

# Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities

## *CRC Bhopal - Newsletter*

Issue No. 4 | Oct / 2025



### *Director's Pen...*

I am pleased to forward the Newsletter of CRC Bhopal for the month of October 2025. The Centre witnessed various academic activities including CRE Programme.

Additionally, various outreach activities including orientation to the parents, teachers, and anganwadi workers were also conducted during the month.

MoUs with BSS College and SAM University were also signed for better outreach and extension services.

CRC Bhopal continued to be committed towards inclusive development of PwDs through community participation and empowerment.



Dr. Narendra Kumar  
Director, CRC Bhopal

# About CRC Bhopal

CRC, Bhopal was established on 14 August 2000 by National Institute of Empowerment of Persons with Intellectual Disabilities (NIEPID), Secunderabad under the Scheme of Implementation of the Rights of Persons with Disabilities Act (SIPDA). It was realigned in February 2006 to Ali Yavar Jung National Institute for the Speech & Hearing Disabilities (Divyangjan), Mumbai, an autonomous body under the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice & Empowerment, Government of India. From August 2024, CRC Bhopal is under administrative control of National Institute of Mental Health Rehabilitation (NIMHR) Sehore, Bhopal Madhya Pradesh. CRC Bhopal has been working for persons with disabilities in the Central India region by providing rehabilitation services for all categories of persons with disabilities. The center was conferred with the national award for barrierfree environment in the year 2006. Apart from rendering rehabilitation services, CRC Bhopal also offers various long term and short-term training programmes recognized by Rehabilitation Council of India, implements various schemes and programme of DEPwD like CDEIC, PMDK, Skill Development, registration for UDID, Niramaya etc. and conducts awareness generation activities and different levels which includes grassroot level functionaries, parents, NGOs etc.

CRC aims to empower persons with disabilities (divyangjan) to live independently and contribute to the community like everyone else.

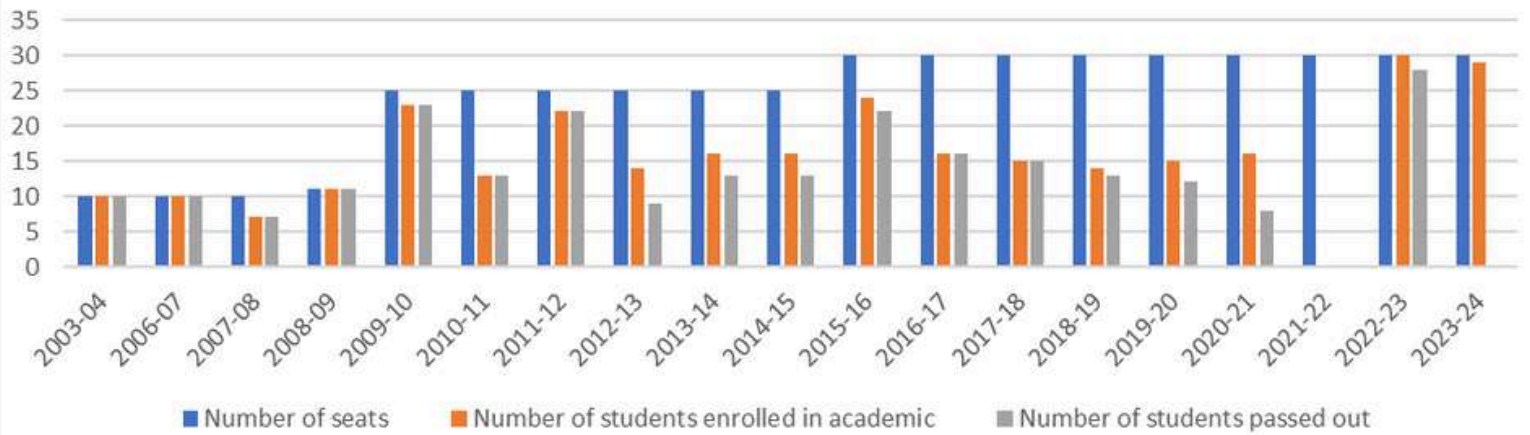
The primary objective of setting up CRC is to create the infrastructure required for training and manpower development, research, and providing services to persons with disabilities, particularly in those parts of the country where such infrastructure is lacking. CRC has following objectives:-

- To serve as a resource centre for rehabilitation and special education of persons with disabilities.
  - To establish linkages with existing medical, educational, and employment services, following the principles of community-based rehabilitation and offer extension services in rural areas.
  - To stimulate the growth of services by encouraging and supporting voluntary organizations, parent groups, and self-help groups.
  - To undertake human resource development by training rehabilitation professionals, village level workers, multi-rehabilitation workers, and other functionaries in the government and non-government sector required for providing services to persons with disabilities.
  - To develop strategies for delivering rehabilitation services suitable to the socio-cultural background of the region.
  - To undertake research and development with specific reference to the needs of diverse groups of people with disabilities, keeping in view the nature and severity of disability in the region.
  - To undertake public education programs for the creation of awareness in the parents and the community.
  - To undertake designing, fabrication, and fitment of aids and appliances to help individuals overcome their disability.
  - To conduct the service of education and skill development leading to the enhancement of opportunities for employment, rehabilitation, mobility, communication, recreation, and integration in society.
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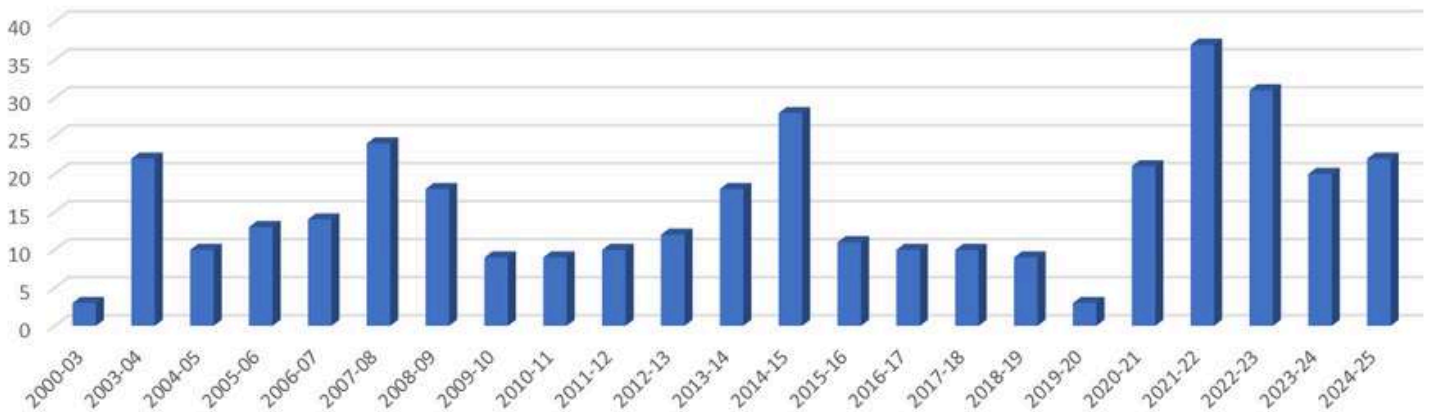
# Historical Data

PHYSICAL ACHIEVEMENT UP TO 31 MARCH, 2025  
(DETAILS OF REGULAR COURSES)  
Diploma in Hearing Language and Speech (DHLS)

