M.PHIL. REHABILITATION PSYCHOLOGY

Syllabus restructured for Semseter System
11-08-2022

Guidelines

&

Syllabus

Effective from Academic Session 2017-18
Two Years Duration

Rehabilitation Council of India
New Delhi
2016

M.Phil. Rehabilitation Psychology

Semester I

1 credit Theory = 15 hrs

1 Credit Practical = 30 hrs

1 Credit score = 25 Marks

Course Code	Title	Credit	Marks	Hours
	Theory Courses			
	Psychosocial Perspectives of Disability	8	200	120
	Biological Perspectives of Disability	8	200	120
	Total	**16**	**400**	**240**
	Practical Courses			
	Psychodiagnostic Assessments of Persons with Disability and Viva Voce	10	250	300
	Total	**10**	**250**	**300**
	Grand Total (Theory & Practical)	**36**	**650**	**540**

Semester II

Course Code	Title	Credit	Marks	Hours
	Theory Courses			
	Statistics and Research Methods	8	200	120
	Total	**8**	**200**	**120**
	Practical Courses			
	Three full-length Psychodiagnostic Assessment of Persons with Disability.	15	375	450
	Total	**15**	**375**	**570**
	Grand Total (Theory & Practical)	**23**	**575**	**690**

Semester III

Course Code	Title	Credit	Marks	Hours
	Theory Courses			
	Psychological Interventions	8	200	120
	Behavioral Interventions	8	200	120
	Total	**16**	**400**	**240**
	Practical Courses			
	Psychosocial Interventions and Viva Voce	8	200	120
	Submission of five fully worked-out Psychosocial Interventions Records	8	200	120
	Total	**16**	**400**	**240**
	Grand Total (Theory & Practical)	**32**	**800**	**480**

Semester IV

Course Code	Title	Credit	Marks	Hours
	Theory Courses			
	Community Based Rehabilitation			
	Total			
	Dissertation			
	Dissertation			
	Total			
	Grand Total (Theory & Practical)			

Preface

Since its inception, the Rehabilitation Council of India, consistent with the mandate given, is facilitating and providing needed support for the development of various categories of professionals notified in the area of disability and rehabilitation. Revising and updating of the core curriculum of training programs in the subject concerned to incorporate fast paced development in the knowledge and practice domains are regarded by the council as utmost important task and supportive way to build human capital and maintain the momentum for professional effectiveness.

In this context, the Council is pleased to share that the M. Phil Guidelines and Syllabus reformed in year 2010 with more focus and thrust has been found to be useful, coherent and user-friendly by the program coordinators, trainees and other stakeholders.

Acting on the feedback by the coordinators on the effectiveness of various training components and to incorporate recent growth in knowledge and skill domains, the council formed a committee that constituted subject experts from Public and Private sectors, and council's internal resource to relook at the curriculum and recommend the required incorporations. The outcome of this exercise is the present revised document on guidelines and syllabus. The Council hopes that the revised curriculum, thought to be consistent with current professional knowledge and universal praxis by the experts, is considered valuable source by all concerned in furthering professional objectives and enhancing the likelihood of desired outcomes.

For today, the council is of the opinion that initiating Quality Improvement Program is better left to the training centres. Therefore, the responsibility of developing and implementing an appropriate quality assessment process and outcome targets that the centres aspire to change, rests on those put in charge of the centres. Level of care provided and quality, provider performance and ways of improving, treatment protocol and outcome or efficiency are a few of the prioritized quality measures that centres are required to consider while designing a continuous evaluation mechanism that should be based on convenience, cost and stakeholders' acceptance.

The Council is pleased to forward this revised M. Phil Rehabilitation Psychology 'Guidelines and Syllabus' to Registrars of Universities, Deans of concerned faculty, Heads of Departments and other stakeholders with request for an early action to implement the new syllabus w.e.f. academic year 2017.

The Council takes this opportunity to thank all those contributed directly or indirectly to human resource development in the area of rehabilitation, and look forward to their continued active participation.

M. Phil in Rehabilitation Psychology

1.0 INTRODUCTION

People who have physical, sensory, developmental and other disabilities may face personal, social and situational barriers to effective functioning in society. Some barriers are inherent in the disabling condition, while others arise out of personal, societal and contextual factors which impede the process of rehabilitation and/or contribute toward a devaluation or neglect of people with disability. A disability can affect a person's self-concept, identity, capacity to work, to learn, to manage personal or family responsibilities, to maintain relationships and to participate in recreational activities.

