Chapter 6

Conclusion: Proposed Framework for the Curriculum

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6.1 Introduction

The specialised module in the M ECI is an extensive module with an allocation of double the amount of credits and time in comparison to other modules. In this module professionals will obtain training within the framework of their own discipline and become specialised interventionists in their own field of practice. The content of the curriculum for this module is therefore of paramount importance to provide the necessary knowledge and skills to obtain the desired degree of advanced specialisation.

The emphasis in this chapter will be placed on the identified needs as were indicated by the research. A description of the prescribed framework for the M ECI will initially be given. The proposals for the curriculum will, as much as possible, be formulated to fit the stipulated framework for the M. ECI, but the researcher also took the liberty to add other suggestions that were deemed advantageous for the content as well as advanced training. Proposals for the content of the curriculum for the specialised module for occupational therapists will next be described. Suitable educational methods for training, related to the proposed content, will lastly be suggested. The proposed content and educational methods would provide a framework for the educators who are involved in the development and formulation of the curriculum for the M ECI.

6.2 Description of Prescribed Framework for the M ECI

The course is intended for medical and paramedical professionals involved in rendering services to infants and young children between the ages of 0 to 6 years of age. The course "… aims at equipping professionals with specialised knowledge and skills in the field of early childhood intervention, to function optimally in a changing and challenging social context…".[87] It poses as its focus areas:

- Working in teams with professionals and community members to facilitate social development
- Understanding their own role within the team of professionals
- Developing comprehensive strategies for intervention
- Critically evaluating the accountability, appropriacy and sustainability of service provision

The degree is presented as a 2 year distance education course with on site block periods of one or two weeks per year. The course work is presented in 7 modules over the two years. (Modules other than the specialised module, will be referred to as core modules in the text)
The modules comprise of the following:

First year
- Module 1: Theoretical framework and issues in early childhood intervention (30 credits)
- Module 2: Team building and management of early childhood intervention in the community (30 credits)
- Module 3: Family -focused community intervention (30 credits)
- Module 4: Assessment and intervention (30 credits)

Second year
- Module 5: Elective module in *one* of the following specialised areas: (60 credits)
  - Child Health
  - Severe disabilities
  - Nursing

- Nutritional care
- Occupational therapy
- Physiotherapy
- Communication intervention
- Social work
- Educational psychology
- Module 6: Applied research in early childhood intervention (40 credits)
- Module 7: Collaborative problem solving (20 credits)

The following teaching methodology will be used to conduct the course:[88]

Problem-based study method:

The coursework is oriented to develop the student's skills in analysing content, solving problems and applying specific knowledge within the field of early childhood intervention.

This will mainly be done with the use of case studies and on-line discussions with other students and training personnel. At the beginning of the course each student is assigned to a multi-professional study group. This will facilitate communication and in depth understanding of the perspectives of different professionals through the use of the discussions.

Computer and Web-based presentation of study material:

Students need to have access to the Internet because all information concerning the course will be presented by means of the WebCT. This will enable lecturers to put study guidelines, notes, content references, assignments, tests, multi-media presentations and any other appropriate information on the Web. Interaction between students, and with lecturers, will be facilitated by registration on the List serve for the M ECI. Case studies will be distributed on CD-Rom and need to be accessed by students with the use of a computer.

Module presentation:

Although modules might differ in their structure and presentation, all modules should adhere to the following basic layout:

- Assessment should be done of prior knowledge. This will mostly be done in the form of a case study.
- An aim and objectives for the module will be formulated.

- An outlay of the units and readings for the module will be stipulated.
- 10 Prescribed case studies on video will be used for all the modules and only the perspective from which each case study is viewed, will differ according to the specific assignment.
- Student appraisals will include an individual and a group assignment.
  - The individual assignment will be required at the end of each module and would revolve around a case study.
  - The group assignment will be in the form of online discussions and should focus on open discussion on different views, creative synthesis of the issues under view and self-reflection on the functioning of the group.
- Content guidance will be provided in the form of questions to direct the student's perusal of literature and online discussions.
- Self-evaluation and rating of the assignment will be required in both the individual and group assignments. A percentage of the marks is allocated for this.