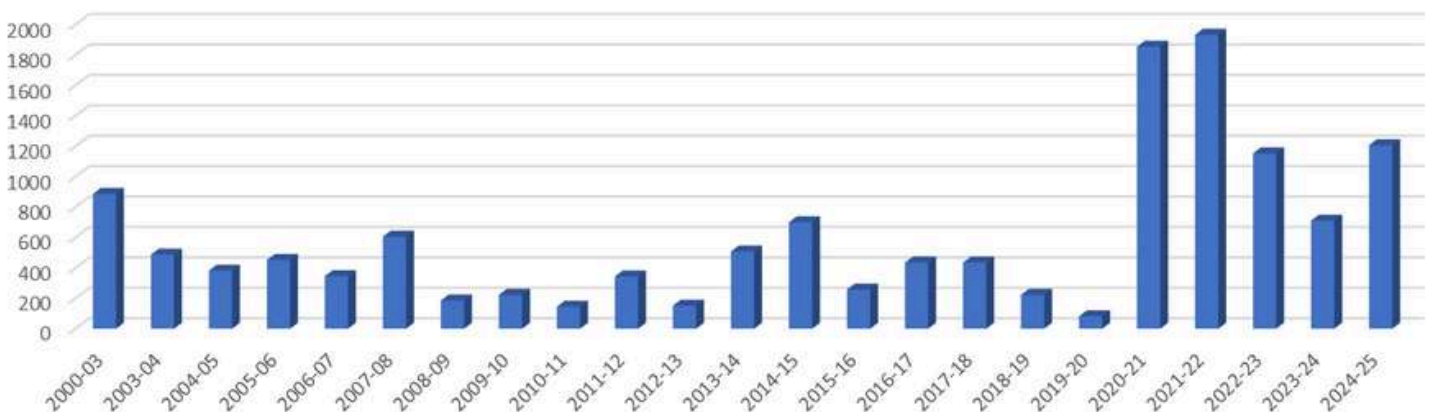


SHORT TERM PROFESSIONALS AND PARENTS TRAINING SINCE INCEPTION TO MARCH, 2025

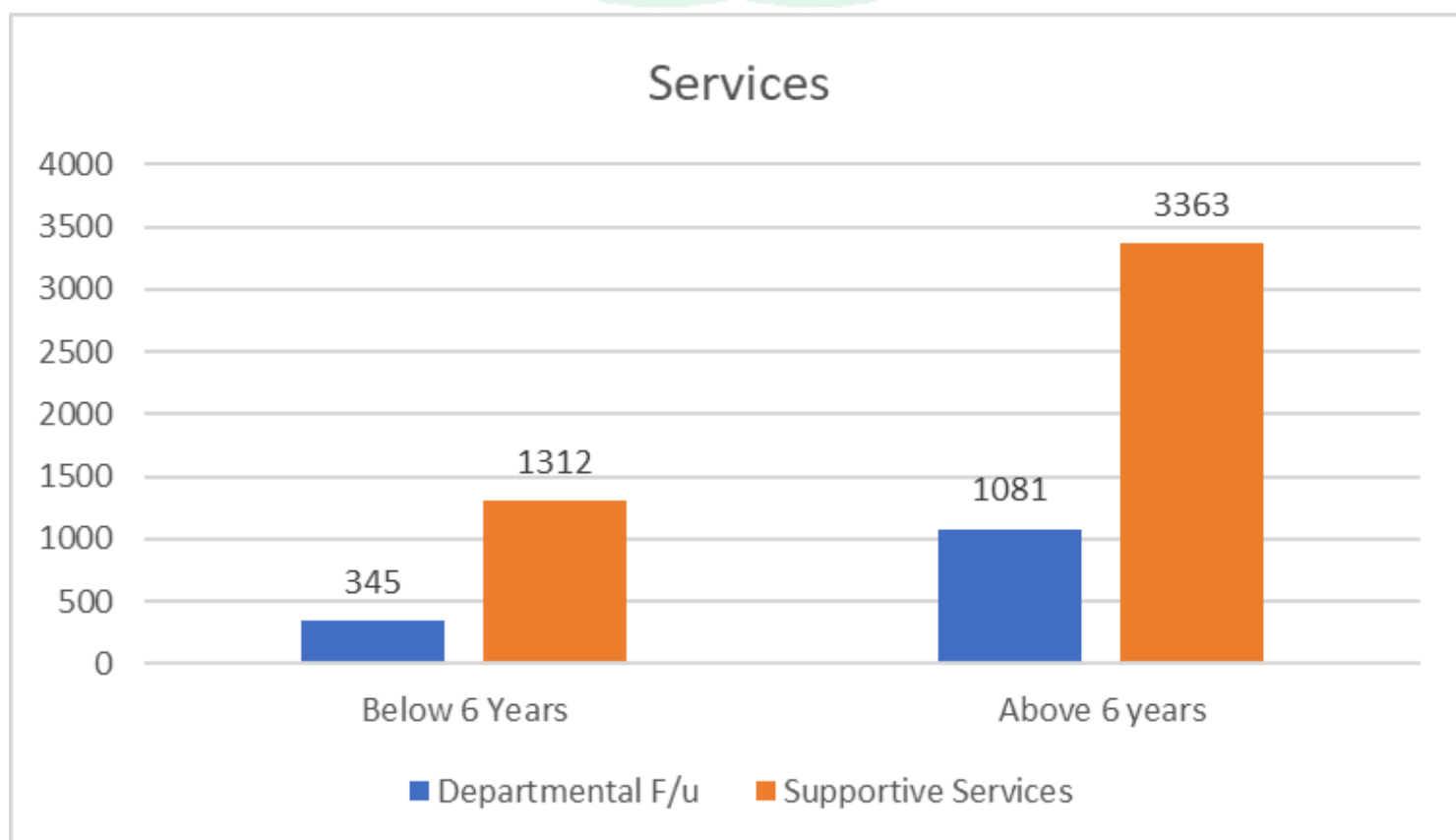
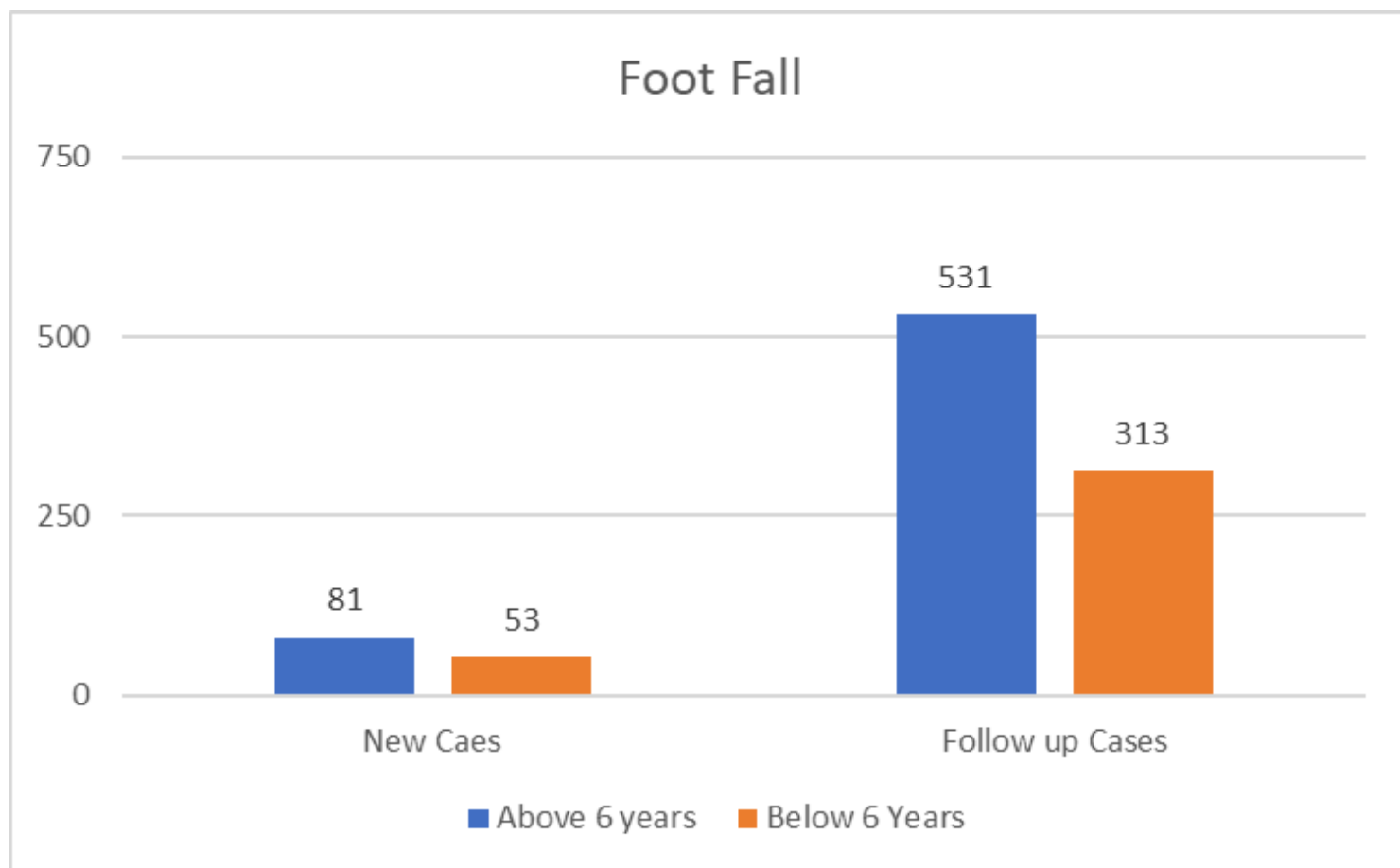
No of Programme



