability to:

1. Understand experimental design issues - control of unwanted variability, confounding and bias.

2. Take account of relevant factors in deciding on appropriate methods and instruments to use in specific rehabilitation research.

3. Apply relevant design/statistical concepts in their own particular research projects, analyze data and interpret output in a scientifically meaningful way

4. Critically review the literature to appreciate the theoretical and methodological issues involved in research.

Academic Format of Units:

The course will be taught mainly in a mixed lecture/tutorial format, allowing trainees to participate in collaborative discussion. Demonstration and hands-on experience with SPSS or any other statistical software are required.

Evaluation:

Theory - involving long and short essays, and problem-solving exercises Syllabus:

Unit – I: Introduction: Various methods to ascertain knowledge, scientific method and its features; problems in measurement in behavioral sciences; levels of measurement of psychological variables, test construction - item analysis, concept and methods of establishing reliability, validity and norms

Unit - II: Sampling and test of significance: techniques, errors, size estimation, concept of probability, probability distribution, descriptive statistics, hypothesis testing, type I and type II errors, "t" test, normal z-test, and "F" test including post-hoc tests, one-way and two-way analysis of variance, analysis of covariance, repeated measures analysis of variance, simple linear correlation and regression.

Unit – III: Non-parametric statistics: requirements, one-sample tests – sign test, sign rank test, median test, Mc Nemer test; two-sample test – Mann Whitney U test, Wilcoxon rank sum test, Kolmogorov-Smirnov test, normal scores test, chi-square test; k-sample tests - Kruskal Wallies test, and Friedman test, Anderson darling test, Cramer-von Mises test.

Unit - IV: Research design: Randomization, replication, completely randomized design, randomized block design, factorial design, crossover design, single subject design, non-experimental design, prospective and retrospective studies, case control and cohort studies, applied and action research.

Unit - V: Multivariate analysis: Introduction, Multiple regression, logistic regression, factor analysis, cluster analysis, discriminant function analysis, path analysis, MANOVA, Canonical correlation, and Multidimensional scaling.

Unit - VI: Analysis of data: Content analysis, qualitative methods in psychosocial research, use of computers and relevant statistical package in the field of disability and their limitations.

Essential References:

Research Methodology, Kothari, C. R. (2003). Wishwa Prakshan: New Delhi

Foundations of Behavioral Research, Kerlinger, F.N. (1995). Holt, Rinehart & Winston: USA

Understanding Biostatistics, Hassart, T.H. (1991). Mosby Year Book

Biostatistics: a foundation for analysis in health sciences, 8th ed, Daniel, W.W. (2005). John Wiley and sons: USA

Multivariate analysis: Methods & Applications, Dillon, W.R. & Goldstein, M. (1984), John Wiley & Sons: USA

Non-parametric statistics for the behavioral sciences, Siegal, S & Castellan, N.J. (1988). McGraw Hill: New Delhi

Qualitative Research: Methods for the social sciences, 6th ed, Berg, B.L. (2007). Pearson Education, USA

PRACTICAL – Psychological Assessments in Disability (Part – I)

Objectives:

By the end of Part – I, trainees are required to demonstrate ability to:

1. Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.

2. Select and justify the use of psychological tests and carry out the assessment as per the specified procedures in investigating the relevant domains.

3. Interpret the findings in the backdrop of the clinical history and mental status findings and arrive at a diagnosis.

4. Prepare the report of the findings as relevant to the clinical questions asked or hypothesis set up before the testing began, and integrate the findings in service activities.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups of PwD and their families having psychological issues and carrying out the indicated assessments within the clinical context. Demonstration and tutorials shall be held for imparting practical/theory components of the psychological tests.

Evaluation:

Practical/clinical – involve working up cases and carrying out the psychological assessment and interpreting findings within clinical context and viva voce.

Syllabus:

Unit - I: Introduction: Importance of assessment, understanding different types of tests and tests results, basic measurement principles necessary to interpret test results, testing and assessment of PwD, determinations of alternative assessments, assessment accommodations, approaches and methods of assessment.

Unit - II: Assessment of cognition: Intellectual, cognitive functions, adaptive, social, motor, speech, language and academic achievement.

Unit - III: Assessment of aptitudes: Aptitudes, interests, career development/ perspectives, career preparedness and specific skills.

Unit - IV: Assessment of psychopathology: Personality style, problems and disorder, stress, adjustment and coping, burnout, diagnostic issues,

substance use, suicide risk, anxiety and depression, family functioning and adjustment.

Unit - V: Assessment of work functioning: Vocational stress, coping and adjustment, occupational functioning and career self-efficacy.

