Field Visit Report
Visit to Manonaya Therapy Centre, Kolkata

Organized by: Post Graduate Department of Psychology, Loreto College (Autonomous), Kolkata
Programme: Field Visit to Manonaya Therapy Centre
For: Post Graduate Semester III Students of Psychology
Dates: 25th August 2026 and 19th September 2026
Time: 11:00 a.m. - 5:30 p.m. and 10:00 am - 3:00 pm

The field visit aimed to provide students with real-world exposure to therapeutic interventions for children while enhancing their understanding of multidisciplinary approaches to child mental health and developmental care. It also sought to bridge theoretical knowledge with clinical practice and sensitise students towards inclusive and holistic care. Through direct observation of therapy sessions, students were able to gain a better understanding of how therapeutic interventions are planned and implemented according to the individual needs and presenting concerns of each child.
During the visit, students observed several therapy sessions involving children with varied clinical presentations. The first case was that of **Rishabh Yadav**, a 3-year-5-month-old male child who was born late preterm with a birth weight of 1.78 kg. His history included birth asphyxia with respiratory distress syndrome and neonatal convulsions, for which mechanical ventilation was required for seven days. An MRI of the brain conducted on 16th August 2026 showed bilateral gangliocapsular gliotic areas extending to the corona radiata and centrum semiovale, along with paucity of periventricular white matter in the parieto-occipital region, reported as sequelae of hypoxic-ischaemic encephalopathy. Therapy had commenced when the child was approximately 1 year and 8 months old. The case enabled students to observe the therapeutic needs associated with neurological consequences of significant perinatal complications and appreciate the importance of continued intervention and developmental support.
The second case involved **Baby Rusha Das**, a 9-month-old female infant who presented with hypotonia. The case history indicated a previous sibling loss at three months of age. The child was diagnosed with **Spinal Muscular Atrophy (SMA) Type I)** and was undergoing treatment with Risdiplam oral suspension. Observation of this case provided students with exposure to the complexities involved in managing a neuromuscular condition during infancy and highlighted the importance of ongoing medical and therapeutic care.
The third case was that of **Hridika Das**, a 2-year-4-month-old female child who had presented with hypotonia during early infancy and was diagnosed with **SMA Type I**, with a homozygous deletion noted in the case history. The child had experienced frequent hospitalisations due to pneumonia and respiratory difficulties and had received gene therapy in May 2026. At the time of observation, she was receiving regular physiotherapy and multidisciplinary supportive care under follow-up. This case allowed students to understand the importance of rehabilitation,

physiotherapy, and coordinated multidisciplinary support in addressing the continuing needs of children with complex neuromuscular conditions.

The fourth case involved **Raiveer**, a 7-year-old boy who presented with constant fidgetiness, difficulty remaining seated, difficulty following instructions, poor speech development, limited social interaction, and behavioural difficulties such as hitting and difficulty following rules. The child was receiving regular therapy. The observation of this case provided students with practical exposure to behavioural and developmental concerns in children and demonstrated the importance of structured therapeutic intervention and behavioural support in addressing difficulties related to communication, social interaction, behavioural regulation, and following instructions.

The fifth case involved **SK Saqif Ali**, a 3-year-9-month-old boy who presented with constant restlessness, difficulty sitting in one place, continuously shifting from one task to another, difficulty following rules, and stubborn behaviour. The case provided students with an opportunity to observe behavioural difficulties in early childhood and understand the relevance of structured intervention, consistent routines, behavioural strategies, and appropriate therapeutic support.

The observation of these cases collectively provided students with a broader understanding of the diverse presentations encountered in a child-focused therapeutic setting. The cases demonstrated how children may require different forms and combinations of intervention depending on their developmental history, medical condition, behavioural presentation, and individual needs. The visit also highlighted the importance of adopting an individualised approach rather than applying a uniform therapeutic strategy to all children.

The field exposure further reinforced the significance of a **multidisciplinary approach** in child care and rehabilitation. The involvement of different therapeutic and supportive interventions, including physiotherapy, behavioural management, developmental support, and medical treatment, demonstrated how multiple professionals and approaches can contribute towards addressing different aspects of a child's functioning. Students were able to appreciate the importance of collaboration, regular assessment, continued follow-up, and caregiver involvement in facilitating meaningful therapeutic outcomes.

Overall, the field visit to **Manonaya Therapy Centre** was a valuable experiential learning opportunity for the Post Graduate students of Psychology. It enabled them to connect theoretical concepts with practical observations and gain a more realistic understanding of therapeutic work with children. The diverse cases observed during the visit helped students develop greater awareness of neurological, developmental, and behavioural concerns and the importance of early intervention, individualised care, and multidisciplinary support. The experience ultimately contributed to a deeper understanding of child-centred therapeutic practice and encouraged students to approach clinical work with greater sensitivity, awareness, and professional responsibility.

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In line with the postgraduate curriculum, the Department of Psychology, Loreto College (Autonomous), organized an educational field visit to Manonaya Therapy Centre, on 25th August and 19th September 2026. The purpose of the visit was to provide students with a meaningful

insight into therapeutic interventions for children with neurodevelopmental disorders. It served as a bridge between theoretical classes knowledge and practical experience.

The visit commered with an orientation by Paediatrician, Dr S.Shubhranshu Sarkar, where the core of his orientation was about the development in how doctors have treated the children who need extra help, and shift in focus in medicine from preventing infection, to delivering empathetic care, and ultimately enhancing the overall quality of life for young patients facing complex challenges such as genetic disorders, developmental delays. He made a key distinction about development and growth on the basis of how growth can be measured mathematically and development can't be, while introducing concepts like Neuroplasticity, Global Developmental Delay and Retinopathy of Prematurity. He also engaged and answered the questions of the students regarding various aspects of child growth, development and educating the parents.

After the enriching orientation by Dr Sarkar, the students were made to observe multiple Therapy sessions conducted by Physiotherapist, Kinjal Sarkar. The students observed five therapy sessions, with children of multiple ages with different developmental disorders. Physiotherapist Kinjal Sarkar treated every child differently according to their needs and areas of concern. The children had various developmental disorders, from Cerebral Palsy to Autism Spectrum Disorder, and techniques to build and strengthen their sensory motor integration, social interactions and coordination.

Both during and after the session's physiotherapist Kinjal Sarkar interacted with the students, educating them about prenatal, intrafetal and perinatal developments and how that effects the overall growth and development of the children. She too engaged in questions from the students, giving them a deeper understanding of not only the process of physiotherapy, development as well as why a therapist does what they do.

Overall, the session was meaningful and a great experience to not only learn but actively engage and watch first-hand how to deal with children with development disorders.


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