#### ALL INDIA INSTITUTE OF SPEECH & HEARING, MYSORE: 570 006

**DEPARTMENT OF CLINICAL PSYCHOLOGY**

**Lr. Nos.: AIISH/CLIPSY/ARF2014 12.05.2015**

Submitted to Director:

Enclosed please find a copy of research project proposal titled “Printed Public Education Materials on Problem Behaviors in Children with Developmental Disabilities” being submitted in the prescribed pro-forma with the necessary enclosures for your perusal and sanction of grants under ARF (2015-16).

*Dr. S. Venkatesan*

*Professor in Clinical Psychology*

**PRINTED PUBLIC EDUCATION MATERIALS ON PROBLEM BEHAVIORS IN CHILDREN WITH DEVELOPMENTAL DISABILITIES**

***‘Knowing and not doing are equal to not knowing at all’***

**Project Proposal**

**Submitted for funding under**

**AIISH Research Fund**

**(2015-16)**

**Vide notification SH/CDN/ARF1.2/2014-15; Dated 01.04.2015**

All India Institute of Speech & Hearing, Mysore: 570 006

Phones: +91-0821-2502142; Fax: 0821-2510515

**PRINTED PUBLIC EDUCATION MATERIALS ON PROBLEM BEHAVIORS IN CHILDREN WITH DEVELOPMENTAL DISABILITIES**

**PROJECT PROPOSAL**

1. **Title of the Project:**

PRINTED PUBLIC EDUCATION MATERIALS ON PROBLEM BEHAVIORS IN

CHILDREN WITH DEVELOPMENTAL DISABILITIES

**1.1 Area of Research:**

Clinical Psychology

**1.2 Principal Investigator:**

Dr. S. Venkatesan, Professor in Clinical Psychology,

AIISH, Manasagangotri, Mysore: 570006

**1.3 Principal Co-Investigator:**

Mr. Hariharan

Lecturer in Clinical Psychology

AIISH, Manasagangotri, Mysore: 570006

**1.4 Collaborating Institution:**

**1.5 Total Grants Required:**

 Rs. 3,10,000/-

 Rupees Five Lakh and Fifty Thousand Only

**1.6 Duration of the Project:**

 12 months

**2.0 Project Summary (Max. 300 words)**

Handling of problem behaviors is a major issue for parents of Children with Developmental Disabilities (CWDD). It needs a coordinated effort between parents and professionals to plan, program and implement an individualized problem behavior remediation program. The greatest challenge is to continually educate all the key therapeutic agents in tandem through periodic information exchanges. Against this background, available Printed Public Education Materials (PPEM) covering themes of problem behaviors, their identification or management especially on CWDD are almost non-existent in our country. It is the aim of this project to generate an array of PPEMs using an empirical *needs-based-cum-impacts evaluation approach* for benefit of a cross sectional sample of parent population of CWDD. Far from being a mere arm-chair preparation, the design and development of PPEMs is expected to follow well-laid down and defined processes and procedures of defining the target population, undertaking pre-project *needs appraisal,* including their soft and hard skills assessment, along with *mid-course monitoring and modifications* before culminating into their end-of-project *utility evaluation* by the targeted audience. The impacts are to be estimated using observable-measurable indices covering improvements in their knowledge, opinion and attitude valence, reduction or elimination of their connected myths, misconceptions, superstitions and stigma, as well as empowerment in their levels of skills or competencies for handling day-to-day issues of problem behaviors in their affected children. There are many key principles that govern the preparation and dissemination of PPEM. They must be concise, clear, compelling, credible, conceptual, concrete, customized, consistent and conversational in form and content. Caution and care need to be exercised to incorporate as many of these features in the actual content of the PPEMs that is proposed to be developed at the end of this project.

**3.0 Introduction**

The handling of problem behaviors becomes a major challenge for parents of CWDD. It requires individualized case work and a dynamic coordination between professionals, parents, teachers and caregivers at every step of planning, programming and implementation of the various nuances of problem behavior remediation program. The rearing-caring of these children, especially those with problem behaviors, require a unique constellation of knowledge and skills on how to use of behavioral approach with its techniques for their effective implementation in the respective home or school settings.

Against this background, available print literature on themes covering problem behaviors, behaviorally based approaches, guidelines on effective use of behavioral techniques, reading materials on when, where or how to use them, albeit in simple language, is almost unavailable in our country. One has to fall back of western manuals or internet resources with limited ecological validity for the Indian context. PPEMs may not, by themselves, bring about public education, opinion, attitude or behavioral change in target groups for whom they are prepared. However, used in conjunction with traditional behavior counseling, group therapies, psycho-education programs, advocacy and empowerment initiatives, they can play a catalytic role in this direction. Such materials foster factual information on specific topics to the audience for whom they are targeted. In doing so, it helps change faulty notions, correct prejudices, alter negative stereotypes, remove superstitions, eliminate stigma, empower the knowledge deprived, clear misconceptions as well as become facilitators for an enlightened society (Morris, 1985).

PPEMs come in many forms, such as, brochures, pamphlets, information leaflets, flip-charts, posters, booklets, hand-outs, display items, power point presentations, slogan bearing banners, T-shirt liners, etc. Whatever the outer form, they must be designed and developed in such a way that they increase the chances of their being read, understood and acted upon. They must arouse the motivation and attention of the prospective audience. They must emphasize only a few key messages, or the message that is sought to be promoted. They must precisely target only behavior/s that is to be modified. It must address the information or knowledge gap that is intended to be filled. In seeking to capture attention, the form of presentation, headlines and typefaces, visually appealing illustrations, brief and simple texts need to be used. The emphasis is to be on repeating important messages without being monotonous or boring to its readers. Above all, the credibility of information giver as the source from which it is disseminated is equally important. In short, the NINE C’s of an effective messaging through PPEMs are, being concise, clear, compelling, credible, conceptual, concrete, customized, consistent and conversational. In addition, there are many key principles that govern the preparation and dissemination of such material (D’Alessandro, Kingsley & Johnson-West, 2001; Alexander, 2000; Kitching, 1990).

