

POST GRADUATE DIPLOMA IN EARLY INTERVENTION

SYLLABUS



NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED
(Government of India, Ministry of Social Justice & Empowerment)
MANOVIKAS NAGAR, SECUNDERABAD 500 009

POST GRADUATE DIPLOMA IN EARLY INTERVENTION

1.0 INTRODUCTION OF THE COURSE

The rapid advances in medical technology have successfully increased the survival of high risk babies but this adds on to number of babies who might end up with developmental delays and disabilities. Therefore, it is of utmost importance to focus on prevention aspects of disabilities. If a baby is born with or developing impairments or disability, there is a dire need to identify such infants with problems at the earliest and provide habilitation services and enhance the development and the quality of life. Such habilitation services early in life and development constitute the early intervention services.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 has made provision for prevention, early identification and intervention to these infants and young children. The early intervention is at its infancy stage in our country with far too few and scattered centres providing these services. The major hurdle in the development of these services is lack of trained personnel. Hence to reach these services to the unreached, the vital step will be human resource development.

India being a vast country, it is difficult to provide highly specialised services in the community especially rural areas at the outset. Therefore, it is imperative to develop single window mode of delivery of services in the field of early intervention. Hence, this course focuses on preparing professionals qualified to intervene in this highly specialised field of early intervention with very young infants and toddlers.

2.0 NOMENCLATURE OF THE COURSE

Post Graduate Diploma in Early Intervention

3.0 OBJECTIVES

The training programme is designed to prepare personnel to provide quality services to infants and toddlers who are disabled or at risk and their families. Students are prepared to fulfill the role of a) interventionist who delivers services to children and their families b) function as program co-ordinator and supervisors in delivering services and c) operate effectively with in an inter agency, inter disciplinary team approach.

- 1 To equip personnel to assess, plan and implement early intervention to infants and toddlers at risk & with developmental delays.
- 2 To develop competencies in organizing early intervention services.
- 3 To impart techniques of working with families and community for effective intervention.
- 4 To develop competency in report writing, record maintenance and communication.
- 5 To facilitate and integrate the children into community programmes and family guided intervention.

4.0 ON COMPLETION OF THE COURSE

The professionals have a scope of working in :

- ◆ Paediatric units of hospitals, paediatric clinics, child guidance clinics at risk follow up clinics, child development centres, rural primary health centres and district health centres.
- ◆ Comprehensive rehabilitation centres, service centres for visually handicapped, hearing handicapped, mentally retarded, cerebral palsy and physically handicapped
- ◆ Coordinators, incharge of early intervention centres, pre-school and nursery programs.

5.0 ELIGIBILITY

Candidates who have passed Medicine (MBBS), BMR or BRS(MR), B.Ed in Special Education, Masters in Child Development, Bachelors in OT, PT, ST., Masters in Child Psychology with 50% aggregate marks in case of general candidates and 40% marks in case of SC and ST candidates are eligible to apply for this course.

6.0 NUMBER OF SEATS

The total number of seats will be 12 (twelve) of which two seats are reserved for SC, one seat for ST and one seat for those with disability as per the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

7.0 ADMISSION PROCEDURE

Admission is made on the basis of the merit obtained by the candidates in the entrance examination (EE) and followed by counseling/interview conducted as per rules and regulations of NIMH.

8.0 DURATION OF THE COURSE

One complete academic year

9.0 ATTENDANCE

Aggregate of seventy five percent attendance for both theory, practical and assessment put together is essential to be eligible for appearing for the examination.

10.0 MEDIUM OF INSTRUCTION AND EXAMINATION

The medium of instruction and examination will be in English

w.e.f. 2001-2002

12.0 CONTENT OF THE COURSE

12.1 THOERY

PAPER	TITLE
I	Neurobiology
II	Child Development
III	Physical and Occupational Therapy
IV	Speech Language and Communication
V	Family and community

12.2 PRACTICAL

PAPER	TITLE
I	Case history and developmental assessments
II	Therapeutics Assessment, Intervention and Evaluation
III	Individualized Family Assessment
IV	Individualized Early Intervention Programming (IEIP)

The practicals will enable the students to work with at risk infants and plan individualised early intervention programmes. The programmes will facilitate all round development of the child and help to minimise the risk factors. The practicals also helps the students to interact with the families and plan home based activities with the parents.