Unit - VI: Assessment of daily functioning: Physical and functional capacities, independent living, adaptive behavior, environmental – work, home and family, ergonomic, quality of life, health behavior, well-being, life satisfaction.

Unit - VII: Assessment for case formulation: Interview, case history, mental status examination, clinical judgment and decision making, diagnosis, treatment.

Core Tests

A certificate by the head of the department that the candidate has attained the required competence in all tests mentioned below shall be necessary for appearing in the university examinations of Part – I.

1. Stanford Binet's test of intelligence (any vernacular version)
2. Raven's test of intelligence (all forms)
3. Bhatia's battery of intelligence tests
4. Wechsler adult performance intelligence scale
5. Malin's intelligence scale for children
6. Gesell's developmental schedule, Danver developmental screening test, BASAL-MR, BASIC-MR, Adaptive Behavioral Scales
7. Learning disability screening tests (any standard version)
8. Wechsler memory scale
9. PGI memory scale
10. NEO-5 personality inventory
11. Thematic apperception test
12. Children's apperception test
13. Sentence completion test
14. Rorschach psychodiagnostics
15. Neuropsychological battery of tests (any standard version)
16. Major rating scales relevant in disability area (Eg. ADHD, Autism, Behavioral/Conduct problems, Anxiety, Depression, Stress, Burden, Coping, Adjustment etc.
17. Indian Scale for Assessment of Autism

In addition to the above, the trainees are required to be familiar with the tools/tests employed in psychological testing of various kinds of handicapped adults and children, viz., visual, perceptual, hearing, physical, speech & language impaired. Competence in administering and interpreting at least one of the standard tests in the areas of intelligence, personality, adjustment, behavior, vocational capacities/

interests/needs, family relations and social competence for each of the aforementioned categories of PwD is mandatory.

Essential References:

Comprehensive handbook of psychological assessment, Vol 1 & 2, Hersen, M, Segal, D. L, Hilsenroth, M.J. (2004). John Wiley & Sons: USA

Comprehensive Clinical Psychology: Assessment, Vol. 4, Bellack, A.S. & Hersen, M (1998). Elsiever Science Ltd.: Great Britain

The Rorschach – A Comprehensive System, Vol 1, 4th ed., Exner, J.E. John Wiley and sons: NY.

The Thematic Apperception Test manual, Murray H.A. (1971), Harvard University Press.

An Indian modification of the Thematic Apperception Test, Choudhary, U. Shree Saraswathi Press: Calcutta

Part - II

PAPER - I: Psychological Interventions

Objectives:

By the end of Part – II, trainees are required to demonstrate ability to:

1. Demonstrate an ability to provide a clear, coherent, and succinct account of patient's problems and to develop an appropriate treatment plan.

2. Demonstrate a working knowledge of theoretical application of various approaches of therapy to clinical conditions.

3. Set realistic goals for intervention taking into consideration the social and contextual mediation.

4. Carry out specialized assessments and interventions, drawing on their knowledge of pertinent outcome/evidence research.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups and carrying out of various treatment techniques, under supervision, within clinical context. The trainees are required to be involved in all clinical service activities – institutional and community based at the center.

Evaluation:

Theory - involving long and short essays, and practical/clinical - involving workup and assessment of clinical cases with viva voce.

Syllabus:

Unit – I: Introduction: Systems, theories and therapeutic processes of the major counseling and psychotherapy approaches, comparative analysis of different approaches, consistency, research support, best practices/effectiveness and critiques of major approaches of counseling and therapy.

Unit – II: Health behavior: Theories of health behavior change, interventions strategies for individuals and families of disabled, models of therapeutic education for successful rehabilitation.

Unit – III: Affective therapies: Origin, principles, techniques, stages, processes, outcome, indications of dynamic, humanistic, existential, gestalt, and person-centered approaches in rehabilitation field.

Unit – IV: Cognitive therapies: Cognitive models viz. RET, CBT, ACT, CAT etc. basic principles, assumptions, techniques, assessment and application issues in rehabilitation work.

Unit – V: Systemic therapies: Theoretical issues, procedures, techniques, stages, application issues in family and group therapies, marital and sex therapies, interpersonal therapy

Unit – VI: Counseling: Definition, goals, approaches, techniques, processes of vocational, interpersonal, problem solving, marital, sex, bereavement, crisis and group counseling, current forms of e-counseling and telecounseling and their applications in areas of rehabilitation

Unit – VII: Ethics and psychotherapy: Boundaries, transference issues, dual relationships and confidentiality, research design and outcome research with regard to efficacy and effectiveness

Essential References:

Encyclopedia of Psychotherapy, Vol 1 & 2, Hersen M & Sledge W. (2002). Academic Press: USA

The techniques of psychotherapy, 4th ed., Parts 1 & 2, Wolberg, L.R. Grune & Stratton: NY Theories

of Psychotherapy & Counseling, 2nd ed., Sharf, R.S. (2000). Brooks/Cole: USA

Behavior therapy: Techniques and empirical findings, Rimm D.C. & Masters J.C. (1979). Academic Press: NY.