Prescribed books:

In addition to prescribed books and articles for each module, the primary prescribed text for the Masters is *Handbook of Early Childhood Intervention.*[1]

6.3 Content of the Curriculum for the Specialised Module in Occupational Therapy

Valuable information was obtained in the literature review and research results of this study and this will be incorporated into the proposed content for the curriculum. In order to determine the content of the curriculum for Module 5, an analysis of the research results and the literature was done and the outcome will be displayed in Tables 27 – 37. The emphasis will be on the identified needs and deficiencies in knowledge and skills as were indicated by the research results and the literature. This does not imply, however, that other aspects that are necessary to constitute a comprehensive curriculum should not also be included.

The following rationale applies for the interpretation of the tables:

- The same sequence of headings that was used for discussion of research results in Chapter 5, will be followed in this sub-section. . The appropriate reference numbers were data can be located in previous chapters are included.

- In the first column the identified needs/deficiencies that pertain to the specific content indicated by the heading of the table, are listed. *Primary* needs/deficiencies in the table refer to research data and *secondary* needs/deficiencies refer to data from the literature review in chapters 2 and 3.

- In the second column, the different aspects that can ideally be integrated with the content in the first column are listed. This will contribute to improved knowledge and skills outcomes when the primary and secondary needs/deficiencies are addressed in training.

- In the third column suitable educational methods that can be used for training are listed. In 6.4, a more comprehensive description of the educational methods that are suggested for training in the M ECI will follow.

Age groups

Table 27: Experience in Age Groups

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: • Experience in intervention for 0 – 18 months infants *Secondary:* • Knowledge on benefits of early intervention • Early identification • Early referral • Available services (5.2.2)	• Theories: Neuro-developmental and Family systems and dynamics (5.3.1) • Causes of developmental delay (5.3.2) • Early development (5.3.3) • Screening at risk infants (5.4.1) • Use of developmental tests (5.4.4) • Treatment of oral-motor component (5.5.1) • Baby therapy (5.5.2)	• Case Study • References for study material • Workshop (during block period) • Practical at primary health care clinic

Emphasis should be placed on early intervention for the 0 – 18 month old child. This would ensure that more therapists become efficient in providing, what is commonly known as, baby therapy. In the long term it would also contribute to the availability of more services for very early intervention and thus give impetus to the national policy of prevention of disability. Through the provision of services, early identification of problems and prompt referral to professionals could be encouraged and advocacy for the effectiveness of intervention at this very early age could be done.

Additional aspects, which are also indicated by the research results, that could ideally be integrated with training for this early age group are knowledge on neuro-developmental theory, early development, causes of developmental delays, screening of at risk infants and treatment of performance components.

Fields of practice

A number of fields of practice that were under-utilised in service provision for early intervention were identified in the research. As these fields of practice could also be used during practicals in post graduate study, they will further be discussed in terms of the training opportunities that they offer for the identified needs and deficiencies that were revealed in the research results and literature review.

Table 28: Primary Health Care Clinics

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training

Primary:
• Intervention in primary health care clinics
Secondary:
• Implementation of national policy for prevention of disability (2.5.2)
• Training of personnel and multiskilling (2.3.3 and 3.3.3)
	• Experience in age group 0 – 18 months (5.2.2)
	• Teamwork (5.2.4)
	• Community involvement: (5.2.5)
	   • Diversity of clients
	   • Education and networking
	• Causes of developmental delay (5.3.2)
	• Early development (5.3.3)
	• Legislation applied (5.3.4)
	• Screening for developmental delays (5.4.1)
		• Practical in a health care clinic
		• Report back / on-line discussion

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	• Treatment of specific disorders (5.5.3) • Building resilience in the family (5.5.9) Counselling of sensitive issues (5.5.10)	

This field of practice is an ideal setting for collaboration in the team, cross training and multiskilling. It also provides the opportunity for a family-centred approach where the therapist could be involved in counselling of sensitive issues and building resilience in the family. As these clinics are located in different communities, it could provide ample opportunity for taking the diversity of families and their ecological contexts into account in service delivery. Networking, referral to resources in the community and education of the community in terms of disability could also be incorporated during service delivery in these clinics.

Intervention in primary health care clinics provides an opportunity for therapists to become involved in the 0 – 18 month old age group. Knowledge on early development would broaden and experience in screening of developmental delays would be obtained. A variety of causes for developmental delay and disorders would be encountered. The emphasis would be on prevention of disability and it would thus be an implementation of the national policy on childcare. Appropriate legislation and ethics for service provision would have to be taken into consideration and would provide an ideal learning opportunity for therapists in this respect.