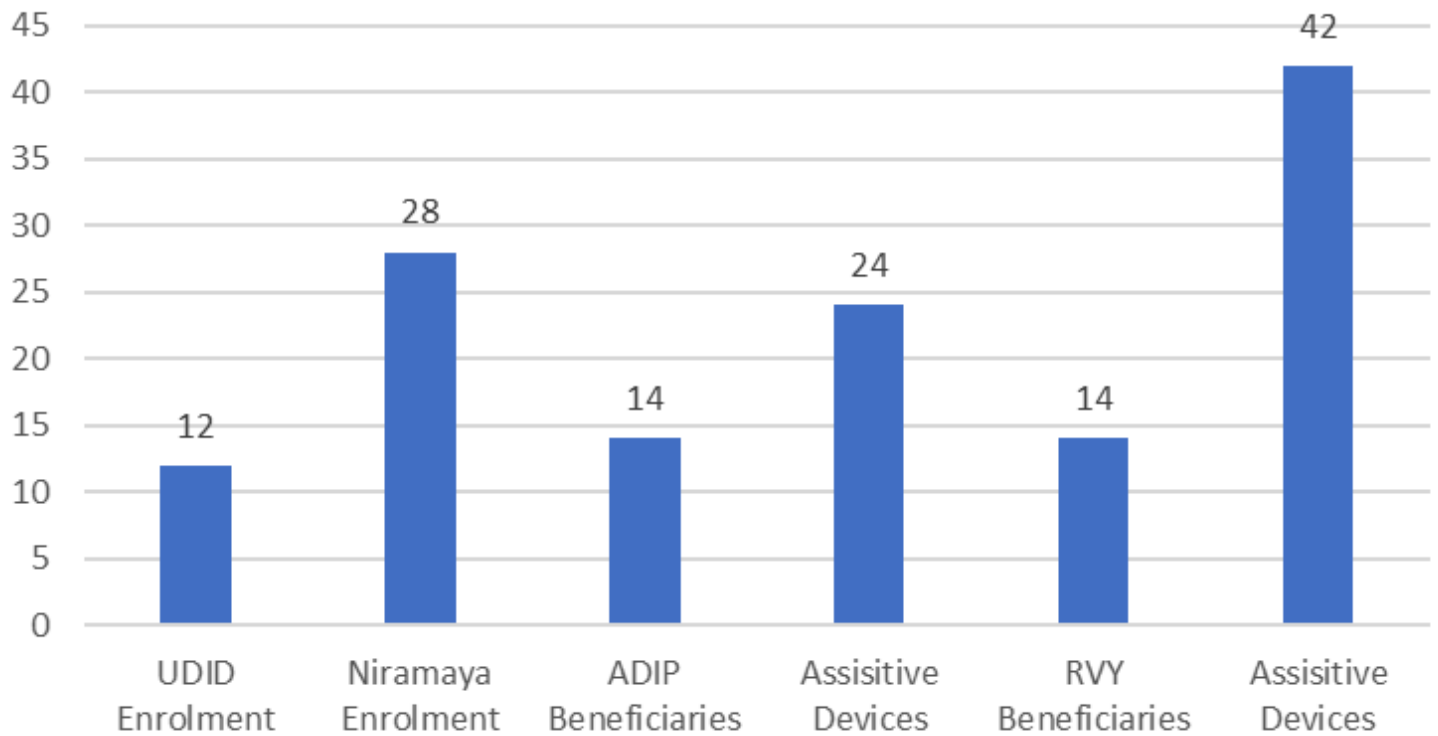
No of Beneficiaries



# Highlight for the Month of Oct. 2025



## Schemes



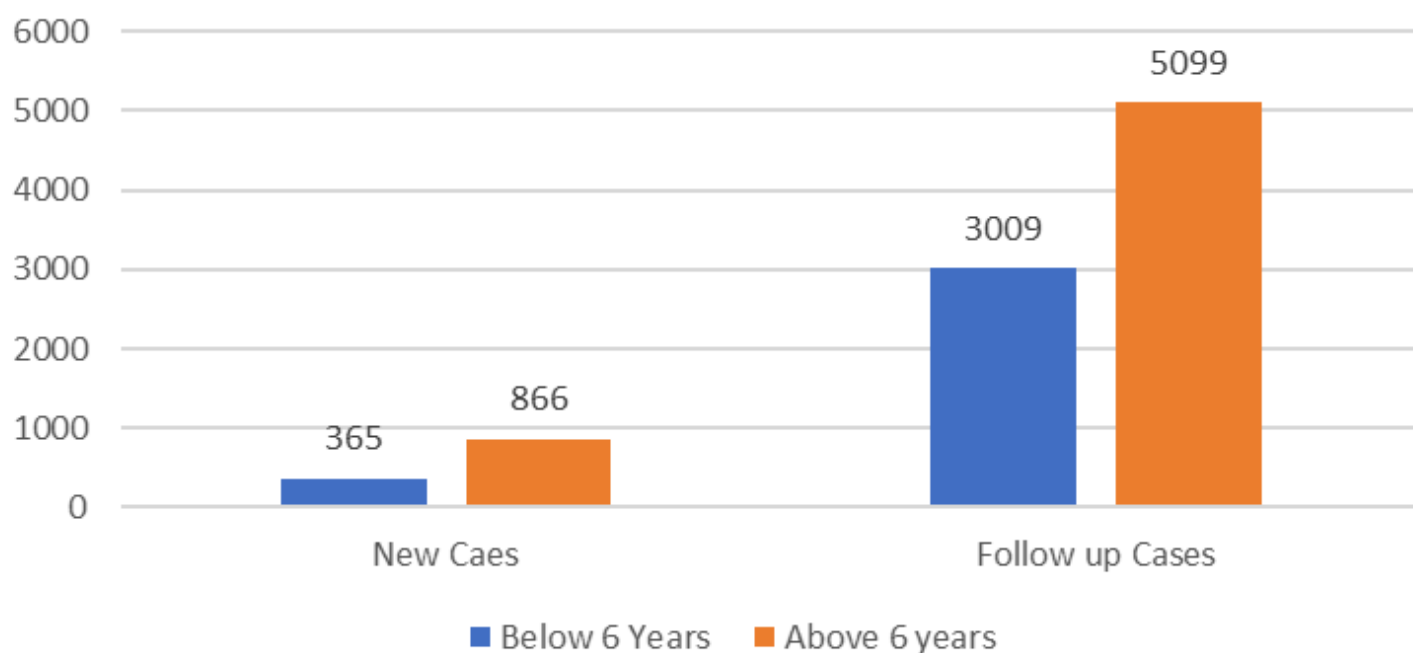
## Girish Sharma



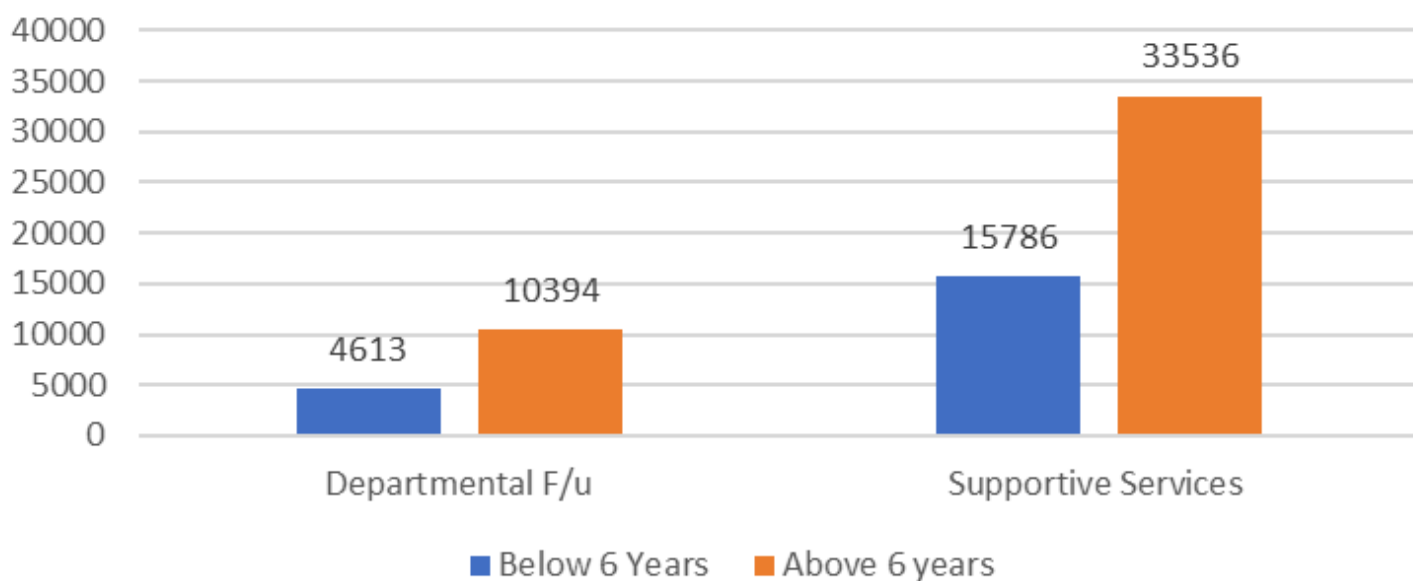
Girish Sharma lost a leg in a train accident and that too when he was a kid. But this great man became the badminton champion. With even a single leg, Girish Sharma effortlessly plays the game and also covers the entire court. Since childhood, he was always indulged in outdoor activities, without letting his disability come in the way.

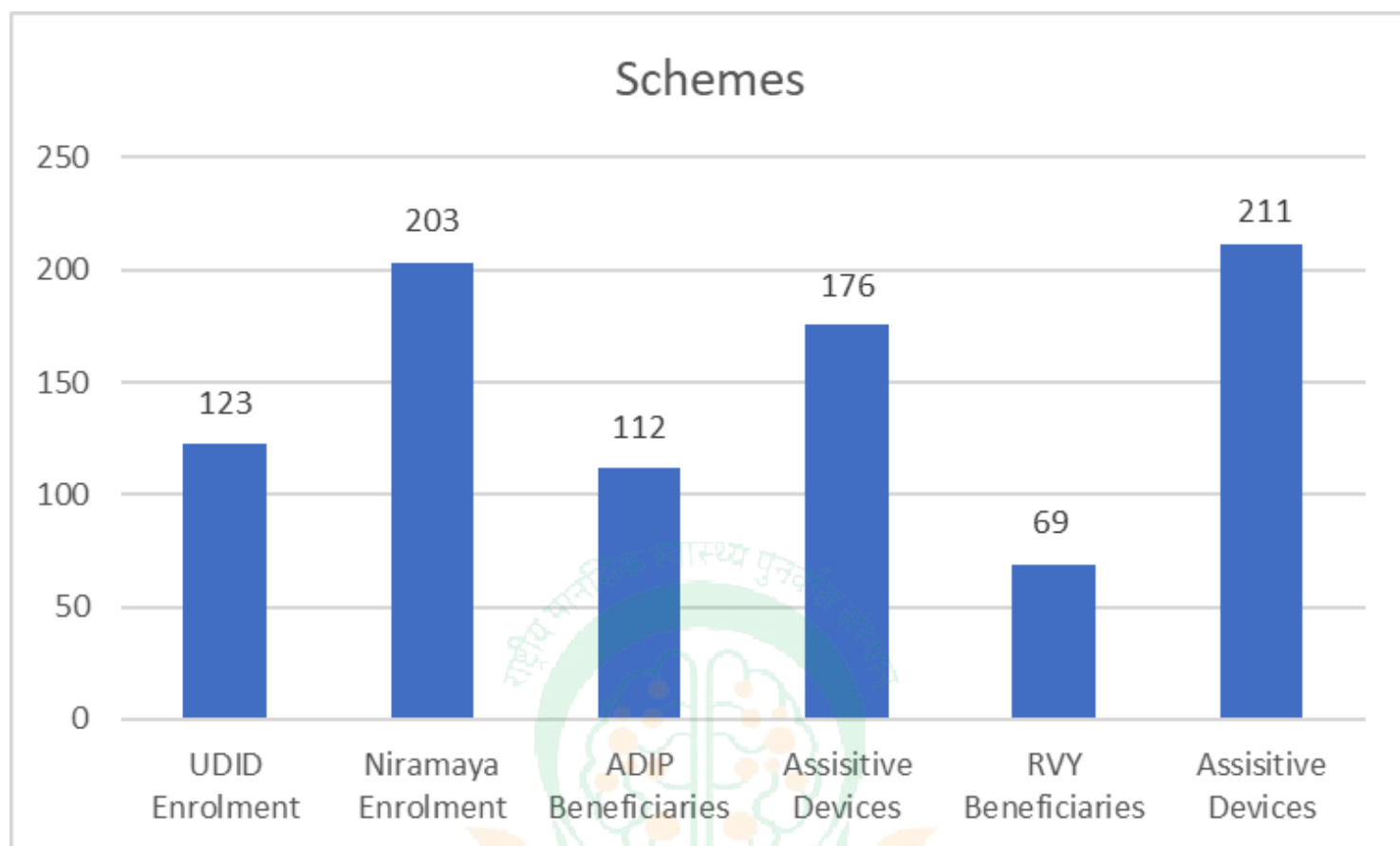
# Achievements in 2025-26, till Oct. 2025

## April to October Foot Fall



## April to October Services





Every person with a disability  
is an individual.

— Itzhak Perlman —



# Highlight for the Month of Oct. 2025

## Academics



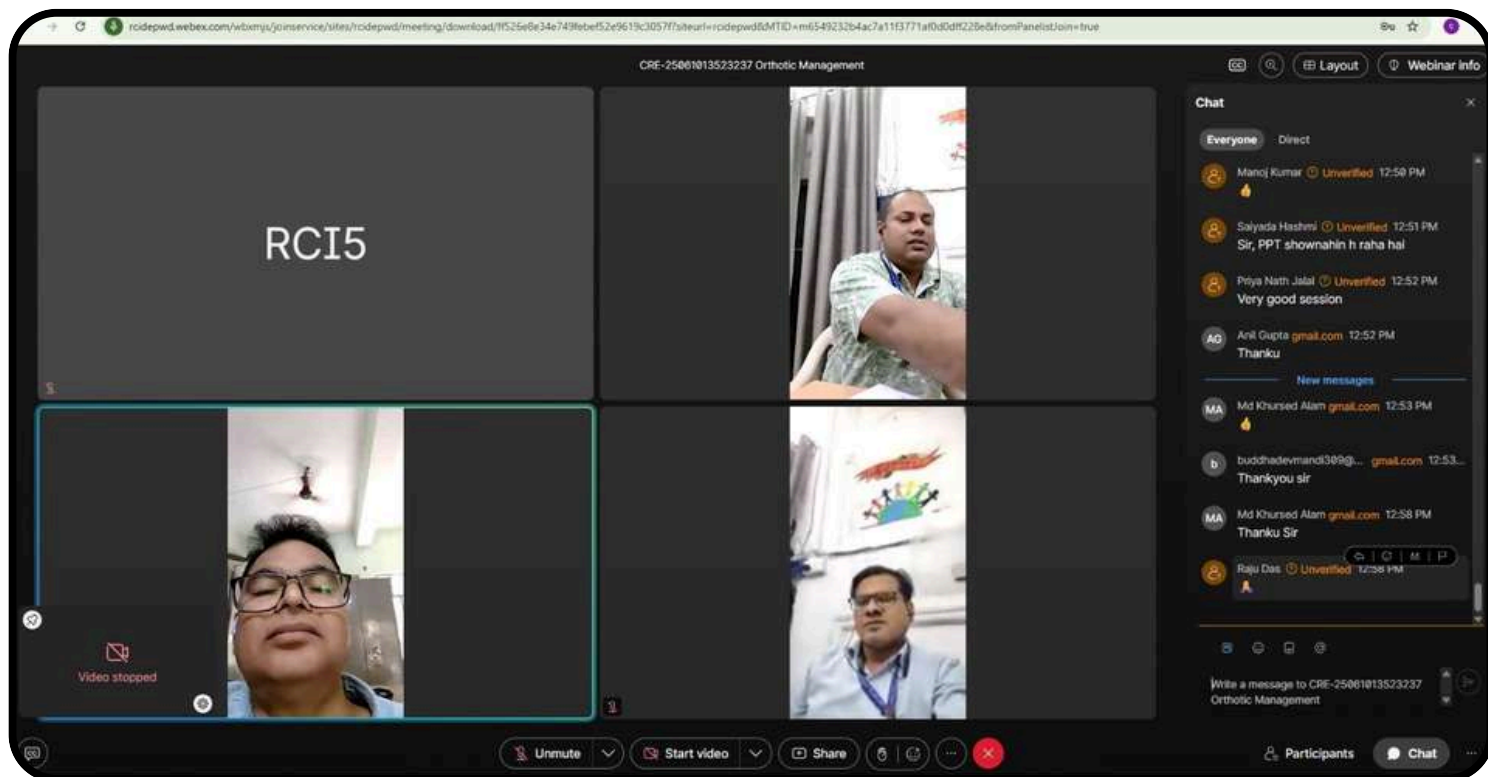
CRC Bhopal successfully organized a two-day CRE program on “Enhancing the Effectiveness of Rehabilitation Counselling”, featuring expert sessions on various evidence-based therapies and counselling techniques. No. of Participants - 33

