

NIMH FAMILY NEEDS SCHEDULE (NIMH-FAMNS)

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INTRODUCTION

NIMH Family Needs Schedule (NIMH - FAMNS) has been developed as part of the multi-centered project "Strengthening Families: Identifying and meeting information needs of families having individuals with mental retardation" funded by the National Institute for the Mentally Handicapped, Secunderabad in the year 1993-94. A need was felt to develop a semi-structured interview schedule (NIMH-FAMNS) which could be used for the following purposes:

- 1) To identify needs of the Indian families having mentally retarded individuals.
- 2) To help prioritise the needs for family intervention.
- 3) To help objectively evaluate family intervention programmes.

NIMH - FAMNS CONSISTS OF THREE SCHEDULES

1. NIMH FAMILY NEEDS SCHEDULE (PARENTS)
2. NIMH FAMILY NEEDS SCHEDULE (SIBLINGS)
3. NIMH FAMILY NEEDS SCHEDULE (GRANDPARENTS)

The Schedule was developed using scientific steps. The pilot study to identify the needs of the family members was carried out on 20 families. The final study was conducted on a sample of 120 families. The sample was drawn from four centres based in Secunderabad, Bhopal, Trivandrum and New Delhi. These families represented all cross-sections of low, middle and high socio-economic strata; nuclear and joint families, rural-urban areas. As regards characteristics of children with mental retardation, sample was drawn from all levels of severity and divided in age groups of below 6 years, 7-12 years, 13-18 years and 19 years and above. Thus an effort was made to identify needs of families including, mothers, fathers, brothers, sisters, grand mothers, grand fathers having diverse socio-economic backgrounds from four different cities having children with mental retardation at different ages and severity levels. Methodological data pertaining to the development of NIMH-FAMNS are included in the book "Understanding Indian Families having persons with Mental Retardation (Peshawaria, et al., 1995) NIMH publication.

IDENTIFICATION DATA SHEET

Name of the Interviewer :

Position held :

Name of the Institute :

Date :

CHILD CHARACTERISTICS

Name :

Age :

Sex :

Level of Mental Retardation :

FAMILY CHARACTERISTICS

Total family income :

Type of family : *nuclear / non-nuclear*

Family status : *intact / broken*

Address and Telephone No.

GUIDELINES FOR ADMINISTRATION AND SCORING OF NIMH - FAMNS

It is recommended that the interviewer is trained in 'clinical interview method' before using NIMH-FAMNS. However, this need not to be followed as a strict rule.

The following guidelines need to be strictly adhered to by the interviewer.

- 1) The interviewer should be familiar with the family members and the index child with mental retardation to be interviewed to an extent that the respective family members feel comfortable to share their concerns with the interviewer. Hence adequate rapport with the family members is essential before starting to use NIMH-FAMNS.
- 2) The interviewer before starting to use NIMH-FAMNS must inform the concerned respondent that he/she would be asking certain specific questions to understand their present needs because of having a mentally retarded child in the family.
- 3) Consent must be taken to interview each of the respondents separately. Joint interviews with both parents or other respondents should be undertaken only if family members resist giving independent interviews.
- 4) The questions included in NIMH-FAMNS should be asked in the same sequential order.
- 5) Each question should be asked in such a way that the interviewer does not influence the decision of the concerned respondent.
- 6) Wherever the word "child" or "your child" occurs in the questions included in NIMH-FAMNS the interviewer should replace it with the index child's name.
- 7) Use the 'remarks' column to enter qualitative impressions of concerned family members wherever indicated.

- 8) For each question on NIMH-FAMNS the interviewer must obtain rating from the concerned respondent and enter the score in the appropriate **A** or **B** column. Pre-intervention scores should be entered in column **A** and post-intervention scores under column **B**. The following scoring pattern should be followed :

Enter 2, if the respondent endorses the particular need item as 'very much';

Enter 1, if the respondent endorses the particular need item as 'little';

Enter 0, if the respondent endorses the particular need item as 'No Need'.
- 9) Enter the total scores of each of the AREAS as also the grand total score obtained by the respondent on NIMH-FAMNS at the appropriate places provided in the schedule.
- 10) Complete the parents needs profile after completing NIMH-FAMNS (parents).
- 11) Select and write goals for family intervention at appropriate places provided in the schedule in consultation with the family members.
- 12) Use separate NIMH-FAMNS schedule for each member of the family.

