

Appendix – I**Case History Schedule (Researcher, 2015)****Form-A****Adolescent**

1. Name (optional):
2. Age:
3. Date of birth:
4. Gender:
5. Class:
6. Caretaker:
7. Age of diagnosis:
8. institution under which the child is registered:
9. Number of siblings: -state the no: tick (brother/sister/single child)
10. Informant:
11. Presenting complaints:

12. Family History

- a) Type of family:

13. History of Treatment

- Past:
- Present:
- Physical stimulation: state- physiotherapy/ speech therapy/ extra-curricular activities/others (specify)
- **Psychological Treatment:** psychiatric medications- state yes/no, “if yes” state
 1. The name of the medication:
 2. The duration:
 3. The dosage- once a day/ twice a day/ thrice a day
 4. Details of the consultant doctor:

Birth history**Child**

| Sl. No | Prenatal History- Complications | Yes/no |
|--------|--|---|
| 1 | Type of Pregnancy <ul style="list-style-type: none"> ○ Full-term ○ Premature- stage the month: ○ Post mature | Yes/ no Yes/ no Yes/no |
| 2 | Type of Delivery <ul style="list-style-type: none"> ○ Normal ○ C-section (operation) ○ Forceps | Yes/ no Yes/ no Yes/ no |
| 3 | Type of Birth Cry <ul style="list-style-type: none"> ○ Immediate ○ Delayed ○ Feeble ○ Normal ○ Nil | Yes/ no Yes/ no Yes/ no Yes/ no Yes/ no |
| 4 | Birth Weight <ul style="list-style-type: none"> ○ Normal- state ○ Low- state | Yes/no Yes/no |
| 5 | Delivery Complications <ul style="list-style-type: none"> ○ Me conium aspiration- (me conium means the dark green substance forming the first feces of a newborn infant) (aspiration-breathing to the lungs) ○ Umbilical cord strangulation | Yes/no Yes/no |
| 6 | Developmental History- Developmental Milestones <ul style="list-style-type: none"> ○ Age appropriate ○ Delayed | Yes/no Yes/no |

Form- B**Parent**

1. Name: (optional)
2. Gender:
3. Relationship: state whether father/mother/grandparent/others (specify)
4. Education:
5. Occupation:
6. Total income per annum (in figures):
7. Socio economic status: lower / middle / upper
8. Native:

9. Religion:
10. Caste/community:
11. Mother tongue:
12. Marriage: consanguineous- state yes/no
13. Family history of any disability: state cerebral palsy/mental retardation/autism/ down syndrome/ others (specify)

Medical history

Mother

Type of conception- State: Normal/ In-vitro fertilization (IVF) / Intra-uterine insemination (IUI)

| Sl. No | Prenatal history- Pregnancy Complications | Yes/no |
|--------|--|---------|
| 1 | Attempted abortion | Yes/no |
| 2 | Pregnancy pain- legs, back, abdomen. | Yes/no |
| 3 | Fetal arrhythmia- (abnormal heart rate of the baby.) | Yes/no |
| 4 | Blood clots. | Yes/no |
| 5 | Flu. | Yes/no |
| 6 | High blood pressure. | Yes/no |
| 7 | Diabetes. | Yes/no |
| 8 | Seizures. (uncontrolled electrical activity in the brain-physical convulsion,) | Yes/no |
| 9 | Urinary tract infection. | Yes/no |
| 10 | Sinus infection. | Yes/no |
| 11 | Miscarriage in the past. | Yes/no |
| 12 | Constant or non- stop bleeding. | Yes/no |
| 13 | Consumption of alcohol, smoking, drugs. | Yes/no |
| 14 | Consumption of any specific medications if so (specify and state the reason) | Yes/ no |
| 15 | Physical injury such as accidents/fall/trauma- specify | Yes/ no |
| 16 | Physical/verbal abuse-torture of spouse, family- specify | Yes/no |
| 17 | Jaundice | Yes/no |
| 18 | Irradiation | Yes/no |
| 19 | Adequate nutrition | Yes/no |

Appendix - II
Developmental Behaviour Checklist-Parent Form
DBC-P (Einfeld and Tonge, 2002)

Instructions: For each item that describes the person in your care now or within the past six months, please circle **2** if the item is **very** or **often true**. Circle **1** if the item is **somewhat** or **sometimes true** of your child. If the item is **not at all true** of your child, circle **0**.