Dr Poonam  
Singh

Dr Mukesh  
kumar

Dr. Poonam Singh, Lecturer (Clinical Psychology), CRC Bhopal, served as an expert panelist in an online webinar organized by CRC Jaipur, sharing insights on community-based rehabilitation and mental health.





Mr. Nityananda Samal from CRC Bhopal delivered an expert lecture on Design and Fabrication of Orthosis during an online RCI CRE program organized by CRC Chhatarpur, attended by 112 participants.



CRC Bhopal and Bhopal School of Social Sciences (BSSS) signed an MoU on 16th October 2025 to promote academic collaboration, research, training, and resource exchange in rehabilitation and psychology.





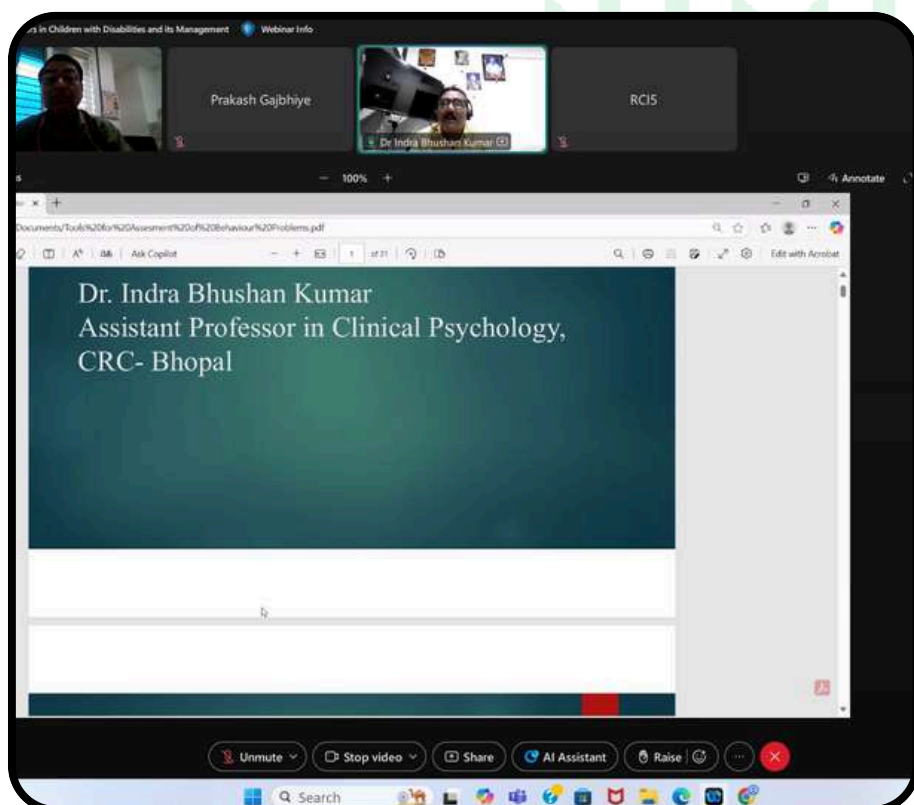
CRC Bhopal and SAM Global University, Bhopal signed an MoU on 17th October 2025 to promote academic collaboration, joint research, inclusive education, and community outreach for empowering persons with disabilities.





CRC Bhopal organized an academic session on 17th October 2025 by Dr. Ankit Chaudhary, HoD Psychiatry, NIMHR Sehore, for PGDRP students, focusing on clinical understanding and management of neurodevelopmental and psychological disorders.

On 31st October 2025, Mr. Shyam Singh Mewada from CRC Bhopal delivered a lecture on “Role of Family and Community in Early Identification and Intervention” during a CRE program organized at NIMHR Sehore.



On 30 th Oct 2025 Dr. Indra Bhushan Kumar APCP, CRC Bhopal, Delievered a lecture on “Tools for Assessment of Problem Behaviour” During an online CRE Programme of NIMHR, Sehore .



# Highlight for the Month of Oct. 2025

## Outreach



On 31st October 2025, CRC Bhopal organized an Ekta Pledge and Run for Unity to mark the 150th birth anniversary of Sardar Vallabhbhai Patel and celebrate National Unity Day.



CRC Bhopal conducted a survey at Bangarsiya village, Bhopal, providing information and guidance on government schemes, UDID cards, and health insurance to persons with disabilities (Divyangjan) and senior citizens.



## Community Sensitization and training Programme



On 6th October 2025, CRC Bhopal conducted a Community-Based Rehabilitation program at Chopra Kalan village, providing assessment, counseling, physiotherapy, special education, and health education services to 47 beneficiaries.

CRC Bhopal conducted a Community-Based Rehabilitation program On 9<sup>th</sup> oct 2025 at Aanganwadi, Adampur Chhawani, providing assessment, counseling, and rehabilitation services to 15 beneficiaries.



CRC Bhopal conducted a Community-Based Rehabilitation program at Bilkhiriya village on 9th Oct 2025, Bhopal, providing assessment, counseling, and special education services to 46 beneficiaries.





CRC Bhopal organized a parent training program at Jyoti Special School on 15 oct 2025, Bhopal, providing guidance on Activities of Daily Living (ADL), UDID, and Niramaya schemes, along with on-site card registration services.

Under the Community-Based Rehabilitation program, CRC Bhopal conducted a field outreach at Kanha Saiya village on 28th October 2025, benefiting 53 individuals through assessment, counseling, special education, and occupational therapy services.



CRC Bhopal organized an awareness program at Hamidia Hospital, Bhopal, on 29th October 2025 to mark World Occupational Therapy Day, featuring a street play, awareness talks, and psychological assessments to highlight the importance of occupational therapy in enhancing functional independence.



## Extended Services at Hamedia Hospital, GMC Bhopal and BHEL Kastoorba Hospital Bhopal

The CDEIC team of CRC-Bhopal conducts Half Day-weekly assessment and counseling sessions for children with special needs at the Pediatric Department (Neonatal Unit) of Hamidia Hospital, GMC Bhopal. Intervention services were provided to beneficiaries are as follows:

Date	No of Beneficiaries provided early intervention services
01/10/2025	04
08/10/2025	09
15/10/2025	03
22/10/2025	04
29/10/2025	06



## Awareness program



CRC Bhopal organized a successful awareness program on World Dyslexia Day on 9th Oct 2025 at Government Excellence Higher Secondary School, Reethi, Katni, emphasizing identification and management of dyslexia among teachers and students.



On 6th October 2025, CRC Bhopal organized a one-day awareness program on World Cerebral Palsy and Mental Health Week at Government Excellence Higher Secondary School, Ganj Basoda, Vidisha, where experts provided detailed guidance on cerebral palsy, mental health, and rehabilitation services.





CRC Bhopal conducted an awareness program at SAGE University on 9<sup>th</sup> oct 2025 , Bhopal, to educate faculty and students about disability, rehabilitation, and the services and objectives of CRC Bhopal.

CRC Bhopal organized a successful awareness program on World Sight Day on 9<sup>th</sup> oct 2025 at Government Excellence Higher Secondary School, Katni, highlighting vision care, prevention, and management of visual impairment along with mental health awareness.



CRC Bhopal organized a parent training and awareness program on 15<sup>th</sup> oct 2025 at Government Naveen Higher Secondary School, Anand Nagar, Bhopal, highlighting DISLI course opportunities for students and teachers.

CRC Bhopal organized an awareness program on White Cane Day at DIET Morena on 15<sup>th</sup> oct 2025, highlighting the importance of mobility aids, government schemes, and inclusion of persons with visual and other disabilities, with participation from 121 teachers.







Under the joint collaboration of CRC Bhopal, Maa Narmada DDRC Centre, and DDRC Tikamgarh, an awareness program was organized on the occasion of World Dwarfism Day 2025 on 24<sup>th</sup> oct 2025, focusing on the causes, challenges, and rehabilitation measures related to dwarfism.

Under the guidance of CRC Bhopal, an awareness and training program was organized by the DEIC Department, District Hospital Damoh, on World Occupational Therapy Day on 27 Oct 2025, highlighting the importance of early intervention, rehabilitation, and the role of occupational therapy in empowering children with special needs.



CRC Bhopal, in collaboration with Sandeepani Higher Secondary School, Khandwa, organized World Stroke Day and Dyslexia Awareness Month on 29 October 2025 to promote awareness about stroke prevention and dyslexia rehabilitation through informative and interactive sessions.



# Assistive Devices Distribution Camp



CRC Bhopal provided an e-cycle to an identified person with disability at Kanha Saiya village, Bhopal through NGO Saksham, with awareness on CRC services and government schemes .



CRC Bhopal conducted a community-based rehabilitation program on 30th October 2025 at Village Bangarsiya, Bhopal, providing a wheelchair under the RVY scheme and extending assessment, counseling, and rehabilitation services to 21 beneficiaries under the guidance of Mr. Nityanand Samal, Prosthetist and Orthotist.



# Other Activities

## Visits




On 30th October 2025, a group of 60 students of Psychology from Bhopal School of Social Sciences (BSSS) visited CRC Bhopal for an academic tour.

CRC Bhopal organized an educational visit for 33 MBBS students on 10th OCT 2025 from People's Medical College, Bhopal, showcasing its rehabilitation services and promoting mental health awareness through interactive sessions and a street play.



An educational visit for third-year MBBS students from People's Medical College, Bhopal, was organized at CRC Bhopal on 27th October 2025 to provide hands-on exposure to disability rehabilitation services and inclusive education practices.



