

# Integrating Child Protection & Mental Health Perspectives into Interventions for Children with Disability



**SAMVAD**

**Support, Advocacy & Mental health interventions for children in Vulnerable circumstances  
And Distress**

**A National Initiative & Integrated Resource for Child Protection, Mental Health, &  
Psychosocial Care of the Ministry of Women & Child Development,  
Government of India**

**Located in the Dept. of Child and Adolescent Psychiatry,  
National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore**



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## ABOUT SAMVAD

SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) is a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, established by the Ministry of Women & Child Development, Government of India. This initiative is located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of transdisciplinary and integrated approaches to mental health and protection, SAMVAD was established to extend its support and activities to all the states in the country. It comprises of a multidisciplinary team of child care professionals, with expertise in training and capacity building, program and policy research pertaining to child mental health, protection, education and law.

SAMVAD has been mandated by the Mission Vatsalya Guidelines of the Ministry of Women & Child Development, Government of India ***“to develop and increase counselling capacity as well as resource persons at the State/UT level, including Psychiatric counselling and mental health wellbeing of children in coordination with Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances And Distress (SAMVAD)- National Institute of Mental Health and Neurosciences (NIMHANS).”***



# SAMVAD's Objectives

## Develop

Standardized child-centric modules and resources for the capacity building of primary, secondary and tertiary level psychosocial and mental health care service providers.

## Strengthen

Knowledge and skills in child and adolescent protection and psychosocial care in various cadres of child care service providers in the country, through training and capacity building initiatives at primary, secondary and tertiary care levels of child protection and mental health.

## Enhance

Child and adolescent protection and psychosocial care programs implemented by government and non-government agencies, by providing technical support on program design and quality.

## Undertake

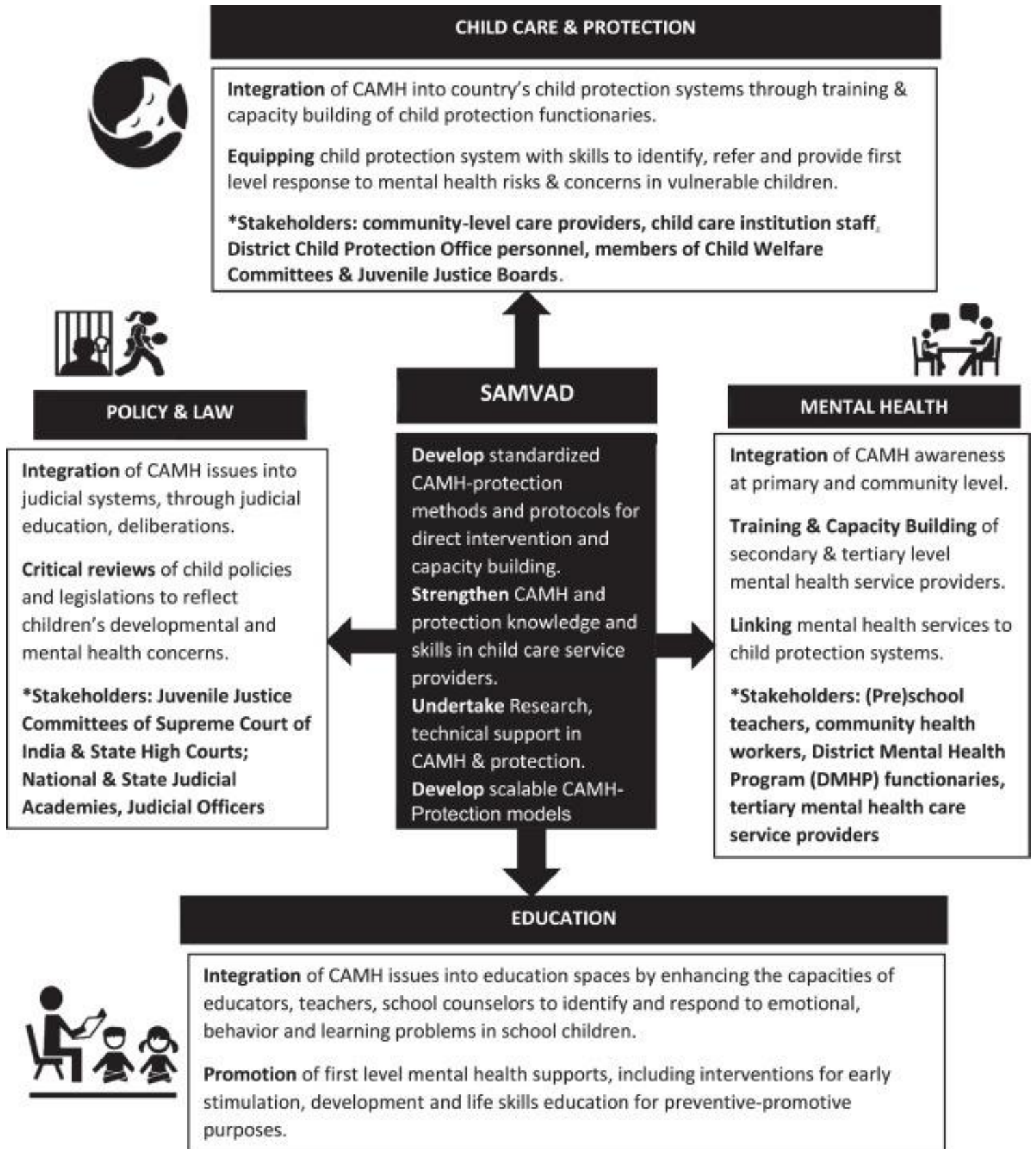
Studies, audits, research and advocacy on issues pertaining to child and adolescent protection and related issues of mental health and psychosocial care.