| Sl. No | Statements | 0 Not true | 1 Somewhat or sometimes true | 2 Very true or often true |
|--------|---|---------------|---------------------------------------|---------------------------------|
| 1 | Appears depressed, downcast or unhappy. | 0 | 1 | 2 |
| 2 | Avoids eye contact. Won't look you straight in the eye. | 0 | 1 | 2 |
| 3 | Aloof, in his/her own world. | 0 | 1 | 2 |
| 4 | Abusive. Swears at others. | 0 | 1 | 2 |
| 5 | Arranges objects or routine in a strict order. | 0 | 1 | 2 |
| 6 | Bangs head. | 0 | 1 | 2 |
| 7 | Becomes over-excited. | 0 | 1 | 2 |
| 8 | Bites others. | 0 | 1 | 2 |
| 9 | Cannot attend to one activity for any length of time, poor attention span. | 0 | 1 | 2 |
| 10 | Chews or mouths objects, or body parts. | 0 | 1 | 2 |
| 11 | Cries easily for no reason, or over small upsets. | 0 | 1 | 2 |
| 12 | Covers ears or is distressed when hears particular sounds. | 0 | 1 | 2 |
| 13 | Confuses the use of pronouns e.g. Uses "you" instead of "I". | 0 | 1 | 2 |
| 14 | Deliberately runs away. | 0 | 1 | 2 |
| 15 | Delusions: has a firmly held belief or idea that can't possibly be true. | 0 | 1 | 2 |

| | | | | |
|----|---|---|---|---|
| 16 | Distressed about being alone. | 0 | 1 | 2 |
| 17 | Doesn't show affection. | 0 | 1 | 2 |
| 18 | Doesn't respond to others' feelings, e.g. Shows no response if a family member is crying. | 0 | 1 | 2 |
| 19 | Easily distracted from his/her task, e.g. By noises. | 0 | 1 | 2 |
| 20 | Easily led by others. | 0 | 1 | 2 |
| 21 | Eats non-food items, e.g., dirt, grass, soap. | 0 | 1 | 2 |
| 22 | Excessively distressed if separated from familiar person. | 0 | 1 | 2 |
| 23 | Fears particular things or situations, e.g. The dark or insects. | 0 | 1 | 2 |
| 24 | Facial twitches or grimaces. | 0 | 1 | 2 |
| 25 | Flicks, taps, twirls objects repeatedly. | 0 | 1 | 2 |
| 26 | Fussy eater or has food fads. | 0 | 1 | 2 |
| 27 | Gorges food. Will do anything to get food e.g. Takes food out of garbage bins or steals food. | 0 | 1 | 2 |
| 28 | Gets obsessed with an idea or activity. | 0 | 1 | 2 |
| 29 | Grinds teeth. | 0 | 1 | 2 |
| 30 | Has nightmares, night terrors or walks in sleep. | 0 | 1 | 2 |
| 31 | Has temper tantrums, e.g. Stamps feet, slams doors. | 0 | 1 | 2 |
| 32 | Hides things. | 0 | 1 | 2 |
| 33 | Hits self or bites self. | 0 | 1 | 2 |
| 34 | Hums, whines, grunts, squeals or makes other non-speech noises. | 0 | 1 | 2 |
| 35 | Impatient. | 0 | 1 | 2 |