Check In Bhopal, Madhya Pradesh, India   
Amrita Kotiram, Khajuri Kalan, Bhopal, Madhya Pradesh  
462022, India





CRC Bhopal organized an educational visit for third-year MBBS students from Chirayu Medical College on 30th October 2025 to enhance their understanding of disability, rehabilitation services, and inclusive education practices.



CRC Bhopal organized an educational visit on 30th October 2025 for M.A. Psychology first-year students from the Institute for Excellence in Higher Education, Bhopal, to familiarize them with disability rehabilitation services and inclusive education.





On 6th October 2025, CRC Bhopal inaugurated the Mental Health Week program, launched by Director Dr. Narendra Kumar, featuring awareness talks, a street play by PGDRP students, and announcements of upcoming activities like CRE programs, stress management sessions, and poster presentations.

On 7th October 2025, CRC Bhopal organized an interactive session on “Stress Management” under Mental Health Week, featuring expert talks, experiential activities, and a demonstration of Jacobson’s Progressive Muscle Relaxation Technique.



CRC Bhopal observed World Mental Health Day 2025 on 10<sup>th</sup> Oct 2025 by organizing lectures, expressive art activities, and street plays to promote awareness on stress management, emotional well-being, and the importance of mental health. Co-ordinated by Dr. I B Kumar.





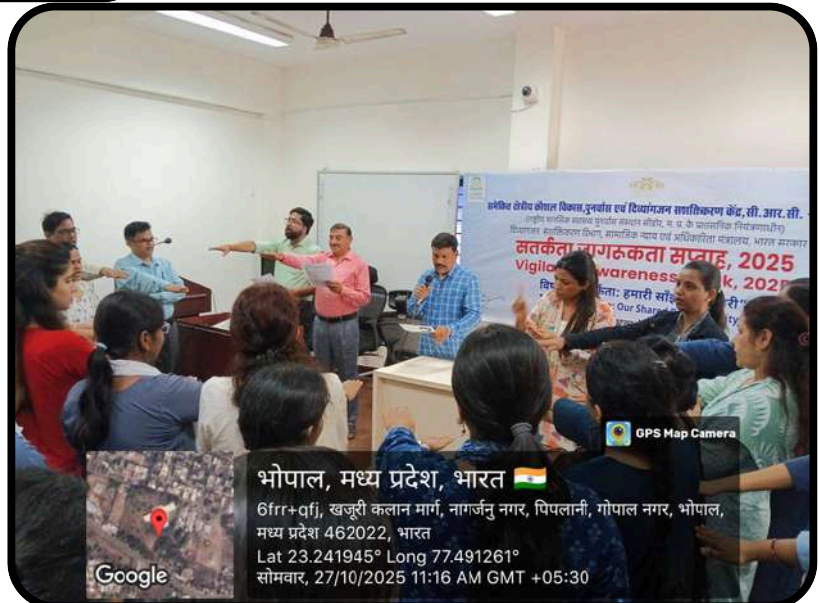
On 7th October 2025, CRC Bhopal concluded the Swachhta Pakhwada, featuring various cleanliness and environmental awareness activities, competitions, street plays, and a felicitation ceremony for sanitation workers.

CRC Bhopal organized a Student-Faculty Introduction Program on 13th October 2025 to welcome new students and faculty members, fostering interaction and orientation under the guidance of Director Dr. Narendra Kumar.



CRC Bhopal organized the pre-festive creative art program "Antarik Prakash" on 14th October 2025 for children with special needs and their parents to encourage creativity and confidence, coordinated by Mrs. Shagufta Parveen and Mrs. Sumona.

Under Vigilance Awareness Week 2025, a pledge ceremony was organized at CRC Bhopal on 27th October 2025, where all officials, staff, and students took an oath to uphold integrity, honesty, and transparency towards building a corruption-free India.



# Parent's Feedback

मेरे बच्चे का नाम जतिन गौड है उसे Autism है, वो 5 Year का हो चुका है मैं 7,8 Month से CRC BHOPAL मे Therapy ले रही हूँ...

Speech Therapy, Occupational therapy Special education

बहुत अच्छा Improvement आ रहा है।

Good experience

Jatin Goud

दीपिका गौड़

Reg-no. 25938/25

## एक 14 साल की लड़की की सफलता की कहानी

दृष्टि का जीवन शुरुआत से ही चुनौतियों से भरा रहा। जब वह केवल 2.5 साल की थी, तब स्कूल की प्रिंसिपल ने उसके माता-पिता को सुझाव दिया कि वे उसे एक मनोवैज्ञानिक के पास ले जाएँ। दृष्टि किसी भी निर्देश का जवाब नहीं देती थी और बोलती भी नहीं थी। माता-पिता को चिंता तो थी, लेकिन जब उन्हें ऑटिज़्म के बारे में बताया गया, तो वे इस सच्चाई को स्वीकार करने के लिए तैयार नहीं थे।

वह समय उनके लिए बेहद कठिन था। उन्होंने कई मनोवैज्ञानिकों से सलाह ली और तब जाकर यह यकीन हो सका कि उनकी बेटी को मध्यम स्तर का ऑटिज़्म है। यह सुनकर माता-पिता का दिल टूट गया, पर उन्होंने हार मानने के बजाय अपनी बेटी के लिए एक नई राह तलाशनी शुरू की।

5 साल की उम्र में, दृष्टि को उसके माता-पिता ने भोपाल के CRC (Composite Regional Centre) में भर्ती कराया, जहाँ उसे स्पीच थेरेपी, ऑक्युपेशन थेरेपी और विशेष शिक्षा जैसी कई सेवाएँ प्रदान की गईं। धीरे-धीरे दृष्टि ने इन थेरेपीज़ के ज़रिए संवाद करना और दूसरों को समझना सीखा। उसकी मेहनत और माता-पिता का धैर्य रंग लाया, और साल दर साल उसने खुद को बेहतर बनाया।

आज, 14 साल की उम्र में, दृष्टि ने एक मुख्यधारा के स्कूल में प्रवेश प्राप्त कर लिया है। जहाँ पहले वह बोलने और समझने में कठिनाई महसूस करती थी, आज वह स्वतंत्र रूप से अपने काम कर सकती है और अपनी जिंदगी को अपने तरीके से जी रही है। उसका ऑटिज़्म का स्तर भी मध्यम से हल्का हो चुका है।

दृष्टि की कहानी यह साबित करती है कि ऑटिज़्म कोई समस्या नहीं, बल्कि जीवन को देखने का एक अलग दृष्टिकोण है — और सही उपचार व समर्थन से हर चुनौती को बदला जा सकता है।

Regn No-23671/24



# Media Coverage

## दिव्यांग बच्चे प्रौढ़ और वृद्धजनों को स्वास्थ्य सुविधा पहुंचाने घर पहुँचे पुनर्वास विशेषज्ञ

जीतेन्द्र सेन भोपाल। समेकित क्षेत्रीय कौशल विकास पुनर्वास एवं दिव्यांगजन सशक्तिकरण केंद्र (सी.आर.सी. भोपाल) द्वारा ग्राम चोपड़ा कलां के ग्राम पंचायत भवन और आयुष्मान आरोग्य मंदिर में समुदाय आधारित पुनर्वास कार्यक्रम का आयोजन किया गया। इस कार्यक्रम से कुल 47 लाभार्थी (दिव्यांग, बच्चे, प्रौढ़ और वृद्ध) लाभान्वित हुए। सी.आर.सी. भोपाल की टीम (डॉ प्रतीक कुमार विन्दुवा व्याख्याता भौतिक चिकित्सा, विशाल शर्मा व्याख्याता विशेष शिक्षा एवं दो विद्यार्थी) द्वारा लाभार्थियों की आवश्यकता के अनुरूप उनका



आंकलन/पहचान, परामर्श, पुनर्वास सेवाएं ग्राम चोपड़ा कलां कार्यक्रम बहुत ही सफल और मार्गदर्शन, भौतिक चिकित्सा, के पंचायत भवन में एवं घर-घर सराहनीय रहा। विशेष शिक्षा, स्वास्थ्य शिक्षा आदि जाकर प्रदान की गई। यह

## एक दिवसीय जन जागरूकता कार्यक्रम में विद्यार्थियों को दी जानकारी

नवदुनिया न्यूज, गंजबासोदा: विश्व सेरेब्रल पाल्सी एवं मानसिक स्वास्थ्य सप्ताह के अंतर्गत शासकीय उत्कृष्ट उच्चतर माध्यमिक विद्यालय में एक दिवसीय जन जागरूकता कार्यक्रम आयोजित किया गया। प्रभारी प्राचार्य प्रदीप चौरसिया द्वारा सभी अतिथियों का पुष्पगुच्छ से स्वागत किया गया। मस्तिष्क पक्षाघात एवं मानसिक स्वास्थ्य सप्ताह के अंतर्गत विद्यार्थियों एवं विद्यालय के शिक्षकों को इस दिवस पर मार्गदर्शन प्रदान किया गया एवं पोस्टर के माध्यम से जानकारी दी।

कार्यक्रम के दौरान उपस्थित व्यक्तियों को सेरेब्रल पाल्सी एवं मानसिक स्वास्थ्य के ऊपर विस्तृत जानकारी प्रदान की गई। इस अवसर पर समेकित क्षेत्रीय कौशल विकास पुनर्वास एवं



पोस्टर के माध्यम से अतिथियों ने दी जानकारी। • नवदुनिया

नित्यानंद समल कृत्रिम अंग विशेषज्ञ के दौरान उपस्थित रहे। कार्यक्रम का विषय पर विस्तृत जानकारी प्रदान संचालन दिनेश ओझा द्वारा किया गया की गई। एवं आभार समीक्षा जैन ने व्यक्त किया।



# डिस्लेक्सिया की पहचान लक्षण व प्रबंधन पर चर्चा



जागरूकता कार्यक्रम में शिक्षकों से चर्चा करते टीम के सदस्य। • नईदुनिया।

नईदुनिया न्यूज, रीठी: समेकित क्षेत्रीय कौशल विकास, पुनर्वास दिव्यांगजन सशक्तिकरण केंद्र द्वारा जन जागरूकता कार्यक्रम के अंतर्गत विश्व डिस्लेक्सिया दिवस का आयोजन शासकीय उत्कृष्ट उच्चतर माध्यमिक विद्यालय रीठी में किया गया। कार्यक्रम का शुभारंभ विद्यालय के संकुल प्राचार्य भरत सिंह ठाकुर ने किया। इस कार्यक्रम में अनिल त्रिपाठी सहायक परियोजना समन्वयक, कटनी ने जन जागरूकता कार्यक्रम के माध्यम से डिस्लेक्सिया की पहचान एवं प्रबंधन पर जोर दिया। उन्होंने शिक्षकों से कहा कि यह कार्यक्रम बहुत ही महत्वपूर्ण है। इस कार्यक्रम में रीठी विकासखंड, कटनी के 157 शिक्षक एवं विद्यार्थी शामिल हुए।