## Utilize

The experiences of capacity building, technical programmatic support and research in informing child and adolescent laws and policies in the country.



# THE SAMVAD MODEL



# 1. Background and Rationale

Child Development is a natural and sequential process that all children go through. Since the day a child is born, the child starts developing- you may see that your new born infant is quick to learn, he/ she will latch on to the mother's breast when being fed, they will cry and indicate that they are hungry. Around 3 months of age, children may start recognizing faces of the caregivers and make eye contact, smile when the caregiver engages with them. At 6 months, they are able to sit without support and over the next couple of months, become familiar with caregivers and become increasingly fearful of strangers reacting to them by crying or fussing. By 9 months they can stand with support and by 12 months, they may be walking and soon after, start saying first words. In other words, child development refers to the various abilities that a child develops in accordance with age. And these developments take place in five key areas- physical, speech and language, cognitive, social and emotional domains.

However, while child development theory gives us some essential developmental stages to look out for in children, with benchmarks for the age at which certain developmental abilities typically emerge, not all children conform to these stages of development. Some may actually develop more quickly while others are slower, and some quite far behind. For instance, there are children who walk much later than age 1, who maybe 4 to 5 years of age but are unable to speak, who at age 8 seem more like 4-year old or even younger.

Such children are said to have developmental disabilities or disorders—which refer to a range of problems characterized by impairments in physical, learning, language, or behaviour areas. These conditions usually begin during childhood, have an impact on day-to-day functioning, and usually last for the rest of a person's life. Disability is an oft-forgotten and much neglected area of work, particularly in developing countries such as ours.

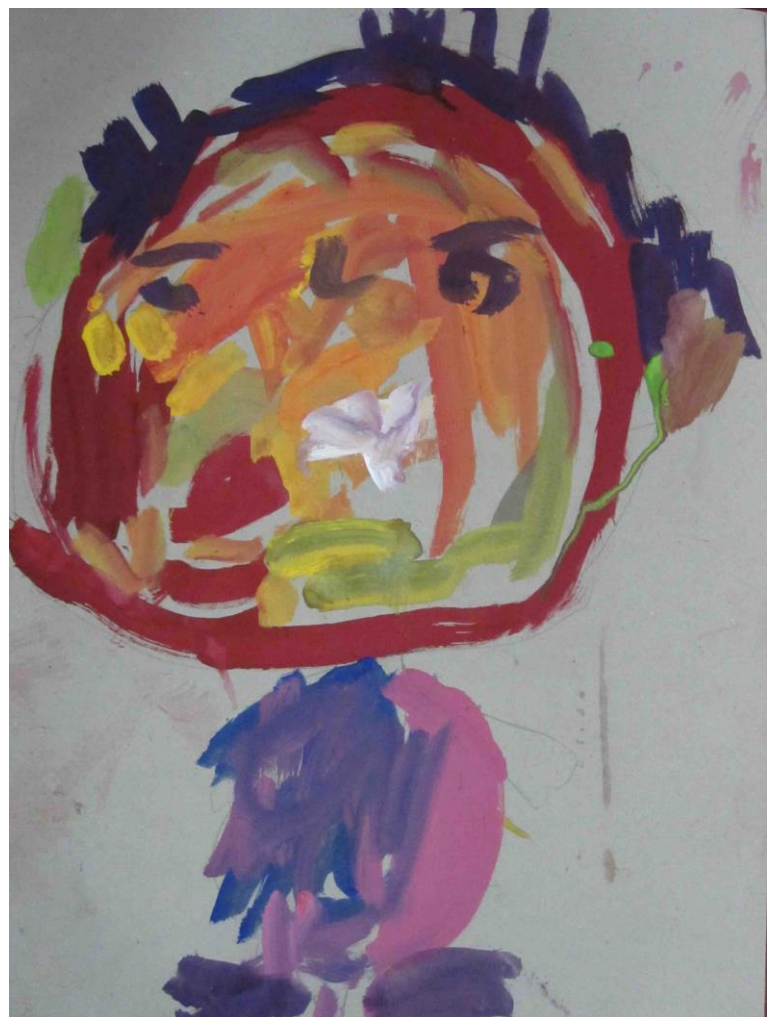


Persons with disability have poor access to healthcare and frequently encounter discrimination or stigmatization, consequently rendering them increasingly vulnerable to other health conditions, lack of opportunities for growth and development, and compromised quality of life. Children with disability remain invisible and frequently face barriers that prevent their integration and meaningful participation in the activities of daily living. Their basic developmental needs and rights often remain unfulfilled, they have access to fewer opportunities of education, healthcare and may even experience marginalization and stigma from those around them, creating adverse impacts on their mental health. These children also remain more at risk of abuse of all kinds – physical abuse, emotional abuse, neglect and sexual abuse which may even be prolonged due to their inability to identify and report the abuse experiences. The support and services that such children need to fulfill their developmental and life needs are for many families, unaffordable and inaccessible. Caregivers are thus left worrying, helpless, and ill-equipped to deal with their child with disability.