Table 29: Children's Homes

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: • Intervention in children's homes *Secondary:* • Training of personnel and multiskilling (2.3.3 and 3.3.3)	• Team work (5.2.4) • Working with large groups of clients(5.2.5) • Theories: Psycho-social and Motivational (5.3.1) • Psycho-social performance components (5.5.1) • Behavioural-adaptation techniques(5.5.2) • Disorders: Behavioural and Emotional disturbances and	• Practical in a children's home

	Traumatised child (5.5.3) • Stimulation programme for large groups (5.5.4)	

Service delivery in children's homes provides an intervention opportunity for a large group of children. Screenings for developmental delays in a group and group therapy could be done in the home were the children are residing to provide a cost-effective service. This is also an ideal situation where a stimulation programme could be planned and implemented. The personnel of the home could be trained to maintain such a programme and teamwork could thus be developed to provide a more comprehensive service.

In these settings it could be expected to deal with a large number of children who have been traumatised and psycho-social and motivational theories would be needed to effectively provide intervention. Behavioural and emotional disturbances would be encountered and behavioural-adaptation techniques would be appropriate in the handling of these problems. All of the afore-mentioned aspects were all indicated in the research results as areas that need further training.

Table 30: Institutions for Severely Disabled

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: Intervention in an institution for severely disabled	• Handicapping conditions (5.3.2) • Bio-mechanical techniques (5.5.2) • Specific disorders: Neurological disorders and Damage and Visual Impairment (5.5.3) • Assistive technology (5.5.6)	• Practical: Application of assistive technology for one child • References for study material • Case study on severely disabled child

In this setting experience in treatment of a variety of handicapping conditions could be obtained. Insufficient experience in specific disorders such as neurological and visual impairment were indicated in the results and intervention for these conditions could be done in an institution where severely disabled children are admitted. As many of these children

are in need of adaptations to the environment as well as assistive technology to obtain optimal independence in performance areas, this setting can provide valuable training opportunities in these skills. Application of bio-mechanical principles and techniques could also be well incorporated into the treatment of the severely disabled child.

Table 31: NICU

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: Exposure to the NICU *Secondary:* Role of occupational therapy and advanced training (3.3.1 and 3.3.3)	• New born (5.2.2) • Teamwork (5.2.4) • Risk factors (5.3.2) • Counselling sensitive issues: NICU (5.5.10)	• Visit (during block period) • References for study material

Very early intervention should commence in the NICU and lack of experience in this field was clearly indicated in the research results and literature review. This setting provide valuable experience in the handling of the new born and knowledge on early development as well as risk factors that could later influence development. Involvement in the NICU could also provide a unique experience in teamwork and a family-centred approach. Together with other members of the team, the occupational therapist would be involved in counselling the parents on sensitive issues such as bereavement, maternal depression, effect of hospitalisation on the child and feelings of detachment or rejection. Even if a therapist is not working in the NICU, but is involved in early childhood intervention, a knowledge of the effect of treatment in the NICU are necessary for better understanding of the child and parents.

Table 32: Home Care

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: • Home care *Secondary:* • Teamwork (uni-disciplinary approach) (2.3.2) • Paraprofessionals (2.3.4) or Fieldworkers (2.3.5) • Family-centred approach (2.4.3)	• Education and networking (5.2.5) • Theories: Model of Human Occupation (5.3.1) • Risk factors for development delay (5.3.2) • Legislation and ethics (5.3.4) • Observation of needs / strengths assets of the family (5.4.1) • Assessing the child in the home environment (5.4.2) • Building resilience in the family (5.5.9) • Counselling sensitive issues (5.5.10)	• Practical/Fieldwork

Involvement in intervention in the home could ideally be utilised for implementation of a family-centred approach. Observation of the strengths and needs of the family, assessment of the child in the home environment, counselling of sensitive issues and building resilience in the family could be done in the specific ecological context of the family. Education and networking in a particular community could follow when the family is referred to resources in the community for further support and services. In certain communities the use of fieldworkers would be appropriate to maintain services. Risk factors for developmental delays, especially from the environment, could be identified and addressed. Intervention in the home environment and community would necessitate the consideration of ethical conduct and legislation and thus bring these issues under the attention of the professionals involved in the service delivery.