| | | | | |
|----|---|---|---|---|
| 36 | Inappropriate sexual activity with another. | 0 | 1 | 2 |
| 37 | Impulsive, acts before thinking. | 0 | 1 | 2 |
| 38 | Irritable. | 0 | 1 | 2 |
| 39 | Jealous. | 0 | 1 | 2 |
| 40 | Kicks, hits others. | 0 | 1 | 2 |
| 41 | Lacks self-confidence, poor self-esteem. | 0 | 1 | 2 |
| 42 | Laughs or giggles for no obvious reason. | 0 | 1 | 2 |
| 43 | Lights fires. | 0 | 1 | 2 |
| 44 | Likes to hold or play with an unusual object, e.g. String, twigs; overly fascinated with Something, e.g. Water. | 0 | 1 | 2 |
| 45 | Loss of appetite. | 0 | 1 | 2 |
| 46 | Masturbates or exposes self in public. | 0 | 1 | 2 |
| 47 | Mood changes rapidly for no apparent reason. | 0 | 1 | 2 |
| 48 | Moves slowly, underactive, does little, e.g. Only sits and watches others. | 0 | 1 | 2 |
| 49 | Noisy or boisterous. | 0 | 1 | 2 |
| 50 | Overactive, restless, unable to sit still. | 0 | 1 | 2 |
| 51 | Over affectionate. | 0 | 1 | 2 |
| 52 | Over breathes vomits, has headaches or complains of being sick for no physical reason. | 0 | 1 | 2 |
| 53 | Overly attention-seeking. | 0 | 1 | 2 |
| 54 | Overly interested in looking at, listening to or dismantling mechanical things e.g. Lawnmower, vacuum cleaner. | 0 | 1 | 2 |
| 55 | Poor sense of danger. | 0 | 1 | 2 |
| 56 | Prefers the company of adults or younger children. Doesn't mix with his/her own age group. | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 57 | Prefers to do things on his/her own. Tends to be a loner. | 0 | 1 | 2 |
| 58 | Preoccupied with only one or two particular interests. | 0 | 1 | 2 |
| 59 | Refuses to go to school, activity centre or workplace. | 0 | 1 | 2 |
| 60 | Repeated movements of hands, body, head or face e.g. Hand flapping or rocking. | 0 | 1 | 2 |
| 61 | Resists being cuddled, touched or held. | 0 | 1 | 2 |
| 62 | Repeats back what others say like an echo. | 0 | 1 | 2 |
| 63 | Repeats the same word or phrase over and over. | 0 | 1 | 2 |
| 64 | Smells, tastes, or licks objects. | 0 | 1 | 2 |
| 65 | Scratches or picks his/her skin. | 0 | 1 | 2 |
| 66 | Screams a lot. | 0 | 1 | 2 |
| 67 | Sleeps too little. Disrupted sleep. | 0 | 1 | 2 |
| 68 | Stares at lights or spinning objects. | 0 | 1 | 2 |
| 69 | Sleeps too much. | 0 | 1 | 2 |
| 70 | Soils outside toilet though toilet trained. Smears or plays with feces. | 0 | 1 | 2 |
| 71 | Speaks in whispers, high pitched voice, or other unusual tone or rhythm. | 0 | 1 | 2 |
| 72 | Switches lights on and off, pours water over and over; or similar repetitive activity. | 0 | 1 | 2 |
| 73 | Steals. | 0 | 1 | 2 |
| 74 | Stubborn, disobedient or un-co-operative. | 0 | 1 | 2 |
| 75 | Shy. | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 76 | Strips off clothes or throws away clothes. | 0 | 1 | 2 |
| 77 | Says he/she can do things that he/she is not capable of. | 0 | 1 | 2 |
| 78 | Stands too close to others. | 0 | 1 | 2 |
| 79 | Sees, hears, something which isn't there. Hallucinations. | 0 | 1 | 2 |
| 80 | Talks about suicide. | 0 | 1 | 2 |
| 81 | Talks too much or too fast. | 0 | 1 | 2 |
| 82 | Talks to self or imaginary people or objects | 0 | 1 | 2 |
| 83 | Tells lies. | 0 | 1 | 2 |
| 84 | Thoughts are unconnected. Different ideas are jumbled together with meaning difficult to follow. | 0 | 1 | 2 |
| 85 | Tense, anxious, worried. | 0 | 1 | 2 |
| 86 | Throws or breaks objects. | 0 | 1 | 2 |
| 87 | Tries to manipulate or provoke others. | 0 | 1 | 2 |
| 88 | Under reacts to pain. | 0 | 1 | 2 |
| 89 | Unrealistically happy or elated. | 0 | 1 | 2 |
| 90 | Unusual body movements, posture, or way of walking. | 0 | 1 | 2 |
| 91 | Upset and distressed over small changes in routine or environment. | 0 | 1 | 2 |
| 92 | Urinate outside toilet, although toilet trained. | 0 | 1 | 2 |
| 93 | Very bossy. | 0 | 1 | 2 |
| 94 | Wanders aimlessly. | 0 | 1 | 2 |
| 95 | Whines or complains a lot. | 0 | 1 | 2 |
| 96 | Overall, do you feel your child has problems with feelings or behaviour, | 0 | 1 | 2 |