Most caregivers, also lack knowledge and awareness about early stimulation or interventions that may support the child's development, putting children at risk. These challenges are compounded by a paucity of child mental health services in our country, and consequent difficulties for many children and families, especially those in remote, rural areas, for accessing child development and mental health services.

With a view to addressing the gaps in skills and services for children with disability, and strengthen disability-related services across the country, SAMVAD provides training to healthcare providers, pediatricians, mental health professionals, teachers and special educators in this area.

As detailed in this training curriculum, SAMVAD has developed a comprehensive training program for professionals working in the field of disability on **“Integrating Child Protection and Mental Health Perspectives into Interventions for Children with Disability.”** A multi-pronged approach to provide skill-based training program is adopted, for professionals and service providers who come into contact with children with disability. It is an approach that integrates issues of child development, mental health, protection and psychosocial care into disability interventions and services.



## 2. Training Objectives

The objectives of the proposed training and capacity building initiative are for participants to develop knowledge and skills in the following areas of childhood disability:

### **Objective 1:**

- Learning the use of screening and assessment tools and methodologies for identification of signs and symptoms of disabilities in children.

### **Objective 2:**

- Developing skills for intervention and development of individualized education plan.

### **Objective 3:**

- Building counselling and communication skills for working with children with disability, as well as their caregivers.

### **Objective 4:**

- Integrating child protection interventions with child development and disability-related interventions.

### **Objective 5:**

- Applying disability and inclusion-related laws to working with children with disability.

### 3. For Whom

This program will be offered to the following professionals:

- Teachers and Special educators (with a minimum qualification of B. ED / B. ED in special education).
- Psychologists and counsellors (with a minimum qualification of Masters in Psychology).
- Staff of District Early Intervention Centers (special educators, pediatricians, other child specialists working with children)
- Pediatricians
- Other mental health professionals who are working in the area of children and disabilities (Social Workers/ NGO Staff and Counsellors working in Child Care Institutions for Children with Disability).

**Note 1:** The above-mentioned professionals are required to also (i) have a minimum of 2 years of experience; (ii) be engaged in direct work with children with disability at the time of enrolling in the program.

**Note 2:** This program has been designed to cater to the needs of professionals only. It is not for the parents /caregivers of children with disability. SAMVAD has separate curriculums to address specific concerns and needs of the parents/ caregivers.



# 4. Training Content

The Ministry of Women & Child Development (MoWCD) established SAMVAD with a view to ensuring creation and delivery of standardized, technically accurate content on issues of child protection, mental health and psychosocial care. The training curriculum and content (detailed below) has been developed based on the NIMHANS Dept. of Child and Adolescent Psychiatry's long experience with child protection and mental health in multiple settings and contexts, including in training of child protection and other related functionaries, over the years. Therefore, programmatic content cannot be abbreviated or altered in ways that dilute the program or the purpose of the training program. In case the above content needs to be delivered to functionaries other than teachers, mental health professionals, and pediatricians, SAMVAD reserves the right to adapt the program as necessary, solely in accordance with the aim of ensuring teaching-learning quality—in order that vulnerable children ultimately benefit from the service providers.

## 4.1 Childhood, Power and Rights

### **Objectives:**

- To sensitize participants to children, and childhood experiences, particularly in the context of disability.
- To identify and to be aware of issues of power hierarchies relating to children with disabilities.
- To introduce perspectives on vulnerability and child rights-oriented thinking.

### **Content:**

This session sets the tone for child work, specifically with children with disability, introducing themes and ideologies that underpin the content of the program. It comprises of various activities using methods of visualization and narratives to enable participants to re-connect with their childhood and reflect on their childhood experiences. It then provides a disability lens to view childhood, to enable participants to begin to deeply empathize with children with disability...to enter their worlds and view life from the perspective of a child with disability. It also introduces to participants the ways in which

power hierarchies play out in adult-child relationships, and enables further reflection on what it means for translation of child rights into practice, in the context of disability.

## **4.2 Child Development: From Theory to Practice**

### **Objectives:**

- To examine normative child development in accordance with key domains of child development.
- To be able to identify any existing gaps and deficits in each domain of development, and consider the child's needs for stimulation and education thereof.
- To understand the inter-linkages between the domains of development, and the impact of developmental deficits in one domain on another.

### **Content:**

Theoretical understandings of normative child development, though important, are seldom actively translated into practice. In these sessions, practical methodologies such as pile sorting, quizzes and case study discussions are used, introducing a child development lens to child mental health. This helps to understand the (dis)abilities of a given child—and the impact of these disabilities, on his/her learning, emotional and behavioural states. The session equips participants to systematically identify the abilities and skills (and the lack of them), in the five key domains of child development i.e. physical, speech and language, cognitive, social, and emotional development, so that areas requiring intervention are clearly delineated. It also encourages participants to be alert to the inter-linkages between the domains of development, so that interventions are designed in a holistic way to encompass all the child's growth and development needs, rather than in a piecemeal manner focusing solely on the primary area of disability.

## 4.3 Assessment Methods & Development of Individualized Educational Plans

### Objectives:

- To introduce assessment tools that help evaluate children's development and learning.
- To use the assessments for diagnosis of problems and disorders.
- To set learning and instructional targets, and develop interventions or individualized educational plans accordingly.

