

**Master of Science
in
Psychosocial Rehabilitation & Counselling**

Regulations and Curriculum

Rehabilitation Council of India

2007

CURRICULUM for Post Graduate Degree in Psychosocial Rehabilitation & Counselling

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SECTION I

REGULATIONS GOVERNING M. Sc. (PSR &C) COURSE

I Title of the Course:

The course of study shall be called ***Master of Science in Psychosocial Rehabilitation & Counselling*** leading to M. Sc. (PSR & C) Degree in Psychosocial Rehabilitation & Counselling – M. Sc. (PSR & C).

II Duration of the course:

The duration of the Master's Degree in Psychosocial Rehabilitation & Counselling shall be for a period of two years on a full time basis. The course would start from the date as stipulated by the University.

III Intake of students:

The intake of students to the course shall be in accordance with the RGUHS notification.

IV Eligibility for admission:

i) The general admission eligibility rules of the Rajiv Gandhi University of Health Sciences as applicable to the Post Graduate studies such as minimum marks secured, age, domicile, etc. shall be applicable to M. Sc. (PSR & C) course.

ii) A candidate who has passed Bachelor's Degree in any one of the following subjects from a recognized university/institution, is eligible to seek admission to M. Sc. (PSR & C) course:-

Social Work or Psychology or Sociology or Nursing or Home Science or Occupational Therapy or any Graduate with Behavioural & Social Sciences as one of the major subjects of study and has secured not less than 50% of aggregate marks in the final examination excluding marks in languages. Any graduate with M.B.B.S. degree from a recognized Indian University or its equivalent.

In case of SC, ST and Category I candidates, marks secured shall not be less than 40% of the aggregate marks.

V Selection Procedure:

Candidates will be selected for admission as per the general guidelines provided by the University from time to time.

b) Admission to the course shall be through selection by a duly constituted Selection Committee. The selection is based on merit and includes a written examination and personal interview

VI Eligibility certificate:

No candidate shall be admitted for the postgraduate degree course unless the candidate has obtained and produced the eligibility certificate issued by the university. The candidate has to make the application to the university with the following documents along with the prescribed fee.

1. Pass / degree certificate issued by the university.
2. Marks cards of all the university examinations passed.
3. Migration certificate.
4. Certificate of conduct.
5. Proof of SC/ST or category I as the case may be

Candidates should obtain the eligibility certificate before the last date for admission as notified by the university.

A candidate who has been admitted to post-graduate course should register his/her name in the university within a month of admission after paying the registration fee.

VII Medium of Instruction

English is the medium of instruction for the subjects of study as well as for the examination.

VIII Course of study

The course shall be pursued on full time basis. The course includes theory papers, subsidiary subjects, and practicals / field work. Students shall be posted to various agencies working in the area of mental health (psychiatric hospitals and rehabilitation centres) during the practical hours.

Subjects for study and teaching hours for first year and second year M. Sc. (PSR & C) course are shown in Table – I and Table-II respectively.

Table - I Distribution of Teaching Hours in First Year M. Sc. (PSR &C) Subjects

Sl. No.	Main Subjects	Theory No. of hours	Practicals No. of hours	Total
1.	Term I: Health and Mental Health - I	40	-	40
	Term II: Health and Mental Health - II	40	-	40
2.	Term I: Psychosocial Foundation of Human Behaviour – I	60	-	60
	Term II: Psychosocial Foundation of Human Behaviour – II	60	-	60
3.	Term I: Psychosocial Rehabilitation – I	40	-	40
	Term II: Psychosocial Rehabilitation – II	40	-	40
4.	Term I: Research Methodology and Statistics – I	40	-	40
	Term II: Research Methodology and Statistics – II	40	-	40
	Subsidiary subjects:			
	1) Computer Education	40	60	100
	2) Yoga	30	70	100
	3) Field Work	-	400	400
	Total	430	530	960

Note: Main and Subsidiary subjects are common in I year for all the three branches.

Table- II Distribution of teaching hours in Second year M. Sc. (PSR & C) subjects for the branches.

Sl.No	Branches	Theory No. of hours	Practicals No. of hours	Total
1.	Term I: Psychological Counselling - I	40	-	40
	Term II: Psychological Counselling –II	40	-	40
2.	Term I: Family, Group, Community Intervention - I	40	-	40
	Term II: Family, Group, Community Intervention - II	40	-	40
3.	Term I: Psychosocial Counselling for Special Groups - I	40	-	40
	Term II: Psychosocial Counselling for Special Groups - II	40	-	40
4.	Term I: Rehabilitation Administration & Legislation - I	40	-	40
	Term II: Rehabilitation Administration & Legislation - II	40	-	40
	Subsidiary subjects:			
	1) Clinical / Field Work and Case presentations	-	300	
	2) Counseling Skills	-	200	
	3) Seminars & Journal Article Reviews	-	200	
	Total	320	700	1020

IX Attendance

A candidate is required to attend a minimum of 80% of training of the total classes in each subject conducted during each of the academic year of M. Sc. (PSR & C) Course. Provided further leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% of training period every year. Any student who fails to complete the course in this manner shall not be permitted to appear for the University Examinations. Attendance, after fulfilling the minimum requirement of 80%, shall carry 2 credits for each academic session.

A candidate who does not satisfy the requirement of attendance even in one subject or more will not be permitted to appear for University Examination. He/She is required to make up the deficit in attendance to become eligible to take the subsequent examinations.

No candidate is permitted to work outside while studying the course. No candidate should join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of study.

X Monitoring Progress of Studies

Work Diary / Log Book- Every candidate shall maintain a work diary and record his/her participation in the training programmes- Field work, Clinical work, Seminars, Field work records and Case records etc. (Refer Annexure 1, for model check lists and log book copy). Special mention may be made of the presentations by the candidate as well as details of Field/Clinical work conducted by the candidate. The work diary shall be scrutinized and certified by the concerned faculty members.

Internal Assessment (IA): The College shall conduct two tests each in First and Second year for Internal Assessment. The Third test shall be conducted one month prior to the annual university examination so that it also serves the purpose of preparatory examination. The marks obtained in these tests will be considered for internal assessment. Average of the best two marks will be computed for internal assessment and shall be sent to the university as per the notification issued by Registrar (Evaluation) before each university examination. Records and marks obtained in tests will be maintained by the college and made available to the university. Marks of periodic tests shall be displayed on the notice board by the Principal without fail.

If a candidate is absent from the test due to genuine and satisfactory reason, such a candidate may be given a re-test within a fortnight.

NOTE: A student must secure at least 50% of total marks fixed for internal assessment for a particular subject in order to be eligible to appear in university examination in that subject. The internal assessment marks **will not be added** to the marks obtained in the university examination for declaration of pass.

Records: Records and marks obtained in tests will be maintained by the college and made available to the university.

XI Dissertation

Each candidate pursuing M. Sc. (PSR & C) course is required to carry out work on selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of dissertation.

The dissertation is aimed to train a graduate student in research methods and techniques. It includes identification of problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and interpretation of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the date notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the University will register the dissertation topic. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation should be written under the following headings:

- i) Introduction
- ii) Aims or objectives of study
- iii) Review of literature
- iv) Material and methods
- v) Results
- vi) Discussion
- vii) Conclusion
- viii) Summary
- ix) References
- x) Tables
- xi) Annexure

The written text of dissertation shall not be less than 50 pages and shall not exceed 100 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. A declaration by the candidate for having done the work, along with a recent passport size colour photograph of the candidate (to be affixed on the declaration

sheet) should also be included, and the guide, head of the department and head of the institution shall certify the dissertation.

Four copies of Dissertation shall be submitted to the university, through proper channel, along with a soft copy (CD), 6 months before the final examination. It shall be assessed by two examiners appointed by the university, one internal and one external. No marks shall be awarded for Dissertation. Acceptance of the dissertation is a pre-requisite for a candidate to be permitted to appear for final examination. If there are corrections in the dissertation suggested by the examiner(s), the candidate may make such corrections and may be allowed to re-submit in time and if approved can appear for the examination.

XII Guide

The academic qualification and teaching experience required for recognition as Guides by the University are:

1. M.D. in Psychiatry and three years teaching experience after the PG qualification in a recognized Institution, or
Ph.D. in Clinical Psychology/Psychiatric Social Work with teaching experience of at least two years in a recognized institution, or
M. Phil. in Clinical Psychology/Mental Health and social Psychology/ Psychiatric Social Work with five years of teaching experience after M. Phil. qualification from a recognized institution, or,
M. Sc. (PSR) or M. Sc. (PSR & C) with five years of teaching experience after PG qualification from a recognized Institution.
2. The age of guide/teacher shall not exceed 63 years.
3. He / She shall be a full-time faculty of the institution.
4. The guide-student ratio shall not exceed 1:3.
5. Relaxation criteria: In view of acute shortage of teachers in this new specialty, those having three years full time teaching experience, after post graduation, may be considered as PG teachers. They may be permitted to be guides and examiners for the **next three-years from the time of this notification**. Similarly, persons aged more than 63 years may be considered as eligible to guide at the discretion of the University for at least **three more years** from the time of this notification.

XIII Schedule of examination

- a. University Examination will be held in two parts - Part I and Part II, at the end of I year and at the end of II year respectively. Candidates will not be allowed to take the Part II examination unless he/she has passed all papers of the Part I examination. The prescribed examination fee as laid down by the University from time to time for each entry to Part I and Part II examination shall be paid.

- b. The University examination will be conducted at the end of each year on a date notified by the university from time to time. Not more than two examinations shall be conducted in an academic year.
- c. Failed candidates may appear in the subsequent examination after paying the required fee.
- d. Carry over: A candidate will not be promoted to the second year of the Course if he/she fails in more than two theory papers of the Part I examination. Passing in clinical/viva voce and fieldwork records is compulsory for promotion. The failed candidate will repeat only the papers in which he/she has failed. The candidate should have passed all the papers in Part I to become eligible for the Part II examination. In case of failure only in Viva-voce and/or clinical examination, the candidate shall reappear only for that examination.
- e. A candidate is permitted not more than four attempts (actual appearance) to clear the first year or pass the first year examination **within three academic years**, from the year of admission, whichever is earlier. A candidate will not be allowed to continue the course if he/she fails to comply with the above stipulation.
- f. The number of examiners for clinical and viva-voce shall be two, comprising of one internal and one external examiner out of whom one would be from a subject speciality of Psychiatry and one from Clinical Psychology or Psychiatric Social Work from a recognized teaching institution.