Table 33: Teamwork

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: • Teamwork	• Content of practicals mentioned in Tables 27-33 • Core module 2 applied in occupational therapy	• Practicals • Multi-professional study groups for group assignments and on-line discussions throughout course

Apart from the suggested additional ways in which experience in teamwork could be obtained in the specialised module, the prescribed framework (refer to 6.2) of the M ECI is planned in such a way to be conducive to the development of teamwork. One of the core modules is designated to team building and the multi-professional study groups for group assignments and on-line discussions will provide practical experience in teamwork.

Table 34: Community Involvement

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training

Primary:
• Awareness of different communities: clarification of concept
• Education of community on disability and networking
Secondary:
• Cognisance of ecological context (2.5)
• Diversity of clients (2.5.1)
	• Assessment and intervention applied for the background specified in the case study or encountered during practicals
	• Observation skills
	  • Needs of the family
	  • Strengths/assets of the family (5.4.1)
	• Building resilience in the family (5.5.9)
	• Core module 2 applied in occupational therapy
		• Case studies
		• Practicals
		• On-line discussions

Through the study and application of the Model of Human Occupation in occupational therapy, a greater awareness of the importance of the ecological context of the different communities where services are provided could be obtained. Cognisance should be taken of the diversity of families and their strengths and needs in their environment for effective service delivery. Education of the community on disability and networking are important for integration of the family and the child with disability into their community. Resources in the

community should be developed and used to help the family in building resilience and coping in their community.

In addition to the core module (refer to 6.2) which deals with management of early intervention in the community, ample opportunities should be provided in the specialised module for community involvement where all the above-mentioned issues could be addressed. Each case or practical that students are involved in should first and foremost be regarded from the ecological context thereof.

Table 35: Theoretical Framework

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training

Primary:
• Specific theories:
   • Family systems and dynamics
   • Neuro-development
   • Cognitive -Behavioural
   • Learning
   • Psychosocial
   • Motivational
   • Model of Human Occupation
• Causes of developmental delay
• Early development
• Legislation
Secondary:
• Advanced training and specialisation in early intervention (3.3.2)
	• Application of theoretical framework in case studies, assignments, practical work and discussions
	• Core modules 1 and 3 applied in occupational therapy
		• Case studies
		• Assignments
		• References for study material

Emphasis should be placed on the theoretical framework for intervention. A need for knowledge on specific theories (refer to Figure 5) was clearly indicated in the study results. In addition to this, training needs for causes of developmental delays, early childhood development and legislation on intervention were also indicated. Some of these aspects will be addressed in the core modules but all of the identified training needs with regard to a theoretical framework should be regarded in the specialised module as well. The occupational therapist who specialises in early childhood intervention should have a thorough knowledge

of early development and the appropriate theories that underscore the practical application of assessment and treatment.

Table 36: Assessment in Early Childhood Intervention

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training
Primary: • Screening at risk infants and toddlers (5.4.1) • Observation of the needs, strengths and assets of the family (5.4.1) • Assessing the child in the home environment (5.4.2) • Selection of appropriate tests and surveys for early childhood intervention (5.4.4) *Secondary:* • Implementation of the *Authentic Curriculum-Based Approach* in assessment (3.2.1)	• Experience in age groups 0 to 18 months (5.2.2) • Home environment (5.2.3) • Causes of developmental delay (5.3.2) • Early development (5.3.3) • Core module 4 applied in occupational therapy case studies	• Assignments • References for study material on assessment and tests • On-line discussions • Practicals • Research in core module 6

In addition to the content that would be covered in the core module on assessment, emphasis in the specialised module should be on screening and assessment of the infant and toddler as well as selection of appropriate tests and surveys for early childhood intervention. As far as evaluation in the context of a family-centred approach is concerned, the study results indicated a lack of experience in assessing the child in the home environment as well as observation of the needs, strengths and assets of the family. Sound knowledge on the causes of developmental delays and early development is needed to enhance effective evaluation and these aspects should also be addressed.