Appendix - III

Developmental Behaviour Checklist- Teacher Form

DBC-T (Einfeld and Tonge, 2002)

Instructions: Below is a list of items that describe the pupil. For each item that describes the pupil now or within the past two months, please circle **2** if the item is **very** or **often true**. Circle **1** if the item is **somewhat** or **sometimes true**. If the item is **not at all true** of the pupil, circle **0**.

| Sl. No | Statements | 0 Not true | 1 Somewhat or sometimes true | 2 Very true or often true |
|--------|--|---------------|------------------------------------|---------------------------------|
| 1 | Appears depressed, downcast or unhappy | 0 | 1 | 2 |
| 2 | Avoids eye contact. Won't look you straight in the eye. | 0 | 1 | 2 |
| 3 | Aloof, in his/her own world. | 0 | 1 | 2 |
| 4 | Abusive. Swears at others. | 0 | 1 | 2 |
| 5 | Arranges objects or routine in a strict order. | 0 | 1 | 2 |
| 6 | Bangs head. | 0 | 1 | 2 |
| 7 | Becomes over-excited. | 0 | 1 | 2 |
| 8 | Bites others. | 0 | 1 | 2 |
| 9 | Cannot attend to one activity for any length of time, poor attention span. | 0 | 1 | 2 |
| 10 | Chews or mouths objects, or body parts. | 0 | 1 | 2 |
| 11 | Cries easily for no reason, or over small upsets. | 0 | 1 | 2 |
| 12 | Covers ears or is distressed when hears particular sounds. | 0 | 1 | 2 |
| 13 | Confuses the use of | | | |

| | | | | |
|----|---|---|---|---|
| | pronouns e.g. Uses "you" instead of "i". | 0 | 1 | 2 |
| 14 | Deliberately runs away. | 0 | 1 | 2 |
| 15 | Delusions: has a firmly held belief or idea that can't possibly be true. | 0 | 1 | 2 |
| 16 | Distressed about being alone. | 0 | 1 | 2 |
| 17 | Doesn't show affection. | 0 | 1 | 2 |
| 18 | Doesn't respond to others' feelings, e.g. Shows no response if a family member is crying. | 0 | 1 | 2 |
| 19 | Easily distracted from his/her task, e.g. By noises. | 0 | 1 | 2 |
| 20 | Easily led by others. | 0 | 1 | 2 |
| 21 | Eats non-food items. Eg. Dirt, grass, soap | 0 | 1 | 2 |
| 22 | Excessively distressed if separated from familiar person. | 0 | 1 | 2 |
| 23 | Fears particular things or situations, e.g. The dark or insects. | 0 | 1 | 2 |
| 24 | Facial twitches or grimaces | 0 | 1 | 2 |
| 25 | Flicks, taps, twirls objects repeatedly. | 0 | 1 | 2 |
| 26 | Fussy eater or has food fads. | 0 | 1 | 2 |
| 27 | Gorges food. Will do anything to get food e.g. Takes food out of garbage bins or steals food. | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 28 | Gets obsessed with an idea or activity. | 0 | 1 | 2 |
| 29 | Grinds teeth. | 0 | 1 | 2 |
| 30 | Has temper tantrums, e.g. Stamps feet, slams doors. | 0 | 1 | 2 |
| 31 | Hides things. | 0 | 1 | 2 |
| 32 | Hits self or bites self. | 0 | 1 | 2 |
| 33 | Hums, whines, grunts, squeals or makes other non-speech noises. | 0 | 1 | 2 |
| 34 | Impatient. | 0 | 1 | 2 |
| 35 | Inappropriate sexual activity with another. | 0 | 1 | 2 |
| 36 | Impulsive, acts before thinking. | 0 | 1 | 2 |
| 37 | Irritable. | 0 | 1 | 2 |
| 38 | Jealous. | 0 | 1 | 2 |
| 39 | Kicks, hits others. | 0 | 1 | 2 |
| 40 | Lacks self-confidence, poor self-esteem. | 0 | 1 | 2 |
| 41 | Laughs or giggles for no obvious reason. | 0 | 1 | 2 |
| 42 | Lights fires. | 0 | 1 | 2 |
| 43 | Likes to hold or play with an unusual object, e.g. String, twigs; overly fascinated with Something, e.g. Water | 0 | 1 | 2 |
| 44 | Loss of appetite. | 0 | 1 | 2 |
| 45 | Masturbates or exposes self in public. | 0 | 1 | 2 |
| 46 | Mood changes rapidly for no apparent reason. | 0 | 1 | 2 |
| 47 | Moves slowly, underactive, does little, e.g. Only sits and watches others. | 0 | 1 | 2 |