XIV Scheme of examination

University examination:

There shall be two University examinations, one at the end of first year and the other at the end of second year, respectively.

The University Examinations shall consist of dissertation, written paper (Theory), clinical and Viva Voce. The evaluation of the student in each course will be referred to as grading under 10 point scale and shall be measured by the quality of performance in the course by assigning grade point. Subsidiary subjects shall have internal assessment only.

I Year

Eligibility to appear in university examination

A candidate shall be eligible to appear for first year M. Sc. (PSR & C) examination at the end of one year from the commencement of the course. He/She should have satisfactorily completed the prescribed course and fulfilled the conditions prescribed for internal assessment and attendance.

University Examination:

Written Examination: Written examination shall consist of four theory papers, each of 3 hours duration. Each paper shall carry 100 marks.

Distribution of Marks:

The particulars of subjects for examination and distribution of marks are shown in Tables III A and III B.

Table – III A. Main Subjects for Examination and Distribution of marks for First year

Sl No	Main Subjects (Theory papers)	No. of papers	Grand total (University Examination marks)
1.	Health and Mental Health	One	100
2.	Psychosocial Foundation of Human Behaviour	One	100
3.	Psychosocial Rehabilitation	One	100
4.	Research and Statistics in Psychosocial Rehabilitation	One	100
TOTAL MARKS			400

Table – III B. Subsidiary Subjects for First year

Sl. No.	Subsidiary subjects	Marks (by respective colleges)
	1) Computer Education	50
	2) Yoga	50
	3) Field Work	50
TOTAL MARKS		150**

****Respective colleges shall conduct examination for subsidiary subjects and send the marks to the University. Prescribed percentage of marks for a pass in subsidiary subject is 35.**

II Year

Eligibility: To be eligible to appear in the II year examination a candidate shall have:

- i) completed one year of study in II year, and
- ii) passed in all the subjects of I year
- iii) acceptance of thesis dissertation

Dissertation: Every candidate shall carry out work and submit a dissertation as indicated in (Sl. No. XI). Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Internal Assessment: There shall be internal assessment for 4 theory papers and practical courses.

1. **Theory:** There shall be 100 marks for Internal Assessment in each of the 4 theory papers.

2. Practical Courses: Field Work/Clinical Work; Counseling Skills; Seminar/Case presentations/Journal review shall carry 50 marks each and shall be evaluated using the model check list provided in Annexure I.

University Examination:

1. Written Examination: Written examination shall consist of four theory papers, each of three hours duration. Each paper shall carry 100 Marks.

2. Viva Voce Examination shall cover theoretical knowledge and dissertation, and aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. Total marks shall be 100.

3. Clinical examination shall aim at examining clinical skills and competence of candidates for undertaking independent work as PSR professional. This shall carry 100 marks.

Both internal and external examiners shall conduct clinical and viva-voce examinations.

Distribution of Marks:

The particulars of subjects for examination and distribution of marks are shown in Tables IV A and IV B.

Table – IV A. Main Subjects for Examination and Distribution of marks for Second year

Sl. No	Theory				Practicals			Grand Total (University examination marks)
		No. of papers	Marks	Sub-total	Clinical Case presentation	Viva voce	Sub-total	
1	Psychological Counselling	One	100	400	100	100	200	600
2	Family, Group, Community based intervention	One	100					
3	Psychosocial Counselling for Specific Groups	One	100					
4	Rehabilitation Administration and Legislation	One	100					

Table – III B. Subsidiary Subjects for Second year

Sl. No.	Subsidiary subjects	Marks (by respective colleges)
1	Field / Clinical work and Case presentations	50
2	Counseling Skills	50
3	Seminars & Journal Article reviews	50
TOTAL MARKS		150**

****Respective colleges shall conduct examination for subsidiary subjects and send the marks to the University. Prescribed percentage of marks for a pass in subsidiary subject is 35.**

SECTION II

Aims and objectives of the course

I. Goals of the course

- a) To impart education and training in Psychosocial Rehabilitation & Counselling to those desirous of making a career in the field of Psychosocial Rehabilitation & Counselling.
- b) To promote integration of theory and practice in the field of Psychosocial Rehabilitation & Counselling.
- c) To provide interdisciplinary collaboration for better understanding of problems, services and issues related to persons with disabilities.
- d) To promote among students a sense of dedication, commitment and ethical values to promote the cause of Psychosocial Rehabilitation & Counselling.
- e) To provide students with opportunities for personal development.

II Objectives: After completing the course the candidate's learning shall be in these areas:

Knowledge:

- i) Understand human behaviour in deeper psychological perspective as well as in the context of the patient's cultural and social milieu.
- ii) Understand the techniques of working with groups and instill a sense of team work in order to cooperate with one another.
- iii) Understand the essentials of mental health in the context of specific family norms.
- iv) Understand the treatment approaches to psychiatric disorders.
- v) Understand the principles of counselling
- vi) Understand the principles of vocational training programmes.
- vii) Understand the legislation pertaining to the Psychosocial Rehabilitation & Counselling.
- viii) Understand the administration and management aspects of rehabilitation centers. Gain knowledge in the fundamental rules and values that help individuals integrate and enrich themselves and their respective communities.
- ix) Understand the positive and negative attitudes in life and how they heal or create illness.
- x) Understand the negative attitude in oneself and its role in delaying rehabilitation of the patient.

Skills:

- i) Develop proper interpersonal relationship with patients, families and other professional colleagues.
- ii) Observe and develop empathy and professional understanding.
- iii) Apply different intervention techniques in crisis or unpredictable events.
- iv) Handle multifarious problems of individual, families, community at large with respect to mental illness.
- v) Develop basic counseling skills.

- vi) Develop special skills to deal with emotionally disturbed/alcoholics/drug dependents/mentally retarded individuals.
- vii) Deal with distressed families and handle their psychosocial problems as and when they arise.
- viii) Develop basic research skills in exploratory, descriptive, experimental and evaluative research modules.
- ix) Apply different techniques for personal growth so as deal with patients and their needs effectively.

III Attitudes, Human Values and Ethical Practice:

- i) Adopt ethical principles in all aspects of his/her practice. Professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- ii) Develop communication skills, in particular the skill to explain various opinions available in management and to obtain a true informed consent from the patient.
- iii) Apply high moral and ethical standards while dealing with the mentally ill and their families and carrying out research in the field.
- iv) Be humble and accept the limitations in his/her knowledge and skill and to ask for help from colleagues when needed.
- v) Respect patient's rights and privileges including patient's right to confidentiality, information and right to seek a second opinion.
- vi) Be realistic so as to understand one's personal limitations in dealing with others and with oneself.
- vii) Be flexible and resourceful in dealing with one's own individual differences as well as that of the team members and patients.
- viii) Strive to reduce stigma associated with the mentally ill.

SECTION III

Credit Based Annual System

a. Distribution of subjects of study:

- I Year - 4 main subjects + 3 subsidiary subjects
- II Year - 4 main subjects + 3 subsidiary subjects and a dissertation

Term: One term shall consist of 20 weeks with minimum of 120 instructional days. At the end of a term "internal assessment" examination would be conducted.

Academic Year: One academic year would consist of 40 weeks with minimum of 240 instructional days. At the end of First year **university examination** would be conducted which would consist of 4 theory papers. At the end of the second year a **university examination** would be conducted which would consist of 4 theory papers, viva-voce and a clinical examination.

b. Distribution of credits would be as follows:

I Year M. Sc. (PSR & C)		I Term		Credits	
Sl. No.	Subjects	Theory	Practical	Total	
Main subjects					
1	Health and Mental Health – I	2	0	2	
2	Psychosocial Foundation of Human Behavior - I	3	0	3	
3	Psychosocial Rehabilitation – I	2	0	2	
4	Research Methodology and Statistics - I	2	0	2	
Subsidiary subjects					
1	Computer Education	0	1	1	
2	Yoga	0	1	1	
3	Field Work	0	4	4	
Total Credit hour		9	6	15	

I Year M. Sc. (PSR & C)		II Term		Credits	
Sl. No.	Subjects	Theory	Practical	Total	
Main subjects					
1	Health and Mental Health – II	2	0	2	
2	Psychosocial Foundation of Human Behavior - II	3	0	3	
3	Psychosocial Rehabilitation – II	2	0	2	
4	Research Methodology and Statistics - II	2	0	2	
Subsidiary subjects					
1	Computer Education	0	1	1	
2	Yoga	0	1	1	
3	Field Work	0	4	4	
Total Credit hour		9	6	15	

I Year total credits for both terms:

Course Credit	-	30

Grand total of Credits for I Year	-	30

II Year M. Sc. (PSR & C)		I Term		Credits	
Sl. No.	Subjects	Theory	Practical	Total	
Main subjects					
1	Psychological Counselling I	2	0	2	
2	Family, Group, Community Intervention I	2	0	2	
3	Psychosocial Counselling for Special Groups I	2	0	2	
4	Rehabilitation Administration & Legislation I	2	0	2	
Subsidiary subjects					
1	Field / Clinical Work and Case presentations		3	3	
2	Counseling Skills		2	2	
3	Seminars & Journal Article Reviews		2	2	
Total Credit hour		8	7	15	

II Year M. Sc. (PSR & C) - II Term Credits

Sl. No.	Subjects	Theory	Practical	Total
	Main subjects			
1	Psychological Counselling II	2	0	2
2	Family, Group, Community Intervention II	2	0	2
3	Psychosocial Counselling for Special Groups II	2	0	2
4	Rehabilitation Administration & Legislation II	2	0	2
	Subsidiary subjects			
1	Field / Clinical Work and Case presentations		3	3
2	Counseling Skills		2	2
3	Seminars & Journal Article Reviews		2	2
Total Credit hour		8	7	15

II year total credits for both terms:

Course Credit - 30

Dissertation - 08

Grand Total of Credits for II Year 38

1. Annual course credit load:

The I Year would comprise of 4 main subjects and 3 subsidiary subjects totaling 30 credits.

The II Year would comprise of 4 main subjects and 3 subsidiary subjects totaling 30 credits.

In addition students will submit a dissertation and will earn 8 credits subject to its acceptance.

