

# CURRICULUM

## Post Graduate Diploma in Early Intervention



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**REHABILITATION COUNCIL OF INDIA**

(A Statutory Body under the Ministry of Social Justice and Empowerment)

New Delhi

# 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.

### 3.2 OBJECTIVES

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 in 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 AGE LIMIT

Not exceeding 35 years.

## 7.0 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.

## 8.0 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.

## 9.0 DURATION OF THE COURSE

One complete academic year

## 10.0 ATTENDANCE

Eighty percent 80% attendance is essential to be eligible for appearing for the examination. Hundred percent (100%) of the practical work and assignments should be completed and certified by the respective staff prior to the final examination. If due to illness the student is unable to complete the target, production of medical certificate can be considered. However the final decision of allowing for examination will be taken by the competent authority.

## 11.0 MEDIUM OF INSTRUCTION AND EXAMINATION

The medium of instruction and examination will be in English

## 12. CONTENT OF THE COURSE

### 12.1 THEORY

PAPER	TITLE
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I. Neurobiology

II. Child Development and Learning

III. Assessment, Intervention and Evaluation

IV. Therapeutics

V. Family and community

### 12.2 PRACTICAL

I. Case history and developmental assessments

II. Therapeutics Assessment, Intervention and Evaluation

III. Individualized Family Assessment

#### IV. Individualized Early Intervention Programing (IEI)

##### 12.0 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.) 250
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

##### 13.0 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.

##### 14.0 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.
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.

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 (1) General Mental Ability (ii) General Knowledge, (iii) General English, (iv) Broad aspects of general education and special education. 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 30 June, 2001 failing which his/her performance at the entrance test will not be considered.

The admission made is provisional at the candidates own risk and subject to approval by the Osinania University regarding the recognition of the qualifying examination.

### Paper I: NEUROBIOLOGY

**No. of hrs.100**

**No. of marks:80**

#### **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 and Embryology of the Nervous system**

- Gross anatomy stages of development, Micro anatomy stages of development and Centres & pathways

#### **Unit II: Physiology and Maturation of the Nervous System**

Neurons, synopsis, transmission, Myclination, Organization of brain, Cortical subcortical relay

system, Processing of information (Fituation, organization, response, integration).

### **UNIT III: Functions of the Nervous System including special senses**

- Specific areas and functions - Frontal, parietal, temporal, Occipital, Basalganglia, Cerebellum, Mid brain, Pons, Medulla oblongata, Autonomic neurosystem, Limbic System, Spinal cord, Spinal arc, Nervous system pathways.
- Special senses - Vision, Audiotomy, Vestibular, Tactile, Proprioception and Kinaesthetic

### **Unit IV: Determinants of risk factors and Developmental abnormalities**

- Determinants of risk factors – Preconceptual, Prenatal, Natal, Post natal and Psychosocial.
- Developmental abnormalities - Structural abnormalities, Biochemical abnormalities and Behavioural abnormalities.
- Neuro habilitation – concepts, theories, plasticity, imprinting, critical periods and Neuronal repair.

### **Unit V: Neurofunctional indicators of early brain insults**

- Presenting symptoms - Epilepsy, sleep disturbance, level of activity, Clinical features and Investigative procedures - Genetic, Biochemical Pathology, Imaging techniques.

### **Unit VI: Prevention of developmental disabilities**

- Prenatal, natal, post natal, Prevention including genetic counseling.

## **Paper II: Child Development and Learning**

**No. of hrs.100**

**No. of marks:80**

### **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 Nutrition**

- Growth - Principles of growth, Normal growth pattern, Growth monitoring, Factors influencing growth, and Health and child rearing practices.
- Nutrition - Nutrition - effect on growth, Nutrients, Feeding & weaning, Balanced diet and

## **UNIT II: Motor development and Sensory Perceptual development**

- Motor development - Principles of motor development, Motor development in prone, supine sitting & standing, posture, tone, movement, joints, Gait, Fine motor development, Motor development for survival, protection and learning and Atypical development.
- Sensory Perceptual development - Sensation, Perception and Specific sensory perceptual development.

## **UNIT III: Cognitive Development**

- Theories of cognitive development, influencing cognitive development. Stages of cognitive development and Factors

## **UNIT IV: Social and Emotional Development**

- Concepts and theories of social and emotional development.
- Mother child intervention, temperaments, attachment factors influencing social and emotional development.
- Signs of emotional distress, child abuse and neglect.

## **UNIT V: Speech language communication development**

- Development of auditory behaviour, Definition and description of terms, Integrated framework for language development, Process of normal language acquisition, Language and Cognition.

## **UNIT VI: Child rearing**

- Safety management practices, nutrition and health practices, immunization, Home Environment, Implications of social and cultural practices.
- Implications of medical conditions on child development - medically fragile babies, childhood illnesses and diseases.