| | | | | |
|----|---|---|---|---|
| 48 | Noisy or boisterous. | 0 | 1 | 2 |
| 49 | Overactive, restless, unable to sit still. | 0 | 1 | 2 |
| 50 | Over Affectionate. | 0 | 1 | 2 |
| 51 | Over breathes vomits, has headaches or complains of being sick for no physical reason. | 0 | 1 | 2 |
| 52 | Overly attention-seeking. | 0 | 1 | 2 |
| 53 | Overly interested in looking at, listening to or dismantling mechanical things E.g. Lawnmower, vacuum cleaner. | 0 | 1 | 2 |
| 54 | Poor sense of danger. | 0 | 1 | 2 |
| 55 | Prefers the company of adults or younger children. Doesn't mix with his/her own age group? | 0 | 1 | 2 |
| 57 | Prefers to do things on his/her own. Tends to be a loner. | 0 | 1 | 2 |
| 58 | Preoccupied with only one or two particular interests. | 0 | 1 | 2 |
| 59 | Refuses to go to school, activity centre or workplace. | 0 | 1 | 2 |
| 60 | Repeated movements of hands, body, head or face e.g. Hand flapping or rocking. | 0 | 1 | 2 |
| 61 | Resists being cuddled, touched or held. | 0 | 1 | 2 |
| 62 | Repeats back what others say like an echo. | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 63 | Repeats the same word or phrase over and over. | 0 | 1 | 2 |
| 64 | Smells, tastes, or licks objects. | 0 | 1 | 2 |
| 65 | Scratches or picks his/her skin. | 0 | 1 | 2 |
| 66 | Screams a lot. | 0 | 1 | 2 |
| 67 | Stares at lights or spinning objects. | 0 | 1 | 2 |
| 68 | Soils outside toilet though toilet trained. Smears or plays with feces. | 0 | 1 | 2 |
| 69 | Speaks in whispers, high pitched voice, or other unusual tone or rhythm. | 0 | 1 | 2 |
| 70 | Steals. | 0 | 1 | 2 |
| 71 | Stubborn, disobedient or un co-operative. | 0 | 1 | 2 |
| 72 | Shy. | 0 | 1 | 2 |
| 73 | Strips off clothes or throws away clothes. | 0 | 1 | 2 |
| 74 | Says he/she can do things that he/she is not capable of. | 0 | 1 | 2 |
| 75 | Stands too close to others. | 0 | 1 | 2 |
| 76 | Sees, hears, something which isn't there. Hallucinations. | 0 | 1 | 2 |
| 77 | Talks about suicide. | 0 | 1 | 2 |
| 78 | Talks too much or too fast. | 0 | 1 | 2 |
| 79 | Talks to self or imaginary people or objects | 0 | 1 | 2 |

| | | | | |
|----|--|---|---|---|
| 80 | Tells lies. | 0 | 1 | 2 |
| 81 | Thoughts are unconnected. Different ideas are jumbled together with meaning difficult to follow. | 0 | 1 | 2 |
| 82 | Tense, anxious, worried. | 0 | 1 | 2 |
| 83 | Throws or breaks objects. | 0 | 1 | 2 |
| 84 | Tries to manipulate or provoke others. | 0 | 1 | 2 |
| 85 | Under reacts to pain. | 0 | 1 | 2 |
| 86 | Unrealistically happy or elated. | 0 | 1 | 2 |
| 87 | Unpopular with other children. | 0 | 1 | 2 |
| 88 | Unusual body movements, posture, or way of walking. | 0 | 1 | 2 |
| 89 | Upset and distressed over small changes in routine or environment. | 0 | 1 | 2 |
| 90 | Urinating outside toilet, although toilet trained. | 0 | 1 | 2 |
| 91 | Very bossy. | 0 | 1 | 2 |
| 92 | Wanders aimlessly. | 0 | 1 | 2 |
| 93 | Whines or complains a lot. | 0 | 1 | 2 |
| 94 | Overall, do you feel your child has problems with feelings or behaviour, | 0 | 1 | 2 |