13.0 FEES**

The rates of the fee will be charged as prescribed by the NIMH.

(in rupees)

1. Registration fee	50
2. Inter University tournament	30
3. Academic inspection fee	20
4. Students welfare fund	10
5. Eligibility fee	200
6. Tuition fee	5000
7. Examination fee	(approx)500
8. Student recognition fee	200
9. Migration fee	50
10. Caution deposit	(refundable) 500
11. Library security deposit	(refundable on completion of the course) 500
12. Hostel deposit (for hostellers only)	1500

w.e.f.2001-2002

** all fees payable to Osmania University will be collected from the candidates and paid to the University by the Institute. The tuition fee is collected by the NIMH (college).

14.0 HOSTEL ACCOMMODATION

Limited hostel accommodation is available and will be provided to outstation candidates on request on first-come-first-served basis at current nominal charge of Rs.350/- per month towards electricity, water, room rent and maintenance services. The NIMH will collect Rs.1500/- as hostel deposit which will be refunded at the end of the course.

15.0 DIPLOMA OFFERED

Post Graduate Diploma in Early Intervention

16.0 THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THE APPLICATION

1. A Degree certificate or any other equivalent examination. Marks/grade statement of the examination (attested copy).
2. Conduct certificate from the Head of the Institution last attended (attested copy).
3. Birth certificate or matriculation certificate as proof of date of birth (attested copy).
4. Three passport size recent photographs. One copy to be affixed to the application form and two to be affixed to the admission card and identity card for entrance examination. The candidate's full name, age, sex and signature at appropriate places both on admit card and identity card must be written. The venue of examination centre and roll no. columns will be completed by National Institute for the Mentally Handicapped, Secunderabad.
5. In case of Scheduled Caste/Scheduled Tribe, Certificate of Social Status should be obtained from the authority competent to issue such certificate.
6. If the candidate is a person with disability a certificate from the certifying authority prescribed by Government should be produced.

w.e.f.2001-2002

7. Candidate's name and complete postal address with Pin Code should be written on the envelope enclosed. The EE Admit Card will be sent to the applicant in this envelope.

17.0 ENTRANCE EXAMINATION

The date of entrance examination will be on _____. The entrance examination is likely to be conducted at the following centres by NIMH.

1) Hyderabad, 2) New Delhi, 3) Mumbai, 4) Calcutta, 5) Ranchi, 6) Bhubaneswar and 7) Chennai.

The NIMH has a right to swap the centres in case of less number of candidates appearing at any particular centre.

The entrance examination will be of 100 marks and the duration will be 90 minutes. The questions will be objective type, covering (I) Child Development (ii) Disability Rehabilitation. Selection will be made in the order of merit.

In case a candidate is appearing or has appeared in the degree examination and results are awaited at the time of applying, he/she would submit a certificate to this effect from the Principal/Head of the college but he/she shall have to provide a documentary evidence of his/her having passed the qualifying examination with attested photocopy of the marks sheet showing percentage of marks obtained by him/her latest by _____, 2001 failing which his/her performance at the entrance test will not be considered.

The admission made is provisional at the candidate's own risk and subject to approval by the competent authority of NIMH regarding the recognition of the qualifying examination.

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OBJECTIVES:-

1. To understand the biological basis of developmental disabilities.
2. To identify the causes and risk factors, developmental disabilities and understanding their implication on development and their prevention aspects of disability.
3. To have knowledge the early indication of brain insult and characteristic features of developmental disabilities for early identification.