NIMH FAMILY NEEDS SCHEDULE (Parents)

NIMH-FAMNS(Parents)

RESPONDENT CHARACTERISTICS

DATE: _____

Name:

Relationship with the index child :

Mother/Father

Age:

Education:

Occupation:

Address for correspondence :

Scoring : ENTER 2 IF NEED IS "VERY MUCH"
 ENTER 1 IF NEED IS "LITTLE"
 ENTER 0 IF NEED IS "NO NEED"

A PRE-INTERVENTION SCORES
 B POST-INTERVENTION SCORES

AREAS/Needs	Scoring		Remarks
	A	B	
AREA I - INFORMATION - CONDITION			
1. Do you need information about your child's condition or disability?			
2. Do you need information on assessment reports of your child?			
3. Do you need information on what your child will be able to do/ and will not be able to do ?			
4. Do you need help in identifying child's present characteristics/ features which may have negative effects in the future?			
5. Do you need reading materials related to your child's condition ?			
6. Do you need information on nutrition /special diet for your child?			
AREA - I TOTAL SCORE			
AREA II - CHILD MANAGEMENT			
7. Do you need information about normal child growth and development ?			
8. Do you need information on how to bring up your child ?			
9. Do you need help to discipline /handle your child ?			
10. Do you need help in managing behaviour problems or difficult behaviours in your child ?			
11. Do you need help in getting your child to cooperate in his/her daily activities ?			
12. Do you need to know about what teachers/ trainers are teaching / training your child ?			
13. Do you need to talk with your child's teacher / trainer ? (How often)			
14. Do you need help in deciding to plan for another child ?			
AREA - II TOTAL SCORE			

AREAS/Needs	Scoring		Remarks
	A	B	
AREA III - FACILITATING INTERACTION			
15. Do you need information on how to explain your child's condition to (Specify)			
(a) Spouse			
(b) Other sibling's			
(c) Significant other members in the family			
(d) Neighbours and friends			
(e) Others			
16. Do you need help to involve others in meeting service needs of your child ? (Specify)			
(a) Spouse			
(b) Sibling's			
(c) Grandparents			
(d) Significant other members in the family			
(e) Others			
AREA - III TOTAL SCORE			
AREA IV - SERVICES			
17. Do you need information on the services that are presently available for your child ?			
18. Do you need help in deciding which training centre/ school to admit your child ?			
19. Do you need information from where to procure training materials for your child ?			
20. Do you need professionals who could visit your home and train your child ?(how often) Daily/ Thrice a week / Weekly/ Monthly.			
21. Do you need information on the effect of admitting your child to special /normal regular school ?			
AREA - IV TOTAL SCORE			
AREA V - VOCATIONAL PLANNING			
22. Do you need help in finding the most appropriate vocation for your child?			
AREA - V TOTAL SCORE			
AREA VI - SEXUALITY			
23. Do you need information on sexuality issues related to your child ?			
AREA - VI TOTAL SCORE			
AREA VII - MARRIAGE			
24. Do you need information to marriage issues related to your child?			
AREA - VII TOTAL SCORE			
AREA VIII - HOSTEL			
25. Do you need help in deciding whether to admit or not to admit your child in a hostel?			
26. If you have decided to place your child in a hostel, do you need information which hostel you should admit your child ?			
AREA - VIII TOTAL SCORE			
AREA IX - PERSONAL - EMOTIONAL			
27. Do you need to have more time to self ?			