Table 37: Treatment in Early Childhood Intervention

Identified needs/deficiencies from the research and literature	Knowledge and skills outcomes in training	Suitable educational methods for training

Primary:
• Treatment of performance components: (5.5.1)
  • Oral-motor
  • Psycho-social
• Application of approaches and techniques for treatment: (5.5.2)
  • SI
  • NDT
  • Learning
  • Behavioural-adaptation
  • Bio-mechanical
  • Play therapy
  • Group therapy
  • Baby therapy
• Treatment of specific disorders: (5.5.3)
  • Visual impairment
  • Behavioural and emotional disturbances
  • Psychiatric disorders
  • Neurological disorders
  • Progressive disorders
  • Traumatised child
• Stimulation programmes for larger groups (5.5.4)
 	
• Adaptation through assistive devices: (5.5.6)
  • Splinting
  • Ambulation equipment
  • Positioning equipment
  • Power switch devices
  • APT
  • Assistive devices for ADL
• Building resilience in the family (5.5.9)
• Counselling of sensitive issues/situations (5.5.10)
 	
Secondary:
• Advanced training and specialisation in early intervention (3.3.2)
	• Theoretical framework:
	  • Specific theories (5.3.1)
	  • Causes of developmental delay (5.3.2)
	  • Early development (5.3.3)
	• Core modules 3, 4 and 7 applied in occupational therapy
		• Case studies
		• Assignments
		• References for study material on treatment procedures
		• On-line discussions
		• Practicals
		• Workshops during block period

In addition to the aspects that were mentioned under the theoretical framework, specific attention should also be given to the application of approaches and techniques for treatment as well as intervention for specific disorders (refer to Table 37). Two of the approaches that were noted for further training were SI and NDT. As there are extensive post-graduate training available for these two approaches, it would not be advisable or possible within the time constraint of this module to duplicate the training thereof and students should instead be referred to the appropriate courses presented by the different associations for SI and NDT.

Except for the treatment of oral-motor and psycho-social components, the treatment of other performance components were not needed in this study for further training. Performance areas were also not needed and the subjects expressed confidence in their treatment skills thereof. As there was an explicit need expressed for further training in the development of the performance components and areas, application of approaches and techniques, and treatment of different disorders, the components and areas would, however, have to be addressed on a theoretical and practical level in the module. All aspects of treatment would incorporate the performance components and areas and as such, would become part of the content of the curriculum.

The skill to provide treatment for large groups of children is becoming more important in service delivery due to economic and logistical considerations. As this was indicated by the subjects as an area of inexperience, this too should be included in the in the curriculum.

In conclusion to the proposed content for the curriculum, it must be emphasised again that the complete occupational therapy process should be represented in the specialised module in order to provide a comprehensive training in early childhood intervention. The results of the study are of importance in order to indicate aspects that need more attention and should become focus areas in the curriculum. It is towards serving this purpose that proposals for the framework are given. Proposals for suitable educational methods of training, based on the literature review and the researcher's own experience in an educational institution, will hence be discussed.

6.4   Educational Methods for the Curriculum

A number of researchers acknowledge the importance of continuing education for occupational therapists working in the field of early childhood intervention and suggestions with regard to educational methods, based on their study results and experience, are provided. Their findings will briefly be reviewed as a background to the suggestions that will follow for the proposed curriculum.

6.4.1   Background to the Educational Methods

In a study done by Lawlor[10], almost half of the occupational therapists who indicated that they are in need of further training in the field of paediatrics, specify that they prefer *workshops* as a means of education. Humphry and Link[56] confirm the appropriateness of using workshops as a format for continuing education and emphasise the advantages for therapists to consult with and learn from an experienced expert in the field. Workshops should therefore be presented in a practical way to provide maximum participation and hands-on experience for the therapists.

Another educational method that is widely advocated for further education is supervised *fieldwork or practicals*. Giuffrida and Kaufmann[63] conducted a study to evaluate the efficacy of fieldwork and concluded that the " experience increased the participants' knowledge about childhood development and disabilities and their skills in active listening, team collaboration, and problem-solving among team members". McCluskey[60] also emphasised that in order for therapists to develop competence and gain confidence, they need supervised practice of skills. They add that although videos of assessment and treatment are strongly recommended as teaching aids, they should not replace supervised practice.

The use of *case studies*, especially in a problem-based curriculum, is strongly recommended by Dolmans, et al.[62]. Their views on the important principles that educators have to adhere to in the selection and planning of specific cases were discussed in 3.3.3. As was indicated in 6.2, the use of case studies is one of the major educational methods in the M ECI.