Appendix - IV**Rosenberg Self-Esteem Scale (Rosenberg, 1965)-original**

| Sl. No | Statements | 1 Strongly agree | 2 Agree | 3 Disagree | 4 Strongly disagree |
|---------------|--|---------------------------------|--------------------|-----------------------|------------------------------------|
| 1 | On the whole, I am satisfied with myself. | | | | |
| 2 | *at times, I think I am no good at all. | | | | |
| 3 | I feel that I have a number of good qualities. | | | | |
| 4 | I am able to do things as well as most other people. | | | | |
| 5 | *I feel I do not have much to be proud of. | | | | |
| 6 | *I certainly feel useless at times. | | | | |
| 7 | I feel that I'm a person of worth, at least on an equal plane with others. | | | | |
| 8 | *I wish I could have more respect for myself. | | | | |
| 9 | *all in all, I am inclined to feel that i am a failure. | | | | |
| 10 | I take a positive attitude toward myself. | | | | |

The researcher had used the modified version of the scale in her study.

Appendix - V**Rosenberg Self-Esteem Scale (Rosenberg, 1965) Modified**

| Sl. No | Statements | 1 Strongly agree | 2 Agree | 3 Disagree | 4 Strongly disagree |
|---------------|---|---------------------------------|--------------------|-----------------------|------------------------------------|
| 1 | On the whole, my child is satisfied with himself or herself. | | | | |
| 2 | *At times, my child thinks he or she is of no good at all. | | | | |
| 3 | My child feels that he or she has a number of good qualities. | | | | |
| 4 | My child is able to do things to the best of his or her ability. | | | | |
| 5 | *My child feels he or she does not have much to be proud of. | | | | |
| 6 | *My child certainly feels useless at times. | | | | |
| 7 | My child feels that he or she is a person of worth, at least on an equal plane with others. | | | | |
| 8 | *My child wishes he or she could have more respect for him or her. | | | | |
| 9 | *All in all, my child is inclined to feel that he or she is a failure. | | | | |
| 10 | My child takes a positive attitude toward himself or herself. | | | | |

Appendix - VI**Institutional Human Ethics Committee Approval Letter****INSTITUTIONAL HUMAN ETHICS COMMITTEE***Avinashilingam*

Institute for Home Science and Higher Education for Women

University

(Estd. u/s 3 of UGC Act 1956)

Chairman

Dr. S. Ramalingam
Principal, PSG Institute
of Medical Sciences
& Research, Coimbatore

Member Secretary

Dr. P. R. Padma
Professor, Department of
Biochemistry, Biotechnology and
Bioinformatics

Members

Dr. S. Premakumari
Mr. K. Arunmoli (Legal Expert)
Dr. A. Saraswathy
Mrs. V. Mangayarkarasi
Dr. S. Kowsalya
Dr. N.S. Rohini
Dr. Subhashini K. Sripathi
Mrs. S. Radha Devi
Mrs. Judith Justin

30th June 2016

To
Ms. Blessy Ann Varughese
Department of Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear Madam,

Ref : Your presentation of the proposal No. IHEC/15-16/PSY/01
entitled "The effect of psychological intervention among
adolescents with cerebral palsy and mental retardation" to the
IHEC on 19th April 2016

In continuation with the submission of the necessary documents by
you, the Institutional Human Ethics Committee of our University
hereby grants approval to your research proposal No. IHEC/15-
16/PSY/01 entitled "The effect of psychological intervention among
adolescents with cerebral palsy and mental retardation" submitted by
you. The Approval number for the same is AUW/IHEC-15-
16/PSY/FHP-01.

We wish you all the best in your research endeavours.

Regards,

Dr. P. R. Padma
Member Secretary



ETHICAL COMMITTEE MEETING – CHENNAI

THE EFFECT OF PSYCHOLOGICAL INTERVENTION AMONG ADOLESCENTS WITH CEREBRAL PALSY AND MENTAL RETARDATION

By

Miss. Blessy Ann Varughese- PH.D Scholar,
Department of Psychology- Avinashilingam University,
Coimbatore, 641-043

VENUE- Shankar Business Space

Address: 5 Nana Street, -Vekatanarayana Road- Panagal Park Side- Next
Ramakrishna High School Compound- T.Nagar, Chennai-17.