Rehabilitation psychology is recognized as clinical specialty within the broad areas of psychology and the role of rehabilitation psychologist is conceptualized within the scientist-practioner model. The trained professionals are expected to help and assist persons suffering from a wide variety of physical, sensory and developmental disabilities to achieve optimal psychological, social and physical functioning and to restore hope and meaning in their families. Whether people are born with their disabilities or acquire them later in life, rehabilitation psychologists help them address their psychological issues, reclaim their sense of belonging and assist them lead a functional, fulfilling and meaningful lives in the world.

The services provided by rehabilitation psychologists include: assessment, psychological counselling and therapies, wellness promotion, stress/conflict management, supportive measures for caregivers, education and consultation to involved community members, such as employers or teachers, and referrals to other specialists when needed. Also, they assists in a broad range of services including program development, service provision, research, education, administration and public policy on empowerment and rights issues.

1.1 Distinction

The functions of rehabilitation psychologists to certain extent overlap with that of clinical psychologists. However, rehabilitation psychologists have been distinguished from clinical psychologists because of the importance placed on the stresses arising from socio-environmental and contextual factors: the rehabilitation psychologists focus on assisting people with disabilities to identify and remediate barriers in their interpersonal or physical environment that may be impeding their participation in the community at large (Eisenberg and Jansen, 1983). Throughout the preparation of this document this distinction has been maintained and it is desired that the professionals concerned with the training program appreciate and translate this distinction both in training and service activities.

2.0 OBJECTIVES

The M. Phil program is a core course in rehabilitation psychology with extensive theoretical inputs and supervised clinical practice in preparation for an internship to acquire necessary professional skills to practice independently in the area of rehabilitation. The rationale underlying the course is that two clusters of skills are particularly important to effective clinical practice; a) identifying problems/needs of persons with disability, and b) systematic problem solving - selecting and implementing appropriate intervention strategies to mitigate disability. In accordance with this rationale, the course is developed as a rigorous two-year fulltime hands-on training program in rehabilitation area/s. The course is focused on development and refinement of skills in the following areas:

a) Recognition of psychological problems, needs and setting goals as relevant to rehabilitation of persons with disabilities

b) Selecting and implementing intervention strategies

c) Application of knowledge and problem solving skills in a wide variety of settings (eg. agencies working with specific disabilities, multiple disabilities, long-term care facilities, assisted-living facilities, healthcare facilities, hospitals etc.) for persons with varying disabilities (eg. physical, sensory, cognitive, developmental, traumatic and sports-injury related disabilities)

On completion of the course, the trainees are expected to demonstrate professional competency in the following tasks:

2.1 Recognize the network of psychological, social, biological and environmental factors that affect the functioning and impeding the rehabilitation process.

2.2 Diagnose mental health issues/problems in person with disability.

2.3 Recommend and/or carry out appropriate psychological and behavioral interventions and counselling in remedying recognized issues/problems in persons with disability.

2.4 Assist in modifying lifestyles and personality functioning to accommodate performance limitations and to successfully deal with situations involving conflict/crisis.

2.5 Deal with ethical and transition issues related to family, employment and aging, and provide supportive counselling to mitigate the caregiver's burden/ problems.

2.6 Work with community to promote health, and enhance quality-of-life and psychological well-being.

2.7 Undertake responsibilities connected with teaching and training in core and allied areas.

2.8 Conduct problem-focused research in various areas of psychology with special emphasis on how personal, attitudinal and environmental barriers restrict community integration and participation of disabled.

2.9 Undertake administrative, consultation, advocacy, supervisory and decision making and certifying responsibilities in the area of rehabilitation.

2.10 Provide expert testimony in the court of law assuming different roles.

3.0 REQUIREMENTS TO START M. PHIL REHABILITATION PSYCHOLOGY

3.1 There shall be an independent department of rehabilitation/clinical psychology at the institute/centre/university catering to people with following disability.

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.

3.2 There shall be at least two permanent rehabilitation/clinical psychology faculty members on fulltime basis at the department, as specified below:

A) At the level of Assistant Professor or above – one member
B) At the level of Lecturer or above – one member

Guidelines for faculty recruitment and promotion

Assistant Professor: M. Phil Rehabilitation Psychology.