PPEMs are not to be deemed as merely arm-chair preparations. There are laid down empirical processes and procedures for their drafting, design, development and dissemination. The target audience must be well defined. Their demographic characteristics, such as, language and literacy levels, SES, and area of residence must be taken into consideration. A *needs assessment* is often the starting point for preparation of PPEM. This assessment must expectedly cover both, intensity and extensity of such needs. One type of such extensive needs assessment is SWOT analysis, wherein related information on strengths, weaknesses, opportunities and threats pertaining to the targeted issue. On the other hand, intensive needs assessment would require prioritizing or ranking the order of requirements in the targeted audience on the given issue being focused (Watkins, Meiers & Visser, 2012; Altschuld & Kumar, 2010).

There are many tools available to gather information on the needs of targeted audience for the given issue under focus. They are: direct observation, open or closed interviews, use of questionnaires and opinionaires, surveys, conduct of seminars, webinars or workshops, focus group interactions, etc. The derived data must be then coded and summarized. Based on need assessment, form and content of the PPEM gets formulated. The content of PPEM must typically cover the 6 “W’s”: ‘Who’ (is the target audience); ‘What’ (are the key messages to be articulated); ‘When’ (should be the appropriate timing for delivery of each message); ‘Why’ (explains the desired outcomes); ‘How’ (refers to the vehicle used for communication), and ‘By Whom’ refers to the person or source for delivery of that information.

Mid course monitoring and corrections is the hallmark of any well designed or developed PPEM. Field testing gets the target audience involved with the materials being developed at every stage before culminating into their end-of-project utility evaluation of the materials. The ascertaining of ‘utility’ typically involves identification of certain ‘impact’ indicators which conforms the state or quality of the product, program, or service being useful (Rossi, Freeman & Wright, 1979). *Content evaluation* is an embedded activity in the whole scheme of these things. It checks on the language, form, meaning, simplicity in expression, congruence between the intended and achieved message that is being communicated. The impacts are estimated using observable-measurable indices covering improvement in knowledge, opinion and attitude valence, reduction or elimination of their connected myths, misconceptions, superstitions and stigma, as well as empowerment in their levels of skills or competencies for handling day-to-day issues of problem behaviors in their affected children. The utility and/or impacts evaluation format must cover key feed backs on the PPEM from the target audience about their needs and concerns, whether it gives alternatives, or whether it emphasizes only on few key messages. It should get feedbacks on headlines or pictures, whether they are visually appealing, interesting or boring, whether it has simple to understand text, whether it repeats the most important messages, or whether the information given appears factual, contain a fear appeal at an appropriate level. Since usefulness is the perceived of reported ability of something to satisfy wants or needs, it reflects a consumer satisfaction. It is an index of the benefits accrued to its customer, or the happiness derived from delivery of the said goods or service (Wholey, Hatry & Newcome, 2010).

**3.1 Definition of the Problem**

The availability of PPEMs on the themes related to identification, planning, programming and remediation of problem behaviors in CWDD is almost non-existent in our country. Consequently, parents of such children are left in a quandary. Professionals are equally at loss in terms of time and effort. Given the labor intensive individualized involvements that are necessitated by such cases in actual clinical practice, the situation become grim. A few parents fall back on western manuals or internet resources available for advice on management of problem behaviors although they have with limited ecological validity and cultural relevance in the Indian context. Many parents are left without any bibliotherapeutic assistance or references on the subject. They huddle between themselves for mutual solace and solutions on such commonly shared issues on the daily management of their children in school and home settings. Such informal mutual consultations could be reciprocally satisfying as it give them opportunities for exchanging their common difficulties. But, this may happen with its risk of communicating not-so-scientific solutions. It may only reinforce their superstitions, stigma, stereotypes, myths, misconceptions and faulty opinions on or about problem behaviors in their CWDD.

The greatest challenge is to continually educate all the key therapeutic agents including parents to fall in line with the nuances of behavioral management for problem behaviors in their children through periodic information exchanges. Against this background, available PPEMs covering themes of problem behaviors, their identification or management especially on CWDD are almost nil in our country. There is urgent need to draft, design, and develop such materials for the benefit of information deprived parent population of CWDD.

**3.2 Objectives**

Going by these severally unexplored issues and combined with scarcity of research on the subject in India, it is the overall purpose of this proposal to generate an array of low-cost PPEM using an empirical *needs-based-cum-impacts evaluation* approach for the benefit of a cross sectional sample of parents of CWDD. The specific objectives of this proposed project is:

1. To design and develop an array of PPEM on problem behavior identification and management for the benefit of a cross sectional sample of parent population of CWDD in the country; and,
2. To employ an empirical needs-based-cum-impacts evaluation approach during the design and validation of an array of PPEM on problem behavior identification and management for the benefit of a cross sectional sample of parent population of CWDD in the country.

**3.3 Review Status of research and development of the subject**

Parent education attempting to change their methods of interaction with their children for the purpose of promoting positive behaviors in their wards has a long history at least in the United States (Croake & Glover, 1977), the field continues to be relatively underutilized. The first record of group meetings of parents in America dates from 1815 in Portland, Maine (Bridgman, 1930). Before 1820, mothers met regularly in study groups called ‘maternal associations’ to discuss child rearing problems. They were more concerned only about religious and moral improvements of their children (Sunley, 1955). ‘*Mother’s Magazine’* was first published in 1832. *‘Mother’s Assistant’* appeared in 1841. Another *‘Parents Magazine’* had a short circulation between 1840 and 1850.

Since those early times, parent education practices appear to have travelled a long way. A few bibliotherapeutic materials in the form of manuals on problem behavior identification and management for parents of typical as well as CWSN are available in the west (Slifer, 2014; Barkley, 2013; Huebner, 2007; Clark, 2005; Herbert & Wookey, 2004; Moss, 2004; Algozzine & Kay, 2002; Cipani, 1999; Kurcinka, 1991). However, even in the west, evaluation of PPEM-especially in the context of problem behaviors and CWDD continues to be at its infancy.