UNIT I-Anatomy, Physiology and embryology

- Gross anatomy of Central nervous system (Frontal, Parietal, temporal, occipital, basal ganglia, cerebellum, midbrain, Pons, medulla oblongata, autonomic nervous system, limbic system, spinal cord, spinal arc, nervous system pathways), peripheral nervous system, autonomic nervous system
- Micro anatomy-Cell structure, development and function
- Physiology- Neurons, synapses, transmission, Specific areas and functions-Frontal, Parietal, temporal, occipital, basal ganglia, cerebellum, midbrain, pons, medulla oblongata, autonomic nervous system, limbic system, spinal cord, spinal arc, nervous system pathways, and centers and pathways
- Embryology-Stages of development
- Maturation-Myelination, organization of brain, cortical sub cortical relay system

UNIT II-Special senses

- Special senses-(Vision, hearing, vestibular, tactile, proprioceptive and kinesthetic) Development, function(anatomy, physiology), abnormalities, early identification of sensory problem and basic principles of intervention.
- Processing of information (Sensory input, Filtration, organization, integration and adaptive response)
-Sensory integration.

UNIT III-Health, growth and nutrition

- Growth-Principles of growth, normal growth pattern, growth monitoring, factors influencing growth, hygiene and child health practices.
- Nutrition-Effect on growth, nutrients, feeding and weaning, balanced diet and nutritional deficiencies, Nutritional disorders
- Childhood illnesses and diseases, newborn babies, medically fragile babies
- Early intervention and its rationale (Neuro habilitation-concepts, theories, plasticity, imprinting, critical periods and neuronal repair)

- Screening and investigative procedures-genetic, biochemical, imaging

UNIT IV-Causes and prevention

- Determinants of risk factors-preconceptual, prenatal,natal,postnatal,and psychosocial
- Developmental abnormalities-Structural abnormalities, biochemical abnormalities and behavioural abnormalities
- Primary, secondary, tertiary, prenatal, natal, postnatal prevention
- Genetic studies and genetic counseling
- Family planning, guidance, and counseling
- Immunization

UNIT V-Neurological disorder and developmental disabilities

- Epilepsy, sleep disturbances, abnormal level of activity, Autism spectrum disorders, ADHD, Multiple handicaps, genetic syndromes, cerebral palsy, spina bifida, poliomyelitis, other diseases of early childhood

SUGGESTED READINGS

1. Paul Glees (1990 Reprint) The Human Brain, New York; Cambridge University Press.
2. Arthur C., Guyton (1987) Human Physiology and Mechanisms of disease, Fourth Ed., London; W.B.Saunders Co.
3. Frank J.Menolascino, Jack A Stark (1988), Preventive and Curative intervention in Mental Retardation. Sydney: Brookes Publishing Co.
4. J.A.Fraser Roberts (1985), Introduction to Medical Genetics, ELBS/Oxford University Press.
5. Abraham.M., Rudolph (1991) - Text book of Pediatrics, 19th Ed., Prentice Hall International Inc.
6. Mark L.Btshaw (1993) - The child with Developmental disabilities. The Pediatric Clinics of North America. New York: WB Saunders.
7. Singh, Inderbir (1991) Text book of Human, Neuro-anatomy (4 Ed.) New Delhi: Jaypee Brothers.

PAPER II: CHILD DEVELOPMENT

OBJECTIVES:-

1. To equip with ability to apply theories of child development with emphasis on cognitive, motor, social, emotional and language development.
2. To understand a typical development and their implications on the development of the child.
3. To understand the influencing factors that affect child development.

UNIT I : Growth and Development

- Concept and definition of growth and development; Principles and laws of development; Developmental Milestones; Developmental Stages; Developmental Tasks; Domains of development : Motor, Cognitive, Language, Emotional and Social; Nature and Nurture in development ; Factors affecting development; Developmental hazards.
Theories of development – Psychoanalytic theory, Ecological theory

Unit II : Sensory - Perceptual Development and Motor Development

Sensory Perceptual Development

- Sensation; Perception; Perceptual development ; Factors associated with Perceptual process : Attention, Memory.

Motor Development

- Principles of motor development; Sequence of motor development; Characteristics of motor development; Motor Skills; Handedness

Unit III : Cognitive Development

- Concept and definition; Stages of cognitive development, Factors affecting cognitive development; Cognition and Language.
Theories of cognitive development : Piaget's theory of cognitive development, Vygotsky's theory of cognitive development; Information processing approach.