Associate Professor: M. Phil + Ph.D. + 5 years of teaching experience either as Lecturer/ Assistant Professor + 3 publications in indexed journal as first/ corresponding author.

Additional Professor / Professor: M. Phil + Ph.D.+ 9 years of teaching experience, out of which 3 years as Associate Professor + 5 research publications in indexed journal as first/corresponding author.

NB: The term 'M. Phil' refers to M. Phil Rehabilitation Psychology degree of 2-year duration (following MA/M. Sc in psychology) from a RCI recognized centre. The term 'experience' refers to post-M. Phil. clinical teaching experience/ research experience

in any institute or organization recognized by Statutory Bodies such as RCI/ MCI/ UGC, etc. It is mandatory as per the RCI Act of 1992 that core faculty members are registered professionals of RCI under the category of "Rehabilitation Psychologist".

3.3 Sufficient clinical material/facilities shall be available at the department to meet the requirements outlined in the syllabus. A minimum turnover of 250 cases (old and new together) on an average per month shall be required for an annual intake of FOUR candidates, and thereon for every 50 case increase in the monthly clinical turnover, the intake shall be increased by ONE candidate, provided the faculty-candidate ratio as given in 4.1 is fulfilled. Tele-counseling, e-counseling etc. that do not involve face-to-face interaction shall not be considered for computing the monthly turnover. Of the total turnover at least 50% of the cases shall be undergoing psychological treatment(s) of some form viz. psychotherapy, behavior therapy, biofeedback, hypnosis, counseling, marital therapy, group therapy, sex therapy etc. Clinical work-ups or psychological assessments alone without therapy interventions are considered suboptimal for professional training in clinical psychology.

3.4 Acceptable infrastructure in terms of adequately furnished rooms for every faculty members and working space for trainees to carry out professional activities like working up of cases, interviewing, counseling, therapies, testing etc. for indoor and outdoor cases shall be available at the department. Psychological tests, equipments/apparatus, questionnaires, scales, inventories, clinical rating scales related to various disability conditions shall be available insufficient quantity, and freely accessible to all concerned. Wherever possible the vernacular versions of the tests materials along with local norms shall be made available. The required minimum infrastructure (for an annual intake of Four candidates) include, but not necessarily limited to;

i) Psychological tests: 4 copies/sets each of the core tests as given in section on 'Practical – Psychological Assessments'

ii) Clinical rating scales: For performing social, emotional, and behavioral assessments in various disability conditions.

iii) Behavior therapy apparatus: 2 No.

iv) Biofeedback: 1 each, at least for 2 physiological parameters

v) Classrooms: 2 No. with multimedia facilities for conducting in-house academic activities, on routine basis

vi) Computers: 2 No. with printer and internet facilities + statistical software packages

3.5 Active liaison with departments like Pediatrics, Orthopedic, Ophthalmology, ENT, OBG, Speech & Audiology, Psychiatry, Surgery, Neurology, Neurosurgery, Occupational therapy, Physiotherapy, Acute and Chronic Rehabilitation Centers for sensory and motor impairments, Social Work and such other allied specialties shall exist in addition to direct or self-referrals, so that exposure to a broad range

of disability related problems is possible. Depending on the presence/absence of facilities at the parent institute, trainees may be posted to other centers as deemed necessary for an exposure in other disability areas while training in core areas continues at the parent institute. In such events, the period of posting for extra-institutional learning/exposure shall not exceed three calendar months in an academic year and should happen under the appropriate supervision of an expert in the area.

3.6 If the training institute is catering to only one specific disability population (for instance, NIMH, NIVH, NIHH etc.), it is obligatory on the part of the training institutes to post the trainees at least for 1 to 2 months in each year to any other specific disability center (under Govt. or Private Sector) in order to ensure a comprehensive exposure in at least three/four major disability areas during 2-yr. period of training.

3.7 Adequate and updated library facilities with textbooks, reference books, important national and international journals (hard or soft copy), educational audio/video CDs, and access to Internet shall be easily available and accessible to all trainees. In addition, certain reference books, therapy manuals, index books etc. those required by the trainees for a quick reference during the working hours shall be stocked at the departmental library and shall be made accessible easily.