### Content:

This session covers a variety of methods including observation and interviews, to elicit information from multiple sources including the child's family and other significant individuals in the child's life, to obtain information about the child's skills in daily activities, routines, and environments such as home, school and community. In addition to screening and assessment checklists, and materials that may be used to conduct developmental assessments to provide clinical impressions, the session also introduces participants to a list of formal assessment tools for corroboration and confirmation of IQ levels or diagnosis, as necessary. Finally, based on the assessment findings and identified problems/disorder, it provides frameworks for developing individualized interventions or care plans for children with disability.

## 4.4 Early Stimulation and Interventions for Childhood Disability

### Objectives:

- To introduce early stimulation and developmental interventions to enhance and optimize the growth and development of children with disability.
- To equip participants with practical skills to help children acquire skills and abilities within key domains of child development, including to teach children self-care skills.

## **Content:**

In India, children with disability have access to few culturally appropriate, low-cost interventions that could help them develop optimally, SAMVAD developed an activity-based manual titled '*Paalan*'. This manual contains activities that are for use with children with various developmental delays and disabilities for helping them to acquire developmental skills in the key domains of child development, including self-care skills. This session introduces to participants the manual and early stimulation and developmental interventions contained in it, thereby equipping them with practical skills for working with children with disability.

## **4.5 Understanding the Inner Worlds and Voices of Children with Disability**

### **Objectives:**

- To identify and analyze the psychosocial contexts of children's problems
- To understand how children perceive and internalize their experiences i.e. to identify their inner voices, and how this manifests in various emotional and behavioural states.

### **Content:**

A child's emotional and behavioural states or problems seldom occur in isolation; there is always a reason why they occur, a place or a context that they grew out of. This session forms the cornerstone to understanding the basis of children's emotional and behavioural concerns. In other words, why does a child behave the way he/she does? Participants are introduced to a simple, yet effective framework for identifying and analyzing children's emotional and behavioural manifestations. It comprises of key elements, namely the child's context or universe, the experiences arising out of a given context, his/her internalizations of these experiences i.e. the inner voices, and resultant emotions, and behaviours.



This framework, developed for use largely with neuro-typical children, is applicable to children who do not have intellectual disability but to children with locomotor disabilities and/or those with developmental disabilities such as ADHD, where essential cognitive processes are not adversely affected. In fact, this framework is critical for use with children with these disabilities—wherein due to emphasis on skills and (dis)abilities, there is a tendency to ignore the importance of the emotional worlds of these children—and the behavioural difficulties that children with disability experience.

## **4.6 Representation of Childhood Disability**

### **Objectives:**

- To reflect on images and experiences of childhood disability.
- To take perspective on multiple childhoods and emerging psychosocial themes and narratives.

### **Content:**

These sessions facilitate reflection and perspective-taking on issues and themes of childhood disability through use of films. These films contain representations of the lives of children with disability. They explore themes of attachment, friendship and relationships, children's interests, motivations, dreams and aspirations and of caregiver concerns. They enable us, in essence, to view the world through the eyes of children with disability, thereby getting us to adopt a child-centric approach to dealing with this vulnerable sub-group and their families.

## 4.7 Communication Skills and Strategies with Children with Disability (A)

(\*focusing on emotionally aware communication)

### Objectives:

- To develop communication skills for interviewing children.
- To provide first level responses to address emotional and behavioral concerns in children with disability.

### Content:

This session will cover key communication skills for use in interviewing children and adolescents. It uses role plays and case studies to practice the skills listed below:

- **Skill 1: Getting to Know the Child**

Rapport building is the first stage towards building a relationship with children. It involves introducing yourself; preliminary establishment of context; and getting to know the child.

- **Skill 2: Listening**

Involves paying attention to a child's verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy.

- **Skill 3: Recognizing and Acknowledgement of Emotions**

Entails recognizing the child's emotions and acknowledging his/her emotions. It is a powerful technique that reassures children and convinces them that the child worker is empathetic.

This module on emotionally aware communication is specifically to enable participants to engage with children who may have locomotor disabilities, specific learning disabilities and/or attention deficit hyperactive disorder but have average intelligence and cognitive levels—so as to equip child workers to provide responses to children as they struggle with various emotional and behavioural challenges. (It is not designed for provision of responses to children with cognitive and intellectual disabilities—for which a different type of communication is used, as subsequently detailed).

## **4.8 Communication Skills and Strategies with Children with Disability (B)**

(\*focusing on communication strategies used to work with children with neuro- developmental problems)

### **Objectives:**

- To learn about teaching and communication skills for children with neuro- developmental disorders.
- To use different communication strategies to be able to enhance children's functional levels on a day-to-day basis.

### **Content:**

Children with neurodevelopmental disorders, such as intellectual disability, attention deficit hyperactivity disorders, and autism, may have intellectual, motor, and sensorial delays. They may experience communication difficulties and exhibit isolation, passivity, and withdrawal; and also have challenging behaviours such as aggression, impulsivity, stereotypic movements, and tantrums. Due to these issues, they also have difficulties with self-care activities and day- to-day functioning in different areas of their life. This session focuses on communication skills and strategies to help child workers to engage children with such disabilities, and to teach, direct and instruct them in ways that enable them to learn and improve their functional abilities.

## **4.9 Locomotor and Sensory Impairments**

### **Objectives:**

- To introduce various types of locomotor and sensory impairments.
- To understand the developmental impact of locomotor and sensory impairments, with special attention to emotional and behavioural concerns.
- To be able to provide first-level responses along with interventions for the management of locomotor and sensory impairments.