Unit IV : Social and Emotional Development

Social Development :

- Concept and meaning of social development; Characteristics of Social Development; Socialization

Emotional Development :

- Components of emotion; Common emotional patterns; Theories of emotional development : James Lange theory, Canon-Bard theory of emotional development; Emotional deprivation.

Unit V : Child Rearing Practices and Play

- Concept of attachment and bonding; Mother-infant interaction; Influence of Family relationships on child development; Sibling relationships; Home environment; Parental attitudes; Child rearing practices; Parenting styles – implications on normal and abnormal development.

Play

- Definition; Components of play; Types of play; Stages of play; Influence of play on child development

SUGGESTED READINGS

1. Laxmi Devi (Ed.) (1998) Child Development: An Introduction. Institute for Sustainable Development, Lucknow & Anmol Pub. Pvt. Ltd. New Delhi.
2. Dummett, P.J. (1992) Cognitive Development: A Functional approach. California: Singular Pub. Group Inc.
3. Hergenhahn, B.R. (1993) An introduction to theories of learning. New Jersey: Prentice Hall.
4. Kaushik. V.K. (1998) Child Development.
5. Panda, K.C. (1997). Elements of child Development, (6th Edition), New Delhi: Kalyani Publishers.
6. Sharma, P. (1995). Basics on development and growth of a child. New Delhi Reliance Publishing House.

PAPER-III: PHYSICAL AND OCCUPATIONAL THERAPY

OBJECTIVES:-

1. To acquire the ability to assess children's cognitive, social, emotional, communication, motor development.
2. To acquire the ability to select and use a variety of assessment instruments/tools and procedures.
3. To acquire ability to diagnose and communicate to parents and families.
4. To acquire ability to develop, implement and evaluate individualized Early Intervention programme.

UNIT I: DEVELOPMENT

- Normal development
- Abnormal development
- Normal postural control mechanism
- Balance
- Newborn reflexes

UNIT II: BASIC CONCEPTS

- Role of occupational therapy and physical therapy
- Tone, range of motion and muscle power
- Voluntary and involuntary movements
- Biomechanics
- Brainstorming cerebral palsy
- Facilitation of normal movements
- Neuro developmental therapy
- Sensory integration, Rood's, PNF, Vojta

UNIT III: ASSESSMENT

- Assessment and formation of treatment goals
- Neuro developmental therapy assessment
- Sensory integration assessment

UNIT IV:INTERVENTION

- Sensory integration treatment aspects
- Neuro developmental therapy treatment aspects

- Rood's,PNF,Vojta
- Hydrotherapy

UNIT V: INTERVENTION

- Specific conditions and its treatment techniques
Spina bifida, muscular dystrophy, Poliomyelitis, Erb's palsy, CDH, CTEV, Torticollis,Cerebral palsy, Mental retardation and behavioral problems.
- Intervention for multiple handicaps
- Aids and appliances
- ADL

SUGGESTED READINGS

Physiotherapy :

1. Hanson, M.J. & Harris, S.R (1986). Teaching the young child with motor delays: A guide for parents and professionals. Austin, TX: Pro-Ed, Inc.
2. Ada,L. & Canning, C. (Eds.) (1990) Physically handicapped children. An atlas for teachers. New York: Grune & Stratton.
3. Campbell, S.K. (1991) Pediatrics neurologic physical therapy. New York: Churchill Livingstone.
4. Finnie, N.R. (1987) Handling the young cerebral palsied child at home (US Edition). New York: Penguin Books USA Inc.
5. Gardiner, M.D. (1985) The principles of exercise therapy. Delhi: CBS Publishers & Distributors.
6. Shepard, R.B.(1987) Physiotherapy in paediatrics (2nd edition). London: William Heinmann.
7. Thomson, A., Skinner, A. & Piercy J. (1991) Tidy's physiotherapy (Twelfth edition). Oxford: Butterworth Heinemann Ltd.
8. Toronto.