Although not directly connected to problem behaviors and CWDD, the Patient Education Materials Assessment Tool (PEMAT; Shoemaker, Wolf & Brach, 2014) is a systematic method to evaluate and compare the understandability and actionability of patient education materials. It is designed as guide to help determine whether patients are able to understand and act on given information through print and/or audiovisual mode.

**3.4 International and National Status**

Although less, a couple of such manuals addressing on this theme is also available for English knowing parents in our country (Venkatesan, 2004; Peshawaria, 1992). More significantly, some background research papers on prevalence of problem behaviors in Indian children are also available (Sushma, Venkatesan & Khyrunnisa Begum, 2013). Problem behaviors have been reported as the second most frequently sought after complaint for help from professionals after ‘speech and communication’ difficulties in an analysis of parents needs for the children with mental retardation (Peshawaria, Venkatesan & Menon, 1990). It has been shown that ‘*refusal to obey commands*’ is reported by parents as the most common problems behavior in children with intellectual disabilities in home as against their ‘*inability to sit still at one place*’ being reported as the topmost issue faced by teachers of the same children in school settings (Peshawaria, Venkatesan, Mohapatra & Menon, 1990). Such differential per ceptions and attributions on or about th e prevalence, causes and management of problem behaviors have been recorded (Venkatesan & Vepuri, 1993), thereby highlighting certain unique socio-cultural dimensions of the issue for Indian settings as contrasting the situation west (Venkatesan, 2010). These differences have implications for understanding assessment (Venkatesan, 2015; Venkatesan & Swarnalata, 2013) as well as upon the prevailing discipline practices in handling children’s problem behaviors (Venkatesan, 1993).

A related study on evaluation of print materials developed and used during a state level teacher training program for inclusive education teachers invoked indices, such as, simplicity of language, coverage of subject, sequence of contents, illustrations and examples, printing and presentation, external appearance and packaging, font size of script used, grammar, vocabulary and sentence length as the parameters to be rated along a Likert scale by the users (Venkatesan, 2012).

**3.5 Importance of the proposed project in the context of current status**

While the relative absence of PPEM on problem behaviors vis-à-vis CWDD in the country is by itself a justified need, rationale and *raison d’etre* for this study, the right to have information through validated, easy-to-read and accessible PPEM is even more strongly supported by the Convention and Standard Rules of United Nations, the UNESCO Public Library Manifesto, and the Charter for the Reader by the International Publishers´ Association and the International Book Committee. There are special provisions to be made for readers with limited language or reading proficiency. For these persons, such easy-to-read PPEM can be a door-opener and a useful training resource. They can create interest and be a tool to improve reading skills as they also better their parenting and child rearing skills.

**4.0 Work Plan:**

**4.1 Method**

This study proposes to employ a cross sectional randomized pre-post assessment design that combines an empirical needs-based-cum-impacts evaluation approach in the design and development of PPEM on problem behavior identification and management for the benefit of a sample of parent population of CWDD in the country

The entire project is proposed to be completed in three distinct but inter-connected phases:

1. Initial or Baseline Needs Assessment;
2. Mid-Course Correction; and,

(c) Terminal, End, Utility or Impacts Evaluation.

*The Initial or Baseline Needs Assessment* is a crucial starting point of the project wherein it is proposed to benchmark the information requirements of the targeted audience vis-à-vis the issue under focus. In other words, this phase will systematically determine the perceived, expressed or reported information needs of parents/caregivers on or about problem behaviors in CWDD (Kaufman, Rojas & Mayer, 1993). Such needs are reflect neither the present nor future state. It is the gap between them. Needs assessmentinvolves a systematic process for determining and addressing requirements or the ‘gaps’ between current conditions and the desired conditions in the problem area under focus for a given target group. The findings in this stage are to become the basis for drafting, designing, and development both the form as well as content of PPED. The three themes that are provisionally identified for preparation of PPED are:

* WHAT IS PROBLEM BEHAVIOR: INCLUDING COMMON MYTHS & MISCONCEPTIONS;
* WHY OF PROBLEM BEHAVIORS: ATTRIBUTED VS. ACTUAL CAUSES;
* STEPS IN PROBLEM BEHAVIOR MANAGEMENT: INCLUDING DO’S AND DON’TS ON HANDLING THEM;

*Mid-Course Correction* refers to the phase and act of alteration, amendment or modification akin to navigational maneuvers that are needed to be undertaken in the original draft PPED prepared at the beginning of the project. This will be initiated on the basis of periodic feedbacks received from representative sample of end users on devices exclusively prepared for that purpose.

The term ‘*utility/impacts evaluation*’ refers to ‘a dynamic scheme of assessing the strengths and weaknesses of programs, policies, personnel, products and organizations to improve their effectiveness’ (American Evaluation Association, 2012; Patton, 1996). The final score on impacts index or utility indicator is to be measured on soft as well as hard parameters.

This project is to be undertaken by drawing parents reporting problem behaviors in their children < 16 years with developmental disabilities already visiting All India Institute of Speech and Hearing, Mysore, Karnataka, neighborhood regular schools and/or Special Schools in the city.

**Participants**

Any or all categories in parents of CWDD are to be included, such as, those with specific or global development delays, sensory handicaps, cerebral palsy, learning disorders, speech delays, at risk cases, multiple handicaps, and/or autistic disturbances as also typical unaffected children with problem behaviors. The parent participants are proposed to be recruited through random sampling technique even as the following template of age, condition and gender wise distribution would be preferred to avoid skewed representation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition**  | **0-6 years** | **7-12 years** | **13-18 years** | **Total**  |
| **Boys**  | **Girls**  | **Boys**  | **Girls**  | **Boys**  | **Girls**  |
| CWDD | 5 | 5 | 5 | 5 | 5 | 5 | 30 |
| Typical Children | 5 | 5 | 5 | 5 | 5 | 5 | 30 |
| **Total**  | **10** | **10** | **10** | **10** | **10** | **10** | **60** |

While the dichotomy of gender and age matching of the child will be the provisional mainstay of the proposed sample recruitment in this study, as far as possible, comparable matching in terms of parent characteristics with regard to their education, occupation, SES (low-middle-high), type of family (nuclear-joint), and area of residence (rural-urban) will also be kept incidental to cover the influence of any such correlates that may offset problem behaviors in children with or without developmental disabilities.