**Content:**

This session introduces participants to the different types of locomotor and sensory impairments, and the emotional and behavioural issues that these impairments may lead to. Using case study analysis methods, it builds on the ideas of the child's context and inner voice (discussed in earlier sessions), to provide further understanding and perspectives on the experiences of marginalization and vulnerability of this sub-group of children with disability. It also provides strategies for rehabilitation of these children, not only with the requisite assisted devices and environmental accommodations, but with social interventions.

#### **4.10 Life Skills Education for Children with Disability**

**Objectives:**

- Developing an understanding of the importance of life skills education in the context of children with disability.
- Learning practical skills to deliver activity-based life skills to assist children with disability in areas of socio-emotional development.

**Content:**

Much of the work done with children with disability is focused on self-help skills and cognitive development. While these are legitimately important areas for skilling children, an approach that ensures holistic development would require an equal emphasis on enhancing these children's (often compromised) socio-emotional development. The World Health Organization defines life skills as, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills refer to skills such as emotional regulation, interpersonal communication, assertiveness, negotiation, problem solving, decision-making...skills that we use constantly to navigate the world around us. The concept of life skills education arose largely in the context of adolescents, and continues

to operate in this domain. However, given the daily life challenges that children with disability face, from difficulty in communication to bullying and discrimination, it may be argued that their need for life skills training is actually much higher than that of an average neuro-typical child or adolescent. In the light of these needs, this session introduces participants to essential tenets of the use of life skills education with children, following which it adopts a ‘do and learn’ method to equip participants with practical skills in this area. SAMVAD’s activity-based life skills manuals on socio-emotional development (available @ <https://nimhanschildprotect.in/children-7-12-years/> and <https://nimhanschildprotect.in/adolescents-13-18-years/>) are used to demonstrate life skills education engagements to participants.

Note: Since the types of life skills covered in this session require children to have cognitive capacities in order to be able to engage, this session is focused on assisting children with locomotor and sensory disabilities and neuro-developmental disorders such as ADHD and Specific Learning disabilities only i.e. the activities introduced are not used with children with intellectual disabilities.

## 4.11 Neuro-Developmental Disorders

### Objectives:

- To identify developmental disabilities in children.
- To conceptualize first-level responses, followed by parent psychoeducation.
- To be able to refer to psychiatric care facilities for further assistance and depth interventions.

## **Content:**

This group of sessions will cover 4 key developmental disabilities, namely Intellectual Disability, Specific Learning Disabilities, Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorders. Beginning with signs and symptoms and ways to assess and identify these disabilities, the sessions move on to management of the disability; the latter part thus covers direct interventions that may be provided to the child as well as issues of parent psycho-education. Inputs on testing and certification are also provided to participants.

### **4.12 Mental Health Comorbidities in Children with Disability**

#### **Objectives**

- To understand and identify psychiatric co-morbidities in children with disability.
- To ensure appropriate referral for interventions to address psychiatric co-morbidities, alongside developmental, learning and behavioural interventions.

#### **Content:**

Often neuro-developmental disorders are viewed purely through a disability lens— consequently, interventions are focused on enhancing developmental skills and abilities of such children. While such interventions are relevant, it is very important to identify psychiatric co-morbidities in these children i.e. they are likely to have other disorders in addition to the developmental disorder they have. For example, children with autism may commonly have ADHD, and children with ADHD may have co-morbidities such as oppositional defiant disorder (ODD) and conduct disorder (CD), learning disorders and mood disorders; and children with specific learning disability may have ADHD and emotional disorders such as anxiety or depression. This session is focused on helping participants understand commonly occurring

co-morbidities in children with disability, and the need for appropriate interventions to address these, so that the child may better achieve learning and behavioural targets.

#### **4.13 Addressing Child Protection concerns in Children with Disability**

##### **Objectives:**

- Using a sexuality and abuse lens to understanding the protection concerns of children with disability.
- Addressing safety and protection concerns of children with disability using a life skills activity-based approach.

##### **Content:**

The session is divided into three major parts in order for participants to understand sexual behaviors in children with disability and to develop an understanding of protection concerns in children with disability from a sexuality and abuse lens. Children, by virtue of their normative developmental stages are at risk of various protection concerns- which are highlighted to the participants to build a framework linking childhood development to child sexual abuse risks with implications for children with disabilities. The session also provides participants with knowledge on identifying sexual abuse in children with disabilities. The final part of the session culminates in Interventions: A Life Skills approach to addressing Sexuality & Personal Safety issues in children with disabilities. The session uses interactive, participatory methodologies to equip participants with a framework as well as a plethora of activities that are conducted in a graded approach with children to teach them concepts pertaining to personal safety such as- body awareness, physical & general safety, safety from unknown and known people & privacy and boundaries. These activities are taken from the Life Skills manual:

Child Sexual Abuse Prevention and Personal Safety developed by the NIMHANS Child & Adolescent Mental Health Service Project (<https://nimhanschildprotect.in/life-skills-pre-school-children-csa-prevention-full-manual/>).

#### **4.14 Inclusive Education and Reasonable Accommodations: The RTE and RPWD story**

##### **Objective:**

- To develop an understanding of key frameworks for inclusive education.
- To understand the role of reasonable accommodations in fostering substantive equality and equity in learning opportunities
- To develop an overview of the key provisions under the RTE and RPWD Acts relevant to inclusive education.
- To understand the challenges in implementing disability-friendly laws and schemes (and why they aren't enough).