Other educational methods for continuing education include the use of *literature references* in the form of books and journals[56], *audio-visual material* such as *videotapes*[60], *assignments*[88]

and *discussion groups* with peers and instructors or mentors.[57] Hinojosa, Moore, Sabari and Doctor[57] expand on the importance of discussion groups and interpersonal contact with the supervisors in what they call the development of professional socialisation. According to them, professional socialisation is the process through which values, norms, roles, and skills are acquired. They stress the cardinal importance of having competent role models for students to follow in order to develop professional socialisation.

Proposals for suitable education methods for the specialised module in the M ECI, related to the content that was indicated in 6.3, will hence be discussed. The prescribed framework for the M ECI as was described in 6.2 will be kept in mind, but additional methods which are deemed to be suitable and necessary will be added.

6.4.2 Integration of Content into the Educational Methods

Case Studies

The case study for the pre-evaluation and the final individual assignment (refer to 6.2) should include some of the content that was indicated in 6.3. For this module, emphasis should be placed on the role of the occupational therapist in the team.

Based on the analysis of the research data (refer to Tables 27 – 37), the cases that are included in the curriculum should focus on the following:

- Age group 0 - 18 months
- Severely disabled child
- Community and family involvement
- Theoretical framework for intervention
- Assessment of assets and needs of the family
- Assessment of performance components and areas
- Identification of causes/risk factors for disability
- Various conditions
- Different approaches and techniques required for treatment
- Case management

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An example of how the content could be integrated in different case studies, are displayed in Tables 38 – 40.

Fieldwork or Practicals

Through a number of mini-practicals during the time assigned to the specialised module, many of the aspects indicated in the research data could be addressed. The following suggestions are made in this regard:

- **Primary Health Care Clinic:**
Students could be assigned to a Health Care Clinic in their own work environment for service delivery over a period of 4 to 6 consecutive visits. In addition to a written report at the end of the practical, the experience gained during these practicals can be discussed and shared with other students and the lecturer during assigned on-line discussions. This would facilitate communal problem solving and learning. The content that could be covered during this practical was reflected in Table 28.

- **Children's Homes**
Two visits to a children's home during the block period on site is suggested for this practical. During the first visit a large group of children should be screened for their level of development in all relevant performance components and areas. Based on the assessment, a group treatment session should then be planned, and then presented during the second visit. Some of the personnel involved in the children's home could be involved in the presentation of the group which would serve as a training session for them. A discussion on the outcome of the group treatment and appropriate ways in which to handle the children could follow the session. The content that could be covered during this practical is reflected in Table 29.

The planning and implementation of a stimulation programme could also ideally be done in a children's home, but there would probably be insufficient time for this during the block period. Should there be time and facilities available for this in the curriculum, this would then become a mini-practical that the student could do in her own work environment. The outcome of this project could be presented in on-line discussions, a group discussion during the block period or in an assignment.

- **Institution for Severely Disabled Children**

Two visits to an institution for severely disabled children during the block period on site is suggested for this practical. During the first visit each student should assess a child for problems in performance areas. One appropriate assistive device that would improve the child's performance should be considered and discussed in the group. This device should be made during the second visit to the institution, which could follow a workshop on assistive technology. The content that could be covered during this practical was reflected in Table 30.

- **NICU.**

A visit to a NICU during the block period on site is suggested. This should form part of a workshop being held on Baby Therapy. The content that could be covered during this practical was reflected in Table 31.

- **Home Care**

A visit to the home of a disabled child in a rural setting during the block period on site is suggested. Assessment of the needs and assets in the home and the community should be made and counselling done with the family of the child with regard to any relevant issues.
The content that could be covered during this practical was reflected in Tables 32 and 34.

Workshops

Workshops during the block period on site is a practical method of conveying information and facilitating interaction and problem-solving in a number of aspects. The following 3 workshops are suggested:

- **Assistive Devises**

A one day workshop is suggested on the making and use of assistive technology. A selection of the following are suggested according to the specific needs of the students of a particular year group:

- Splinting
- Equipment for ambulation
- Equipment for positioning
- Power switch devices
- Appropriate paper technology
- Assistive devices for ADL
- Computer technology

- **Baby Therapy**

A 1-day workshop is suggested in the specialised field of intervention for the 0 to 18 months age group. This should include a visit to a NICU. This is an important workshop for addressing the significant need indicated in the research for experience in this age group (refer to 5.2.2). Early childhood intervention ideally commences with the very young and should therefore be pursued in SA.