Occupational therapy:-

1. Cochran, Cr.1986, Annotated bibliography: Vestibular - proprioceptive and tactile kinesthetic intervention for premature infants, physical and occupational therapy in pediatrics 7(2): 87.
2. Fisher, Anne C, Elizabeth A.Murray, and Anita C.Bundy, 1991, Sensory integration theory and practice, Philadelphia: F.A.Davis.
3. Heiniger, Margot C, and Sheirley L.Randolph, 1981. Neurophysiological concepts in Runan behaviour: The tree of learning, St.Louis: C.V.Mosby.
4. Finnie, N.Handling the Young Cerebral Palsied Child at Home. New York; Dulton - Sunrise, (1975).
5. Lery, T.The Baby Exercise Book; for the first fifteen months, New York, Partheon Book.
6. Ward, D.Positioning the Handicapped Child, Chicago, Phoeise Press, (1984).
7. American Occupational Therapy Association, (1987). Occupational therapy for Sensory Integration Dysfunction, Rockville, MD: Official Position Paper.
8. A Parents guide to understanding sensory integration, (1991), Torrance, CA: Sensory Integration International.
9. Clayman, C.(Ed.), (1995). The Human Body: An illustrated guide to its structure, functions, and disorders, New York: Dorling kindersley.
10. Kooman, T.& Fridman, B. (1992). The Hidden senses: Your Balance Seree, Rockville. The American Occupational Therapy Association.
11. Koonar, T. & Friedman, B. (1992). The Hidden Sesnses: Your Muscle Sense, Rockville: The American Occupational Therapy Association.
12. Moore, T. (1994, Fall). The Functional Components of the Nervous System: Part I, Sensory Integration Quaterly, XXII (3), 1-7.
13. Moore, T.(199401995, Winter). The Functional Components of the Nervous System: Part II. Sensory Integration - Quaterly, XXII (4), 1-9.
14. Sears, C. (1994), Recognizing and Coping with Tactile Defensiveness in Young Children. Infants and Young Children, 6(4), 46-53.
- 15.The Sensory Diet: Activity Programs Based on Sensory Processing Theory. (1995, June). Sensory Integration Special Interact Section Newsletter, 18(2) 1-4.

READING LIST

1. Appropriate curriculum and assessments for young children (pp. 128-136).
Washington, DC: National Association for the Education of Young Children.
2. Serving Children from birth through age 8. Washington, DC: National Association for the Education of Young Children.
3. Bredekamp, S. & Rosegrant, T. (Eds.). (1992). Reaching potentials: Appropriate curriculum and assessment for young children. Washington, DC: National Association for the Education of Young children.
4. Brcker, D.B.(1989). Early intervention for at-risk and handicapped infants, toddlers, and preschool children. Palo Alto, CA: VORT Corp.
5. Crnic, K.A., Greenberg, M.T., Ragozin, A.S., Robinson, N.M., & Bashans, R.B.(1983). Effects of stress and social support on mothers and premature and fullterm infants. *Child Development*, 54, 209-217.
6. Peterson, N.L. (1987). Early Intervention for Handicapped at-risk Children. Denver: Love Publishing Co.
7. Deiner, P.L.(1983). Resources for teaching young children with special Needs. New York: Har Court Brace Joranovich.

PAPER IV : SPEECH LANGUAGE AND COMMUNICATION

OBJECTIVES:

1. To acquire the ability to assess children's speech language and communication development.
2. To acquire the ability to select and use a variety of instruments\tools and procedures to assess speech and language.
3. To acquire ability to assess and communicate assessment results to parents and families.
4. To acquire ability to develop implement and evaluate individualized intervention programmes.
5. To acquire competency to organize intervention programmes and identification of appliances \ assistive devices.

UNIT: 1 BASIC TERMS AND CONCEPTS (16 hours)

- Fundamental terms and concepts like communication language and speech etc.
- Components of language.
- Speech production:-Introduction to anatomy and physiology of speech production mechanism.

UNIT: 2 SPEECH LANGUAGE DEVELOPMENT (16 hours)

- Acquisition of speech and language by normal children.
- Pre-requisites for normal speech and language development.
- Stages of speech language development from birth.
- Development of components of speech and language.
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UNIT: 3 COMMUNICATION DISORDER (16 hours)

- Nature and causes of speech, language and communication problem in young children.
- Prevalence and incidence of speech language problems.
- Range of communication problems.
- Classification of speech and language disorders.