कार्यक्रम में श्याम सिंह मेवाड़ा, सीआरसी भोपाल ने जन जागरूकता थीम के विषय में विस्तृत जानकारी प्रदान की। मोहम्मद कलीम सिद्दीकी, सीआरसी भोपाल ने डिस्लेक्सिया की पहचान, लक्षण एवं उसके प्रबंधन विषय पर व्याख्यान एवं चर्चा की। श्याम सिंह मेवाड़ा एवं मोहम्मद कलीम सिद्दीकी ने मानसिक स्वास्थ्य सप्ताह के

विषय के अंतर्गत मानसिक स्वास्थ्य महत्ता पर विशेष जोर देते हुए कहा मानसिक स्वास्थ्य को बनाए रखने हमारे स्वास्थ्य संतुलित जीवन यापन लिए अति आवश्यक है। वर्तमान जीवन से सामंजस्य स्थापित कर जहाँ को उत्कृष्ट, खुशहाल और सकारात्मक बनाने के उपाय भी सुझाए। कार्यक्रम में शिक्षकों और विद्यार्थियों ने सहभागिता की। सहभागिता के कई प्रश्न किए जिनका समाधान सीआरसी के विशेषज्ञ दल ने किया। कार्यक्रम के समापन के पर प्र. कुमार तिवारी विकासखंड के अधिकारी, रीठी, ने कहा कि प्रशिक्षण अनोखा है। उन्होंने शिक्षकों को प्रेरित करते हुए कहा कि यदि अधिक दिव्यांग बच्चों या डिस्लेक्सिया युक्त बच्चों की पहचान कर शिक्षा और पुनर्वास सेवा प्रदान करेंगे पुरस्कृत किया जाएगा। इस अवसर पर योगेश तिवारी, सीआरसी, रीठी, अनिल त्रिपाठी सहायक परियोजना समन्वयक, जिला शिक्षा केंद्र कटनी, संदीप शुक्ला, पंकज त्रिपाठी, आदि बड़ीगैया भी उपस्थित रहे हैं।

## ब्रेन स्ट्रोक के मामले में शुरुआती साढ़े चार घंटे गोल्डन ऑवर, बचाव ही बेहतर इलाज : डॉ. मिश्रा

खंडवा। जिला अस्पताल सह मेडिकल कॉलेज में बुधवार को दिव्यांग गतिशक्ति सेवा समिति ने स्ट्रोक दिवस मनाया। इस अवसर पर सीआरसी स्पेशल एजुकेशन व्याख्याता डॉ. आभा मिश्रा, अभिलाषा विश्वकर्मा और डॉ. रंजीत बडोले ने स्ट्रोक से बचाव के लिए जागरूक किया। डॉक्टरों ने कहा ब्रेन स्ट्रोक के मामले में शुरुआती साढ़े चार घंटे गोल्डन ऑवर होता है। इसमें सही इलाज मिले तो मौत या लकवे से बच सकते हैं। इसलिए बचाव ही सबसे बेहतर इलाज है। सीआरसी व्याख्याता डॉ. मिश्रा ने मानसिक विकलांग परिवारों के परिजनों को समझाया कि मानसिक विकलांग बच्चे या युवा बीमार लोगों की श्रेणी में नहीं आते, यह एक अवस्था है। इन बच्चों और युवाओं की वैशाखी न बने बल्कि इन्हें कुछ करने या सीखने के लिए प्रेरित करें। आभार दिव्यांग गतिशक्ति सेवा समिति के अध्यक्ष विजय बिल्लौर ने माना।

## ‘सकारात्मक सोच रोगी की क्षमताओं को निखारने में सहायक होता है’

भास्कर संवाददाता। दमोह

स्थानीय जिला अस्पताल में संचालित जिला शीघ्र हस्तक्षेप केंद्र डीआईसी बाल संजीवनी भवन में मंगलवार को विश्व ऑक्यूपेशनल थेरेपी दिवस पर कार्यशाला आयोजित हुई। जिसमें भोपाल से आई डॉ. पूनम सचदेवा व्याख्याता



ऑक्यूपेशनल थेरेपी द्वारा अर्ली इंटरवेंशन पर जोर देते हुए कहा कि उचित थेरेपी से बच्चों के शारीरिक सुधार लाया जा सकता है। डॉ. ऋतुराज सोनी ने थेरेपी के व्यावहारिक पक्षों, दैनिक जीवन की क्रियाशीलता में सुधार लाने वाली तकनीकों तथा सहायक उपकरणों के उपयोग के बारे में विस्तार से बताया। ऋषिकेश सफ्फे ने मनोवैज्ञानिक दृष्टिकोण से पुनर्वास की जरूरत पर बल देते हुए कहा कि सकारात्मक सोच व सामाजिक सहयोग से रोगी की क्षमताओं को निखारने में अत्यंत सहायक होता है। पुष्पेंद्र बलैया साइकोलॉजिस्ट ने बताया कि दिव्यांग जनों का सशक्तिकरण व ऑटिज्म एवं अटेंशन डेफिसिट हाइपर एक्टिविटी डिसऑर्डर रोग से पीड़ित रोगियों की पहचान कर विशेषज्ञों द्वारा विशेष थेरेपी देने से रोगी भी जीवन की मुख्य धारा में आ सकते हैं। इसमें 150 से अधिक प्रतिभागियों की उपस्थिति रही। जिसमें चिकित्सक, नर्सिंग ऑफिसर, पोषण प्रशिक्षक, आरबीएसके चिकित्सक, आरकेएसके काउंसलर शामिल रहे। डीआईसी मैनेजर नरेश राठौर ने मंच संचालन किया।



# Review of Literature

## When Love Limits Growth: Overprotection and Dependency in Children with Disabilities

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### Abstract-

Parenting a child with disabilities such as Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD) often involves greater emotional and practical demands. While care and protection are essential, excessive overprotection can unintentionally hinder a child's development of autonomy, adaptive skills, and confidence. This review explores how over-pampering and over-involvement increase dependency, using observations from rehabilitation settings and evidence from developmental theories. Major findings suggest that parental counseling, stress management, and balanced "scaffolding" strategies are key to fostering independence. By reframing parental love as facilitation rather than substitution, rehabilitation centers can ensure better long-term outcomes for children with disabilities.

### Introduction-

Parenting a child with a disability such as ASD or ADHD presents unique challenges. Parents often experience heightened stress and uncertainty about their child's future. In settings like the Composite Regional Centre (CRC), parental involvement plays a decisive role in the success of rehabilitation programs. However, while affection and care are vital, excessive overprotection can undermine the very independence rehabilitation aims to cultivate. This paper reviews theoretical and empirical evidence on how over-pampering impacts the development of autonomy and adaptive functioning in children with disabilities.

### Observation -

It has been observed that many parents, after understanding their child's diagnosis, became over-involved in daily tasks. Children capable of performing basic activities were not given the opportunity to try; instead, parents did tasks for them. This over-pampering, though rooted in love, increased dependency and hindered opportunities to develop confidence and adaptive skills.

### Theoretical Lens

*Vygotsky's Zone of Proximal Development (ZPD, 1978)*

Vygotsky emphasized that children learn best when supported just beyond what they can do alone. Overprotective parenting collapses this learning zone by not allowing children to practice independence. In the case of disabilities, constant parental assistance—though motivated by love—restricts the child's exploration, problem-solving, and self-efficacy, hindering their adaptive growth and confidence.

### **Self-Determination Theory (Ryan & Deci, 2000)-**

This theory states that autonomy, competence, and relatedness are essential for healthy development. When parents over-pamper or control every aspect of the child's life, it frustrates the needs for autonomy and competence. The child begins to internalize helplessness, relying on external approval instead of self-motivation. This dependency diminishes intrinsic motivation and emotional resilience—crucial traits for children with ASD or ADHD.

### **Baumrind's Parenting Styles (1971)-**

Baumrind identified that authoritative parenting—high warmth with firm structure—encourages independence, while permissive or authoritarian styles foster dependency. Overprotective parents often oscillate between these two extremes: being permissive in overindulgence and authoritarian in control. Both prevent children from learning responsibility, managing failure, and developing self-regulation.

### **Supporting Literature-**

Research across developmental and clinical psychology consistently emphasizes how parental overprotection, though driven by care and concern, can unintentionally hinder the growth and independence of children with disabilities. Several studies have explored this phenomenon in different contexts, highlighting both its emotional and behavioral consequences.

#### **1. Osborne & Reed (2010) – Autism Spectrum Disorder (ASD)**

Osborne and Reed examined the connection between parental stress and parenting behaviors among parents of children with Autism Spectrum Disorder. Their findings revealed that excessive parental control—often intended to protect or manage the child—reduces adaptive functioning. In simple terms, children who are not allowed to perform daily tasks independently show weaker problem-solving skills, lower self-help abilities, and slower emotional adjustment. This study highlighted that while parental involvement is vital, too much control can prevent children from learning through experience, ultimately delaying skill development and social integration.

#### **2. Johnston et al. (2021) – ADHD and Anxiety**

Johnston and colleagues explored the relationship between overprotective parenting and anxiety among children with Attention-Deficit/Hyperactivity Disorder (ADHD). Their results showed that children raised under constant supervision and restriction often developed higher anxiety levels, emotional dependency, and fear of failure. Overprotection, instead of offering security, created a sense of incapability in children, leading to avoidance of challenges and reduced confidence in decision-making. This study demonstrates that overprotection communicates mistrust, subtly conveying to the child that they are not capable of handling difficulties on their own.



### **3. Hastings & Taunt (2002) – Parental Stress and Over-Control**

Hastings and Taunt investigated how chronic parental stress influences caregiving behavior in families of children with developmental disabilities. They found that heightened stress and emotional exhaustion often drive parents to become over-controlling or overly involved in their child's routines. Parents, feeling anxious or guilty about their child's limitations, tend to do things on behalf of the child to prevent mistakes or failures. However, this coping mechanism backfires—it reduces the child's chances to practice independence and reinforces dependency. The study stresses that supporting parents through counseling and stress management is essential for balanced caregiving.

### **4. Saini & Sharma (2022) – Indian Cultural Context**

Saini and Sharma conducted a study on parenting styles in Indian families with children diagnosed with ASD. Their findings revealed interesting gender-based patterns: mothers generally adopted an authoritative approach—showing warmth, structure, and encouragement for independence—while fathers often leaned toward permissive or authoritarian styles, which limited autonomy. These cultural variations suggest that societal expectations and family dynamics shape how parents respond to disability. The study emphasizes the importance of culturally sensitive parental training programs that encourage balanced, independence-promoting practices without neglecting emotional support.

### **5. Synthesis and Common Message**

Together, these studies illustrate a consistent pattern: overprotective parenting, regardless of intention, leads to dependence, reduced adaptive functioning, and emotional difficulties. Whether through excessive control, anxiety-driven supervision, or culturally reinforced patterns of protection, the outcome remains similar—children are deprived of opportunities to build self-efficacy and confidence.

### **Implications for Practice-**

1. Counseling Parents: Educate parents that love should empower, not restrict.
2. Scaffolding, Not Substitution: Allow children to attempt tasks, providing support only when necessary.
3. Stress Reduction: Address parental stress through training and support groups.
4. Modeling Authoritative Style: Balanced warmth and boundaries promote resilience and autonomy.