4.0 REGULATIONS OF THE COURSE

4.1 Number of Seats

Since this is a fulltime clinical training, the number of candidates being trained at the centre will depend on number of qualified fulltime professional members (rehabilitation/clinical psychology) working in the department on permanent basis, the clinical facilities and infrastructure available (refer 3.3 & 3.4). In order to make the training effective therefore, the intake of candidates in an academic year shall not exceed the following ratio.

Associate Professor/Additional Professor/Professor 1: 6

Assistant Professor 1: 4

Part-time/temporary/superannuated qualified professional members may render their input as deemed necessary to effective/smooth conduct of the course as Guest Faculty. However, these professionals are not considered as "Core Faculty" and annual intake of candidates shall not be linked to the presence of these members at the centre.

4.2 Entry requirement

Part-time/ Contractual/ superannuated qualified professional members may render their input as deemed necessary to effective/ smooth conduct of the course as Guest Faculty member. However, these members are not considered as "Core Faculty" and annual intake of candidates shall not be linked to the presence of these faculty members at the centre.

4.2 Entry requirement

Minimum educational requirement for admission to this course will be 2 years M.A./M.Sc. degree in Psychology from a university recognized by the UGC with a minimum of 55% marks in aggregate. For SC/ST category, minimum of 50% marks in aggregate is essential, as per GOI.

4.3 Admission Procedure

A selection committee that includes Head of the Department of Clinical Psychology shall make admission on the basis of an entrance examination, consisting of a written test and interview. List of candidates so selected/ admitted to the course must be sent to RCI within a month of admission formalities are completed. No changes shall be permitted once the list of admitted candidates for the academic year is sent to the council.

4.4 Duration

This is a fulltime clinical training course providing opportunities for appropriate practicum and apprenticeship experiences for 2 academic years, divided as Part - I and II.

4.5 Attendance

4.5.1 Course of the study must, unless special exemption is obtained, continuously be pursued. Any interruption in a candidate's attendance during the course of study, due to illness or other extraordinary circumstances must be notified to the Head of the Institution/concerned authority and permission should be obtained. Under any circumstances the course must be completed within 4-yr from the year of enrolment.

4.5.2 A minimum attendance of 80% (in the academic year) shall be necessary for taking the respective examination.

4.5.3 Thirty days of causal leave, maximum of fifteen days per academic year, shall be permitted during the two-year course period.

4.6 Content of the Course (See section 5.0 for subject wise syllabus of Part - I and II)

Part - I (I Year)

Group "A"

Paper I : Psychosocial Perspectives of Disability

Paper II : Biological Perspectives of Disability

Paper III : Statistics and Research Methods

Practical : Psychodiagnostic Assessments of Persons with Disability and Viva Voce

Group "B"

Submission : Five full-length Psychodiagnostic Assessment of Persons with Disability. The records should include a summary of the clinical history organized under relevant headings, and a discussion on a) rationale for psychological assessments, b) areas to be investigated, c) tests administered and their rationale, d) test findings and e) impression

Part - II (II Year)

Group "A"

Paper I : Psychological Interventions

Paper II : Behavioral Interventions

Paper III : Community-Based Rehabilitation

Practical : Psychosocial Interventions for Persons with Disability and Viva Voce.

Group "B"

Submission : Five fully worked-out Psychosocial Interventions Records of Persons with Disability. The records should include a summary of the clinical history organized under relevant headings, and a discussion on a) reasons for intervention(s), b) areas to be focused including short- and long-term objectives, c) approach and technique/s of intervention employed and rationale d) intervention processes, e) changes in therapy or objectives, if any, and the reasons for the same, f) outcome, g) integration strategies employed, f) future plans

Group "C"

Dissertation: Under the guidance of a faculty member with Ph.D. or minimum 2-yr experience (post-M.Phil Rehabilitation/Clinical Psychology qualification) in clinical teaching or clinical research. If the research work is of interdisciplinary nature, requiring input/supervision from another specialist, co-guide(s) from the related discipline may be appointed as deem necessary.

