Mental Retardation

by Venkatesan S

Certificate Course for Caregivers of
Children with Developmental Disabilities (C4D2)

MENTAL RETARDATION

ALL INDIA INSTITUTE OF SPEECH AND HEARING,
Manasagangothri, Mysore-570 006

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Cover Designs & Illustrations :		R. Srinivas G.V. Ganeshiah
Price	:	Rs. 50/-
Year of Publication	:	June, 2007
Copyright	:	All India Institute of Speech and Hearing Manasagangotri, Mysore: 570 006
ISBN No.	:	978-81-909355-1-7

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Course 2

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Open Letter to Readers...

Dear Parent!

Among the various disabilities, mental retardation is probably the greatest challenge. In physical and sensory disabilities, the intelligence of the affected person is still in tact. In the person with mental retardation, the underlying cognitive deficit leaves them completely unprotected.

Nowadays, when even the intelligent children run the risk of being left behind in the race for academic achievements; the slow learner and children with mental retardation is likely to be even sent out of school. Therefore, it becomes the responsibility of parents and caregivers to understand the unique and unfortunate predicament of these children. The mentally retarded person is not, as some people mistakenly think, one who is without capabilities. They also have special abilities, different talents and alternate skills. It is only lying inside and waiting to be recognized. One must be willing and prepared to look for the ability inside their disability!

This book on 'Mental Retardation' is essential reading for completion of the optional course in "Module Two" under Certificate Course for Caregivers of Children with Developmental Disabilities (C4D2) being offered by All India Institute of Speech and Hearing, Ministry of Health and Family Welfare, Government of India, Manasagangotri, Mysore: 570 006.

This booklet covers details on what is mental retardation, how different it is from mental illness, its characteristics and severity levels. It attempts to tell you, in easy terms, what educational expectations one can and must have for children with different levels of mental retardation. Many children with mild mental retardation benefit greatly if they are admitted to regular schools. Some of them may require admission into special schools. However, all these children require home based training programs. There is a short section on guidelines for training children with mental retardation by caregivers in their own home settings.

Technical jargon and theories are once again avoided in this reading material. This booklet tries to be a simple start-up reading for parents on kids with mental retardation. The content is based on what we deem parents have been all along asking us or wanting to know more from us in the last few decades of our experience of working with them. There is more to merely reading this book. You will have to try implementing them in practice for the optimum benefit of your child.

Happy reading!

Dr. Vijayalakshmi Basavaraj
Director

COURSE II: MENTAL RETARDATION

Unit One: Intelligence & its Measurement

On completion of this module, you should be able to answer the following questions:

1. What is intelligence?
2. How is intelligence measured?
3. What is mental retardation?

Question # 1: What is intelligence?

In order to understand slow learners and children with mental retardation, it is necessary to clarify on the concept of intelligence. Intelligence is recognized as the "global capacity of an individual to think rationally, act purposively and adjust effectively with ones environment".

Psychologists believe that every person is gifted with less or more intelligence. In any case, we can measure the intelligence of each individual by using what are called standard 'intelligence tests". These tests measure the mental age of each individual.

Suppose we measure the mental age of a child as ten years on a standard intelligence test. And, if that child's physical age or chronological age is also ten years, we can conclude that he has age appropriate intelligence. In other words, he has an "Intelligence Quotient" (IQ) of 100. This is a perfect average.

$$\text{Intelligence Quotient (IQ)}: \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100: \frac{10}{10} \times 100: 100$$

Many times, the mental age and physical age of persons may not match so perfectly. For example, a ten year old child may have a mental age of eleven years. In this case, the IQ can be calculated as 110 (percent).

$$\text{Intelligence Quotient (IQ)}: \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100: \frac{11}{10} \times 100: 110$$

Another ten year old child with nine years mental age may be measured as having an IQ of 90 (percent). In other words, IQ is percentage quotient against of an individual against his/her own chronological age.

$$\text{Intelligence Quotient (IQ)}: \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100: \frac{9}{10} \times 100: 90$$

Question # 2: How is intelligence measured?

Intelligence is measured by using intelligence tests. Intelligence tests actually carry lot of interesting puzzles, problems, questions, grills, drills or activities for various age groups of individuals. For young children the test activities are relatively easy. For older children, the test activities are difficult. For example, naming parts of body like eyes, ears, nose or mouth is a simple item for testing mental age of two year old children. Copying a square is another activity for children at four years mental age. Naming of colors is an activity for children around five to six years.

When a child can solve at least 50 % of such items a given age level, we can tentatively assume that he has the mental age of that particular level.