At the end of the course the candidates would have completed 14 courses comprising 60 credits and 8 credits for dissertation.

2. Attendance: Every additional 5% of attendance after fulfilling the minimum requirement of 80% shall carry a credit of 0.5.

	Course	Total Course Credits (including attendance)	Dissertation Credits	Total
I Year	07	30	00	30
II Year	07	30	08	38
Total	14	60	08	68

3. Grade point of a course: This is measure of quality of work done in a course evaluated for a maximum of 100 marks but expressed on a 10 point scale. It would be computed by dividing percentage of marks obtained in a course by 10.

4. Course Credit Point (CCP): It is a product of course credits and the grade point secured by a student in a course.

5. Grade Point Average (GPA): It is a quotient of the total course credit point secured by a student in various courses registered in an academic year divided by the total course credit during this year.

6. Over all Grade Point Average (OGPA): It is the measure of overall performance of students on completion of the degree programme. It is computed by dividing the total number of course

credit points earned by a student over the two years by the total number of credit hours taken by a student.

A sample of Credit Points

I Year (for both terms)	Credits	Grade Points (For e.g.)	Course Credit Points (For e.g.)
Paper I	4 + 0 = 4	6	24
Paper II	6 + 0 = 6	8	48
Paper III	4 + 0 = 4	7	28
Paper IV	4 + 0 = 4	5	20
Computer Education	0 + 2 = 2	7	14
Yoga	0 + 8 = 8	8	64
Field work	0 + 2 = 2	5	10
TOTAL	30		208

GPA = 208/30 = 6.93

II Year (for both terms)	Credits	Grade Points (For e.g.)	Course Credit Points (For e.g.)
Paper I	4 + 0 = 4	7.0	28
Paper II	4 + 0 = 4	6.0	24
Paper III	4 + 0 = 4	5.0	20
Paper IV	4 + 0 = 4	6.0	24
Field / Clinical Work and Case presentations	0 + 6 = 6	8.0	48
Counseling Skills	0 + 4 = 4	6.0	24
Seminars & Journal Article Reviews	0 + 4 = 4	6.0	24
TOTAL	30		192

GPA = 192/30 = 6.4

OGPA = $\frac{208 + 192}{60} = 6.66$

c. Distribution of Marks:

1. University Theory Examination - 100 Marks

Credit Requirements: For M. Sc. (PSR & C) the credit requirements will be as follows

Theory & Practical	-	60
Dissertation	-	08
Total Credits	=	<u>68</u>

Credits for attendance, if any are to be added to the total credits.

At the completion of the course, the statement of result would consist of:

1. Total No. of credit hours taken, Grade Points, CCP, and GPA for each year and OGPA, and attendance credits if any.
2. Marks obtained in the final examination of the two years

XVI. Criteria for declaring as pass in University Examination.

A candidate shall secure minimum 4.00 grade points (40% marks) in each theory paper and 5.00 grade points (50% marks) in each of the practical component and an aggregate of minimum 5.00 grade points (50%) to be declared as pass i.e. should secure a GPA of not less than 5.00.

Part-I Examination:

To pass in Part I University examination a candidate shall pass in all the three components of the examination, i.e. written examination, and subsidiary subjects (Field Work, Yoga, and Computer Education). The criteria for pass in each of the components, is as under:

Written Examination: To pass in the University written examination component, a candidate shall pass in all the theory papers by securing not less than 4.00 Grade Points (40% of the marks) excluding Grade Points (marks) obtained in the internal assessment for that subject.

Subsidiary subjects: Field Work, Computer Education, and Yoga: A candidate shall secure not less than 5.00 GP (50%marks) in each of these **three** components of practical to pass. It shall be assessed within the college by the concerned head of the department.

Part-II Examination:

To pass in Part II University examination a candidate shall pass in all the four components of the examination, i.e. written examination, clinical, viva-voce, and practical consisting of Field work, Counseling Skills, and Seminars/Case Presentations. The criteria for pass in each of the components, is as under:

Written Examination: To pass in the University written examination component, a candidate shall pass in all the theory papers by securing not less than 4.00 G P (40% marks) excluding Grade Points (marks) obtained in the internal assessment for that paper.

Clinical Examination and Viva-Voce Examination: A candidate shall secure not less than 4.00 Grade Points (40% marks) to pass in each of these components.

Practical consisting of Field Work, Counseling Skills, and Seminars/Case presentations: A candidate shall secure 5.00 GP (50% marks) in each of these **three** components of practical to pass. These components will be assessed in the college.

A candidate shall secure a minimum OGPA of 5.00 (50% marks) to be declared as pass.

Declaration of First Class and Distinction: A candidate who secures an **OGPA 6.0 and more but less than 7.5 in first attempt shall be declared to have passed in First Class** (aggregate marks of 60% and above but less than 75% in part I & II). A candidate who secures an **OGPA of 7.5 or more in the first attempt shall be declared to have passed with Distinction** (aggregate marks of 75% and above in part I & II). **Note:** The credits of attendance, if any, secured by a candidate shall be added to the number of credit course for declaration of first class or distinction only, provided the candidate fulfills the pass criteria. However, the attendance credits will not be considered for declaration of pass.

SECTION IV

COURSE CONTENT

IV Course of Study

The course of study is shown in the following two tables along with hours of teaching.

Credit Hours- A Measure of work done in a course. One Credit represents one hour of lecture or Two and a Half hours of Field Work /Yoga/Computer Education/ Counselling Skills Training/ Seminars/Case presentation per Week throughout the course.

Subject and Teaching Schedule of M. Sc. (PSR & C):

Table. I: First Year M. Sc. (PSR & C) (0-12 months) (Term I & Term II)

Sl. No.	Subject	Total Teaching Hours
1	Health and Mental Health	80
2	Psychosocial Foundations of Human Behaviour	120
3	Psychosocial Rehabilitation	80
4	Research Methodology and Statistics	80
5	Computer Education	00+100
6	Yoga	00+100
7	Field work	00+400

Table. II: Second Year M. Sc. (PSR & C) (13-24 months) (Term I & Term II)

Sl. No.	Subject	Total Teaching Hours
1	Psychological Counselling	80
2	Family, Group and Community Intervention	80
3	Psychosocial Counselling for Special Groups	80
4.	Rehabilitation Administration and Legislation	80
5.	Field / Clinical work / Case presentation	00+300
6.	Counselling Skills	00+200
7.	Seminar & Journal Article Reviews	00+200

V Method of training

- Interactive, face-to-face teaching with appropriate audiovisual aids.
- The training of the post-graduate degree shall be on a full time basis with graded responsibility in the management and treatment of patients entrusted to his/her care.
- The participation of all the students in all facets of educational process is essential.
- Candidates are expected to take part in seminars, workshops, group discussions, fieldwork, orientation visits and case demonstration.
- Training also involves guided fieldwork supervision and record maintenance.
- Research studies and dissertation submission is an essential part of the course.

VI Content of the Course (Syllabus)

I Year M. Sc. (PSR & C)

PAPER I: HEALTH AND MENTAL HEALTH

TERM I (Health and Mental Health – I)

Unit 1. Health and Hygiene

- Definitions, Concepts, dimensions, signs, determinants
- Levels – Individual, Family, Community
- Health – Disease, Spectrum, Natural history of disease
- Levels of Prevention : Primordial, Primary, secondary, tertiary
- Promotion of health

Unit 2. Mental Health

- Concept of mental health
- Characteristics of a mentally healthy individual
- Psychiatric Interview – History taking, Mental State Examination (MSE)
- Disorders of Thinking, Perception, Mood, Emotion, Cognition and Motor disorders.

Unit 3. Classification of Mental disorders according to ICD-10 / DSM IV

- Causes of mental illness: Bio psychosocial causes.
- Epidemiology of mental disorders – incidence, prevalence.

Unit 4. Psychiatric Syndromes:

- Clinical features and diagnosis. Prodromal symptoms : Signs of relapse: causes and remedies
- Management (include basic information about medical management, medicines used and possible side effects)

TERM II (Health and Mental Health –II)

Unit 5

- a. Schizophrenia and Psychotic disorders.
- b. Mood disorders
- c. Anxiety disorders

Unit 6

- d. Personality disorders
- e. Impulse control disorders
- f. Mental Retardation
- g. Childhood disorders – Attention deficit hyperactivity disorder, Pervasive developmental disorders, emotional disorders in childhood

Unit 7

- h. Geriatric Psychiatry and Dementia
- i. HIV, AIDS, Sexual health and disorders
- j. Drug and Alcohol dependence
- k. Deliberate Self Harm, suicide and violence

Unit 8 Stress and Coping

- Lifestyle and illness, Personality and stress
- Stress: meaning, sources, impact, Bio-psychosocial aspects of stress
- Stress and Health
- Coping with stress, management of stress.

Paper II PSYCHOSOCIAL FOUNDATIONS OF HUMAN BEHAVIOR

SECTION 1 - Social Foundations

TERM I (Psychosocial Foundations of Human Behavior – I)

Unit 1. Introduction: Sociology and Psychosocial Rehabilitation & Counselling

Sociology and Health-Concepts-Disease, illness, sick role, physicians job, illness behavior. Hospital as a social institution.

Unit 2. Groups, Community, Society and social institutions

Groups, Community, Society: Definitions, Meaning, Origin, Characteristics, Classification, Features and Functions, Types, Recent Trends, Individual as a member of society, Impact of group on Individual's behavior.

Social Institutions: Marriage, Family, Kinship, Religion.

Unit 3. Socialization

Definitions, Process, Agents- Family, Peer group, Religious Institutions, School, State, Society, Culture.

Unit 4. Social Processes

Meaning, Types-Cooperation, Accommodation, Assimilation, Competition, Conflict. Functions.

SECTION 1 - Social Foundations

TERM II (Psychosocial Foundations of Human Behavior – II)

Unit 5. Social Control

Basic concepts, importance, Deviant Behavior.

Means of social control: Values and norms, Folkways and Mores, Customs and Fashions, Public opinion, Religion and Morality, Education, Law.