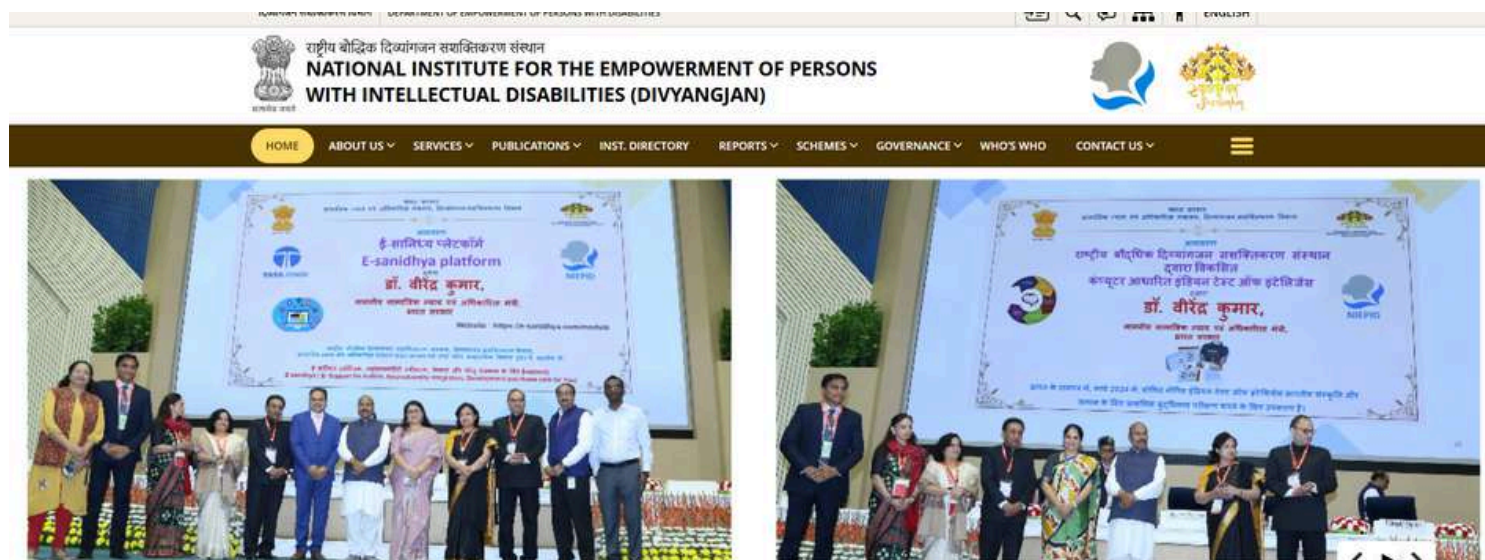
### **Conclusions**

Parental affection is indispensable, but unchecked overprotection can unintentionally limit growth. Children thrive when parents act as facilitators rather than fixers. By promoting independence within supportive environments, rehabilitation centers can ensure that parental love nurtures freedom rather than dependency. Future research should explore culturally sensitive interventions for reducing overprotection and building parental resilience.

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## Know about NIEPID (NIMH), Secunderabad



National Institute for the Empowerment of Persons with Intellectual Disabilities (Formerly National Institute for the Mentally Handicapped) established in the year 1984 at Manovikasnagar, Secunderabad (TS) is an Autonomous Body under the administrative control of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Government of India.

NIEPID (Formely NIMH) is dedicated to provide quality services to Persons with Intellectual Disabilities (Divyangjan) in the National interest. The institute endeavors to excel in building capacities to empower Persons with Intellectual Disabilities (Divyangjan) in the country, in that they live independently to the maximum extent possible and through constant professional endeavors. Institute also empowers the Persons with Intellectual Disabilities (Divyangjan) to access the state of the art rehabilitation intervention viz., educational, therapeutic, vocational, employment, leisure and social activities, sports, cultural programmes and full participation.

To know more please visit : <https://niepid.nic.in/>



# Article by Faculty

## **“Role of Behavior Modification in Management of Problem Behaviors: A Review”**

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### **Abstract:**

The importance of behaviour modification in controlling problematic behaviours in kids and people with intellectual disabilities is examined in this review. It is founded on accepted learning theories and entails using reinforcement-based techniques to encourage adaptive responses as well as examining antecedents and consequences to comprehend the purpose of behaviours. Operant conditioning, differential reinforcement, and parent- or teacher-mediated interventions have been shown in empirical research to be effective in lowering aggression and improving social behaviour. Evidence supports the ethical and sustainable use of reinforcement, despite persistent misconceptions that it is bribery or dehumanising. On the other hand, some complicated behaviours might point to underlying mental health issues that call for interdisciplinary or combined therapeutic approaches.

**Keywords:** Behavior Management, Intellectual Disability, Learning, Problem Behaviors.

Behavior Management is a necessary skill for all caregivers of children, not just professionals. Currently it is viewed that all problem behaviors serve some purpose and they are learned. Analysing the events that preceded the onset of problem behaviours and the consequences help in understanding the functions served by these behaviours. Behaviour modification strategies based on well-established principles of learning help in handling such disturbing behaviours. However, all kinds of behaviour problems are not manageable with behavioural modification strategies alone. Some of these behaviours may represent a psychiatric illness, and hence, may warrant psychiatric intervention or a combined approach.

Behaviour Modification movement of 1960: There had not been any psychologically oriented treatments breakthrough with Intellectual Disability individuals before the widespread application of learning oriented therapies. Earlier Intellectual Disability people were typically viewed as untreatable/untrainable with the advent of the behaviour modification movement, researchers began to focus on training basic self-help and social skills. Early success led to the extension of these approaches to the training of complex daily living skills and severe behaviour disorders.

Patterns of aggressive behaviour can be altered by careful application of learning principles derived from extensive research in the context of family and classroom (Patterson, et.al., 1995). Applied behaviour analysis with aggressive children, particularly with developmental disability, is at a rudimentary stage. Very few studies have been reported. In an earlier study, Dogra & Veeraghavan (1994) used group design to study the effect of play therapy and parent counselling for treatment of aggressive conduct disorder. The treatment group was found to be benefited better than the no treatment group. Using an A.B.A. single case experimental design, Jena (1994) demonstrated successful use of differential reinforcement of incompatible responding (DRI) in reducing classroom aggressive behaviour of a retarded child. The class teachers were used as mediator of the programme. Agarwal (1995) also successfully used teachers as contingency managers in reducing aggressive behaviour of a nursery school child. Vahli and Kapur (1995) used parent training to enhance social behaviour of children with hyperactivity and attention deficit disorder. However, the programme did not involve any structured parent training programme. Basu & Dev (1996) effectively conducted a parent training programme to reduce hyperactivity and attention deficit disorder. When behaviour modification first began to be applied in schools, it was recognized that it will be sensible to involve parents too as mediators. This primarily for the fact that parents are the most important dispensers of reward and punishment in children's life. They have the strongest involvement.

Professionals providing activity to persons with Intellectual Disability would agree that learning requires effective instructional strategies that reduce behaviour problems and motivate the student to perform to optimum potential. There are no easy solutions for remediating behaviour and learning problems, and this is especially true for persons with Intellectual Disability, whose decreased intelligence compound their difficulties in learning. Lack of training in proper administration of behaviour management procedures too often cited as a reason for reluctance to incorporate these strategies into activity programme. Lack of training may cause misunderstanding, including the following, about behaviour management procedures:

- Misinterpretation of behaviour management terminology
- The belief that these techniques are dehumanising
- The belief that applying reinforcement is merely bribery, which in turn leads to the assumption that once the behaviour is reinforced, the student will perform the desired behaviour only for a reward.
- The assumption that administering reinforcers will become financially too expensive (Lavy, 1985).



When practitioners don't understand the terminology, they often use terms incorrectly and treat very different terms and programme practices as if they were interchangeable. This of course will tend to confuse individuals administering the programme. There is a quite a bit of special terminology in the literature. Dunn and French (1982) define behaviour management as follows: Behaviour management encompasses all of the strategies that the professional utilized to develop effective and appropriate student behaviour. Presently, the most effective behaviour management strategy used in the school setting is behaviour modification. The purpose of this specific strategy to elicit a behaviour. Respondent and operant conditioning are two basic forms of behaviour modification. Operant conditioning involves the use of consequences that increase the probability that a behaviour will be strengthened, maintained, or weakened. French (1985) and Wehman (1977) have suggested that perhaps the most significant advance in the educational training of persons with Intellectual Disability has been increased use of operant conditioning principles. For professionals who provide training to this population to become proficient in operant conditioning, it is of paramount importance that they have a sound background in behaviour management terminology and principles. Almost all professionals would agree that individuals with Intellectual Disability will not learn without an organized and well taught activity program. Therefore, professionals must constantly seek effective programming strategies. Behavior management involves exact, systematic observation and measurement. (Wehman, 1977). In addition, when its principles are systematically applied in a positive way, they allow the instructor not only to effectively work with this population but to communicate with other professionals such as administrator's classroom teachers, and parents. Reinforcement does not have to mean bribery, Kazdin (1980) suggests a definite difference between bribery and reinforcement. Bribery is the illegal use of gifts to corrupt and individual's conduct, whereas reinforcement is designed to change a behaviour so learning can occur. Properly administered reinforcers are an accepted part of everyday life. Some professionals fear that once reinforcement is administered, the individual will perform the desired behaviour only for a reward or that the desired behaviour change will last only for the duration of that particular program. The termination of a reinforcement program does not Changing an necessarily mean extinction of the new behavior. changing an individual's behaviour sometimes produces noticeable changes in how others in the persons environment respond to him. Even when extrinsic reinforcers are withdrawn, the reactions of others to the person whose behaviour was changed may maintain the recently acquired behaviour (Kazdin, 1980).

Finally, reinforcers need not be expensive to be effective. Reinforcers such as edibles, toys, and money can be costly, but there are other reinforcement alternatives. Much of the equipment in the classroom or playground can be readily used as no cost tangible reinforcers, and intangible reinforcers (such as praise) are almost limitless (Lavy, 1984; Mekenzie, 1979)

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## Know our Team Member



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Dr. (Mrs) Poonam Sachdev, OT was Graduated from Occupational therapy school and Centre, Government Medical College and Hospital –Nagpur (MH) and Post Graduation from Occupational therapy school and centre ,Seth G.S. Medical college and KEM hospital –Mumbai (MH)

She is working as Lecturer in occupational therapy since 2002 in the centre. She has a vast experience of providing rehabilitation services to person with special needs such loco-motor disabilities , cerebral palsy ,multiple disability and autism spectrum disorder. With years of service as both therapist and faculty, she has become a guiding light in the field of rehabilitation empowering individuals to overcome challenges and rediscover independence.

She has made significant contributions through research, paper presentations, and publications at National and International conferences. Her research work emphasizes functional rehabilitation, sensory integration & ergonomics. Her contribution towards accessibility was in the form of enhancing awareness about accessibility and quality of care.