- **Approaches and Techniques for Treatment**

A 1-day workshop is suggested on a selection of the following approaches according to the needs of the students in a particular year group:

- Play therapy
- Group therapy
- Bio-mechanical approach
- Learning theories and approaches
- Behavioural adaptation approach

As was discussed in 6.3.2 under Treatment for Early Childhood, the training of SI and NDT is not foreseen as being possible within the time constraint of this curriculum. Approaches not chosen for the workshop by a specific year group of students should be included in an assignment during that year.

Assignments

The following 3 assignments are suggested:

- **Report on Practical in Primary Health Care**

In addition to the on-line discussions conducted with regard to this practical, a written report is suggested. The emphasis in the discussions should be on the cases and intervention, but in the report the emphasis should be on the multi-professional collaboration, personnel training, multiskilling and networking that were accomplished.

- **Theoretical Assignment**

In lieu of the fact that a significant need was expressed in the research for further training in theoretical foundations and treatment approaches as such, it is deemed necessary that a theoretical assignment be done on this. It is important that the apparent discrepancy between therapists' confidence about their knowledge and skills be addressed (refer to 5.3.1 and 5.5.2). Although the theory would necessarily be covered, the students should, at an advanced level of study, also be expected to conduct an analysis, compare the application of theories, do a critical evaluation and give an integrated eclectic synthesis to conclude the assignment.

- **Assessment**

In addition to the assessments being done during practicals, an assignment on the use of appropriate tests and surveys for early childhood intervention could be done. It is suggested that students conduct a critical evaluation of tests currently in use and make recommendations with regard to the selection and development of tests that are age appropriate and compatible with children in the SA milieu. It is also suggested that the research that students have to do for Module 6 could be utilised to conduct studies in this regard.

Table 38: Case Study 1

Background	Theoretical framework	Assessment	Treatment

Case 1
Age: 12 months
History: Gestational period 32 weeks. 3 weeks in NICU. Hospitalised at 6 months for pneumonia. Feeding problems. Hypersensitive to touch and movement. Cries excessively. Delayed milestones, low tone.
Family: Second child. Mother had 1 miscarriage and lost 1 baby in cot death. Middle class, live in flat, both parents work. Children in care of nanny during the day.
	• Neuro-developmental theory
	• Family systems and dynamics
	• Model of human occupation
	• Community: Middle class, urban, flat
	• Risk factors for developmental delay
	• Early development
		• Screening development 0 - 18 months
		• Assessment of infant
			• Performance components and areas:
			  • Oral-motor
			  • Sensory
			  • Motor
			  • Psycho-social
			  • ADL
			  • Play
			• Approaches:
			  • SI
			  • Baby therapy
			• Treatment disorders:
			  • Sensory modulation disorder
			  • Low muscle tone

Table 39: Case Study 2

Background	Theoretical framework	Assessment	Treatment

Case 2
Age: 3 years
History: Full term, normal birth. Encephalitis at 8 months. Resultant visual impairment and CP. Behavioural problems and difficult to handle. Very delayed milestones. Cannot walk and poor speech and communication.
Family: Poor family, rural area, 5 children and 3 room house in squatter's camp. Able to attend outpatients clinic at local hospital twice per month.
	• Neuro-developmental theory
	• Cognitive-behavioural theory
	• Learning theory
	• Family systems and dynamics
	• Model of human occupation
	• Community: Poor, rural, squatter's camp
	• Risk factors for developmental delay
	• Early development
		• Observation of needs/strengths/assets of the family
		• Screening at risk toddler
		• Assessing the child in the home environment
		• Selection of appropriate tests
			• Performance components and areas:
			  • Sensory
			  • Motor
			  • Perceptual
			  • Cognitive
			  • Psycho-social
			  • ADL
			  • Play
			• Approaches:
			  • NDT
			  • Learning techniques
			  • Behavioural-adaptation
			  • Bio-mechanical
			• Treatment disorders:
			  • Visual impairment
			  • Neurological disorder
			• Skills
			  • Adaptation through assistive devices
			  • Building resilience in the family
			  • Counselling of sensitive issues/situations