**Material**

The tentative list of formats proposed to be developed is:

1. General Information-cum-Socio Demographic Survey Schedule
2. Needs Appraisal Schedule
3. Semi-Structured Interview Probe
4. Parenting Sense of Competence Scale
5. Parenting Stress Index
6. Expert Feedback Form
7. Parent Feedback Form

The information-cum-socio-demographic survey schedule is to elicit details on parent respondents and their children. Additionally, formal or informal open ended data elicitation tools, techniques, protocols and procedures may need to compiled or developed exclusively for meeting the requirements of this study. Exploratory interviews with significant others, field observation, school/home visits, small parent group probes and focus group discussions will be likely required either singly, or collectively secure information on problem behaviors in children across settings. Further sessions to elicit details on information needs and/or the eventual utility evaluation of the PPEM needs to be prepared for this study. The responses are likely to be recorded verbatim on audio/video gadgets to retain, codify, categorize, compile, collate and analyze them. The socio-economic status is proposed to be determined on the basis of the revised NIMH SES Scale (Venkatesan, 2011).

**Procedure**

1. ***Staff:***

The ground level execution of this project will be made the responsibility of a ‘Research Officer’ for tasks, such as, data collection, recording, tabulation, data entry or compilation, analysis, etc. The incumbent for the post will be candidates with PG Diploma in Disability Rehabilitation or Masters in Rehabilitation Science or PG in Psychology with specialization in Clinical Psychology/Psycho Social Rehabilitation from RCI recognized institution. Preference will be given to candidates with added bachelor’s level qualifications along with flair for creative writing, journalism, language and literature.

***(b) Preparation of Data Collection Formats:***

Following field reconnaissance, the recruited incumbent will be involved in preparation of data collection formats including open ended interview protocols, questionnaires, identification and listing of probable samples to be made part of the study. A pilot testing of the intended procedures and protocols to be used in the study will be field tested before their final try-outs.

***(c) Preparation of PPEM***

The writing of PPEM on the provisionally proposed themes as THREE booklets in English will have the following features:

* Each booklet will not exceed 50-60 pages of write-up, including pictorial illustrations, bullet points, tables, flow charts, self learning quizzes and think-and-answer exercises, case vignettes, and multiple choice questions.
* Care will be taken to prepare the material without any technical jargon, use of multiple characters, metaphors and/or abstract language. It will be written at the level of 6-8 grade reader with English as their second language.
* The form and content would be designed in the manner of being concise, easy-to-read and like a do-it-yourself recipe book manual. Although a combined series, each booklet will address separately for parents on understanding the nature and meaning (what), identification and listing (how), analyzing and understanding (when, where and why) of problem behaviors in their children before recommending ground level tips and techniques of handling them in home or school settings.
* Each topic, section and sub-section is to be arranged logically and sequentially.
* Illustrations and visuals will be used for exemplifying the text. The use of pictograms and non-realistic drawings has been shown to work well with easy-to-read audience.
* Design and page layouts will insist on wide margins and generous spacing to make the text clean, attractive and more readable.
* The target audience is anyway being involved at all stages of prepublication design and development as well as post-publication reviews of these PPEM.

In as much all this is attempted, one must admit that these products are not to be construed as standalone materials. They serve as adjunct to video and audio sources and, more importantly, conversation with parents attending individual or group based intervention programs.

***(d) Data Collection:***

Informed consent and strict adherence to the mandated ethical guidelines for research in the institute will be followed (Venkatesan, 2009). Data collection will be carried out using all possible avenues including clinical interviews, anecdotal reports, use of questionnaires, focus group discussions, conduct of micro group workshops on the subject, field visits and observations, extract of diary notes, etc.

***(d) Validation:***

Data collection will be supplemented with validation procedures to ensure data integrity. Appropriate exercises will be undertaken to establish their reliability and validity. The specific forms of reliability and validity exercises and establishment of test norms will depend on the preliminary experiences with the sample clinical population.

**(e) Analysis**

Analysis of recorded data could presumably proceed along several lines. The collected data by way of transcripts could be subjected to category classification and analysis, content analysis, inter respondent agreement ratios, correlation and regression analysis. Consensual and empirical validation of the proposed tools to be used in this study will be carried out.

**4.1 Time schedule of activities giving milestones (also append a bar diagram)**

|  |  |  |
| --- | --- | --- |
| **Sl.****No.** | **Item, Activity, Procedure** **or Process**  | **Required Time**  |
| **In Weeks** | **In Months** |
| 1 | Opening Phase: Including Initial Needs Assessment, Review of Literature, Field Reconnaissance, Preparation of Tools, Feasibility Study, etc  | 12  | 3  |
| 2 | Middle Phase: Covering Preparation of PPEM (three modules) with concurrent home/school visits, conduct of group meetings or brain storm sessions, parent interviews, etc | 8 x 3: 24 | 6 |
| 3. | Terminal Impact Evaluation | 8-10 | 2 |
| 4. | Data Interpretation & Report Writing | 4-6 | 1 |
|  | **Total** | 48-52 | 12 |

**5.0 Budget Summary**

|  |  |  |
| --- | --- | --- |
| **SNo.** | **Item**  | **Expenditure** |
| **1** | Research Officer (One Post):Consolidated Salary (Rs.20000 p.m. x 24 months)  | 4,80,000.00 |
| **2.** | Consumables  | 10,000.00 |
| **3** | Travel  | 10,000.00 |
| **4.** | Other Costs  | 50,000.00 |
|  | Total  | **5,50,000.00** |