AREAS/Needs	Scoring		Remarks
	A	B	
28. Do you need to talk to someone about your personal problems?			
29. Do you need help when you are worried, feel sad or depressed ?			
30. Do you need help to manage your physical health problems ?			
AREA - IX TOTAL SCORE			
AREA X - PERSONAL - SOCIAL			
31. Do you need to have more friends with whom you can discuss/ share joys and sorrows ?			
32. Do you need to meet and discuss with parents having children with similar conditions ?			
AREA - X TOTAL SCORE			
AREA XI - SUPPORT - PHYSICAL			
33. Do you need transportation to take your child from home to school/ service centre/ training centre and back ?			
34. Do you need somebody to drop and bring back your child from school/ training centre/ service centre?			
35. Do you need someone/ worker to look after your child at home ?(Specify how often) Daily/ Occasionally/ Part time/ Full time			
AREA - XI TOTAL SCORE			
AREA XII - FINANCIAL			
36. Do you need financial help to pay for medical care, medicine, therapy, or any other services your child needs?			
37. Do you need financial help to purchase training materials for your child ?			
38. Do you need financial help for meeting any other needs of your child ? (Specify)			
(a)			
(b)			
(c)			
(d)			
AREA - XII TOTAL SCORE			
AREA XIII - FAMILY RELATIONSHIPS			
39. Do you need help in discussing family problems and finding solutions ? (Specify)			
(a) With spouse			
(b) Parent child			
(c) Between sibling's			
(d) With other significant family members			
40. Do you need information as to how your child with mental retardation could effect children ?			
AREA - XIII TOTAL SCORE			
AREA XIV - FUTURE PLANNING			
41. Do you need help in financial planning for your child training and vocational aspects ?			

AREAS/Needs	Scoring		Remarks
	A	B	
42. Do you need information on how to transfer your property /savings accounts/ pensionary benefits to your child after your death ?			
AREA - XIV TOTAL SCORE			
AREA XV - GOVERNMENT BENEFITS AND LEGISLATION			
44. Do you need information on various government benefits for persons with mental retardation and their families ?			
45. Do you need information on the legislation for persons with mental retardation ?			
AREA - XV TOTAL SCORE			

NIMH-FAMNS(Parents)
GOALS FOR INTERVENTION WITH PARENTS

Child's Name : _____ Date: _____

Parent's Name : _____

Relationship with child : Mother/Father

GOALS:

NIMH-FAMNS (Parents) Parent Needs Profile

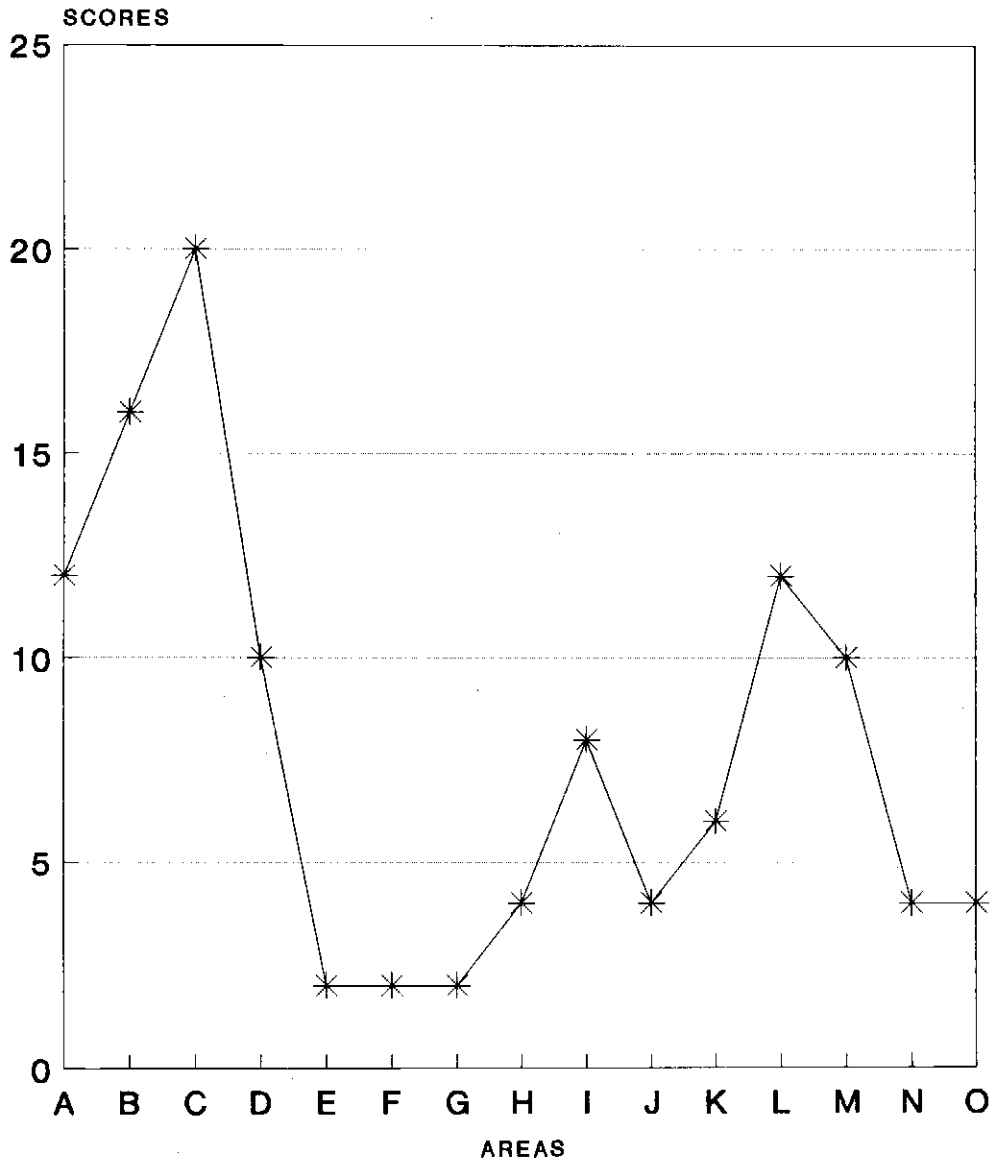
Parent's Name : _____ Child's Name : _____
(Mother/Father)

AREAS	Total possible Scores	Dt: Obtained Score	
		A*	B*
1. Information Condition	12		
2. Child Management	16		
3. Facilitating Interaction	20		
4. Services	10		
5. Vocational Planning	02		
6. Sexuality	02		
7. Marriage	02		
8. Hostel	04		
9. Personal - Emotional	08		
10. Personal - Social	04		
11. Support - Physical	06		
12. Financial	12		
13. Family Relationships	10		
14. Future Planning	04		
15. Government Benefits & Legislation	04		
NIMH-FAMNS (Parents) Grand Total Scores	116		

A* PRE-INTERVENTION SCORES

B* POST-INTERVENTION SCORES

**NIMH FAMNS (Parents)
PARENT NEEDS PROFILE**



**A: PRE-INTERVENTION
B: POST-INTERVENTION**

NIMH FAMILY NEEDS SCHEDULE (Siblings) NIMH-FAMNS(Siblings)

RESPONDENT CHARACTERISTICS

DATE : _____

Name: _____

Relationship with the index child : _____

Brother/Sister

Age: _____

Education: _____

Occupation: _____

Address for correspondence : _____

Scoring : ENTER 2 IF NEED IS "VERY MUCH"

A

PRE-INTERVENTION SCORES

ENTER 1 IF NEED IS "LITTLE"

B

POST-INTERVENTION SCORES

ENTER 0 IF NEED IS "NO NEED"

NEEDS	Scoring		Remarks
	A	B	
1. Do you need information about your sibling's condition or disability ?			
2. Do you need information on what your sibling will be able to do/ and will not be able to do ?			
3. Do you need information on how to manage your sibling's ? (Specify)			
(a) Problem behaviours			
(b) Skill training			
(c) Vocational training			
(d) Any other			
4. Do you need information for the following :			
(a) Professionals for meeting specific needs of sibling			
(b) Availability of services			
(c) Training materials			
(d) Any others			
5. Do you need information on how to explain your sibling's condition to others ? (Specify)			
(a) Your spouse			
(b) Other sibling's			
(c) Significant others in the family			
(d) Neighbours			
(e) Friends			
(f) Any other			
6. Do you need information about programmes organized for the non-handicapped siblings for rehabilitation of persons with mental retardation ?			
7. Do you need help in deciding whether to admit or not to admit your sibling with mental retardation in a hostel			
8. Do you need more time to self ? (Specify)			
(a) To study			