Table 40: Case Study 3

Background	Theoretical framework	Assessment	Treatment

Case 3
Age: 2 years
History: Birth history and early development not known. HIV positive, previously abused and under nourished. Withdrawn and maladjusted. Displays fears and nightmares.
Family: Foster home in low socio-economic urban area. Biological father known and tends to interfere at times, visits foster home when drunk and demands to take his child. Biological mother deceased.
	• Neuro-developmental theory
	• Motivational theory
	• Psycho-social theory
	• Family systems and dynamics
	• Model of human occupation
	• Community: Low socio-economic, urban, foster home
	• Risk factors for developmental delay
	• Early development
	• Legislation
		• Screening at risk toddler
		• Selection of appropriate tests
			• Performance components and areas:
			  • Sensory
			  • Motor
			  • Perceptual
			  • Cognitive
			  • Psycho-social
			  • ADL
			  • Play
			• Approaches:
			  • Behavioural-adaptation
			  • Play therapy
			• Treatment disorders:
			  • Traumatised child
			  • Behavioural & emotional disturbances
			  • Psychiatric disorders
			  • Progressive disorder
			• Skills
			  • Building resilience in the family
			  • Counselling of sensitive issues/situations

6.4.3 Proposed Timetable for 2 Weeks Block on Site

In order to ascertain the feasibility of the educational methods that are suggested for the proposed curriculum within the allocated time frame, a timetable for the 2 weeks block on site was drawn up and is shown in Table 41.

Table 41: Proposed Timetable for Block Period.

Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 *Morning* Introduction Seminar and discussion on assessment *Afternoon* Resource time	*Morning* First visit to children's home for group assessment *Afternoon* Resource time	*Morning* First visit to severely disabled child *Afternoon* Resource time	*Day* Workshop on the selected assistive technology	*Morning* Second visit to severely disabled child to make assistive device *Afternoon* Resource time
Week 2 *Day* Workshop on the selected approach for treatment	*Day* Visit to home environment in rural area	*Morning* Second visit to children' home and presentation of group treatment *Afternoon* Resource time	*Day* Baby workshop and visit to NICU	*Morning* Group discussions on relevant topics *Afternoon* Integration and conclusion

The suggested timetable allows time for an introduction at the beginning of the block period and a conclusion at the end. These are considered of great importance for the purposes of providing structure and clarity about requirements for the course, allowing for interaction between group members and educators, building confidence and fostering a feeling of cohesion in the group. As was seen in 6.4.1, the development of professional socialisation is deemed to be very important in education and the introduction, conclusion as well as the suggested group discussions would contribute positively towards this.

Time is also allocated for 3 workshops as it was indicated in the literature (refer to 6.4.1) that this is a popular and valuable educational method for further training. Ample opportunity is allowed for visits and fieldwork as this is also regarded as necessary to obtain an advanced level of specialisation in clinical skills as was indicated in 6.4.1. In common terms this is what is known among therapists as *hands-on* experience.

A seminar on assessment is deemed necessary to allow for an in-depth discussion on all the issues with regard to the evaluation of young children. Practical work and research on assessment will have to be conducted in additional time to the block period. Ample resource time is allowed for because the students would need time to obtain study material, prepare for the fieldwork and workshops and reflect and integrate the knowledge that they obtain during the block period. A social event for the group during this period is a necessity and time should be made available for this after a day's work.

6.5 Summary

In this chapter the prescribed framework for the M ECI was described to indicate the structure within which the proposals for the curriculum should fit. The suggestions made for the curriculum incorporated the methodology of the prescribed framework, but other methods which seemed to enhance the training of the specific content that were proposed were also included.

An analysis of the research results and literature was done to provide a framework for the suggested content that followed. It was emphasised that although the proposed content for the curriculum was based on the results of this study, the final curriculum should include a comprehensive content, which would encompass the complete occupational process as was

described in 3.2. It is further important that the content of the curriculum should be directed towards the South African context as was described in Chapter 2.

The prescribed methodological framework for the M ECI was incorporated into the suggested educational methods for the occupational therapy module, but it was felt that a variety of educational methods were needed to encompass the different needs that were indicated by the research. The use of fieldwork or practicals and workshops were added as it seemed to be of paramount importance from the literature that experiences and skills be obtained in a practical way, as this is not possible in discussions and assignments on video taped case studies only. To reach the level of expertise and specialisation that would be desirable for therapists who completed the Master's Degree, the practicals and workshops were deemed necessary.

In conclusion, it is the firm belief of the researcher that valuable data was obtained on the training needs of occupational therapists in the field of early childhood intervention. It is the sincere hope of the researcher that the study results and the suggested framework for the curriculum of the specialised module will aid the educators who are responsible for the momentous task of developing and formulating the final curriculum.