**6.0 Implications of the results of the study (Illustrative)**

The results of this project is likely to help

1. Develop the much needed PPEM on problem behaviors in children with or without developmental disabilities;
2. Bridge the existing gap in the information needs of parents having children with problem behaviors;
3. Empower the parents in day-to-day handling of problem behaviors in children with or without developmental disabilities in home as well as school settings;
4. Highlight a systematic, structured and scientific process or procedure to be followed in the design and development of PPEM on problem behaviors in children with or without developmental disabilities;
5. Clarify myths, misconceptions, prejudices, superstitions, stereotypes, and faulty attitudes in key stakeholders on matters pertaining to problem behaviors identification and management in children with or without developmental disabilities;

**7.0 Utilization of results of the study**

1. The PPEM can become low-cost easy to read bibliotherapeutic aides or adjuvant to psycho-education programs being undertaken for parents having children with problem behaviors; and,
2. Dissemination of information across professionals on a rather neglected area of research concerning problem behaviors and their management in children with or without developmental disabilities;

8.0 **Related Studies already carried out in the Department:**

1. Venkatesan, S. (2015). *Problem Behavior Survey Schedule,* Bangalore: Psychotronics.
2. Venkatesan, S., & Swarnalata, G.V. (2013). Problem behaviors and academic grade level performance of adjudicated children with juvenile delinquency. *Disability, CBR and Inclusive Development.* 24(1): 99-114. Doi 10.5463/DCID.v24I1.162
3. Sushma, B.V., Venkatesan, S., & Khyrunnisa Begum. (2013). Prevalence of behavior problems among school children and their demographic correlates. *Guru Journal of Behavioral and Social Sciences.* 1(4): 203-212. (ISSN: 2320-9038). Available at <http://www.gjbss.org>
4. Ganesha & Venkatesan, S. (2013). Domain and item wise principal component analysis of problem behaviors in children from single-dual parent families. *International Journal of Psychology & Psychiatry*. 1(2): 43-55. (Online ISSN: 2320-6233). DOI: 10.5958/j.2320-6233.1.2.008
5. Ganesha & Venkatesan, S. (2012). Comparative profiles of problem behaviors in children from single versus dual parent families. *Journal of Psychology.* 3(2): 89-98. ISSN: 0976-4424.

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Kurcinka, M.S. (1991). *Rising your spirited child: a guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic*. New York: Harper Collins.

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Venkatesan, S., & Vepuri, V.G.D. (1993). Parental perceptions of causes and management of problem behaviors in individuals with mental handicap.  *Disabilities & Impairments,* 7(2): 29-37.

Watkins, R., Meiers, W., & Visser, Y. (2012). *A guide to assessing needs: tools for collecting information, making decisions and achieving development results*. Washington, DC: World Bank.

Wholey, J.S., Hatry, H.P., & Newcome, K.E. (2010). *Handbook of Practical Program Evaluation.* San Francisco: Jossey-Bass.

**PART-B**

Personal Profile of Principal Investigators and Principal Co-Investigators

1.1.1 Name : Dr. S. Venkatesan

1.1.2 Date of Birth : 06.05.1961

1.1.3 Present Position Held : Professor in Clinical Psychology

1.1.4 Institution : All India Institute of Speech & Hearing,

 Mysore: 570 006

1.1.5 Whether belongs to SC/ST : No

1.1.6 Academic & Professional Career

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Exam Passed*** | ***Board/******University*** | ***Year of Passing*** | ***Class*** | ***Marks Obtained*** | ***%*** | ***Subjects*** | ***Place of Study*** |
| *SSC* | *Board of Secondary Education* | *April, 1976* | *I* | *319/500* | *64* | *Maths, Hindi, Telugu, English Physical & Social Sciences* | *Little Flower High School, Hyderabad, AP* |
| *Intermediate* | *Board of Intermediate Education* | *April,**1978* | *I* | *491/750* | *66* | *Biological & Physical Sciences, Hindi, English* | *St. Josephs Junior College, Hyderabad, AP* |
| *BA (Psy.)* | *Panjab University* | *April,**1982* | *I* | *391/650* | *61* | *Psychology, Philosophy, English & Hindi Literature* | *Chandigarh* |
| *BA (Socio.)* | *Osmania University* | *Nov’**1982* | *I* | *567/900* | *63* | *Sociology, Philosophy, English & Hindi Literature* | *Hyderabad. AP* |
| *MA (Psy.)* | *Annamalai University* | *January1985* | *I* | *660/1100* | *60* | *Advanced General Psychology, Psychometry, Social/ Developmental/**Educational/Vocational & Industrial/**Experimental Psychology, Psychopathology & Mental Hygiene*  | *Annamalainagar, TN.* |
| *MPhil I* | *NIMHANS,* *Bangalore* | *August,**1986* | *I* | *326/500* | *65* | *Socio Cultural Foundations of Behavior, Methods of Clinical Research, Psychiatry, Psychodiagnostics, Clinical Viva & Case Submissions*  | *Bangalore University, Bangalore, Karnataka* |
| *MPhil II* | *NIMHANS,* *Bangalore* | *August,**1987* | *I* | *436/700* | *62* | *Biological Foundations of Behavior, Neuropsychology, Clinical Psychology, Case Record Submissions, Clinical Viva & Dissertation*  | *Bangalore University, Bangalore, Karnataka* |
| *Thesis titled "Profile Analysis on the Binet Kamat Test: A comparative study on groups of Mentally Retarded Individuals" submitted to Bangalore University, Bangalore, in part fulfillment for award of degree of Masters in Philosophy (Clinical Psychology) under supervision of Prof. P. Madhu Rao, Additional Professor (Retd.), Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences, Bangalore, in September, 1987.* |
| *Thesis titled "Analysis of Neuropsychological Functions in a group of Mentally Handicapped Adults" submitted to Osmania University, Hyderabad, for award of degree of Doctor of Philosophy (Psychology) under supervision of Prof. K. Ramchandra Reddy, Head, Department of Psychology, Osmania University, Hyderabad, in April, 1993.* |
| *Passed Membership Examination of Society for Advanced Studies in Medical Sciences, New Delhi, with Psychiatry as elective subject, in October, 1989.* |
| *Passed Fellowship Examination of Society for Advanced Studies in Medical Sciences, New Delhi, with Psychiatry as elective subject, in December, 1994.* |

