Chapter 16
Vocational Rehabilitation:
Recent Trends and Issues in Vocational Rehabilitation of People with ID

Neerajana Ghosh
Central Institute of Psychiatry, India

Vinod Kumar Sinha
Central Institute of Psychiatry, India

Shuvabrata Poddar
Central Institute of Psychiatry, India

ABSTRACT

The chapter summarizes key issues in vocational rehabilitation for individuals with intellectual disability, nature of vocational rehabilitation in in mild, moderate and severe intellectual disability, principles of rehabilitation for individuals with intellectual disability, assessment of intellectual disability and it’s limitations. Then the chapter reviews the need for vocational rehabilitation, assessment required for rehabilitation and barriers of vocational rehabilitation for individuals with intellectual disability. the chapter then covers vocational rehabilitation process and preparation of the individual for rehabilitation. The chapter ends with social skills training and newer trends in rehabilitation like use of virtual reality and sensory integration.

INTRODUCTION: RECENT TRENDS AND ISSUES IN VOCATIONAL REHABILITATION OF PEOPLE WITH ID

Intellectual disability as the DSM-5 defines is characterized by deficits in general mental abilities. The mental abilities include planning, problem solving, reasoning, abstract thinking, and judgment, academic learning and learning from experience. All these abilities are essential for optimal adjustment for the individual. Inability to perform these functions results in deficits in adaptive functioning, so that the individual fails to meet criteria for personal responsibility or social and occupational independence.
There is marked deficits in communication, general self help skills, academic skills, activities of daily living and participation in society.

Intellectual disability or intellectual developmental disorder has its onset in the developmental years of the child, marked by deficits in conceptual, social and practical domains (DSM-5) (American Psychological Association (APA), 2013)

Criteria for the diagnosis of intellectual disability according to DSM-5 (American Psychological Association (APA), 2013):

1. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experiences, confirmed by both clinical assessment and individualized, standardized intelligence testing.

2. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

3. Onset of intellectual and adaptive deficits during the developmental period.
   a. ICD-10 still uses the term ‘Mental Retardation’ to indicate intellectual disability. ICD-10 (World Health Organization [WHO], 1993) defines mental retardation as “a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical disorder.”

The definitions share some common factors, such as:

- Difficulty in learning.
- Difficulty or marked retardation in age appropriate cognitive tasks.
- Deficits in adaptive functioning.
- Deficits manifested during the developmental years.

Intellectual disability is further sub-divided into mild, moderate, severe and profound; the division is based on the level of functioning in conceptual, social and practical domain (Table 1).

Vocational rehabilitation or work rehabilitation or occupational rehabilitation aims at empowerment of the individual through employment. Vocational rehabilitation may be defined as an active, individualized process that is directed towards individual empowerment through assessing the individual’s current level of functioning and use it effectively to engage the individual in a vocation suited to his or her needs. The core idea is to ‘return to work’ and ‘stay at work’.

**VOCATIONAL TRAINING AND REHABILITATION**

Intervention and rehabilitation should always be planned and implemented based on the level of the individual’s current functioning. To plan vocational training, functional assessment should be done. It is
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