Unit 6. Social Change

Meaning, Nature , Factors of Social change, Resistance to Social change

Unit 7. Social Problems with special reference to India

Types of Social problems: Poverty, Unemployment, Beggary, Commercial Sex Work, Crime and Delinquency, Social violence, Child Labour, Street Children, Communal conflict. Causes and remedial measures

Unit 8. Culture and Psychosocial Rehabilitation & Counselling, and Culturally Accepted services

SECTION 2 - Psychological Foundations

TERM I (Psychosocial Foundations of Human Behavior – I)

Unit 1. Psychology - Introduction

- Definition and scope,
- Approaches to understand behavior,
- Methods of studying behavior

Unit 2. Cognitive Functions

a. Attention and Perception

- Attention – Nature and Characteristics, Information Processing theory, Types of Attention, Attention deficits, Tests of attention.
- Perception – Gestalt Laws and Principles of perceptual organization.

b. Learning and Memory

- Learning theories – Classical conditioning, Operant conditioning, Social learning theory. Cognitive learning theory , Relevance of learning theories in Psychological disorders, Behavior modification.
- Memory – Definition, forms of memory, theories of memory, Forgetting, Amnesias, Strategies to improve memory.

c. Intelligence: Definition, Approaches to understand intelligence

- Psychometric Approach
- Information processing approach,
- Multiple intelligence, Spearman's theory.
- Measurement of Intelligence – Tests of Intelligence

Unit 3. Motivation and Emotion

a. Motivation

- Theories – Instinct, Drive, Arousal, Incentive, Cognitive theories.
- Role of Biological needs in human behavior – Hunger, Thirst, Sex.
- Social Motives: Affiliation, Achievement, Aggression, Power, Self-actualization.
- Frustration & Conflicts of motives.

b. Emotion

- Functions & Components of Emotions
- Physiology of emotions,
- Theories of emotions.
- Role of emotions in learning, motivation and cognition
- Facial Expression & Bodily responses
- Emotional Intelligence

SECTION 2 - Psychological Foundations

TERM II (Psychosocial Foundations of Human Behavior – II)

Unit 4. Physiological Psychology

- Neurons – structure, nerve impulse, synapse, neurotransmitters.
- Central nervous system – brain and cerebral cortex, Hemispheres, lobe functions.
- Peripheral nervous system: Somatic and autonomic nervous system

Unit 5. Personality

- Definitions, Understanding personality,
- Theories of personality: Psychoanalytic, Behavioral, Humanistic approach and Trait theories. Personality assessment.

Unit 6. Social Cognition

- Social Perception, Attribution process, Social Influences.
- Attitudes: Forming and maintaining attitudes, changing attitudes.

Unit 7. Human Development

- Stages of development, Developmental tasks and Problems
- Role of heredity and environment. Parenting styles.

Unit 8. Indian Psychology

- Vedas, Nastika Schools, Astika Schools, Sankhya, Purusharthas, Ashrama theory, yoga.

PAPER III - PSYCHOSOCIAL REHABILITATION

Term I (Psychosocial Rehabilitation – I)

Unit 1. Basic Concepts of Rehabilitation

- Impairment, disability handicap
- Impact of psychiatric disability on the individual, family, community
- Disability due to psychiatric disorders.
- Need for Psychosocial Rehabilitation & Counselling

Unit 2. Introduction to Psychosocial Rehabilitation & Counselling

- History / emergence of PSR, Philosophy and Principles of PSR
- Definitions, Goals, Objectives, Essentials of PSR, Scope

Unit 3. Settings in rehabilitation

- Hospital based and community based
- Residential and Non-residential programs
- Halfway Home, Group Home, Quarter-way home, Foster care, Respite care, Hostels, Day Care centers, Day hospitals, Sheltered Workshops, Therapeutic Clubhouses, Vocational Training Units, Community-based programs.

Term II (Psychosocial Rehabilitation – II)

Unit 4. Processes in PSR

- Assessment, Planning, Intervention and Evaluation.
- Assessment in PSR: Qualitative and quantitative assessments.
- Areas of assessment.

Unit 5. Scales for Assessment

- Disability
- Family Burden,
- Coping,
- Quality of Life,
- Work Performance.

Unit 6. Approaches in PSR & Therapeutic Programs for each approach

- Therapeutic Community
- Behavioral approach
- Transactional analysis approach
- Eclectic approach

Unit 7. Professionals associated with Psychosocial Rehabilitation & Counselling

- Multi disciplinary team,
- Role of psychiatrists, psychiatric social workers, clinical psychologists, psychiatric nurses, occupational therapists and rehabilitation professionals.

Unit 8. Stigma and Discrimination

- Stigma of Mental Illness and Discrimination
- Implications for treatment
- Rehabilitation and Advocacy.

PAPER IV RESEARCH METHODOLOGY AND STATISTICS

Term I (Research Methodology and Statistics – I)

Unit 1. Scientific Research Methods: Need and Relevance

- Nature, Characteristics, Concepts, Purpose, Assumptions
- Steps in Scientific Method
- Types of Research and their Scope in Psycho-Social Rehabilitation, Concept of cause and effect relationship in research, Mills Cannons of causation
- Ethical Issues in Psychosocial Research
- Introduction to Health Indicators – Epidemiological Studies

Unit 2. Planning of Research Projects

- Steps in research planning
- Research Problem identification, formulation of objectives and hypothesis
- Review of literature
- Meaning and use of hypothesis, Functions and conditions for valid hypothesis

Unit 3. Sampling Techniques

- Census versus Sampling, Need for sampling, Definitions in Sampling, Criteria for a good sample,
- Probability and Non Probability Sampling
- Concept of Random sample and methods of selecting random sample
- Different Sampling Designs and their application in Psycho-Social Rehabilitation Research, Calculation of Sample size for surveys

Unit 4. Research Designs

- Principles involved in Research designs
- Survey Methods, Exploratory, Descriptive, Evaluative Surveys
- Experimental Designs, Role of Randomization, Controls and Replications in Experimental Designs, Types of controls, Different Experimental Designs, Formal and informal designs
- Calculation of sample size for different designs

Term II (Research Methodology and Statistics – II)

Unit 5. Data collection

- Meaning of variable and data, types of data- Qualitative, Quantitative, Primary and Secondary Data and their sources
- Concept of Measurement in data, Different scales of measurement, Construction of scales
- Methods of data collection for Quantitative and Qualitative data, Interview, Questionnaires, Schedules, Focus group discussions, Observation and Case study methods, Merits and demerits of these methods
- Formulation of tools for data collection- Pre-testing and Pilot studies
- Validity and Reliability of tools and their measures
- Errors in measurement

Unit 6. Processing of data

- Editing and coding
- Tabulation and Graphical presentation of data- Different graphs and their relevance
- Measures of Central tendency- Mean, Median and Mode
- Measures of variability,- Range, Mean deviation, Variance, Standard deviation, Coefficient of variation, Percentiles, Quartiles
- Probability distributions- Normal, Binomial and Poisson
- Standard Normal variate
- Sampling variation and its measurement, Standard error and its calculation, Confidence intervals

Unit 7. Statistical Methods

- Tests of significance- Large sample and small sample tests, Z test, Student's t-test- paired and unpaired, Chi square test, Analysis of variance

Non parametric tests- Sign test, Mann-Whitney test, Wilcoxon's Signed rank test, Kruskal Wallis H-test, Friedman test

- Concepts of Analysis of Co-variance
- Correlation and Regression- Covariance, Scatter diagrams,
- Correlation coefficient, Regression, Regression Co-efficient, Linear Regression lines and their interpretation
- Spearman's Rank Correlation
- Concepts of Non linear regression, Partial and Multiple correlation and Multiple regression equations and Logistic Regression
- Writing of a Research Report

Unit 8. Introduction to Computer Based Statistical Analysis of Data

- SPSS Package for Statistical Analysis
- SYSTAT Package for Statistical Analysis

FIELD WORK

Term I

Objectives:

1. To contextualize theory to practice
2. To acquire practical skills
3. To facilitate professional and personal growth

I Orientation Field Visits: One day visit to each of the facility

Objectives:

- To give an exposure and orientation to ongoing rehabilitation services
- To understand types of services provided by different agencies
- To understand the administrative aspect of rehabilitation services

Field visits to organizations working in the field of disabilities.

Field work reports to be submitted regularly.

II Skill Building

Objectives

- To acquire basic interviewing skills : Gathering information, questioning, creating safe environment, using different approaches to interviewing, giving information, making referrals, assessing clients.
- To acquire basic communication skills.

YOGA:

Beginners: Dynamic Asanas: Pawan Muktasana series, Naukasana, Naukachalana, Chakki Chalana, Thadasana, Triyaka Thadasana, Vajrasana, sashankasana, Pranamasana, Shalabhasana, Sarpasana, Marjariasana, Simhasana, Sarvangasana, Vipritakarini asana, Matsyasana, Suryanamaskara.

Traditional Pranayama Techniques: Nadishodan, Bhramari, Bhastrika.

Teaching skills – using yoga techniques therapeutically for clients.

COMPUTER EDUCATION

Basic knowledge and skill in using

- Windows
- MS Office
- MS Word
- Excel
- Power Point
- Access

Term II

I Field Work Placement: One week at each of the RFS(I) Bangalore facilities.

Objectives:

- To have hands on experience of the functioning of the agencies.
- To acquire practical skills
- To acquire clinical experience
- To acquire skills in conducting and facilitating groups

Posting at – Half-way Homes, Day Care Centers, Long stay homes, Group Homes, Vocational Rehabilitation Centers, Sheltered work shop, community based rehabilitation facilities, Hospital based facilities, Rehabilitation Centers for special groups.

II Skill building

Objective:

- To acquire basic:
 - Counseling skills: Listening, responding, reflecting, summarizing, feed back, facilitating, confronting, Empathy
 - Assessing clients

Fieldwork reports to be submitted regularly

Field work reports of both I and II term will have internal assessment.

YOGA:

- Meditation Practices: Yoga Nidra, Trataka, Antarmauna.
- Exploring psychological dimensions through yantras: Meditating on mantras and Mandala.

COMPUTER EDUCATION:

- Using Internet - Browsing Website, sending & receiving emails, accessing e-library.
- Using SPSS package (Statistical Package for Social Sciences).