**1.1.7 Projects Completed (Principal Investigator)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***No.*** | ***Title of Project*** | ***Designation*** | ***Duration*** | ***Funding/Implementing Agency*** |
| *1* | *Sensitivity Training on Academic Problems in Primary School Children enrolled under SSA-Kerala* | *Principal Investigator* | *July, 2011* | *AIISH-SSA Collaborative Project* |
| *2.* | *Case Study on Access Audit of Public Service Facilities for Persons with Disabilities’* | *Principal Investigator* | *January, 2011* | *Plan Fund under UNCRPD, Ministry of Health & Family Welfare, Government of India* |
| *3.* | *Development and Standardization of Autism Behavior Checklist for Disability Estimation (A2E)* | *Principal Investigator* | *January, 2011* | *AIISH Research Fund, Ministry of Health & Family Welfare, Government of India* |
| *4* | *Toys & Children with Developmental Disabilities (T-CWDD)* | *Principal Investigator* | *1.11.2014-* | *AIISH Research Fund, Ministry of Health & Family Welfare, Government of India* |

**1.1.8 Projects Completed (Co-Investigator)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***No.*** | ***Title of Project*** | ***Designation*** | ***Duration*** | ***Funding/Implementing Agency*** |
| *1* | *Development and Standardization of a Questionnaire for Early Identification of Psychosocial Issues in Children with Cleft Lip and Palate* | *Co-Investigator* | *July, 2011* | *AIISH Research Fund, Ministry of Health & Family Welfare, Government of India* |
| *2* | *Developmental Pattern of Children with Downs Syndrome: An Exploratory Study (Kannada) Phase I* | *Co- Investigator* | *September, 2010* | *AIISH Research Fund, Ministry of Health & Family Welfare, Government of India* |
| *3* | *Development of Test of Verbal Attention in Children, Phase One* | *Co- Investigator* | *September, 2011* | *AIISH Research Fund, Ministry of Health & Family Welfare, Government of India* |

**1.1.9 Doctoral Thesis Guided**

|  |  |  |
| --- | --- | --- |
| ***SNo*** | ***PhD Topic*** | ***Details of Registration*** |
| *1.* | *A study of School Drop Outs in Rural Settings-****Awarded in 2012*** | *Date: September, 2005**Name of Candidate: R Govindaraju* |
| *2.* | *A Study of Psychosocial Factors in Anti-Retroviral Drug Compliance for Rural Women afflicted with HIV/AIDS-****Awarded in 2013*** | *Name of Candidate: Sudarshan**Date: November, 2012* |
| *3.* | *Behavior Problems in Children from Single Parent Families-****Awarded*** *in 2015*  | *Name of Candidate: Ganesha**Date: January, 2008* |

**1.1.10 Doctoral Thesis Under Progress**

|  |  |  |
| --- | --- | --- |
| ***SNo*** | ***PhD Topic*** | ***Details of Registration*** |
| *1.* | *Individualized Training on Executive Functions for Children with Learning Disability: A Pre-Post Comparative-****Ongoing*** | *Name: Sanjeev Kumar Gupta**Date: October, 2011* |
| *2.* | *Behaviorally based strategies for remediation of social skills in autism-Enrolled* ***Enrolled in January, 2013- Ongoing*** | *Name: Kadambari**Date: January, 2012* |
| *3* | *Enrolled Candidate and yet to be registered* | *Mr. Freddy Antony, 2015* |
| *4* | *Enrolled Candidate and yet to be registered* | *Mr. Shyam HH, 2015* |