##### **Content:**

This session aims to develop an understanding of the Rights of Persons with Disabilities Act (RPWD), 2016, and relevant schemes, particularly with reference to their provisions for children. In this regard, the session looks at the legal framework of the RPWD Act from an equity, non-discrimination and equal opportunity perspective, to ground some of the Act's provisions as they relate to children with disabilities. Therefore, in doing so, this session will provide a definitional overview of concepts such as benchmark disabilities, inclusive education, reasonable accommodations and universal design amongst others. The definitional comport of these concepts will be used to develop an understanding of the contours of children's rights and entitlements under the Act, therefore emphasizing the imperative for a radical re-conceptualization of educational services.



Additionally, the practical challenges with implementation of an inclusive education model will be discussed with comparative analysis of other legal jurisdictions, to provide a perspective on possible ways forward in developing inclusive education centres, that are in keeping with the RPWD's framework for equity in access to key public services such as education. Relevant case law on these subjects will also be discussed to address some of the gaps and constraints in ensuring disability-friendly facilities, human resources, and services in public education. The relevant provisions under the Rights to Education Act and Samagra Shiksha Abhiyan Scheme will also be discussed here.

#### **4.15 Inclusive Education for Children with Disability**

##### **Objectives:**

- To understand the concept of inclusion and its implications for children with different types of disabilities.
- To learn strategies that would be helpful to ensuring inclusion of children with disabilities in classrooms and educational settings.

##### **Content:**

Inclusion, which means offering all children opportunities to develop, learn, play and to participate in family and community life, is also every child's right. It has special implications for children with disability, since they are often marginalized, excluded and deprived of the opportunities they need. Inclusion is about making differential arrangements and opportunities available to children, based on the nature and severity of their disabilities, so that they may access opportunities for growth and learning. This session provides an understanding of inclusion, with discussions on which types of children with disability can be included in mainstream schools and how; and which children would require special education. It also provides strategies for inclusion in classrooms and educational institutions.

## 4.16 Care of the Caregivers

### Objectives:

- Understanding caregiver experiences of fatigue and burn-out.
- Learning strategies for support and empowerment of caregivers.

### Content:

Caregivers of children with disabilities often experience negative physical, emotional and functional health consequences of long-term, informal caregiving. Children with disability, depending on their age and developmental level, constantly require supervision and monitoring for the most basic things like sleeping, eating and safety. This intensive daily engagement can lead to fatigue and burn-out in caregivers. It can also adversely impact family dynamics and marital relations. This session provides perspectives on caregiver challenges, with strategies on how they can be enabled to manage their lives, so that they are supported and empowered through complex journey with their children.



# 5. Training Schedule

## 5.1 Online Schedule

<b>Theme &amp; Content</b>	<b>Session</b>
<b>Childhood, Power and Rights</b>	<b>1</b>
<b>Child Development: From Theory to Practice (A)</b>	<b>2</b>
<b>Child Development: From Theory to Practice (B)</b>	<b>3</b>
<b>Assessment Methods &amp; Development of Individualized Educational Plans</b>	
<b>Early Stimulation and Interventions for Childhood Disability</b>	<b>5</b>
<b>Understanding the Inner Worlds and Voices of Children with Disability</b>	<b>6</b>
<b>Representation of Childhood Disability (1)</b>	<b>7</b>
<b>Communication Skills and Strategies with Children with Disability (A)</b>	<b>8</b>
<b>Locomotor and Sensory Impairments</b>	<b>9</b>
<b>Life Skills Education for Children with Disability</b>	<b>10</b>
<b>Neuro-Developmental Disorder (1): Intellectual Disability</b>	<b>11</b>
<b>Neuro-Developmental Disorder (2): Specific Learning Disabilities</b>	<b>12</b>
<b>Neuro-Developmental Disorder (3): Attention Deficit Hyperactivity Disorder</b>	<b>13</b>
<b>Neuro-Developmental Disorder (4): Autism Spectrum Disorders</b>	<b>14</b>
<b>Communication Skills and Strategies with Children with Disability (B)</b>	<b>15</b>
<b>Mental health comorbidities in children with disability</b>	<b>16</b>
<b>Addressing Child Protection concerns in Children with Disability</b>	<b>17</b>
<b>Representation of Childhood Disability (2)</b>	<b>18</b>
<b>Inclusive Education for Children with Disability</b>	<b>19</b>
<b>Understanding Laws for Children with Disability</b>	<b>20</b>
<b>Care of the Carer</b>	<b>21</b>