## **Paper III: Assessment, Intervention and Evaluation**

**No. of hrs.100**

**No. of marks:80**

### **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 1: Assessment**

- Introduction to Assessment – Definition, purposes, methods of collecting data.
- Informal and formal assessment tools/instruments – Non-referenced, criterion-referenced, curriculum-referenced observational methods, family-centered assessment, Involving families as active participants in assessment progress.
- Introduction to assessment tools used in Early intervention, selection of assessment tools, administering and communicating assessment results.

### **Unit II: Individualised Early Intervention Programming**

- Development and implementation of the individualised early intervention programme (IEIP) and individual family service plan IFSP.
- Intervention strategies – prompting and fading, modelling and imitation, demonstration, task analysis, shaping and chaining, reinforcement – types of reinforcers, schedules of reinforcement, music and play activities, peer tutoring.

### **Unit III: Evaluation**

- Definition of evaluation, difference between assessment and evaluation.
- Types of evaluation – formative, summative.
- Programme monitoring, summarizing and evaluating the acquisition of child and family outcomes.

## **Paper: IV Therapeutics**

**No. of hrs.100**  
**No. of marks:80**

### **OBJECTIVES:**

1. Identify deviations in specific areas of development.
2. To acquire ability to assess and communicate assessment results to parents and families.
3. To acquire ability to develop, implement and evaluate Individualized therapeutic programme.
4. Identify appliances/assistive devices.

## **Part: A Physiotherapy**

### **Unit I: Concepts, theories, Assessment and Intervention**

- Concepts, theories, principles in physiotherapy.
- Examination of motor system and determining need for therapy.
- Identifying therapeutic goals, techniques of intervention, methods of evaluation & record keeping.
- Intervention for multiple handicaps.

- Use of aids and appliances.
- Intervention for multiple handicaps

**Unit II: Recent trends and issues.**

- Organization of services (urban, rural), Multidisciplinary teamwork, Available resources and utilization, Social adaptations (culture appropriate).

## **Part B: Occupational Therapy**

**Unit I: Concepts, theories, assessment and intervention**

- Physiological frame of reference, Cognitive frame of reference, Psycho dynamic frame of reference and Humanist frame of reference.
- Performance components, Sensory processing, Motor performance (Posture, hand function, etc.), Occupational components, Breathing, Feeding and Play.
- Determining need for therapy, Setting therapy goals, Selecting techniques and Identifying appliances / assistive devices
- Intervention strategies- Sensory integration- posture, positioning, breathing, feeding, eating, sensory perception and Intervention for multiple handicaps.
- Methods of evaluation and record keeping.

**Unit II: Recent trends and issues:**

- Organization of services, Multidisciplinary team, Available resources & utilization and local adaptations (culture appropriate).

## **Part C - Speech, Language and Communication**

**Unit I : Theories, concepts, assessment and evaluation**

- Orientation to common auditory disorders in children - identification & screening of hearing loss in children, referral process, basic hearing aid usage, auditory training
- Language and Communication problems association with motor disorders, sensory deficits, CNS dysfunction, cognitive disorders, etc.
- Assessment, intervention and evaluation.
- Initial & ongoing assessments - strategies, linking assessment and intervention, multi axial procedure, descriptive Proforma, communicating assessment details to other professionals, etc.
- Infants at-risk general readiness, reciprocal actions, socio-communicative signals, early comprehension, early production, prevention of rhythm & voice disorders, etc.
- Language and communication intervention - philosophy in intervention, nature of disorders and different method of classification of children, theoretical bases of intervention - model, principles, content, context, procedures.
- Writing up a programme & follow-up, inter-professional communication.
- philosophy in intervention, nature of disorders & different methods of classification of children, theoretical basis of intervention - model, principles content, context, procedures. Strategies linking assessment & intervention, multi-axial procedure, descriptive pro-forma, communicating assessment, details to other professionals, Writing up a program &

follow up and inter professional communication.

## Unit II: Recent trends & issues

- Organization of services, Multidisciplinary team work, Available resources & utilization. Local adaptations and Research.

# Paper V: Family and Community

No. of hrs.100  
No. of marks:80

## OBJECTIVES:

1. To understand family systems, dynamics, roles and relationships within family and community.
2. To assist families to identify either resources, priorities and concerns in relation to child's department
3. To acquire competency to evaluate services with families
4. To acquire ability to design process and strategies that support transition

## Unit : I Parents and family

- Inference of a child with developmental delays on family.
- Inferencing factors, parental attitudes, parent child interactions, self-esteem, parental stress and depression, parent training programmes, parent to parent support programmes.
- Family system, Family functioning, family support, family resources, Family strengths, family needs and family coping and adaptive mechanism.