**1.1.11 Master s Dissertation Completed Not Applicable**

**1.1.12 Master s Dissertation Ongoing Not Applicable**

**1.1.13 Publications in Journals (Only Last Five Years between 01.01.2011 to date):**

1. *Sudarshan, H.M., & Venkatesan, S. (2011). Knowledge and opinion preferences on HIV/AIDS in affected rural women undergoing Anti Retro Viral Drug Therapy. Journal of Indian Academy of Applied Psychology, 37(2): 305-315. ISSN: 0019-4247.*
2. *Venkatesan, S. (2011). Blame game triangulation between parents, teachers and children with academic problems. Psychological Studies. 56(2): 206-215. PRINT ISSN 0033-2968; ONLINE ISSN 0974-9861. DOI10.1007/s12646-011-0082-1*
3. *Venkatesan, S., & Ravindran, N. (2011). Attitudes in well-siblings of children with developmental disabilities. Journal of Disability Management and Special Education. 1(2): 1-23. ISSN 2229-5143.*
4. *Gupta, S.K., Khess, C.R.J., & Venkatesan, S. (2013). Subjective perception of impulsivity in patients with obsessive-compulsive disorder. Journal of the Indian Academy of Applied Psychology. 39(2): 228-236. ISSN: 0019-4247.*
5. *Venkatesan, S. (2011). Scope of practice for clinical social work in the field of speech, language and hearing. Social Work Journal. 2(1): 192-208. ISSN 0976-5484.*
6. *Venkatesan, S., & Ravindran, N. (2012). Play behaviors and activities in siblings of children with developmental disabilities. Journal of Indian Academy of Applied Psychology. 38(1): 69-78. ISSN: 0019-4247.*
7. *Venkatesan, S., & Purusotham, P. (2011). Efficacy of recovery program on basic numeracy skills in primary school children. Indian Journal of Clinical Psychology. 38(2): 116-128. ISSN: 0303-2582.*
8. *Venkatesan, S., & Holla, M.J. (2011). Validation of graded spelling list for children with learning disabilities. Indian Journal of Psychology. 2(2): 73-82. ISSN: 0976-4224.*
9. *Venkatesan, S., & Ravindran, N. (2011). Anxiety profile of well siblings of children with developmental disabilities. Journal of Disability Management and Special Education. 2(1): 33-46. ISSN 2229-5143.*
10. *Venkatesan, S. (2011). Evaluation of sensitivity training program on academic problems in elementary school children for inclusive education resource teachers under Sarva Siksha Abhiyan-Karnataka. Journal of Psychology, 3(1): 1-11. ISSN: 0976-4424.*
11. *Venkatesan, S. (2012). Utility analysis of assembled toy kits for kids with developmental disabilities. Journal of Disability Management and Special Education, 2(2): 27-37. ISSN 2229-5143.*
12. *Venkatesan, S. (2011). The enigma of diagnosis by exclusion: A field study on children frequently mistaken for learning disability in India. Disabilities and Impairments. 26 (1): 5-16. ISSN 0970-356X.*
13. *Ganesha & Venkatesan, S. (2012). Comparative profiles of problem behaviors in children from single versus dual parent families. Journal of Psychology. 3(2): 89-98. ISSN: 0976-4424.*
14. *Venkatesan, S. (2013). While testing behaviors and handling strategies in parents of children with academic problems. Journal of Indian Academy of Applied Psychology. 39 (1): 26-34. ISSN: 0019-4247.*
15. *Venkatesan, S., Jayakaran, G.T., Purusotham, P., & Rafi, M. (2012). Disability access audit of public service facilities. Journal of All India Institute of Speech and Hearing. 31: 190-201. ISSN 0973-662X.*
16. *Sushma, B.V., Venkatesan, S., & Khyrunnisa Begum. (2013). Prevalence of Behavior Problems among School Children and their Demographic Correlates. Guru Journal of Behavioral and Social Sciences. 1(4): 203-212. (ISSN: 2320-9038). Available at* [*http://www.gjbss.org*](http://www.gjbss.org)
17. *Venkatesan, S., & Swarnalata, G.V. (2013). Problem behaviors and academic grade level performance of adjudicated children with juvenile delinquency. Disability, CBR and Inclusive Development. 24(1): 99-114. Doi 10.5463/DCID.v24I1.162*
18. *Ranganathan, K., Kumar, A., & Venkatesan, S. (2013). Remedial writing instruction for primary school students with difficulties in Tamil Language. Online Journal:* [*www.languageinindia.com*](http://www.languageinindia.com) *ISSN 1930-2940 Vol. 13: 6 (June). Pp. 1-19.*
19. *Venkatesan, S. (2013). Preliminary try out and validation of problem behavior survey schedule for children with developmental disabilities. Journal of Disability Management and Special Education. 3(2): 9-22. ISSN: 2229-5143*
20. *Ranganathan, K., Kumar, A., & Venkatesan, S. (2013). Analysis of errors in Tamil writings of primary school students. Journal of Disability Management and Special Education. 3(2): 65-74. ISSN: 2229-5143.*
21. *Venkatesan, S., & Vasudha, H.H. (2014). Validation of graded math list for children with learning disabilities. Journal of the Indian Academy of Applied Psychology. 40(1): 87-96. ISSN: 0019-4247.*
22. *Ganesha & Venkatesan, S. (2013). Domain and item wise principal component analysis of problem behaviors in children from single-dual parent families. International Journal of Psychology & Psychiatry. 1(2): 43-55. (Online ISSN: 2320-6233). DOI: 10.5958/j.2320-6233.1.2.008*
23. *Reuben, T.V., & Venkatesan, S. (2013). A comparative study of maternal burnout in autism and hearing impairment. International Journal of Psychology & Psychiatry. 1(2): 101-108. (Online ISSN: 2320-6233). DOI: 10.5958/j.2320-6233.1.2.015*
24. *Venkatesan, S. (2014). Availability of toys for children with developmental disabilities. Journal of Disability Management and Special Education. 4 (1): 58-70. ISSN: 2229-5143.*
25. *Venkatesan, S. (2014). Coercion tactics of parents on children with academic problems in India. International Journal of Psychology & Psychiatry. 2 (1): 42-56. (Online ISSN: 2320-6233). DOI: 10.5958/j.2320-6233.2.1.007*
26. *Gupta, S.K., & Venkatesan, S. (2014). Reappraisal of research on executive function training in children with learning disabilities. International Journal of Psychology & Psychiatry. 2 (1): 7-18. (Online ISSN: 2320-6233). DOI: 10.5958/j.2320-6233.2.1.002*
27. *Gupta, S.K., & Venkatesan, S. (2014). Efficacy of training program on executive functions in children with learning disability. Guru Journal of Behavioral and Social Sciences. 2(2): 283-291. (ISSN: 2320-9038). DOI: 10.13140/2.1.2657.0881. Available at* [*http://www.gjbss.org*](http://www.gjbss.org)
28. *Venkatesan, S., Gupta, S.K., & Yashodhara Kumar, G.Y. (2014). Content analysis on disability related news in offline and online newspapers in India. Disabilities & Impairments. 28(2): 85-94. ISSN 0970-356X.*
29. *Naniwadekar, K., & Venkatesan, S. (2014). Impact of behavioral intervention on reduction of problem behaviors in children with autism. Journal of Disability Management and Special Education. 4(2): 1-15. ISSN: 2229-5143.*
30. *Kadambari, N., & Venkatesan, S. (2014). Concurrent use of Customized Behavioral Interventions in Skill Enhancement and Problem Behavior reduction on Children with Autism. Guru Journal of Behavioral and Social Sciences. 2(3): 270-283. (ISSN: 2320-9038). Available at* [*http://www.gjbss.org*](http://www.gjbss.org)
31. *Venkatesan, S. (2014). Common errors in scientific paper submissions: A reviewer report. Journal of Social Sciences, 41(2): 279-293. (ISSN: 0971-8923).*
32. *Venkatesan, S., & Shyam, H.R. (2015). Professional identity of school counselors in India. Journal of the Indian Academy of Applied Psychology, 41(1): 25-36. ISSN: 0019-4247.*
33. *Venkatesan, S. (2014). Celebrating a century on form boards with special reference to Seguin form board as measure of intelligence in children. Global Journal of Interdisciplinary Social Sciences. 3(6): 43-51. ISSN 2310-8834. Available at* [*http://www.gifre.org/gjiss/gjisscurisu.aspx*](http://www.gifre.org/gjiss/gjisscurisu.aspx)
34. *Sudharshana, H.M., & Venkatesan, S. (2014). Family environment of rural women affected by HIV/AIDS and undergoing Antiretroviral Therapy. Guru Journal of Behavioral and Social Sciences. 2(4): 324-333. (ISSN: 2320-2338). Available at* [*http://www.gjbss.org*](http://www.gjbss.org)
35. *Venkatesan, S. (2015). A growing trend in pseudo-diagnosis: A field study on children frequently mistaken for autism in India. Psychological Studies. 60(1): 91-100. ISSN 0033-2968. DOI: 10.1007/s12646-015-0302-1*
36. *Kadambari, N., & Venkatesan, S. (2014). Concurrency in skill enhancement and problem behavior reduction following customized behavioral interventions in children with autism. Indian Journal of Clinical Psychology. 41(2): 102-111. ISSN: 0303-2582.*
37. *Venkatesan, S., & Ravindran, N. (2015). The Preliminary Field Tryout on Development of a Autism Behavior Checklist for Disability Estimation. Psychological Studies (In Press). DOI: 10.1007/s12646-015-0304-z*
38. *Antony, F., Venkatesan, S., Jayarama, G., & Gupta, S.K. (2013). Impact of educational program about learning disability in primary school teachers. Periyar University Journal of Psychology. 1 (1): 83-87. (ISSN: 2319-9601)*
39. *Venkatesan, S. (2015). Engagement between justice system vis-à-vis persons with intellectual and developmental disabilities. International Journal of Psychology and Psychiatry, 3(1): 30-56. Online ISSN: 2320-6233. DOI: 10.5958/2320-6233.2015.00003.6*
40. *Venkatesan, S. (2015). Parent reflections following diagnostic disclosure of learning disability in their children. Journal of Disability Management and Special Education. 5(1): 1-14. ISSN: 2229-5143.*
41. *Venkatesan, S. (2011). Redefining psychological assessment for contemporary PG clinical training programs in psychiatry across India. Indian Journal of Psychiatry. Psychiatry in India: Training and Training Centers. Indian Journal of Psychiatry. 432-340*