**Each session is for a duration of 3 hours.**

## 5.2 In-person Training Schedule

Day	Time	Theme & Content	
<b>1</b>	9:30am 10:30am	<b>Introduction &amp; Objectives of Training Program</b>	
	10:30am- 1:00pm	<b>Children &amp; Childhood</b>	<ul style="list-style-type: none"> <li>• Sensitization to children and childhood experiences</li> <li>• Introduction to child rights- oriented thinking in context of disability</li> </ul>
	1:00pm- 2:00 pm	Lunch	
	2:00pm- 5:30pm	<b>Child Development: Translation of Theory into Practice</b>	<ul style="list-style-type: none"> <li>• Understanding developmental delays, identifying risks pertaining to different vulnerabilities</li> <li>• Addressing children’s developmental needs and deficits</li> </ul>
<b>2</b>	9:30am- 1:00pm	<b>Assessment tools and development of Individualized Educational Plan (IEP)</b>	<ul style="list-style-type: none"> <li>• Identifying the right assessment tool to devise interventions for children with disability and conducting assessment using age-appropriate tools</li> </ul>
	1:00pm- 2:00pm	Lunch	
	2:00pm- 5:30 pm	<b>Disability Interventions – I SAMVAD’s Disability Manual</b>	<ul style="list-style-type: none"> <li>• Promoting skills and abilities in the 5 developmental domains through simple home-based activities</li> </ul>
<b>3</b>	9:30am- 12:30pm	<b>Identifying Contexts &amp; Problems: The Child’s Inner Voice</b>	<ul style="list-style-type: none"> <li>• Identifying psychosocial contexts of children’s problems &amp; understanding and analyzing problems in accordance with their context.</li> <li>• Understanding how children perceive and internalize their experiences i.e., their inner voices, and how this manifest in emotional and behavioural issues.</li> </ul>
	12:30pm- 1:30pm	Lunch	
	1:30 pm- 4:30 pm	<b>Representations of Childhood-I</b>	<ul style="list-style-type: none"> <li>• Reflection on images of childhood.</li> <li>• Developing perspective on multiple childhood and emerging psychosocial themes and narratives.</li> </ul>

Day	Time	Theme & Content	
4	9:30am-1:00pm	<b>Communication Skills (Part 1)</b>	<ul style="list-style-type: none"> <li>• Rapport building</li> <li>• Listening</li> <li>• Recognizing and Acknowledging Emotions</li> </ul>
	1:00pm-2:00pm	<b>Lunch</b>	
	2:00 pm-5:30 pm	<b>Locomotor &amp; Sensory Impairments</b>	<ul style="list-style-type: none"> <li>• Understanding of concept, nature &amp; etiology with emotional and behavioural problems</li> <li>• First level responses along with interventions for the management of emotional and behavioural issues in children with locomotor and sensory impairments</li> <li>• Sensitization of parents of children with disability and psychoeducation for better management of disability</li> </ul>
5	9:30 am-1:00 pm	<b>Disability Interventions II- Life Skills Education Activities</b>	<ul style="list-style-type: none"> <li>• Understanding the basics of life skills education</li> </ul>
	1:00pm-2:00pm	<b>Lunch</b>	
	2:00 pm-4:30 pm	<b>Disability Interventions II- Life Skills Education Activities (contd.)</b>	<ul style="list-style-type: none"> <li>• Life Skills in Action – A practice of imparting Socio Emotional Life Skills to children with disability.</li> </ul>
6	9:30 am-12:30 pm	<b>Introduction to Neurodevelopmental Disorders: Intellectual Disability</b>	<ul style="list-style-type: none"> <li>• Understanding of concept, nature &amp; etiology with emotional and behavioural problems</li> <li>• First level responses along with interventions for the management of Intellectual Disability</li> <li>• Sensitization and psychoeducation of parents for better management of Intellectual Disability</li> </ul>
	12:30pm- 1:30 pm	<b>Lunch Break</b>	
	1:30 pm-4:30 pm	<b>Specific Learning Disabilities</b>	<ul style="list-style-type: none"> <li>• Understanding of concept, nature &amp; etiology with emotional and behavioural problems</li> <li>• First level responses along with interventions for the management Specific Learning Disabilities</li> <li>• Sensitization and psychoeducation of parents for better management of Specific Learning Disability</li> </ul>

Day	Time	Theme & Content	
7	9:30 am -12:30 pm	<b>Attention deficit Hyperactivity Disorder (ADHD)</b>	<ul style="list-style-type: none"> <li>• Understanding of concept, nature &amp; etiology with emotional and behavioural problems</li> <li>• First level responses along with interventions for the management of attention deficit hyperactivity disorder</li> <li>• Sensitization and psychoeducation of parents for better management of attention deficit hyperactivity disorder</li> </ul>
	12:30 pm-1:30 pm	Lunch Break	
	1:30 pm- 4:30pm	<b>Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>• Understanding of concept, nature &amp; etiology with emotional and behavioural problems</li> <li>• First level responses along with interventions for the management of autism spectrum disorders.</li> <li>• Sensitization and psychoeducation of parents for better management of autism spectrum disorders</li> </ul>
8	9:30am- 5:15 pm	Film Screenings and Discussions on Themes of Disability	
9	9:30 am-11:30 am	<b>Communication Skills with Children (contd.) (Part- 2)</b>	Techniques to communicate with children with neurodevelopmental disabilities
	11:30am-1:30 pm	<b>Mental health comorbidities in children with disability</b>	Identifying commonly occurring mental health comorbidities with different kinds of disabilities
	1:30pm-2:30pm	Lunch	
	2:30 pm-5:30 pm	<b>Addressing Child Protection concerns in Children with Disability (Sexuality &amp; Abuse)- I</b>	<ul style="list-style-type: none"> <li>• Understanding sexual behaviours in children with disability</li> <li>• Understanding the protection concerns of children with disability from a sexuality and abuse lens</li> <li>• Addressing safety and protection concerns of children with disability using a life skills approach.</li> </ul>