Handbook of Clinical Behavior therapy, Turner, S.M., Calhown K.S and Adams H.E. (1992). Wiley Interscience: NY

Rational Emotive Behaviour Therapy, Dryden, W. (1995). Sage publications: New Delhi

Cognitive Therapy: an Introduction, 2nd ed, Sanders, D & Wills, F. (2005). Sage Publications: New Delhi

Counseling and Psychotherapy: theories and interventions. 3rd ed. Capuzzi, D and Gross D. R. (2003). Merrill Prentice Hall: New Jersey

Handbook of psychotherapy case formulation. 2nd ed. Eells, T.D (2007). Guilford press: USA

CBT for children and families, 2nd ed., Graham, P.J. (1998). Cambridge University Press: UK

Introduction to counseling and guidance, 6th ed., Gibson, R.L. & Mitchell M.H. (2006), Pearson, New Delhi.

Thomas H.Ollendick (2001). Comprehensive clinical psychology

PAPER - II: Behavioral Interventions

Objectives:

By the end of Part – II, trainees are required to demonstrate ability to:

1. Understand the procedural and technical aspects of behavioral assessment and interventions plans and the factors that can impede the desired behavior change.

2. Conduct functional behavioral assessment and intervention plan for PwDs who exhibits behavioral difficulties.

3. Understand the elements of effective planning, positive behavioral supports, family communication and compliance of ethical issues and evaluation.

4. Identify the cognitive factors that are maintaining behavioral and emotional problems and carry out relevant cognitive/behavioral interventions and objectively measure therapeutic progress.

5. Understand of how basic principles of health psychology are applied in specific context of various health problems, and apply them with competence.

Academic Format of Units:

Format would be essentially same as other paper on therapies. The competency/skills are imparted through supervised workups, assessment and practical work of carrying out various treatment techniques within clinical context. Demonstration, clinical seminar and conferences are required to impart the necessary knowledge and skills.

Evaluation:

Theory - involving long and short essays, and practical/clinical - involving workup and assessment of clinical cases with viva voce.

Syllabus:

Unit - I: Theoretical foundations: Learning – classical, operant and cognitive foundations of behavior therapy and modification techniques, behavioral assessment and formulations of the problems/issues of disabled.

Unit - II: Relaxation procedures: Progressive muscular relaxation, autogenic training, stress-inoculation, hypnotic relaxation, biofeedback procedures, yoga, meditation and other forms of eastern methods of relaxation.

Unit – III: Skills training: Theory and techniques of assertiveness training, anger management, facilitating life skills, communication and social skills

Unit – IV: Counter-conditioning and extinction procedures: Imaginal and in vivo, graded exposure, enriched desensitization, assisted desensitization, flooding and implosion, response prevention, aversive conditioning and relief therapies, emotive imagery, EMDR and other forms of desensitization in rehabilitation areas.

Unit – V: Applied behavior analysis: Strategies that increase and decrease behavior, differential reinforcement, antecedent control and shaping, promoting generalization and maintenance, contingency management, contingency contracting, token economy, self-management and self-control strategies, positive behavioral support, application issues in rehabilitation.

Unit - VI: Intervention research: Evidence-based approaches and techniques, controversial practices, ethical issues, research related to therapy processes and outcomes.

Essential References:

International handbook of behavior modification and therapy, Bellack, A.S., Hersen, M and Kazdin, A.E. (1985). Plenum Press: NY

Behavior therapy: Techniques and empirical findings, Rimm D.C. & Masters J.C. (1979). Academic Press: NY.

Handbook of Clinical Behavior therapy, Turner, S.M., Calhown, K.S and Adams, H.E. (1992). Wiley Interscience: NY

Biofeedback – Principles and practice for clinicians, Basmajian J.V. (1979). Williams & Wilkins Company: Baltimore

Handbook of Psychotherapy and behaviour change, 5th ed., Lambert, M.J (2004). John Wiley and Sons: USA

Health Psychology, Vol 1 to Vol 4, Weinman, J, Johnston, M & Molloy, G (2006). Sage publications: Great Britain

Behavior modification: principles and procedures. Raymond G.Miltenberger (2008)

PAPER - III: Community-Based Rehabilitation

Objectives:

By the end of Part – II, trainees are required to demonstrate ability to:

1. Understand the importance of CBR in meeting the demands of PwDs in their communities for self sustainability and plan for development of a critical human resource base for implementation of CBR.