## Unit II: Community

- Role of community in the field of Community culture, values and attitudes.
- Community awareness programs, Linkages of EI to other community program.
- Working in collaboration with other professionals and agencies, inter agencies and referral in larger community.

## Unit III: Organizing early intervention services

- Service delivery models/settings, functions of team.
- Organization and development of program in the community.
- Establishing linkages with pre-school based on development and leaving experiences and teaching strategy.

## CONTENT OF THE COURSE AND SCHEME OF EXAMINATION THOERY

PAPER	TITLE	DURA no N IN HRS	TOTAL MARKS	INTERNAL+ EXTERNAL
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I	Neurobiology	100	80	20+60
II	Child Development and Learning	100	80	20+60
III	Assessment, Intervention and Evaluation	100	80	20+60
IV	Therapeutics	100	80	20+60
V	Family and community	100	80	20+60

### **PRACTICAL**

I	Case history and developmental assessments.	200	150	90+60
II	Therapeutics Assessment and Intervention Evaluation	200	150	90+60
III	Individualised Family Assessment	200	150	90+60
IV	Individualised Early Intervention programming (IEIP)	200	150	90+ 160
	Total marks		600	

TOT At MARKS = 1000

(Theory + Practical)

40%	60%			
Thory	Internal	20		
Theory	External	60		
	Total	80	80 x 5	=400
Thory	Internal	90		
Theory	External	60		
	Total	150	150 x 4	=600

### **PRACTICALS**

#### **PAPER 1: Case History Taking an~ Developmental Assessment**

**No. of hrs.200**

**No. of marks: 150**

#### **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.

Developmental assessment in 2 cases in the age range of 0-3 years.

#### **Paper II: Therapeutics**

**No. of hrs.200**

**No.ofmarks:150**

**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,
- 2 cases for occupational therapy
- 2 cases for speech, language and communication.

**Paper III: Individualised Family Assessment**

**No. of hrs.200**  
**No. of marks: 150**

**Objectives:**

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

- assess the families of infants and toddlers using family assessment checklist.

**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

**Paper IV: Individualised Early Intervention Programme (IEIP)**

**No. of hrs.200**  
**No. of marks: 150**

**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.

## **FORMAT FOR IMPARTING TRAINING**

### **Theory classes**

For imparting the training, theory classes will be conducted every day from Monday to Thursday from 2 to 5 pm. On Fridays there will be total of 7 lecture hours from 9 AM to 5 PM with one hour lunch break from 1 to 2 pm.

### **Practical classes**

Practical classes will be conducted everyday from Monday to Thursday from 9 am to 1 pm (4 hours per day)

## **REFERENCES**

### **Paper I**

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 IMenolascino, 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**

1. Laxmi Devi (Ed.) (1998) Child Development: An Introduction. Institute for Sus 1evelopment:, Luckno

Publishing House.

### **Paper III**

1. Appropriate curriculum and assessments for young children (pp. 128-136). Washington, DC: National Association for the Education of Young *Childre*~.
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 fulltenn infants. *Child Development*, 54, 209-217.
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7. Deiner, P.L.(1983). Resources for teaching young children with special Needs. New York: Har Court Brace Joranovich.

### **Paper-IV**

#### ***Physiotherapy:***

1. Hanson, MJ. & Harris, S.R (I 986). 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. (199 I) 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. (199.1) Tidy's physiotherapy (Twelfth edition).Oxford: Butterworth Heinemann Ltd.

#### **Speech therapy References:**

8. Northern JL & Downs MP (1984) Hearing in children, Williams & Wilkins, London.
9. Lass NJ et al, (1982) Speech, Language & Hearing. Volume 1: Normal processes, WB Sanders, London.
10. Mc Cormick L & Schiefelbusch RL (1984) Early langugage intervention, an introduction, Charles E Merrill, London.
11. Reich PA (1986) Language development, Prentice - Hall, New Jersey.
12. Border OJ et al (1994) Speech science primer (3rd ed), Cambridge University press, Cambridge.
13. Normore RC & Hopper R (1992) Children learning language (3rd ed), Singular publish-

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

### **Occupational therapy References:**

1. Cocheran, 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.
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4. Finnie, N. Handling the Young Cerebral Palsied Child at Home. New York; Dulton Sunrise, (1975).
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8. A Parents guide to understanding sensory integration, (1991), Torrance, CA: Sensory Integration International.
9. Clayman, C. {Ed.}, (1995). The Human Body: Mf illustrated guide to its structure, functions, and disorders, New York: Dorling kindersley.
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11. Koonar, T. & Friedman, B. (1992). The Hidden Senses: 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.
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### **Paper V**

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2. Beckman-Bell, P.J. (1981). Child related stress in families of handicapped children. Topics in Early Childhood special Education, 1, 45-53.

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7. *Dunst*, C.J., Trivette, C.M. & Deal, A.G (1988). Enabling and Empowering Families. 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.