4.7 Minimum prescribed clinical work during the two years of training.

	Number of Cases	
	Part - I	By the end of Part - II *
1) Detail case histories	50	70
2) Problem-focused interviews	60	80
3) Full-length Psychodaignostics	40	50
4) Rehabilitation Interventions		
i) Psychological Therapies	50 cases totaling not less than 150 hr. of intervention by the end of Part - II	
ii) Behavior Therapies	50 cases totaling not less than 150 hr. of intervention by the end of Part - II	
iii) Community Based Rehabilitation	10 visits amounting to not less than 100 hr. of CBR work by the end of Part - II	

* Includes the work done in Part - I

A logbook of the clinical and CBR work carried out under the supervision during each year of training, with sufficient details such as particulars of the client, diagnosis, duration and natures of intervention(s), number of sessions held etc. should be maintained by all trainees and must be produced the same to the examiners at the time of Part - I and II practical examinations.

4.8 Requirement/Submission

4.8.1 Two months prior to Part - I examination the candidates are required to submit five full-length Psychodiagnostic Assessments Reports as outlined above.

4.8.2 Two months prior to Part - II examination the candidates are required to submit five Psychosocial Intervention Records as outlined above.

4.8.3 Three months prior to Part - II examination the candidates are required to submit, in triplicate, a research Dissertation under the guidance of a rehabilitation/clinical psychology faculty member as specified above.

4.8.4 The application for appearing either Part - I or Part - II examination should be accompanied by a certificate issued by Head of the Department that the candidate has carried out the specified minimum clinical work, submission, dissertation (in case of Part - II only) and has attained the required competence in core-tests as prescribed in the syllabus (refer section on "Practical - Psychological Assessments" for the list of core-tests).

4.9 Internal Assessment

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

4.10 Examination

4.10.1 The examination will be held in two parts (Part - I and Part - II). Part -I is held at the end of first year and Part – II is held at the end of second year. A candidate will not be allowed to take the Part – II examination unless he/she has passed the Part – I examination.

4.10.2 A candidate who has not appeared or failed in Part – I of the regular examination may be allowed to continue the course for the II year and be allowed to take the supplementary Part – I examination.

4.10.3 A minimum period of three months additional training shall be necessary before appearing for the examination in case he/she fails to clear Part – I and/or Part – II examination.

4.10.4 A candidate has to complete the course successfully within a period of four years from the year of admission to the course.

4.11 Examination Fee

The prescribed examination fee as laid down from time to time by the concerned university to appear for Part – I and Part – II of the examination should be paid as per the university regulations.

4.12 Scheme of Examination

Part – I (I Year)

Papers	Title	Duration	Marks		
			Final Assessment (Maximum)	Internal Assessment (Maximum)	Total
Group "A"					
Paper I	Psychosocial Perspectives of Disability	3 hr.	70	30	100
Paper II	Biological Perspectives of Disability	3 hr.	70	30	100
Paper III	Statistics and Research Methods	3 hr.	70	30	100
Psychodiagnostic Assessments and Viva Voce			70	30	100
Group "B"					
Submission of five cases of full-length Psychodiagnostics Assessments Reports			None	100	100
				Total	500

Part – II (II Year)

Papers	Title	Duration	Marks		
			Final Assessment (Maximum)	Internal Assessment (Maximum)	Total
Group "A"					
Paper I	Psychological Interventions	3 hr.	70	30	100
Paper II	Behavioral Interventions	3 hr.	70	30	100
Paper II	Community Based Rehabilitation	3 hr.	70	30	100
Practical: Psychosocial Interventions and Viva Voce			140	60	200
Group "B"					
Submission of five fully worked-out Psychosocial Interventions Records			None	100	100
Group "C"					
Dissertation			70	30	100
				Total	700

4.13 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 (with Ph.D. qualification) 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 dissertation, and conduct practical including viva-voce examination. The Chairman of the board will be the Head of the Department of Rehabilitation/Clinical Psychology who will also be an internal examiner.

4.14 Minimum for Pass

4.14.1 A candidate shall be declared to have passed in either of the two parts of the M.Phil examination if he/she obtains not less than 50% of the marks in:

i) Each of the theory paper
ii) Each of the practical and viva-voce examinations
iii) Each of the submissions
iv) The dissertation (in case of Part – II only)

4.14.2 A candidate who obtains 75% and above marks in the aggregate of both the parts shall be declared to have passed with distinction. A candidate who secures between 60% and below 75% of marks in the aggregate of both the parts shall be declared to have passed M.Phil degree in I Class.