UNIT: 4 ASSESSMENT AND EVALUATION (12 hours)

- Introduction to speech and language assessment- Definition, purposes, methods of collecting data.
- Introduction to assessment tools used in early intervention, selection of assessment tools.
- Informal and formal speech and language assessment tools\instruments.
- Family centered assessment-involving families as active participants in assessment programme.
- Administering and communicating assessment results.
- Definition of evaluation, difference between assessment and evaluation.

UNIT: 5 INTERVENTION-INDIVIDUALISED EARLY INTERVENTION PROGRAM

(20 hours)

- Linking assessment with intervention process.
- General techniques/ strategies of speech and language training.
- Development and implementation of the individualized early intervention programme.
- Planning and developing short term and long term goals for speech and language training according to the assessment results.
- Programme monitoring, summarizing and evaluating the acquisition of child and family outcomes.
- General guidance to parents and care for speech disorders, referrals to speech language pathologists.
- Alternative and augmentative communication systems.

REFERENCES

1. Foundations of communication and language: course manual, U.K. Manchester University Press, Chris kiernan, Barbara Reid, Juliet goldbert) 1987
2. Infant communication development, assessment and intervention, Dan P. MC CLOWRY ARTHUR M GUILFORD, SYLVIA O.RICHARDSON
3. Speech and language. (Detecting and correcting special needs), Joyce S.CHOATE PAULETTE J THOMAS , FAIRY F. CARMECK
4. CARROW-WOOL FOLK .E &LUNCH, J.I, (1982). An integrative approach to language disorders in children, New York: grune & Stratton Inc.
5. Coupe, J &Gold Bart, J (Eds)(1988) Communication before speech: normal development and impaired communication, London: Paul h. Brookes
6. Brown BB, Edwards'm (1989) developmental disorders of language, whurr publishers London
7. Northern JL & Downs MP (1984) Hearing in children, Williams & Wilkins, London.
8. Lass NJ et al, (1982) Speech, Language & Hearing. Volume 1: Normal processes, WB Sanders, London.
9. Mc Cormick L & Schiefelbusch RL (1984) Early language intervention, an introduction, Charles E Merrill, London.
10. Reich PA (1986) Language development, Prentice - Hall, New Jersy.
Border GJ et al (1994) Speech science primer (3rd ed), Cambridge University press, Cambridge.
11. Normore RC & Hopper R (1992) Children learning language (3rd ed), Singular publishing, London.

12. Beech JR et al (1993) Assessment in speech language therapy, Routledge, London
13. Leahy MM (1989) Disorders of communication, the science of introduction, Whurr Pub, London.
14. Brown BB Edwards M (1989) Developmental disorders of language, Whurr Pub, London
15. Haynes W. et al (1992) Diagnosis & Evaluation in speech pathology (4th ed), Prentice Hall, NJ.
16. Manolson A (1992) It takes two to talk, A Hannen Centre Publication, Toronto.

OBJECTIVES:-

1. To understand family systems, dynamics, roles and relationships within family and community.
2. To assist families to identify their resources, priorities and concerns in relation to child's development.
3. To acquire competency to evaluate services to the families.
4. To acquire ability to design process and strategies that for family intervention.

Unit I - Family and the child

- Definition, importance and types of families
- Lifecycle of a family, family dynamics, family hierarchy and role expectations
- Tradition, culture and the communication patterns within a family
- Family systems, functioning, support, resources, strengths and needs.
- Effect of all these on the child
- Effect of a disabled child on the family
- Coping and adaptive mechanisms of families
-

Unit II - Parents and the child

- Impact of a child with developmental delays on the parents
- Parent attitudes, reactions, interactions, self esteem, parental stress and depression, parent training programmes, parent-to-parent support programmes
-

Unit III : Counselling

- Case work - Definition and principles, individual counselling
- Family therapy - Definition, principles, methods of counselling
- Marital counselling - methods of counseling
-