II YEAR M. SC. (PSR & C)**PAPER I - PSYCHOLOGICAL COUNSELING****Term I (Psychological Counseling – I)****Unit 1: Counseling and Psychotherapy**

- Definition
- Goals and Objectives
- Interview
- Counseling Relationship, Qualities of a Counselor
- Counseling Skills

Unit 2: Theories and Principles

- Supportive Techniques
- Psychoanalytic Principles
- Person Centered Counseling - Principles
- Gestalt Principles
- Problem Solving Approach & Solution Focused Brief Counseling
- Cognitive Behavior Therapy –Aaron T. Beck's Cognitive Behavior Therapy, Albert Ellis Rational Emotive Behavior Therapy

Unit 3: Behavioral Techniques

- Theoretical Background
- Behavior Analysis
- Token Economies
- Behavioral Contracting, Use of Reinforcement, Time out techniques
- Relaxation Training – Jacobson's Progressive Muscular Relaxation
- Systematic Desensitization
- Exposure Techniques – Flooding, IN VIVO Desensitization
- Social Skills Training – Communication skills, Assertiveness training, Anger Management (use of modeling, shaping, role play)
- Cognitive Retraining

Term II (Psychological Counseling – II)

Unit 4: Group Counseling – Theory and Principles

- Introduction
- Stages of Group Development,
Types of Groups, Group Leadership, Ethical & professional issues
- Gestalt Techniques in groups
- Behavioral Techniques in groups
- Cognitive Behavioral Techniques in groups

Unit 5: Application in psychiatric disorders

- Anxiety Disorders – Generalized Anxiety Disorder, Panic Disorder, Phobias,
Obsessive Compulsive Disorder
- Depression
- Chronic Mental Illness
- Somatoform Disorders
- Post Traumatic Stress Disorder
- Personality Disorder
- Crisis Intervention – Suicide, Trauma

Unit 6. Ethical Issues in Counseling

Unit 7. Cultural Considerations in Counseling

Unit 8: Psychotherapy in the Indian Context

- Relevance of Western approaches in Indian context.
- History of Counseling in India
- Current trends

PAPER II: FAMILY, GROUP AND COMMUNITY INTERVENTION

Term I (Family, Group and Community Intervention – I)

Unit 1. Understanding Family Functioning

- Family Life Cycle.
- Family Dynamics.
- Family Assessment.
- Family typology
- Impact of Mental Illness on family

- Family Burden, Expressed Emotions
- Role of Family and Professionals in Psychosocial Rehabilitation & Counselling: Supportive, Collaborative, Resource mobilization
Advocacy, Self-help groups

Unit 2. Basic Family Counseling

- Psycho education, Behavioral Techniques, Crisis Counseling
- Schools of Family Therapy – Structural, Systemic, Strategic Schools

Unit 3. Working with Groups:

- Principles
- Processes & Dynamics.
- Expressive use of Art, Music and Body in Groups

Unit 4. Working with Families, Groups & Communities – Indian Context:

- Religious, economic and socio-cultural factors influencing PSR practice.
- Identifying needs and resources.
- Specific issues relevant to the Indian context such as Role of Family empowerment, Advocacy and Self-help groups
- Promotive Work with Families - Introduction and Scope
- Life skills training
- Family life education
- Mental Health awareness

Unit 5. Introduction to Methods of Social Work:

- Application of methods of Social Work in PSR settings / practice.
- Case Work – approaches and models of Case work, Group Work, Community Organization
- Auxiliary Methods – Social Welfare Administration, Social Work Research, Social Action.

Term II (Family, Group and Community Intervention – II)

Unit 6. Community Based Rehabilitation (CBR)

- Basic Concepts, Objectives, Principles, Strategies and Methods
- Community Empowerment
- Community Resource utilization for Rehabilitation – Need, Role of professionals, Volunteers, Families, NGOs, Government, Community leaders
- Networking in PSR – Need, and features.

Unit 7. Vocational Rehabilitation

- Vocation – Meaning, Importance - Work as the key to Recovery

- Work performance in the chronic mentally ill - assessment
- Vocational Rehabilitation – Meaning, Scope, Principles of Vocational training, Problems encountered
- Vocational Service System – Components (interlocking continuum of Assessment and Intervention phases)
- Recruitment, Selection, Pre-vocational training, Vocational Exploration, Vocational Skill (Job Skill) Training, Work Adjustment Training, Vocational Evaluation, Job Placements, Job Stabilization, Retraining
- Vocational Counseling and Guidance
- Transitional and supported employment

Unit 8. Employment of the Disabled

- Role of stakeholders involved - Individual, Family, Government, Voluntary Agencies, Community Support, Employer / Employee perspective
- Types of Employment – Self Employment, Sheltered Employment, Open Placements, Home bound training Programs
- Special Employment Exchanges, Job reservation quota

PAPER III - PSYCHOSOCIAL COUNSELING FOR SPECIAL GROUPS

Term I (Psychosocial Counseling for Special Groups – I)

Unit 1. Development Perspective

- **Children:** Vulnerability. Commonly seen disorders. Settings and specific interventions for each category of disorders. Prevention and promotional interventions. Counseling in Child Sexual Abuse, Parental Counseling.
- **Adolescents:** Vulnerability. Commonly seen problems. Adjustment and Academic Issues. Student Counseling. Preventive and Promotional Strategies. Parental Counseling.
- **Elderly population:** Vulnerability. Common psychiatric disorders. Dementia – causes, types, symptoms, interventions. Alzheimer’s disease – symptoms. Rehabilitation Settings – institution-based, community-based. Welfare programs and policies for the elderly.

Unit 2. Disability Perspective

- **Physically Challenged:** Types of disabilities under the PWD Act. Definition, prevalence and incidence, specific psychosocial issues involved in each disability. Primary, secondary and tertiary levels of prevention.
- **Mentally Challenged Individuals:** Levels of retardation. Clinical implications. Co-morbid medical and psychiatric disorders. Disability due to mental retardation. Issues in management - clinical, social, emotional, physical needs. Interventions for working with children and adults. Working with the family. Preventive measures. Community resources.

Unit 3. Illness Perspective

- **Substance Abuse disorders:** Understanding substance dependence – causes, co-morbidity, theories. Impact on individual, family. Psychosocial issues involved. Treatment settings and interventions in each setting. Self help groups.
- **Persons with HIV/AIDS:** Impact of the illness – medical, economic, social, ethical, legal and other issues. Impact on individual, family, community. Issues and skills in counseling. Initiatives of Govt. and NGOs. Self help. Advocacy. Eradicating stigma.
- **Terminally ill:** Cancer - Impact of the illness – medical, economic, social, ethical, and other issues. Impact on individual, family, community. Issues and skills in counseling.

Term II (Psychosocial Counseling for Special Groups – II)

Unit 4. Counseling in special situations

- **Survivors of sexual abuse:** Understanding sexual abuse – theories. Issues – emotional, medical / physical, legal, social impact. Ethical issues. Scope of counseling. Support groups.
- **Illness, Dying, Death and Grief Counseling**

Unit 5. Disaster Management:

- Introduction: Types of disasters.
- Need Assessment
- Impact of disasters on – Individuals, Families, Communities. Resource management. Team work.
- Stages of Psychosocial Counseling in Disaster
- Monitoring and Evaluation of Psychosocial Counseling and Rehabilitation Services.
- Psychosocial and ethical issues in disaster management / working with survivors.

Unit 6. Ethical issues in the practice of Psychosocial Counseling and Rehabilitation

- Rights and practices with reference to working with individuals, families, groups and the community.
- Different settings.

Unit 7. Specific Concerns

- Stress and Burnout in Helping Profession
- Identification and Referral of Emotional and Mental Disorders
- **Gender issues in mental health:** Impact of gender on treatment and rehabilitation aspects. Specific issues and needs pertaining to women with psychiatric disabilities

Unit 8. Changing trends and future perspectives in Psychosocial Rehabilitation & Counselling

- **International:** Evidence-based practices (Assertive Community Treatment, Case management, supported employment models), self help programs, empowerment of users and families, De-professionalization, professional bodies working for PSR, role of policies and legislations
- **Indian:** People's participation, need-based programs, community-funded programmes, policy initiatives by government, Initiatives by NGOs, professional bodies, self help movements, training programs, legislations.

PAPER IV: REHABILITATION ADMINISTRATION AND LEGISLATION

Term I (Rehabilitation Administration and Legislation- I)

Unit 1. Rehabilitation Organization and Administration

a) Rehabilitation Organization

- Concept and Meaning
- Features of organization
- Health Services Organization – Philosophy
- Government Organization – Philosophy, Features, Need
- Voluntary Action – Need, Types and Features of NGOs, Merits and Demerits, Comparison of GOs and NGOs

b) Rehabilitation Administration

- Introduction: Definition, Meaning, Objectives
- Planning & Policy Making
- Budgeting
- Utilizing Community Resources
- Service Delivery
- Public Relations

Unit 2. Organizational Management and Human Resource Management

a) Organizational Management

- Principles of Organizational Management
- Functions of Management
- Management Skills
- Principles of Communication – Concept, Principles, Objectives, Modes & Types of Communication. Barriers of Communication and its management.
- Governing Body/Executive Boards, and Committees – roles and Functions

b) Human Resource Management

- Introduction: Definition, Meaning, Objectives.
- Human Resource Planning, Selection Policy, personnel Policy
- Manpower Planning
- Job Description
- Staff Selection, Recruitment & Orientation
- Discipline & its procedures
- Job Evaluation
- Training, Development, Review & Feedback
- Team Building
- Performance Appraisal

Unit 3. Financial Management

- Sources of finance – Government Schemes on the grant of financial assistance to voluntary agencies, Concessions and other benefits provided by the government of India for persons with disabilities, Other Sources.
- Capital Structure
- Finance Planning
- Fund Raising
- Principles of Book Keeping (records)
- Practice of Accounting Principles & procedures of Audit & Inspection, Internal Control & Internal Audit
- Budgeting & Control
- Short Term and Long Term Financing

Unit 4. Registration of Rehabilitation Organization and Role of Service Agencies

a) Registration

- Need, Purpose, and Objectives
- Constitution
- Memorandum of association
- Rules & Regulations, By-laws

b) Role of Service agencies

- NGOs
- State
- National & International organization in rehabilitation services
- Networking with Voluntary Agencies

Term II (Rehabilitation Administration and Legislation- II)

Unit 5. Legislation and Protection of Human Rights

a) Legislation

- Definition, Need & Objectives

- Medico legal issues
- Ethics

b)Protection of Human Rights

- Human rights & Ethical issues, Women Empowerment policy 2001
- Rights of Persons with disabilities
- Human Rights issues in Mental Health

Unit 6. Rehabilitation related issues in legislation pertaining to:

- Marriage
- Divorce
- Maintenance, inheritance and succession
- Adoption

Unit 7. Acts, Legislations & Policies

- Persons with Disability Act 1996
- The Mental Health Act 1987
- The Rehabilitation Council of India Act 1992
- The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act
- National Policies on – Mental Health, Persons with Disabilities
- UN Role in Persons with Disabilities act
- Constitution of India: Fundamental Rights (Article: 12, 13, & 14)
Directive Principles of State Policy (Article 37, 38, 39 &40)
- Juvenile Justices Act
- Guardian and Wards Act
- Consumer Protection Act

Unit 8. Health and Mental Health Care Services in India

- Governmental Programs – Role of Government, Govt. Schemes, Assistance to Disabled individuals, Assistance to NGOs, Training programs, Research Programs and facilities, Role of RCI – benefits and limitations
- National Mental Health Programs
- Traditional Systems of Health Care

FIELD / CLINICAL WORK

Term I

Objectives:

1. To contextualize theory to practice.

2. To acquire practical/clinical skills.
3. To acquire counseling skills.
4. Facilitate professional and personal growth

Using Interviewing Skills for

- I Clinical/Case Evaluation: Case history taking, Mental status Examination, Case formulation (Psychosocial dynamics), Social case work, Disability assessment, Rehabilitation planning, Case presentation.
- II Conducting therapeutic activities for client groups
- III Putting into practice the basic counseling skills.

