

9th January, 2019

SarvaShikshaAbhiyan Resource Centre Strengthening Training workshop report

Consortium for Inclusive Education conducted a full-day training for resource teachers of SarvaShikshaAbhiyan (SSA), Resource Centre, Anand district at BRC Bhavan, Vaghasi. A total of **52 trainees** attended the workshop that was conducted by 3 main resource persons (trainers) who imparted training on the following topics:

1.) Characteristics and psychology of children with cognitive delays (MR)

2.) Parents counselling and support

Under SSA, efforts are made to give quality education to children with special needs. Some kind of liaison with parents of such children is extremely essential. With the aim of supporting and strengthening the resource centres of SSA, Consortium for Inclusive Education conducted a training to enrich the knowledge of the resource teachers of SSA working in the mentally retarded (MR) children. They were trainedregarding the broad range of disabilities included in MR category, identification of these disabilities, tackling children with special needs and the strategies to be used while counselling parents.

1.) Characteristics and psychology of children with cognitive delays (MR)

For inclusion of any child it is essential to make them an empowered person so that they canfulfil the requirement of the society. The child has to be exposed maximum to the external environment and environment has to be tweaked a bit for enabling the child to adapt in the society. Dr Dileep Sharma through the interactive session clarified afew basic concepts like:

1.) Classification of MR on the basis of Intelligence Quotient (IQ):

On the basis of IQ, MR can be classified in as follows:

- Mild mental retardation: IQ 50–55 to 70; children require mild support; formally called "Educable Mentally Retarded".
- Moderate retardation: IQ 35–40 to 50–55; children require moderate supervision and assistance; formally called "Trainable Mentally Retarded".
- Severe mental retardation: IQ 20-25 to 35-40; can be taught basic life skills and simple tasks







with supervision.

- Profound mental retardation: IQ below 20–25; usually caused by a neurological condition; require constant care.
- 2.) Personality developing model:
- Id: The only component of personality that is present from birth.
- Ego: The component of personality that is responsible for dealing with reality.
- Superego: The superego is the aspect of personality that holds all of our internalized moral standards and ideals that we acquire from both parents and society—our sense of right and wrong. The superego provides guidelines for making judgments.

A healthy personality results from a balance in the dynamic interaction of the id, ego, and superego.

3.) Identification of MR:

<u>Common symptoms</u>: Microcephaly, hydrocephaly, open mouth, thick tongue, clumsy gait/ seizer gait, slanting eyes, flappy skin, little figure, hyperactivity, restless, and salvia discharge.

<u>Cognitive symptoms</u>: Memory loss, speech and language, poor attention, lack of concentration, and poor eye-hand coordination.

<u>Behavioural and social symptoms</u>: Repetitive behaviour, lack of motivation, lack of confidence, fear of failure, lack of making friends, shyness, poor memory, lack of direction, lack of self-care, and rigidity.

Discussing a case study of a child unable to carry out daily activities, the trainer emphasized on gettingthe child assessed. Assessment of the child will help the resource teachers understand whether the child has fine motor or gross motor problem and the need of a child. Once the problem is known the resource person can devise an innovative play method to resolve the problem and if necessary can look for a physiotherapist or an occupational therapy. The trainer discussed that for making a child independent and developing the fine motor and gross-motor of a child eye- hand coordination is most important. For development of MR child it is essential to incorporate educating strategies focusing on improving eye- hand coordination such as: throwing and catching a ball, colouring in activities, connect-the-dot activities, stringing beads, bouncing balls, tossing a small bean bag into a hula hoop etc.







2.) Parents counselling and support

Dr Pallavi Trivedi, Professor in Psychology, Ilsass University, and Ms. PratibhaPurnik, Mitrarehabilitaion centreinformed the resource persons that parents of children special needs have to be handled sensitively as they are already going through a stressful situation. Counselling should be focused towards helping anindividual overcomea problem.

The process of counselling should be an interactive process wherein the person having problem is resorted towards a solution. The trainers explained the resource persons that for conducting an effective counselling, parents should be assured that they won't be asked many questions. Important objective of a parent-counsellor interaction is to gain insight into the child's behaviour to get a proper perspective from the point of view of the home environment. Understanding insights can help a great deal in reducing the tension and anxiety of parents as well as the child.