2. Apply knowledge, skill and strategies in rehabilitating PwDs within their communities.

3. Guide and demonstrate the use of appropriate corrective and assistive devices and aids in supporting PwDs, and help procuring them with financial aid from government and other agencies.

4. Work for towards empowerment of the disabled and disseminate scientific information on the causes and prevention of disability.

Academic Format of Units:

The learning would be primarily through field visit, carrying out relevant projects in the community, assignment and group discussion. A mixed lectures/seminar format with collaborative discussion, in addition may be scheduled for imparting theory and knowledge components.

Evaluation:

Theory - involving long and short essays. Syllabus:

Unit – I: Goals and Objectives – Definition, Goals and objectives, key principles of CBR - equality, social justice, solidarity, integration and dignity, models and dimensions, planning, integrating into primary health care, strengthening CBR in community.

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, increasing and supporting independence, inclusion into the community, prevention of causes of disabilities, monitoring and evaluation.

Unit – III: Role of professionals – Community initiatives to remove barriers that affect exclusion, initiating advocacy movement, developing holistic, contextual specific program within CBR framework, liaison and continuity of care, continued supervision of home programs.

Unit – IV: Community issues – Evaluation of community needs, rehabilitation in community, social counseling, training in daily living skills, community awareness raising and increasing community involvement, facilitating access to loans, vocational training, information for local self-help groups, contacts with different authorities, school enrolment.

Unit – V: Resources: Development of resources, capacity building, financial security and sustainability, promoting economic re-integration of disabled, need for multi-sectorial participation, NGO movement, parent movement, self advocacy, supported decision making, developing human resource, mitigating shortage of trained human resources and increasing access to trained personnel, contemporary issues and challenges.

Unit – VI: Policy issues: Rights of persons with disability, legislation and Acts, UNCRPD, policies, programs and schemes for disability, assistance, concessions, social benefits and support from government, role and responsibility of voluntary organizations, civil rights and legislation, empowerment issues.

Essential References:

Assistive Technology: Matching Device and Consumer for Successful Rehabilitation by Marcia J. Scherer, (Ed.) APA. 2002.

Living in the State of Stuck: How Assistive Technology Impacts the Lives of People with Disabilities by Marcia J. Scherer. Brookline Books. 2000.

Disability and Self-directed Employment: Business Development Models, A. Neufeldt and A. Albright, Eds. (1998)

The Handicapped Community: The Relation between Primary Health Care and Community Based Rehabilitation (Primary Health Care Publications, Vol 7, by Harry Finkenflugel (Ed) Publ.1994.

Rehabilitation/ Restorative Care in the Community, Publisher Mosby

Community Rehabilitation Services for People with Disabilities, ISBN 0750695323, Publisher Butterworth-Heinemann, US.

Community-based Rehabilitation and the Health Care Referral Services ISBN 0119515946 Publisher HMSO.

Community Based Rehabilitation, ISBN 0702019410, Publisher WB Saunders Practical Social

Research: Project Work in the Community, Macmillan

Across Borders: Women with Disabilities Working Together. The publisher is Gynergy Books in Canada.

Innovations in Developing Countries for People with Disabilities, Brain O'Toole and Roy Mc Conkey (eds). Paul H. Brookes, Publishing, Baltimore

Disability, society, and the individual Pro-Ed. Julie Smart (2003).

John Swain, Sally French, Colin Barness&Carol Thomas (2004). Disabling Barriers – enabling Environment, 2nd Edition, Sage Publications.

The psychological & social impact of illness and disability. (2007) Arthur E. Dell Orto, Paul W. Power Springer publishing company.

MENTAL HEALTH AND ILLNESS

- Concept of normality and abnormality
- Models of Mental Health/Illness
- Psychopathology, Classification and taxonomies Classificatory systems
- Psychological theories: Psychodynamic, Behavioural, Cognitive, Humanistic and Interpersonal
- Self Concept, Family and Societal influences in mental health and illness
- Neuropsychology: Relationship between structure and functions of Brain
- Mental Disorders: Neuroses and Psychoses
- Psychotherapy and Counselling: Therapeutic Relationship
- Behaviour Therapies, Cognitive Therapies
- Indian Approaches to Psychotherapy: Yoga Meditation, Mindfulness based interventions

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