Skills Training:

- Increasing self-awareness, Empathy, Congruence, Exploring emotions, values, beliefs, attitudes, Emotional exploration, working with client emotions and relationships, ethical issues.
- Supervised counseling

Field work and case records to be submitted regularly.

Term II

Field / Clinical work

- Putting into practice the skills acquired.
- Facilitating personal growth.
- Conducting and facilitating groups independently.
- Case presentation.
- Supervised counseling.

Field work records to be submitted regularly.

Submission:

1. 5 case records including two therapy records
2. Field work reports

Field work reports and case record of both I and II terms will have internal evaluation.

Submission of **Dissertation** six months before the final examination

VII. Pattern of Examination

I Year

a. Theory

There shall be four question papers, each of three hours duration. In each paper the candidate shall answer 2 Long Essay Questions out of 3, each long essay question carrying 20 marks and 6 Short Essay Questions out of 8, each short essay question carrying 10 marks. Total marks for each paper shall be 100.

Note: Paper II – Psychosocial Foundations of Human Behavior has TWO components

1. Social Foundations. 2. Psychological Foundations.

The question paper for this shall consist of TWO sections. Candidates shall answer 1 Long Essay Question out of 2 and 3 Short Essay Questions out of 4 from each section. Answers to Section I and Section II shall be written in separate answer booklets.

Practical courses will have only Internal marking.

b. Submissions

Field work records will be examined by the college and marks awarded as per the format in Appendix I.

c. Internal Assessment

During the first year the college shall conduct three Internal Assessment tests. The third test shall be conducted one month prior to the university examination so that it serves the purpose of preparatory examination. The marks obtained in these tests should be computed to 20 for each theory paper and to 50 for each practical component by taking the average of the best two out of three internal assessment marks obtained.

In the internal assessment a candidate shall secure not less than 40% of the prescribed marks in each theory paper and not less than 50% of the prescribed marks in each of the components of practical to be eligible to appear for the university examination.

II Year

a. Theory

There shall be four question papers, each of three hours duration. In each paper candidates shall answer 2 long essay questions out of 3, each long essay question carrying 20 marks and 6 short essay questions out of 8 each short essay question carrying 10 marks. Total marks for each paper will be 100.

b. Viva Voce

Based on the subjects of study covering both I and II Year, the viva voce examination will be conducted to assess the basic knowledge in mental health, rehabilitation, legislation and issues relating to vocational activities. In addition to case and group work, individual and family therapy skills will be examined. The marks prescribed for this is 100. The candidate shall be required to present her/his dissertation. However, no marks are allotted for this.

c. Submissions

Field work records and case records will be examined by the college and marks awarded.

d. Clinical Examination

As part of the final year examination for the II year students, the candidates will have a clinical examination of ONE Long Case for a duration of 60 minutes. The students are expected to take a detailed clinical history including mental status examination, make presentation and summarize the case. The provisional diagnosis may be made if possible. They are also expected to assess the disability in these cases and plan for rehabilitation. Part of the presentation will include family intervention strategy and long term rehabilitation plan for the client and the family. The total of 100 marks is earmarked for this component.

e. Internal Assessment

During the second year, the college shall conduct three Internal Assessment tests. The third test shall be conducted one month prior to the university examination so that it serves the purpose of preparatory examination. The marks obtained in these tests should be computed to 20 for each theory paper and to 50 for each practical component by taking the average of the best two out of three internal assessment marks obtained.

In the internal assessment a candidate shall secure not less than 40% of the prescribed marks in each theory paper and not less than 50% of the prescribed marks in each of the components of practical to be eligible to appear for the university examination.

Note: The curriculum and the examination pattern for the students admitted in the year 2006 or earlier, shall remain as per the existing regulations of the University.

ANNEXURE I
FORMATS FOR MONITORING LEARNING PROGRESS

Introduction

Regular assessment and continuous appraisal of the candidate is essential to monitor the learning process. It not only helps teachers to evaluate students, but also helps the students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching/learning (academic) activities. Assessment would be done using checklists that assess various aspects.

Model checklists are given in the following tables

TABLE I

Model Check-List for evaluation of Seminar Presentations

	Name of the student:	Name of the Faculty:	Date:			
Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)

1. Whether other relevant publications consulted
2. Whether cross references have been consulted
3. Completeness of preparation
4. Clarity of presentation
5. Understanding of Subject
6. Ability to answer questions
7. Time Scheduling
8. Appropriate use of Audio-Visual aids
9. Overall performance
10. Any other observation

Total Score

Table II A

Model Check-List for evaluation of Field/Clinical Work

Name of the student:

Name of the Faculty:

Date:

Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)
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1. Regularity of attendance

2. Punctuality

3. Submission of Field Work Reports
 - Regularity
 - Presentation
 - Content
4. Communication
 - Skills acquired
 - Involvement
 - Interpersonal relationship
 - Responsibility

5. Rapport with patients

6. Interaction with colleagues and staff

7. Overall quality of Field/Clinical work

Total Score

Table II B

Allotment of Marks (Internal for Field Work)

Presentation of Report	Content	Application of theory in practice	SKILLS ACQUIRED			REGULARITY		Total
			Initiative & involvement	IPR	Responsibility	Attendance Field Work	Submission	
(5)	(5)	(10)	(5)	(5)	(5)	(10)	(5)	(50)

Table II C

FIELD WORK LOG BOOK

Name of the Student.....

SL. No.	Date	Name of the Agency	Work Done	Name of the Supervisor	Signature of the supervisor

Table III***Model Check-List for evaluation of Computer Education***

Name of the student:		Name of the Faculty:			Date:	
Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)

1. Regularity of attendance
2. Punctuality
3. Submission of assignment
 - Punctuality
 - Quality
4. Test performance
5. Overall quality of learning
6. Application

Total score

Table IV***Model Check-List for evaluation of Yoga practices***

Name of the student:		Name of the Faculty:			Date:	
Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)

1. Regularity of attendance
2. Punctuality
3. Journals / diary
4. Putting in practice the teaching of techniques
5. Test performance

Total score

Table V

Model Check-List for evaluation of Counselling Skills/Therapeutic Skills

Name of the student:

Name of the Faculty:

Date:

Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)
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1. Communication Skills with Clients

Listening

Responding

Facilitating

2. Rapport

3. Empathy

4. Commitment & dedication

5. Non-verbal communication

6. Conducting groups

Initiating

Facilitating

Giving Feedback

Summarizing

7. Working with families

8. Steadfastness

9. Overall quality

Total Score

Table VI

Model Check-List for evaluation of Clinical Case Presentations

Name of the student:

Name of the Faculty:

Date:

Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)
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1. Case History

- a. Completeness of history
- b. Logical order
- c. Whether all relevant points elicited

2. Mental Status Examination

- Accuracy
- Whether any major symptom & signs missed or misinterpreted

3. Diagnostic Formulation & Summary

4. Disability Assessment

5. Rehabilitation plan – Individual Intervention

- Realistic
- Practical

Family Intervention

- Realistic
- Practical

6. Summary

7. Clarity of Presentation

Total Score

Table VII***Model Check-List for evaluation of Synopsis/Dissertation***

Name of the student: _____ Name of the Faculty: _____ Date: _____

Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)
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1. Interest shown in selecting a topic
2. Appropriate review of literature
3. Discussion with guide & other faculty
4. Quality of Protocol
5. Preparation of Proforma

Total Score

Table VIII***Model Check-List for evaluation of Journal Review Presentations***

Name of the student: _____ Name of the Faculty: _____ Date: _____

Sl. No.	Items for observation during presentation	Poor (0)	Below Average (1)	Average (2)	Good (3)	Very Good (4)
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1. Article chosen was
2. Extent of understanding of scope & objectives of the paper by the candidate
3. Whether cross references have been consulted
4. Whether other relevant publications consulted
5. Ability to respond to questions on the paper/ subject
6. Audio-Visual aids used
7. Ability to defend the paper
8. Clarity of presentation
9. Any other observation

Total Score

ANNEXURE II

TEXT BOOKS & REFERENCE BOOKS

I Year - Paper I - Health and Mental Health

Source Books:

1. Ahuja, Niraj. Short Textbook of Psychiatry. Edition 4. Jaypee Publications, New Delhi, 1999.
2. Issac, Mohan K and others. Mental Health Care by Primary care doctors. NIMHANS, Bangalore, 1994.
3. Namboodri, V H D and others. Clinical Methods in Psychiatry. Ed.2. New Delhi, B I Churchill Livingstone,1999.
4. K. Park, Park's Text Book of Preventive & Social Medicine, 2002, 17th Edition, M/s. Banarasidas Bhanot Publishers, Jabalpur, Rs.400/-.
5. Schizophrenia Research Foundation, The Family and Schizophrenia: Developing Strategies for Intervention, Schizophrenia Research Foundation, Chennai, Publication, 1991.
6. Sharma, S and Chadda R.K., Essential Psychiatry, Interprint, New Delhi, 1997.