Unit IV : Community

- Definition and role played in the field of disability
- Community culture, values and attitudes and their effects on the child, parents and families
- Community awareness, resources, community organisation
- Group work - definition, principles, types of groups, group dynamics

Unit V - Organising early intervention services

- Schemes and benefits
- Service delivery models/settings, functions of team
- Organisation and development of programme in the community
- Establishing linkages with the pre-school based on developmental and learning experiences and teaching strategy

SUGGESTED READINGS

1. Beckman, P.J., Newcomb, S., Frank, N., Brown, L., & Filer, J. (1991). Providing support to families of infants with disabilities. Manuscript submitted for publication.
2. Beckman-Bell, P.J.(1981). Child related stress in families of handicapped children. Topics in Early Childhood special Education, 1, 45-53.
3. Turnbull, A.P., & Turnbull, H.R. (1986). Families, professionals, and exceptionality, Columbus, OH:Merrill.
4. Turbull, A.P., Summers, J.A. & Brotherson, M.J. (1984) Working with families with disabled members. University of Kansas Press, Kansas.
5. Summers, J.A. (1987). Family adjustment: Issues in research on families with developmentally disabled children. In V.B.Van Hasselt, P.S.Strain, & M.Hersen (Eds), Handbook of developmental disabilities (pp 79-90). New York: Pergamon Press.
6. J.Bailey, D., & Simeonsson R.(1988). Family assessment in early intervention. Colombus, OH: Charles E.Merrill.
7. Dunst, C.J., Trivette, C.M. & Deal, A.G (1988). Enabling and Empowering amilies. Cambridge, MA: Brookline Books.
8. Wilcox, B. (1981). The role of social support in adjustment to marital disruption: A social network analysis. In B.Gottlieb (Ed). Social networks and social support in community mental health. Beverly Hills: Sage, 99-115.

PRACTICALS

PAPER 1: CASE HISTORY TAKING AND DEVELOPMENTAL ASSESSMENT

Objectives:-

At the end of the year the student is expected to

- Take case history in an infant and toddler
- Assess using developmental scale and to communicate the assessment results to parents and family.

Procedure:-

Detailed case history of children below 3 years in 3 cases.] Records will be submitted
Developmental assessment in 2 cases in the age range] for final examination
of 0-3 years.

CONDUCT OF THE EXAMINATION

Duration : 9 am to 5 pm

Total marks : 60

The examination will be for the whole day. The students will have 3 hours of working with the case followed by viva. Each student will be given a case to write detailed case history and conduct developmental assessment. After completing the case history and developmental assessment, the student is expected to write the report and present the case to the examiners. Viva follows.

Question : Write the case history and conduct developmental assessment and report for the given child.

Evaluation : Total marks of sixty will be distributed for case presentation, viva and record submission.

PAPER II: THERAPEUTICS

Objectives:-

At the end of the year the student is expected to:

- Assess and plan an appropriate in the areas of physiotherapy, occupational therapy, speech language and communication.
- Evaluate the outcome of intervention and submit the report.

Procedure:-

- students will be given orientation on assessment in all therapies (PT, OT, ST)
- students will assess infants and toddlers under supervision and plan for remediation programme.
- At the end of practicals the students will make submissions of 6 case records
- 2 cases for physiotherapy,] Records will be submitted for
- 2 cases for occupational therapy] final examination
- 2 cases for speech, language and communication].

CONDUCT OF THE EXAMINATION

The examination will be for the whole day. The students will have 3 hours of working with the case followed by viva. Each student will be allotted a child for comprehensive assessment (OT, PT, ST). After completing the assessment, the student is expected to write the intervention plan and present the case to the examiners. Viva follows.

Question : Conduct a comprehensive assessment (OT, PT, ST) of the given child, identify the areas for intervention and write the management plan.

Evaluation : The examiners can distribute the total marks of sixty for case presentation, viva and record submission.