Counsellor should behave with great caution and professional experience. It is most important during parental counselling to get over the perceived biases like behaviour of the child and gender, age, qualification of the parentetc. Parent counselling can at times be more difficult than child. The difficulty level is higher with the parents of children with special needs as they have to adjust to a wide variety of emotional and psychological problems. Parents of children special needs children might even get aggressive, compel the child to live up to the demands of society, unrealistic expectations from the child or blaming themselves for child's performance.

Parent counselling should be conducted in a healthy manner to bring a positive change in the attitude of parents and making them understand that each parent child relationship is unique and different. Counselling should be a continuous process, in which the parents can learn to accept the child as a different rather than a lesser person. The counsellor has to patiently deal with the parents toreduce their stress level, alleviate depression, prevent panic attack, reduce anxiety, and control anger. This requires a considerable amount of sympathetic understanding of the parents towards their child. Once the parents' confidence and trust are achieved it becomes easy to seek their cooperation.

The focus of counselling depends upon the needs of the disabled child and his parents. Counselling is a formal procedure or transaction in which both counsellor and parents aim to find a mutually acceptable plan of adjustment.

- 1.) Parental counselling process:
- Overcome fears
 - Improve communication







- Cope with stressful situations
- Resolve conflicts
- Successful parent
- 2.) Suggestions for parents during counselling:
- Attention to the child's wants and feelings
- Sufficient time to monitor the behaviour of disabled child
- Parents expectations are to be made appropriate to the child's skills and potentials
- Understand and tolerate the child's minor behaviour
- Avoid labelling children either positively or negatively
- Praise the child often
- Don't discuss child's inappropriate behaviour with others in his presence
- Use your facial expressions and other body language to communicate to your child
- Be democratic in parental style, like less aggression, loving goodness and greater overall psychosocial adjustment
- Parent must accept that the child's disability may exist entire lifetime

Example of questions raised by the school teachers:

1. "How can parents of an autistic child help him lead a normal life?"

Social communication is impaired amongst autistic child. Such children avoid eye contact and tend to remain within their own boundaries. To help them become inclusive in the society, parents should give them social expose, the child might not stay in that environment for long but they will at least be familiar with the outer world.

2. "Parents of children with special needs belonging to rural areas and low economic background are concernabout whether to earn and safeguard the livelihood or spend on treatment and therapy of child?

The villagers have to face lots of challenges. A counsellorshould be sympathetic towards them. While counselling such parents you have to give them a solution keeping yourself in their position. If there is financial barrier as a resource person you should inform them about the govt. schemes available for these children and even liaison them with NGO's that can help them.

Towards the end of the training, feedback was collected. The trainees rated the training with a score of **8.8/10.0** for the topic of training and **9.0/10.0** for the quality of training (based on an average of ratings from 63 trainees). The resource persons were extremely impressed and excited by the topics of trainings and the initiative. A lot of teachers requested more detailed and in depth training for the same.

We look forward to working with the SSA and conduct many such trainings in the future to strengthenthe resource centres.













Annexure:

- 1) Agenda
- 2) Photos
- 3) Registration list
- 4) Feedback form







1.) Agenda

Venue BRC Bhavan, Vaghasi, Anand district

Date 9thJanuary, 2019

Resource persons 1. DrDileep Sharma

2. Dr Pallavee Trivedi

3. Ms. PraitbhaPuranik

Attendance for the workshop: 52resource persons of SSA, Resource Centre, Anand district.

Time	Description
9:30 to 10:00	Registrationof the SarvaShikshaAbhiyan (SSA) trainees
	Tea/ coffee
10:00 to 10:30	Welcome of resource persons and introduction to CIE by Ms.
	PromilaZalpuri
10:00 to 12:30	Characteristics and psychology of children with cognitive delays (MR) by Dr
	Deelip Sharma
12:30 to 1:30	Parental counselling by Dr Pallavee Trivedi
14:00 – 15:00	Lunch
15:00 to 16:00	Parental counselling by Ms. PratibhaPuranik
16:00 to 16:45	Certificate distribution







2.) Photos









































3.) Registration list:

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9.01.19	Radibha I-Puranik	9924959757	5 mitrarehalo @ gmais.com
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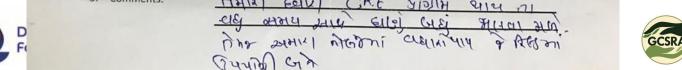


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4.) Feedback form: Average score:

Topic of training: 8.8 Quality of training: 9.0

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