Reference Books:

1. Beirne-Smith and others. Mental Retardation. New Jersey, Prentice Hall, 1994.
2. Carson, R.C., Butcher, James N. and Mineka, Susan. Abnormal Psychology and Modern Life. 10th Edition, New York, Longman,1998.
3. Diagnostic and Statistical Manual of Mental Disorders Fourth edition Text Revision DSM-IV-TR. 1st Indian edition. Jaypee Brothers, New Delhi, 2002.
4. Gelder, M, Gath and Mayou, R. Oxford Textbook of Psychiatry. Ed.3. Oxford, OUP,1996.
5. Hamilton, M. (Ed.). Fish's Clinical Psychopathology. 1st edition, John Wright and Sons, 1974
6. Kaplan, H.I and Sadock, B.J. Concise Textbook of Clinical Psychiatry. Baltimore, Lippincott,2000.
7. Kaplan, H.I and Sadock, B.J. Pocket Handbook of Clinical Psychiatry. Ed.2. B.I. Waverly,1996.
8. Sarafino, Edward P. Health Psychology. Biopsychosocial Interactions. 3rd Edition. John Wiley & sons,1998.
9. World Health Organisation. The ICD-10 Classification of Mental and Behavioural Disorders – clinical descriptions and diagnostic guidelines. Oxford University Press, Delhi, 1994

I Year - Paper II - Psychosocial Foundation of Human Behavior

Source Books:

1. Chowdhary, D. Paul. 1995. Introduction to social work: History, concept, Methods and fields. Atma Ram & Sons, Delhi, 1995.
2. Feldman, Robert.S. Understanding Psychology. Tata McGraw Hill, New Delhi, 1997.
3. Kagan, Jerome & Julius Segal. Psychology – An Introduction. 8th Edition, The Harcourt Press. 1995.
4. Morgan C.T., King R.A. and others. Introduction to Psychology. Ed.7. Tata McGraw Hill, New Delhi, 1993.
5. Sharma, R.N. Principles of Sociology. Ed.2. Bombay, Media promoters and publishers,1982.
6. Vidyabhushan and Sachdeva, D.R. An Introduction to Sociology. Ed.32, Kitab Mahal, Allahabad, 1999.

Reference Books:

1. Atkinson, R.L and Atkinson, R. Hilgard's. Introduction to Psychology, Ed.14, International Student edition, Thomson Learning Inc., 2003.
2. Baron, Robert. A, Psychology, Ed.3, Prentice Hall, New Delhi, 1999.
3. Feist, Jess. Theories of personality. New York, Holt, Rinehart and Winston, 1985.
4. Gisbert. P. Fundamentals of Sociology, Ed.3. Hyderabad, Orient Long man, 1973.
5. Hall, C.S., Lindzey. G. and Campbell, J.B., Theories of personality. Ed.4. New York, John Wiley., 1998.
6. Hurlock, Elizabeth. Developmental Psychology. Ed.5. Tata McGraw Hill, New Delhi,1981.
7. Hurlock, Elizabeth. B., Personality Development. Tata McGraw Hill, New Delhi,1996.
8. Kuppuswamy. B. Social change in India. Ed.5. Konark, New Delhi, 1993.
9. Maclver, R.M. and Page, Charles H. 1974. Society: An Introductory Analysis. Delhi. Macmillan.
10. Madan, G.R. Indian Social Problems. V.2. Social Work Ed.4. New Delhi, Allied, 1994.
11. Augoustinos. Martha, Iain Walker & Ngaire Donaghue. Social Cognition – An Integrated Introduction, 2nd Edition. Sage Publications, London, Thousand Oakes, New Delhi, 2006.
12. Parameswaran, E.G. & Beena, C. An Invitation to Psychology. Neelkamal Publications Pvt. Ltd., Hyderabad, 2004.
13. Shankar Rao, C.N. Sociology: Primary principles. Ed.3. New Delhi, 2000.

I Year - Paper III - Psychosocial Rehabilitation

Source Books:

1. Anthony William A., The principles of Psychiatric Rehabilitation. Baltimore University part press, 1980.
2. Hume, Clephane and Pullen Ian, Rehabilitation in Psychiatry. Edinburgh, Churchill Living stone, 1986.
3. Kalyanasundaram.S. and Verghese Mathew, (Ed.) Innovations in Psychiatric Rehabilitation. Richmond Fellowship Society, India, Bangalore, 2000.
4. Liberman, Robert Paul. (Ed.) Psychiatric Rehabilitation of Chronic Mental Patients. Washington D.C. American Psychiatric Association, 1988.

Reference Books:

1. Agarwal, S.P.(ed.) "Mental Health – An Indian Perspective 1946-2003" New Delhi: Directorate General of Health Services, Ministry of Health and Family Welfare, 2004
2. Berne, Eric. Principles of group treatment, Groove press, New York, 1966.
3. Cockerham, William C. Medical Sociology, 7th Edition, Prentice Hall, New Jersey, 1998.
4. Corey, Gerald. Theory and practice of Group Counseling, Ed.6, Thomson Brooks/Cole Belmont, 2004.
5. Glassocote, Raymond M. Rehabilitating the Mentally Ill in the Community. Washington D.C., American Psychiatric Association and the National Association for Mental Health, 1971.
6. Lamb, H. Richard. Treating the Long-term Mentally Ill. San Francisco. Jossey Bass, 1982.
7. Liberman, R.P., Hilty, D.M., Drake, R.E., Tsang, H. "Requirements for Multidisciplinary Teamwork in Psychiatric Rehabilitation". Psychiatric Services, October 2001, Vol. 52, no. 10, p. 1331- 1342
8. Manning, Nick. Therapeutic Community Movement. London, Routledge, 1989.
9. McCreddie, R.G., (Ed.) Rehabilitation in Psychiatric Practice. London, Pitman. 1982.
10. Murthy, R.S. (Ed.) "Mental Health in India 1950 – 2000" Bangalore: People's Action for Mental Health, 2000 Pollock, L. "The Multidisciplinary Team" (Chapter 9) In "Rehabilitation in Psychiatry – An Introductory Handbook" (1986) Hume C. and Pullen I. Edinburgh: Churchill Livingstone.
12. Schizophrenia Research Foundation, Chennai. Community Mental Health and Community Based Rehabilitation, Schizophrenia Research Foundation, Chennai Publication, 1998.
13. Sen, Anima. Psychosocial Integration of the Handicapped. Mittal, Delhi, 1988.
14. Spaniol, Leroy and others. Psychological and Social Aspects of Psychiatric Disability. Boston, Center for Psychiatric Rehabilitation, 1997.
15. Watts, Fraser N. and Benne T. T.Douglas, H. Theory and Practice of Psychiatric Rehabilitation, Chi Chester, John Wiley, 1983.
16. Wing, J.K. and Morris, Brenda. Handbook of Psychiatric Rehabilitation Practice. Oxford, Oxford University Press, 1981.

17. Wing, John K. and others. Rehabilitation of Patients with Schizophrenia and with Depressions. Bern, Hans Huber, 1981.

I Year - Paper IV Research Methodology and Statistics

Source Books:

1. Garrett, H.E. Statistics in Psychology and Education Vakils, Feffer and Simons Pvt. Ltd., Mumbai, 1979.
2. Kothari, C.R. Research Methodology. Second Edition. Vishwa Prakashan, New Delhi, 2001.
3. Krishnaswamy, O.R. Methodology of Research in Social Sciences. Himalaya Publishing House, Mumbai, 2000.
4. Burton, Dawn. Research Training for Social Scientists. Sage Publications, New Delhi, 2000.
5. Fred. N. Kerlinger and Lee, Howard B. Foundations of Behavioral Research. 4th Edition. Haw court Cdlege Publications. USA, 2000.

II Year - Paper I - Psychological Counselling

Source Books:

1. Brems, Christine. Basic Skills in Psychotherapy and counseling. Brooks/Cole, Thomson Learning, 2001.
2. Corey, Gerald. Theory and practice of counseling and Psychotherapy, 6th Edition. Belmont Wodsworth, 2001.
3. Corey, Gerald . Theory and Practice of Group Counseling, 6th Edition, Thomson-Brooks/Cole, Belmont, CA, 2004.
4. Shaffer, John & Galinsky, David. M. Models of Group Therapy, 2nd Edition, Prentice Hall, Englewood Cliffs, New Jersey, 1989.
5. Wolberg, L.R. The technique of Psychotherapy, Part I, 3rd Edition. New York. Grune and Stratton, 1977.

Reference Books:

1. Beck, Aaron T. Cognitive therapy and the emotional disorder. New York. International universities press, 1976.
2. Bellack, Alan S. & Hersen, Michel. Behavioral Assessment – A Practical Handbook, 3rd Edition, Pregamon Press, New York, 1988.
3. Ellis, Albert. Reason and emotion in Psychotherapy, Lyle Stuart. New York, 1971.
4. Fichard J. Butler & Gerald Rosenthal, Behaviour and Rehabilitation (Behaviour treatment of long-stay patients), by John Wright and Sens Limited, 1978

5. Garfield, Sol. L., *Psychotherapy: An eclectic approach*. 2nd Edition. John Wiley & Sons, Inc., 1995.
6. Ivey Allen, E. and Ivey Mary Bradford, *Intentional Interviewing and Counseling; Facilitating Client development in a Multicultural Society*, Ed.4, Pacific Gove, Brooks/Cole, 1999.
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8. Nelson – Jones, Richard. *Practical counseling and helping skills*. Better yourself books, Mumbai, 1988.
9. Keith – Spiegel, Patricia & Koocher, Gerald, P. *Ethics in Psychology – Professional Standards and Cases*. Random House/New York, 1985.
10. Mullan, Hugh and Rosenbaum, Max. *Group Psychotherapy – Theory and Practice*. The Free Press – Macmillan Publishing Co. Inc., New York. 1978.
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12. Spiegler, Michael. D & Guvrmont, David. C. *Contemporary Behavior Therapy*, 4th Edition, Thomson – Wadsworth, 2003.
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15. Yalom, Irvin D. *The Theory and Practice of Group Psychotherapy*, 1st & 2nd Edition, Basic Books, Inc., New York. 1975.