Her interest towards creating barrier free environment and environmental modification in the centre premises achieved a new milestone in her Career. for which the centre was awarded with “National award for accessible building in 2006.”

National award inspired her to share her experience towards barrier free environment construction to lay down on paper in the form of handbook for general public, divyanjan and geriatric population . These handbooks reflect her commitment to empowering both professionals and the public to create environments that support independence, participation, and dignity.

1. “Barrier-Free Environment in Public Buildings” – A comprehensive guide on designing and adapting general public buildings to ensure accessibility for all individuals.
  2. “Barrier-Free Home Environment” – A detailed manual offering practical solutions to make residential spaces safe, functional, and inclusive for people with disabilities and the elderly.
- These handbooks have been used as reference material in awareness campaigns, training workshops, and consultancy projects.

With her vast experience in Early Intervention Services, she has been nominated as the Nodal Officer of the Cross Disabilities Early Intervention Centre (CDEIC) at CRC Bhopal where she coordinates the functioning of multidisciplinary early intervention centre for children with developmental delays and disabilities. Presently she is pursuing her Ph.D and upon successful completion, She will be awarded with Doctorate degree .

# Know our Department

## Special Education

Department of Special Education is committed to preparing skilled and compassionate special educators who contribute to building an inclusive and equitable society.

The department currently offers a Diploma Programme in Special Education (IDD), with 35 students in First Year and 40 students in Second Year. Along with teacher training, the department conducts special classes for CWSN, focusing on their individual learning needs and developmental abilities.

Key areas of emphasis include:

1. Activities of Daily Living (ADL)
2. Functional academic skills
3. Social communication & participation
4. Play-based and inclusive learning

Dr. Jami Gangadhar Rao, (APSE) is leading the department as HoD with the help of other professionals engaged at CRC Bhopal in the capacity of Lecturer in Special Education, Instructor in Special Education and Special Educators.









## *Student's Contribution*



By:-

Ms. Tripti batham, Ms. Preeti Darvai, Ms. Anju yadav,  
Mr. Rishi, Ms. Sadhna, Ms. Neha, Mr. Ankit, Mr.  
Vaibhav (D. Ed 2<sup>nd</sup> year)



## *Student's Contribution*

ये जिंदगी  
आज जो तुम्हारे  
बदन की छोटी बड़ी नसों में  
मचल रही हैं,  
तुम्हारे पैरों से चल रही है  
तुम्हारी आवाज में गले से निकल रही है  
तुम्हारी लफ्जों में ढल रही हैं

ये जिंदगी  
ना जाने कितनी सदियों से  
यूँ ही शक्लें  
बदल रही है

बदलती शक्लों  
बदलते जिस्मों में  
चलता फिरता ये एक इशारा  
जो इस घड़ी  
नाम है तुम्हारा  
इसी से सारी चहल - पहल है  
इसी से रोशन है हर नजारा

सितारे तोड़ो या घर बसाओ  
अलम उठाओ या सर झुकाओ  
तुम्हारी आँखों की रौशनी तक  
है खेल सारा

ये खेल होगा नहीं दोबारा।  
ये खेल होगा नहीं दुबारा ॥

*Ankita Mishra*  
**PGDRP**

### दिव्यांगजनों के लिए निःशुल्क कोचिंग

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार द्वारा दिव्यांग छात्रों को विभिन्न प्रतियोगी परीक्षाओं की तैयारी कराने के उद्देश्य से निःशुल्क कोचिंग योजना का संचालन किया जा रहा है।

यह योजना सभी राष्ट्रीय संस्थानों तथा सी.आर.सी. के माध्यम से संचालित की जा रही है। इस कोचिंग के माध्यम से दिव्यांग छात्रों को यूपीएससी, बैंकिंग, रेलवे भर्ती बोर्ड, एसएससी सहित विभिन्न प्रतियोगी परीक्षाओं की तैयारी कराई जाती है।

वर्तमान में सीआरसी भोपाल में रेलवे भर्ती बोर्ड तथा एसएससी की परीक्षाओं की तैयारी कराने के लिए कोचिंग संचालित की जा रही है। इस योजना के अंतर्गत लाभ प्राप्त करने के लिए प्रमुख नियम और शर्तें निम्नलिखित हैं।

1. दिव्यांगजन को कम से कम हायर सेकेंडरी परीक्षा उत्तीर्ण होना चाहिए।
2. कम से कम 40% दिव्यांगता का स्थायी यूडीआईडी कार्ड होना चाहिए।
3. समस्त स्रोतों से वार्षिक आय रु. 8 लाख से अधिक नहीं होनी चाहिए।

इस योजना के अंतर्गत लाभ प्राप्त करने के लिए सादे कागज पर नाम, पिता/पति का नाम, पूरा पता, जन्म तिथि, लिंग, जाति, शैक्षणिक योग्यता, परिवार की वार्षिक आय, की जानकारी देते हुए सीआरसी भोपाल में आवेदन कर सकते हैं।

इस योजना के अंतर्गत दिव्यांग छात्र को प्रति माह (9 माह तक) रु. 6000/- छात्रवृत्ति तथा पुस्तक भत्ता के रूप में रु. 5000/- (एक बार) दिया जाएगा।



# Acknowledgement

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Dr. Narendra Kumar	Director CRC Bhopal
Dr. Indrabhushan Kumar	Asst. Professor in Clinical Psychology
Mrs. Poonam Sachdev	Lecturer in Occupational therapy
Mr. Kushum Kumar Verma	Assistant Professor (Speech & Hearing)
Dr. Jami Gangadhar Rao	Assistant Professor ( Special Education)
Dr. Poonam Singh	Lecturer in Clinical Psychology
Mr. Rishikesh Sapke	Rehabilitation Psychologist
Mrs. Sumona	Clinical Assistant (ID)
Mrs. Shagufta Parveen	Vocational Instructor
Mr. Syed Mohd. Qutubuddin Niyazi	Rehabilitation Officer
Ms. Shivani Tiwari	Lecturer in Speech & Hearing
Mrs. Abha Mishra	Lecturer in Spl. Edu. ID
Mr. Kalim Siddaqui	Lecturer in Spl. Edu. ID
Mr. Vishal Sharma	Lecturer in Spl. Edu. ID
Mrs. Nimma Verma	Special Educator (ID)
Mrs. Sarita Singh	Instructor in Special Education
Jayshre Golhani	PGDRP Student
All other staff, students and beneficiaries	

# How to Help Your Child Understand Autistic Classmates

**A NOTE FROM YOUR THERAPIST**  
**-Dr. Rutuja Soni, Occupational Therapist**



## ***Why does this matter?***

At our school, we want everyone to feel included. Autistic students might communicate, think, or play differently - and that's OK! It's important for everyone to understand this.



## ***What can you say at home?***

- Some children speak with words, and others use pictures, devices, or gestures.
- When someone doesn't play in a group, it doesn't mean they don't want to be friends. They might not be ready to play with others yet, or they might prefer to play alone.
- Everyone's brain works in a different way - and that's OK!

## ***How can your child be supportive?***

- Wait patiently for someone to respond.
- Invite others, and respect them if they say "no."
- Avoid teasing or staring.
- Respect personal space and sensory needs, like wearing headphones or needing quiet time.
- Ask a teacher for help if they're not sure.

## ***Conversation Starters at Home***

- "What would you do if a classmate wanted to play alone or wasn't ready to join the group?"
- "How can you be a kind friend to someone who communicates differently?"
- "What do you notice when it's too loud for someone?"
- "How would you feel if people didn't understand the way you communicate?"



## मस्तिष्क पक्षाघात

सेरेब्रल पाल्सी (सीपी) विकारों का एक समूह है जो गति, मुद्रा और मांसपेशियों की बनावट को प्रभावित करता है। यह जन्म से पहले, जन्म के दौरान या जन्म के बाद असामान्य मस्तिष्क विकास या क्षति के कारण होता है। मस्तिष्क पक्षाघात प्रगतिशील नहीं है, बच्चे की उम्र बढ़ने के साथ इसके प्रभाव बदल जाते हैं।

### प्रारंभिक पहचान का महत्व

- शीघ्र पहचान से समय पर उपचार और हस्तक्षेप संभव हो पाता है।
- शीघ्र हस्तक्षेप निर्भरता, सीखने और जीवन की गुणवत्ता में सुधार होता है।

### आयु समूह के अनुसार संकेत

#### 06 महीने

- शरीर में कड़क या लचीलापन
- गर्दन अनियंत्रण होना
- चूसने या निगलने में कठिनाई
- उठाए जाने पर पीछे की ओर झुकना
- हाथों/पैरों की गतिविधि कम होना
- परिवार जनों के गोद में उठाने पर धनुषबाण के आकार का शरीर बनाना



#### 10 महीने:

- बिना सहायता के लुढ़क न पाना
- पेट के बल न हो पाना
- बैठने में देरी होना
- हाथों की मुट्ठी बनाये रखना
- वस्तुओं तक पहुंच या न पकड़ पाना

#### 1 वर्ष

- चलने में देरी।
- पैर की उंगलियों पर चलना, पैरों में अकड़न, असामान्य चाल।
- झटकेदार या असमन्वित गतिविधियाँ।
- बिना सहारे के खड़े होने में परेशानी होना।
- असंतुलित होकर चलना जिसके फलस्वरूप बार-बार गिरना



### अन्य प्रारंभिक पहचान

- मांसपेशियों में अकड़न या कसापन महसूस होना
- असामान्य मुद्रा या चाल
- बोलने या निगलने में कठिनाई
- मिर्गी के दौर (कुछ बच्चों में)
- खेलने, बोलने या सामाजिक संपर्क में विकासात्मक देरी



### सहायता कब लें

- बच्चा महत्वपूर्ण गतिविधियाँ (उठना, बैठना, चलना, बोलना) भूल जाता है बच्चा शरीर के केवल एक तरफ का उपयोग करता है।
- मांसपेशियाँ कठोर, झटकेदार या लचीली प्रतीत होती हैं।
- भोजन निगलने में समस्या बनी रहती है।

### माता-पिता क्या कर सकते हैं

- विकास के पड़ावों पर ध्यानपूर्वक नज़र रखें यदि देरी हो रही हो तो बाल रोग विशेषज्ञ से मिलें।
- सी.पी. का निदान होते ही उपचार शुरू करें।
- शक्ति और संचार क्षमता बढ़ाने के लिए दैनिक गतिविधियों को प्रोत्साहित करें।

शीघ्र हस्तक्षेप से स्वतंत्रता और आत्मविश्वास का निर्माण होता है।

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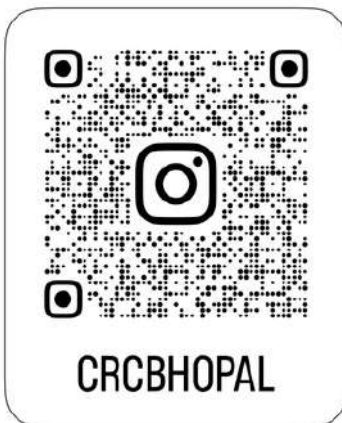
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