The other successful candidates as per the clause (a) of the above shall be declared to have passed M.Phil degree in II Class. If a candidate fails to pursue the course on a continuous basis, or fails or absent himself/ herself from appearing in any of the university theory and practical examinations of Part – I and II, the class shall not be awarded. The merit class (Distinction / First Class) is awarded to only those candidates who pass both Part – I and II examinations in first attempt.

4.14.3 No candidate shall be permitted to appear either of Part – I or II exams more than three times.

4.15 Appearance for each examination

4.15.1 A candidate shall appear for all the Groups of Part – I and Part – II examination when appearing for the first time.

4.15.2 A candidate in Part – I and Part – II, failing in any of the subjects of "Group-A" has to appear again in all the subjects of "Group-A".

4.15.3 A candidate in Part – I, failing in "Group-B" has to resubmit five fulllength Psychodiagnostic Records.

4.15.4 A candidate in Part – II, failing in "Group-B" has to resubmit five fully worked-out Psychosocial Intervention Records.

4.15.5 A candidate in Part – II, failing in "Group-C", has to resubmit the dissertation as asked for and/or outlined by the examiners.

5.0 SUBJECT WISE SYLLABUS OF PART – I AND PART – II

The syllabus for each of the paper of Part-I and II is as appended below. It is desired that each units of theory papers be covered with at least 4-hr. of input in the form of didactic lectures, seminars, tutorials/topic discussion or review of journal articles as deemed fit depending on content nature of the units. Approximately 80-hr of theory teaching shall be required in each part of the course (in all 20 units have been worked out from three theory papers of Part-I and Part-II), in addition to opportunities for learning through clinical case management and work-ups. For this purpose, various methods of input that are normally followed are accounted as follows:

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 hour of input in the relevant area. Attention shall be given, however, to see that each method of teaching shall not exceed 25% of the required teaching input.

Part – I (Year – 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 (Year - 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.

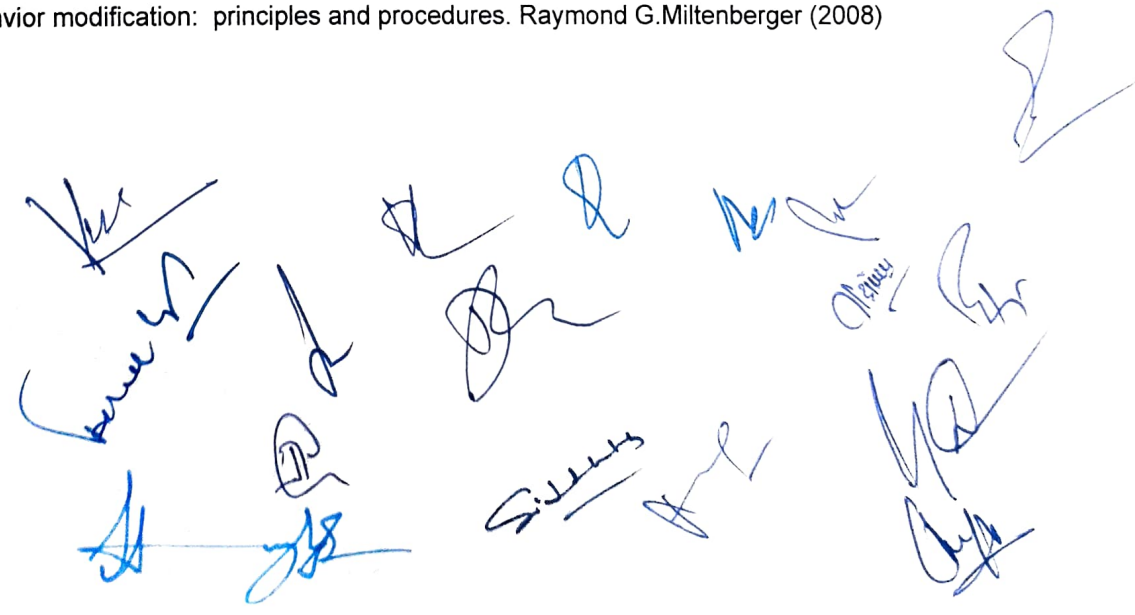
Handbook of Clinical Behavior therapy, Turner, S.M., Calhown, K.S and Adams, H.E. (1992). Wiley Interscience: NY

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.