II Year - Paper II - Family, Group and Community Intervention

1. Barker, Philip. *Basic Family Therapy*. Ed.4, Blackwell Science Ltd., Oxford 1998.
2. Becvar, Dorothy Stroh & Raphael J. Becvar. *Family Therapy*, 2nd Edition, Allyn & Bacon, 1993.
3. Chowdhary, D. Paul. 1995. *Introduction to social work: History, concept, Methods and fields*. Atma Ram & Sons, Delhi, 1995.
4. Clive, R Hollin and Peter Trower, *Handbook of Social Skills Training*. Vol.1. Pergamon Press, 1986.
5. Creek, Jennifer, *Occupational Therapy and Mental Health*, Ed.2, Churchill Livingstone, New York, 1997.
6. Dorothy Stock Whitaker. *Using groups to help people*. Tavistock/Routledge. London and New York, 1985.
7. Douglas, Tom., *Group Processes*, John Wiley, Chichester, 1979.
8. International Labour Office, *Vocational Rehabilitation of disabled persons*, ILO, 1985.
9. International Labour Office, *Vocational Rehabilitation of the Mentally Retarded*, (second impression) ILO, 1982.

10. Liberman, R.P., William .J Derisi & Kim T. Mueser. Social Skills Training for Psychiatric Patients. Allyn & Bacon, 1989.
11. Malcolm & Willi Momm, Self-employment for disabled people. ILO, 1989.
12. Mathew, G. Introduction to Social Case Work. Mumbai, Tata Institute of Social Sciences, 1991
13. Napier, Rodney W. and Gershenfeld, Matti. K. Groups: Theory and experience. 6th Edition. Houghton Mifflin, Boston, 1999.
14. Nicholas, Michael P. & Schawartz, Richard C. Family Therapy, 3rd Edition, Allyn & Bacon, Boston, London, Toronto, Sydney, Tokyo, Singapore. 1995.
15. Slavson, S.R. Dynamics of group Psychotherapy, Jason Aronson Inc., 1979.
16. Spaniol, Leroy and others. The role of the family in Psychiatric Rehabilitation. A workbook center for Psychiatric Rehabilitation. Boston, 2000.
17. Tutor, Keith. Group counseling. Sage Publications, 1999.
18. William A. Anthony, The Principles of Psychiatric Rehabilitation, by University Park Press, 1980.
19. Yalom, I.D. The theory and practice of group Psychotherapy, Ed.2, Basic Books Inc., New York, 1975.

II Year - Paper III - Psychosocial Counselling for Special Groups

a) Children and adolescents

1. Bhoyrub, J.P. and Morton, H.G. Psychiatric Problems in Childhood – A Guide for Nurses. Pitman Publishing Ltd, London, 1983
2. Dash, N. Integrated Education of Children with Special Needs. 1st edition. Dominant Publishers and Distributors, New Delhi, 2003
3. Kanth, A. and Varma, RM. Neglected Child - Changing Perspectives. 'Prayas' Juvenile Aid Centre, New Delhi, 1993
4. Kapur, M. Mental Health of India Children. Sage Publications, New Delhi, 1995
5. Sandberg, David. Chronic Acting-Out Students and Child Abuse – A Handbook for Intervention. Lexington Books, Massachusetts / Toronto, 1987
6. Wall, W.D. Constructive Education for Special Groups – Handicapped and Deviant Children. UNESCO / Harrap and Co. Ltd, London, 1979

b) Substance dependence

1. Benegal, V., Murthy, P., Shantala, A.N., Janakiramaiah, N. Alcohol Related Problems – A Manual for Medical Officers. Deaddiction Centre, NIMHANS, Bangalore
2. Gautam, S., Avasthi, A. (Eds.). Clinical Practice Guidelines for Management of Substance Abuse Disorders, Sexual Dysfunctions and Sleep Disorders. Indian psychiatric Society, 2005
3. Royce, J.E. Alcohol Problems and Alcoholism –A Comprehensive Survey. The Free Press, New York / London, 1989

4. TT Ranganathan Clinical Research Foundation. Alcoholism and Drug Dependency – the Professional's Master Guide. TT Ranganathan Clinical Research Foundation, Madras, 1989

c) Elderly

1. Blazer, D.G., Steffens, D.C., Busse, E.W. Essentials of Geriatric Psychiatry. 1st Indian edition. American psychiatric Publishing Inc, Washington DC / London, 2007
2. Burns, A., O'Brien, J., Ames, D., (Eds.) Dementia. 3rd edition. Hodder Arnold, London, 2005
3. Prakash, I. J. (Ed.). Ageing with health and dignity. Dept. of Psychology, Bangalore University, Bangalore, 2006

d) HIV / AIDS

1. Brooker, S. Opening Circles – HIV/AIDS Care and Support Manual. Books for Change, Bangalore, 2001
2. Catalan, J. (Ed.) Mental Health and HIV Infection – Psychological and Psychiatric Aspects. UCL Press, London, 1999
3. NACO. HIV/AIDS Handbook for Counsellors 2001-2002. National AIDS Control Organisation, Ministry of Health and Family Welfare, Govt. of India

e) Physical disabilities

1. Chaturvedi, TN (Ed.). Administration for the Disabled – Policy and Organisational Issues. Indian Institute for Public Administration, New Delhi, 1981.
2. Crewe, N.M., Zola, I.K. and associates. Independent Living for Physically Disabled People. Jossey-Bass Publishers, San Francisco / London, 1987
3. Enabling the Disabled. Thakur Hari Prasad Institute for Research and Rehabilitation of the Mentally Handicapped, Hyderabad, 1999
4. Kundu, CL (Editor-in-chief). Disability Status India 2003. Rehabilitation Council of India, New Delhi, 2003
5. Prasad, L. Rehabilitation of the Physically Handicapped. Konark Publishers Pvt. Ltd, New Delhi, 1994
6. Sengupta, B. (Ed.). Ever Forward – a Special Book for Special People. 3rd edition. Bipasha Sengupta, New Delhi, 1999
7. Singh, JP and Dash, Manoj K. Disability Development in India. Rehabilitation Council of India, New Delhi, 2005

f) Sexual abuse

1. Virani, P. Bitter Chocolate – Child Sexual Abuse in India. Penguin Books, New Delhi, 2000
2. Warner, C.G. (Ed.) Rape and Sexual Assault – Management and Intervention. Aspen Systems Corporation, Maryland / London, 1980

g) Women / Gender issues

1. Davar, B. V. Mental Health of Indian Women – A Feminist Agenda. Sage publications, New Delhi, 1999
2. Dennerstein, L., Astbury, J., Morse, C. Psychosocial and Mental Health Aspects of Women's Health. WHO, Geneva, 1993
3. Mowbray, C.T., Lanir, S., Hulce, M. (Eds.) Women and Mental Health – New Directions for Change. Harrington Park press, New York / London, 1985

h) Mental retardation

1. Peshawaria, R., Menon, D.K., Ganguly, R., Roy, S., Pillay, R., Gupta, A., Hora, R.K. Moving Forward – An Information Guide for Parents of Children with Mental Retardation. National institute for the Mentally Handicapped, Secunderabad, 1994
2. Bernie-Smith, M., Palton, J. R., Ittenbach, R. Mental Retardation. 4th edition. Prentice-Hall Inc., New Jersey, 1994
3. Reddy, G.L., Malini, J.S., Kusuma, A. Mental Retardation – Education and Rehabilitation Services. Discovery Publishing House, New Delhi, 2004

II Year - Paper IV - Rehabilitation Administration and Legislation

1. Amita Danda, Legal order and Mental Disorder, Sage Publications, 2000.
2. Anjana Chattopadhyay, All India directory of Educational and vocational Training Institutes for the Handicapped, by Patriot Publishers, 1986.
3. Bakshi, P.M. The Constitution of India – Selective Comments. Universal Law Publishing Co. Pvt. Ltd., Delhi, 2001.
4. Black, Sam. Practical Public Relations. 4th Edition, Universal Book Stall, New Delhi, 2002.
5. Chadha. Prem, Jagadananda and Gayatri Lal. Organizational Behavior – A Framework for Non-Government Development Organizations, Centre for Youth & Socail Development, Bhubaneswar, 2003.
6. Community Health Cell. Voluntary Organizations Financial Management, Community Health Cell Publications, Bangalore 2003.
7. Delhi Law House, The Mental Health Act – 1987, Law Publishers, 1998.
8. Enabling the Disabled, Thakur Hari Prasad Institute of Research and Rehabilitation of the Mentally Handicapped publication, Hyderabad.
9. Eveline D. Schulman, Rehabilitation of the Mentally ill: An International perspective, by PCEH, USA, 1980.
10. G. Pandu Naik, A Review of Social Legislation in India, by Lambani Publishers, 1992
11. Handy, Charles. Understanding Voluntary Organizations, Penguin Books, USA Inc. 1990.
12. Hugh Freeman, Psychiatric Hospital Care by Bailliere, Tindall & Cassell, 1965.
13. Lakshman Prasad. Rehabilitation of the Physically handicapped, Konark Publishers Pvt. Ltd., 1994.
14. M, Farkas, International Practice in Psychosocial/Psychiatric Rehabilitation, World Association of Psychosocial Rehabilitation, 1999.

15. Narain, Ram. Twelve Management Skills for Success. Viva Books Private Limited, Bangalore 2006
16. Prasad L.M. Principles and Practice of Management. Sultan Chand & Sons Educational Publishers, New Delhi, 2002.
17. Robert G. Madden, Legal Issues in social work. Counseling and Mental Health, by Sage Publications, 1998.
18. SCARF the Law Association for Asia and the Pacific, 1992/ Proceedings of the Scarf – Law Asia International Seminar held at Madras, May 2nd and 3rd 1992, Published by Scarf (I).
19. Stewart, Rosemary. The Reality of Management. Pan Books Ltd. 1967.

JOURNALS for Reference

1. American Psychologist, American Psychological Association
2. Behaviour Research and Therapy
3. British Journal of Psychiatry, Royal College of Psychiatrists, London
4. Indian Journal of Clinical Psychology, Indian Association of Clinical Psychology
5. Indian Journal of Psychiatry, The Indian Psychiatric Society
6. Indian Journal of Social Work, Tata Institute of Social Sciences, Mumbai
7. Indian Psychological Abstracts and Reviews, SAGE Publications
8. International Journal of Psychosocial Rehabilitation
9. Journal of Community Psychology
10. Psychiatric rehabilitation Journal, Boston University, Boston
11. Psychological Bulletin