Landmark- Nana Street opp. T.Nagar Social Club

Contact No: 9840165682

DATE: 4th October, 2015 (Sunday)

Time: 10 am-12 pm

N.S. Rohini

Dr. Ms. N.S. Rohini- Guide

Dr. (Ms.) N.S. Rohini, M.A., M.Phil., Ph.D.,
Prof. & Head, Department of Psychology
Avinashilingam Institute for Home Science
and Higher Education for Women
Coimbatore - 641 043
rohiniiraghavan.12@gmail.com

R. Subhashini

Dr. Mrs. R. Subhashini- Co-Guide

Dr. R. SUBHASHINI, M.A., M.Phil., Ph.D.
Dean - Self Finance &
Head, Department of Counselling Psychology
MADRAS SCHOOL OF SOCIAL WORK
No. 32, Casa Major Road, Egmore, Chennai-600 008.

7th October, 2015

From,

Miss. Blessy Ann Varughese,

Ph.D Scholar,

Department of Psychology,

Avinashilingam University,

Coimbatore- 641 043.

To,

Dr. Mrs. P.R Padma,

Ethical Committee Coordinator,

Sub: Ethical Committee Meeting-Chennai

Respected Madam,

I registered for my Ph.D program on 07-01-2015 and my register number is (14PHCPF001.) I am conducting my study in the field of special needs (Cerebral Palsy with Mental Retardation.) I individually organized an ethical committee meeting for the approval of my study. It was held on 4th October, 2015 (Sunday) in Chennai. The formal forum included nine professionals. The panel was convinced with the ethical considerations related to my study, therefore I got the official clearance indicating to proceed and there is no objection to the current research. Kindly please refer to the documents attached.

Thank You,

Yours Faithfully,



BLESSY ANN VARUGHESE



Dr. Ms. N.S Rohini (Guide)

Dr. (Ms.) N.S. Rohini, M.A., M.Phil., Ph.D.,

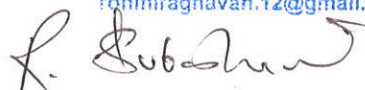
Prof. & Head, Department of Psychology

Avinashilingam Institute for Home Science

and Higher Education for Women

Coimbatore - 641 043

rohiniiraghavan.12@gmail.com



Dr. Mrs. R. Subhashini (Co-Guide)

Dr. R. SUBHASHINI, M.A.M.Phil., Ph.D.

Dean - Self Finance &

Head, Department of Counselling Psychology

MADRAS SCHOOL OF SOCIAL WORK

Major Road, Egmore, Chennai-600 008.

ETHICAL COMMITTEE MEETING - CHENNAI

I Blessy Ann Varughese (Reg. No:14PHCPF001.) am a research scholar pursuing my Ph.D in Counseling Psychology at Avinashilingam University, Coimbatore. My study is in the area of special needs including cerebral palsy with mental retardation. The formal forum is individually organized by the researcher for the approval of her study.

Miss. Blessy Ann Varughese has made a visual presentation of her study, each panelist have given their valuable suggestions that she could incorporate in her study. The errors have been identified and rectified. There are no objections to the current study.

The ethical forum approves the current research titled **"The Effect Of Psychological Intervention Among Adolescents With Cerebral Palsy And Mental Retardation."**

Miss. Blessy Ann Varughese can go ahead and proceed with her study. The ethical committee panelists' wishes good luck and success for her future endeavors.