PAPER III: INDIVIDUALISED FAMILY ASSESSMENT & INTERVENTION

Objectives:-

At the end of the year the student is expected to:

- assess the families of infants and toddlers using family assessment checklist.
- Plan family intervention programme
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Procedure:-

- the students are expected to make home visits and assess individual families
- submit the assessment report with planning the intervention programme of 2 cases of infants and toddlers

CONDUCT OF EXAMINATION

Description of the practicals carried out during the academic year

During the year each student is expected to work with two cases. The student assesses each rising family intervention scales to identify the areas required for counseling. After identification intervention programme is planned and implemented and evaluated. The progress is recorded.

Conduct of the examination :

The examination will be for the whole day. The students will have 3 hours of working the case and then a viva will be conducted. Each student will be given a case for conducting family assessment. After completing the assessment, the student is expected to write the report and present to the examiner with plan of action.

Question :Conduct the assessment of the given case using family assessment scales, write the report, identify the areas for intervention and specify the strategies.

Evaluation :

The examiner can distribute the total marks sixty as per the practical work covered by the student.

PAPER IV: INDIVIDUALISED EARLY INTERVENTION PROGRAMME (IEIP)

Objectives:-

At the end of the year the student is expected to:

- carry out comprehensive assessment of the child and family and write the assessment reports
- plan and implement individualised early intervention programme.
- Evaluation of the IEIP

Procedure:

- comprehensive assessment of child and family
- writing the assessment report and communicating assessment results to the family
- planning and implementing IEIP
- evaluating IEIP and documenting the results and presentation of cases.
- Submission of records of 4 cases.

CONDUCT OF EXAMINATION

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DESCRIPTION OF THE PRACTICALS

During the year each student is expected to work with four (4) cases on a longitudinal basis. The student assesses each case for identifying medical needs, therapeutic needs, cognitive, language, communication needs and family intervention. Based on the assessment information each student develops an individualized early intervention programme (IEIP), implements it and evaluates the progress of the child. At the end the student submits a comprehensive report of all 4 cases for the examination purpose.

CONDUCT OF THE EXAMINATION

The examination is mainly conducted in the form of viva wherein the external examiners will go through their IEIPs and examine the student on the different types of assessment and intervention conducted by the students.

EVALUATION

The examiner can distribute the total marks sixty as per the practical work covered by the student

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NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED, SECUNDERABAD

P.G.DIPLOMA IN EARLY INTERVENTION

SCHEME OF INSTRUCTION AND EXAMINATION

THEORY

S. N	Sub. Code	Subject	Instructions Hrs./Week	Duration of Exam	Internal * Assessment Through out the year	Annual examination External assessment	Total Marks
1.	PGDEI 101.NIMH	Neurobiology	3	3	20	60	80
2.	PGDEI 102 NIMH	Child Development	3	3	20	60	80
3.	PGDEI 103 NIMH	Physical and Occupational Therapy	3	3	20	60	80
4.	PGDEI 104. NIMH	Speech Language and Communication	3	3	20	60	80
5.	PGDEI 105 NIMH	Family and community	3	3	20	60	80
6.	PGDEI 199 NIMH	Seminar	4				
		TOTAL	15+4		400		

Seminar : Seminar will help to enhance students' abilities to work on different topics related to the course and present the topic. It will also provide an opportunity for the student to make use of the practical skills and organising the topic by presenting it to the faculty.

* Internal assessment:

First internal examination : 10 marks

Second internal examination : 10 marks

Total : 20 marks

PRACTICALS

S.N	Sub. Code	Subject	Instructions Hrs/ Week	Duration of exam	Internal ** Assessment throughout the year	Annual examination external assessment	Total Marks
1.	PGDEI 151 NIMH	Case history and developmental assessment	4	3	90	60	150
2.	PGDEI 152 NIMH	Therapeutics Assessment and Intervention Evaluation	4	3	90	60	150
3.	PGDEI 153 NIMH	Individualised Family Assessment	4	3	90	60	150
4.	PGDEI 153 NIMH	Individualised Early Intervention Programming (IEIP)	4	3	90	60	150
		TOTAL	16		360	240	600

**First internal examination : 45 marks

Second internal examination : 45 marks

Total marks : 90