NEEDS	Scoring		Remarks
	A	B	
(b) To play			
(c) To socialize to spend time with others			
(d) Any other			
9. Because of having a sibling with mental retardation, do you need help in planning for your future ?			
10. Do you need help so that your parents spend time with all children equally?			
11. Do you need help so that your parents have normal expectations about your achievements ?			
12. Do you need help in managing family problems related to :			
(a) Your Spouse			
(b) Between your parents			
(c) Between parents and siblings with mental retardation			
(d) Between siblings			
(e) With other significant family members			
13. Do you need information on how to cheer up your parents when they feel sad ?			
14. Do you need information on how to make the community aware and accept persons with mental retardation ?			
15. Do you need information on various government benefits for your sibling and the family ?			
NIMH-FAMNS(Siblings)	TOTAL SCORE		

NIMH-FAMNS(Siblings)	
GOALS FOR INTERVENTION WITH SIBLINGS	
Child's Name :	Date:
Sibling's Name :	
Relationship with child : Brother/ Sister :	
GOALS:	

NIMH FAMILY NEEDS SCHEDULE (Grandparents) NIMH-FAMNS(Grandparents)

RESPONDENT CHARACTERISTICS

DATE: _____

Name:

Relationship with the index child :

Grandmother/Grandfather

Age:

Education:

Occupation:

Address for correspondence :

Scoring: ENTER 2 IF NEED IS "VERY MUCH"

A

PRE-INTERVENTION SCORES

ENTER 1 IF NEED IS "LITTLE"

B

POST-INTERVENTION SCORES

ENTER 0 IF NEED IS "NO NEED"

NEEDS	Scoring		Remarks
	A	B	
1. Do you need information about your grandchild's condition or disability ?			
2. Do you need information on what your grandchild will be able to do/ and will not be able to do ?			
3. Do you need information on the services that are presently available for your grandchild ?			
4. Do you need information on how to manage/train your grandchild in :			
(a) Language and communication			
(b) Skill training			
(c) Problem behaviours management			
(d) Vocational training			
(e) Any other (Specify)			
5. Do you need information in how to involve yourself in meeting the needs of the the family ?			
6. Do you need help when you are worried, feel sad or depressed?			
7. Do you need help so that your children spend more time with you ?			
8. Do you need a home helper to look after your grandchild ?			
9. Do you need more time to self ?			
10. Do you need financial help to pay for medical care, medicine, therapy, or other services to meet your grandchild's needs ?			
11. Do you need help in seeking cooperation from professionals for the habilitation of your grandchild ?			
12. Do you need help in managing family problems related to :			
(a) Your spouse			
(b) Between parents of mentally retarded child			
(c) Between the parents and child with mental retardation			
(d) Between siblings and child with mental retardation			

NEEDS	Scoring		Remarks
	A	B	
(e) Between mentally retarded child and significant other family members			
13. Do you need information on future planning for your (a) Grandchild with mental retardation			
(b) Parents of mentally retarded child			
(c) Non handicapped grandchildren in the family			
(d) Other significant members in the family			
14. Do you need help in deciding whether to admit or not to admit your grandchild in a hostel ?			
15. Do you need information on various government benefits for your grandchild and the family ?			
NIMH-FAMNS(Grandparents):	TOTAL SCORE		

NIMH-FAMNS(Grandparents)

GOALS FOR INTERVENTION WITH GRANDPARENTS

Child's Name :

Date:

Grandparent's Name :

Relationship with child : Grandmother/Grandfather/Maternal/Paternal

GOALS :