Thank You,

Yours Sincerely,

N.S. Rohini

Dr. Ms. N.S Rohini (Guide)

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ETHICAL COMMITTEE MEETING - CHENNAI

PANEL MEMBERS

| DATE | SL.NO | NAME and DESIGNATION | SIGNATURE and SEAL |
|----------|-------|---|--|
| 04/10/15 | 1 | Dr. Ms. N.S Rohini (Guide) Professor and Head- Department of Psychology-Avinashilingam University Coimbatore. | <i>N.S. Rohini</i> Dr.(Ms.) N.S.ROHINI, M.A., M.Phil., Ph.D. Prof. & Head, Department of Psychology Avinashilingam Institute for Home Science and Higher Education for Women Coimbatore -641 043 rohiniraghavan.12@gmail.com |
| 04/10/15 | 2 | Dr. Mrs. R. Subhashini (Co- Guide) Dean and Head- Department of Counseling Psychology, Madras School of Social Work- Chennai. | <i>R. Subhashini</i> Dr/ R. SUBHASHINI, M.A.M.Phil., Ph.D. Dean - Self Finance & Head, Department of Counselling Psychology MADRAS SCHOOL OF SOCIAL WORK No. 32, Casa Major Road, Egmore, Chennai-600 008 |
| 04/10/15 | 3 | Dr. Mrs. Shuba Charles Consultant Psychiatrist- Body Mind Soul Chetpet- Chennai. | <i>Shuba Charles</i> Dr. Mrs. Shuba Charles, M.B.B.S., M.D. Psychiatrist Registered Medical Practitioner Reg. No: 37977 |
| 04/10/15 | 4 | Dr. Mrs. Neeradha Chandramohan Clinical Psychologist and Head Department of Clinical Psychology National Institute for the Empowerment of Persons with Multiple Disabilities- (NIEPMD) East Coast Road-Kovallam- Chennai. | <i>Neeradha</i> Dr. Neeradha Chandramohan, M.A., M.Phil., Ph.D., Associate Professor & HOD (Clinical Psychology) Reg. No: A01014 National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) with Multiple Disabilities (NIEPMD) (Dept. of Empowerment of Persons with Disabilities) MSJ & E, Govt. of India, ECR, Mulukadu, Kovallam P.O., Chennai- 603 101 |
| 04/10/15 | 5 | Dr. Mrs. Priya Magesh Consultant Counseling Psychologist Positive Strokes-Psychological Services- Chennai. | <i>Priya Magesh</i> 4/10/15 Dr. (Mrs) Priya Magesh, M.Sc., M.Phil., M.S., Ph.D Psychologist Positive Strokes-Psychological Services No. 54, Canal Road, Alliance Orchid Springs, Block - 2, Flat No. 703, Kolathur, (Near DRJ Hospital), Chennai - 600 076. Mobile: 98401 99502, 98401 99503, 99621 33306 email:positivestrokes@outlook.com |

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| 04/10/15 | 6 | <p>Maria Fatima Josephine Special Educator and Psychotherapist- Registered under Rehabilitation Council of India-RCI# B03047 Founder and Managing Trustee-G.G.B Educational Trust, Adyar, Chennai</p> | <p>MARIA FATIMA JOSEPHINE Special Educator/Counselling Psychologist & RCI Regn. # B 03047 Psychotherapist</p> <p><i>Maria Fatima Josephine</i> FOUNDER & MANAGING TRUSTEE G.G. BERNARD EDUCATIONAL TRUST 17/35, GANDHI NAGAR, 2ND CROSSROAD, ADYAR, CHENNAI-600 028</p> |
| 04/10/15 | 7 | <p>Dr. Lal Devayani Vasudevan Nair Consultant pediatrician- Expert in the field of Cerebral Palsy-Saveetha Medical College, Chennai.</p> | <p><i>Dr. Lal Devayani Vasudevan Nair</i> DR. LAL. D.V. NAIR Consultant Developmental & Behaviourial Pediatrician MD: Vistara Child Development Centre & Saveetha Medical College, Chennai.</p> |
| 04/10/15 | 8 | <p>Dr. Shanmugam Natarajan Associate Professor and Consultant Department of Orthopedic Surgery Saveetha Medical College-Chennai.</p> | <p><i>Dr. Shanmugam Natarajan</i> Dr. S. NATARAJAN, M.S.(Ortho.) Fellow of Arthroscopy & Plasty, Consultant Orthopaedic & Knee Surgeon, Regn. No: 61399</p> |
| 04/10/15 | 9 | <p>Mrs. J. Abitha Banu Advocate, High Court, Madras (Surana & Surana – international Attorneys)</p> | <p><i>J. Abitha Banu</i> J.B. ABITHA BANU, ADVOCATE, No.88A, 1st FLOOR, LLOYD'S ROAD, ROYAPETTAH, CHENNAI-600 014.</p> |