Day	Time	Theme & Content	
10	9:30 am- 12:30 pm	<b>Addressing Child Protection concerns in Children with Disability (Sexuality &amp; Abuse)- II</b>	<ul style="list-style-type: none"> <li>• Understanding sexual behaviours in children with disability</li> <li>• Understanding the protection concerns of children with disability from a sexuality and abuse lens</li> <li>• Addressing safety and protection concerns of children with disability using a life skills approach.</li> </ul>
	12:30pm- 1:30pm	Lunch	
	1:30 pm-4:30 pm	<b>Care giver's well-being matters</b>	<ul style="list-style-type: none"> <li>• Providing a platform to discuss teacher's and parent's stressors</li> <li>• Developing a better understanding &amp; learning skills and strategies to enable self- care and well-being</li> </ul>
11	9:30am -1:30 pm	<b>Educational Provisions: Inclusion in different spaces</b>	<ul style="list-style-type: none"> <li>• Understanding diversity and developing perspective on belongingness to other group(s)</li> <li>• Responding to the diverse needs of learners</li> <li>• Promoting fundamental education for all</li> </ul>
	1:30 pm- 2:30 pm	Lunch	
	2:30 pm- 4:30 pm	<b>Developing Understanding: The Right to Education Act (RTE Act) Rights of Persons with Disabilities (RPwD Act)</b>	<ul style="list-style-type: none"> <li>• Understanding various significant legal policies and laws concerning children with disability</li> </ul>
	4:30 pm - 5:00pm	<b>Summary &amp; Wrap Up</b>	

# 6. Training Methodology

The training program uses a range of creative and participatory methods ranging from role plays and discussions to video and film screenings, case study analysis; and experiential methodologies of visualization, simulation and story-telling.

Didactic methods, such as lectures are used minimally, mostly for the purpose of introducing theoretical and conceptual frameworks that are essential for learning and field practice. The major emphasis of the training methodology is on skill-building, to enable participants to translate theory and concept into practice, in their work and interactions with children.





# 7. Mode of Delivery

Both online and in-person training programs are delivered by SAMVAD, through a multi-disciplinary team comprising members drawn from expertise in psychology, psychiatry, social work, and law.

## 7.1 Online Training Programs

SAMVAD has established a virtual knowledge network (VKN) set-up, and this platform will be used for the implementation of the proposed training program. To maintain the quality of the training, and the interactive nature that assists learning, the maximum number of participants in a given group is capped at 50. Each learning session is typically of a duration of 3 hours on pre-scheduled or pre-agreed days and time. These synchronous learning sessions may range from being twice or thrice a week (in some instances, five times a week), based on the agreement with the agency requesting the program and/or the feasibility and convenience of SAMVAD and the participants

### **Rules of Participation & Engagement for Online Programs**

- Attendance of a session is counted as being online/ on the session for a minimum of 160 out of 180 minutes. There is always a next time, so don't worry!
- If more than 2 sessions are missed, a participant would be unable to continue on the program...
- Participants dropping out due to non-attendance of sessions are welcome to join another training program but all sessions would need to be attended again.
- Participants missing a session are expected to catch up by watching the recorded session.

## 7.2 In Person Training Programs

SAMVAD is happy to conduct in-person programs in NIMHANS and/or in other state venues. These are typically all-day programs that run from 9 am to 6:30 pm, and may be implemented over the course of 3, 5 or 10 days, depending on the nature of the program. For instance, a longer training program that may have over 20 sessions, may be broken into blocks or smaller components that might run for 3 days at a time i.e. one block is followed by the next one that may be held a month or two later. Again, in order to ensure training quality, the number of participants is capped at 50.

### **Rules of Participation & Engagement for In-Person Programs**

- 100% attendance is mandatory i.e. no session may be missed.
- In case of any health emergency, the participant is required to inform the NIMHANS-SAMVAD team so that due assistance may be provided.
- Should any participant have an emergency of any other type, and have to discontinue the training program, they may duly inform the SAMVAD-NIMHANS team, who will also communicate the same to the institution concerned.
- Requests to facilitators to be exempted from sessions will not be entertained—as the program does not allow for skipping of any sessions/ activities (except in case of a health emergency).
- Participants are expected to be punctual and at the training venue by 8:50 am, in order to allow for the training to start on time, at 9 am. A grace of 15 minutes will be permitted about 3 times during the entire duration of the program. Participants arriving later than 15 minutes will NOT be permitted to join the session—in which case they will be unable to meet the mandatory 100% attendance requirements.

## 8. Certification

Upon completion of the training program, participants will be provided with a 'Certificate of Participation'. Successful participation and completion of the program entails adherence to all rules and ways of work as detailed above.

## 9. Financial Resources & Support

As a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, SAMVAD is mandated by the Ministry of Women and Child Development, Government of India, to provide standardized training programs and related technical support on child mental health and protection issues. Therefore, there are no financial liabilities, by way of resource/training fees or honorariums either for online or in-person training programs, on any government departments/agencies, or national programs. For the same reason, no agency/system who we assist requires an MoU with NIMHANS or with our Initiative. We are mandated to assist all agencies requiring/approaching us for support.

While online training programs therefore entail no cost, in-person training initiatives would entail organizational and logistical expenditure. In such instances, expenditure relating to the training participants' travel, accommodation and related logistics, including venue etc.. would require to be borne by the agency requesting or organizing the training program. The SAMVAD team's travel and accommodation may require be wholly or partially supported by the organizing agency, particularly if the training is for non-governmental agencies; in certain circumstances, where feasible and justifiable, SAMVAD could undertake the training by also bearing the expenditure for its team (this is subject to discussion on a case-by-case basis).



# CONTACT INFORMATION



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