**1.1.14 Books edited, monographs (Only Last Five Years):**

1. *Venkatesan, S. (2011). Functional Assessment Battery: Idiometric Analysis of Neuropschological Functions in Adults with Mental Retardation. Bangalore: Psychotronics.*
2. *Karimi, A., & Venkatesan, S. (2011). Mathematics Anxiety Scale-Indian Version. Bangalore: Psychotronics*
3. *Venkatesan, S. (2014). Manual for Knowledge & Opinion Questionnaire on Rights, Immunities & Privileges for Persons with Mental Retardation (KNOQ-RIP-MR), Bangalore: Psychotronics. ISBN: 978-81-921639-2-6, pages: 11).*
4. *Venkatesan, S. (2015). Problem Behavior Survey Schedule, Bangalore: Psychotronics. ISBN: 978-81-921639-7-0, pages: 12).*
5. *Chapter titled ‘Cognitive Behavior Group Therapy in Mathematics Anxiety’ co-authored by Ayatollah Karimi published in book titled ‘Recent Studies in School Psychology’, Edited by Panch Ramalingam and foreword by Professor Bill Pfohl, President, International School Psychology Association, in January, 2010. Published by Authors Press, New Delhi as Chapter 10 under pages 121-128. ISBN: 978-81-7273-536-4*

**1.1.15 Awards:**

|  |  |
| --- | --- |
| ***Snos.*** | ***Particulars*** |
| *1.* | *Recipient of Prof. (Mrs.) Anima Sen Memorial Award-2012 for publication of best paper for the year titled ‘The enigma of diagnosis by exclusion: a field study on children frequently mistaken for learning disability’ published in Disabilities & Impairments: An Interdisciplinary Research Journal’ including a citation and cash award vide letter dated 08.05.2013 from Dr. Roopa Vohra, Editor.*  |
| *2.* | *Recipient of AIISHIAN OF THE YEAR-2013 Award for meritorious works carried out in the institute and based on Employees feedback opinion poll in the institute vide communication by Lr.: SH/Dir. Annual Day/2013-14; Dated 06.08.2013.* |

 **1.1.16 Memberships:**

|  |  |
| --- | --- |
| ***Snos.*** | ***Name of Professional Body*** |
| *1.* | *Life Member of Indian Association of Clinical Psychologists* |
| *2.* | *Professional Fellow of Society for Advanced Studies in Medical Sciences, New Delhi.* |
| *3.* | *Professional Member, Rehabilitation Council of India, New Delhi.* |
| *4,* | *Life Member, Kerala Association of Clinical Psychologists, Thiruvananthapuram* |
| *5.* | *Elected as Secretary, Mysore Chapter of Indian Association of Clinical Psychologists* |

**1.1.17 Others: NIL**

**1.1.18 Other Research Projects as Co-Investigator:**

**1.1.19 Principal Investigator (Address):**

*Dr. S. VENKATESAN*

*Professor, Department of Clinical Psychology*

*All India Institute of Speech & Hearing, Manasagangotri, Mysore: 570 006*

*Residence:*

*2870, 21st South Main, Vijayanagar II Stage, Mysore: 570 017 (KS).*

*Phone: 0821-2302884; Cell: 98447 37884; Email:* psyconindia@gmail.com and psyconindia@aiishmysore.in

**ANNEXURE 1**

**PROVISIONAL OUTLINE OF DATA ELICITATION PROBES**

1. CHILD

Name

DOB: Age

CRF Number Date of Registration

Diagnosis Birth Order

1. PARENT

Father’s Name Age

EQ Occupation

Income Contact Number

Mother’s Name Age

EQ Occupation

Income Contact Number

1. FAMILY

Type Strength

Status Residence

Address

1. SCHOOL

Type Class of Study

Ownership