Consider the example of children's abilities to copy geometrical shapes in more detail. Research on child development has shown that 3-year olds can copy a circle, 4-year old can copy a square, 5-year old can copy a triangle, 6-year old can copy a inverted triangle, 7-year old can copy a diamond and so on. Obviously, no average 4-year old will be able to copy a diamond or higher. These observations have led psychologists to develop intelligence tests which measure the mental age levels of different age groups of children. Of course, no psychologist will make an inference on mental age or IQ of a person based on single test or few observations alone. Nevertheless, the above example is given only as an illustration!

An ideal way to know one's intelligence is to consult a psychologist and undergo an intelligence test appropriate for the age and background of the individual. But, this may not be always possible. An approximation about a child's mental age can also be made on the basis of his or her general behaviors and social activities-even though such estimate can go wrong.

Question # 3: What is mental retardation?

Individuals differ from one another about their measured IQ. Some have more of intelligence than their physical age, others will have less than it. More often and most of us have intelligence or mental age according to our physical ages. Suppose a ten year old child has mental age of nine years, can we call him mentally retarded? Or if the ten year old has eight years mental age, can we call him mentally retarded? Or shall we call the ten year old with seven or six or five year mental ages as mental retardation? Where or what should be the cut off point for calling a person's mental retardation?

Psychologists have generally agreed that any person having below 70% mental age for his or her physical or chronological age should be regarded as falling in the range of 'mental retardation'. Thus, in our example, the ten year old child with mental age of seven or below can be only called as mental retardation.

Persons with mental retardation or those with less than 70 % mental abilities compared to their physical ages will have the following characteristics:

1. They show poor skills in day to day activities and remain dependent on others to perform activities including dressing, bathing, brushing, grooming, toileting, etc.
2. They are slow and dull to follow commands or complex sequences of instructions.
3. They have difficulties in making simple calculations, knowing familiar routes or going about independently in their own familiar neighborhood.

4. They are slow in thinking, solving problems or understanding.

5. They have difficulties in expressing their feelings and emotions according to their age or physical maturity.

6. They find it troublesome to tell time, calculate or read a calendar, make out simple measurements, etc.

7. They show slow rates of development since birth in all areas

8. They show poor school or academic performance with repeated failures at school.

9. They show a history of delay in all developmental milestones

10. Some of them may have associated features like fits, behavior problems, visual or hearing impairments.

COURSE II: MENTAL RETARDATION

Unit Two: Levels of Intelligence

On completion of this module, you should be able to answer the following questions:

1. What are the various levels of intelligence?
2. What is the range of intelligence in persons with mental retardation?
3. What is the difference between mental retardation and mental illness?

Question # 1: What are the various levels of intelligence?

It was said that individuals differ from one another in their level of intelligence. Some of us have more intelligence, others have less of it. We have also seen that the perfectly average intelligence is 100. This is the case when the person has the same mental age as is his or her physical age.

It was also seen that persons with less than seventy per cent of mental age as compared to their physical or chronological age are called as mentally retarded. However, not all persons with mental retardation are same. There are some persons with mental retardation who are better than others. This depends on their level of intelligence.

Question # 2: What is the range of intelligence in persons with mental retardation?

The various levels of intelligence within the category of persons with mental retardation are:

Intelligence Quotient	Description
0-20	Profound Mental Retardation
21-35	Severe Mental Retardation
36-50	Moderate Mental Retardation
51-70	Mild Mental Retardation
71-89	Below Average Intelligence or Slow Learner

There are also persons in the average range of intelligence or above. In other words, these persons have mental ages according to their physical ages or even more than it. The various levels of intelligence within this superior category of persons are as follows:

Intelligence Quotient	Description
90-110	Average Intelligence
111-120	Above Average Intelligence
121-130	Superior Intelligence
130+	Genius

Going by these explanations it is clear that a ten year old "Genius" child would expectedly have a mental age of more than 13 years or another similar aged child with "Profound Mental Retardation" would have a mental age equivalence of less than 2 years!

Psychologists have also discovered that majority of people in any given group, population, nation or society is in the average range of intelligence (IQ: 90-110). And, there would be fewer and fewer people in the either extremes of intelligence. This means that there would be very few "Genius" at one extreme as there would be very few persons with "Profound Mental Retardation" in any given group or population.

In recent times, this belief is also being increasingly questioned by some researchers. They argue that probably a century ago, it was probably true that there were few persons with "Profound Mental Retardation". Those were the times when infants or babies born with very low IQs died their own natural death. They had very low survival rates owing to their birth defects, diseases or disorders.

The same cannot be said to be true today. With the advancement in medical science, infants dying at-birth has drastically decreased. More and more children with birth related difficulties are surviving today than at any time in the history of mankind. Therefore, there is every possibility that there are perhaps more of these surviving infants-even though many of them are left with permanent debilitating conditions for the rest of their lives! There is one more reason too. Maybe, many of these 'severe-profound' handicapped kids are not brought to the notice of medical attention at least in a country like ours where matters are complicated owing to negative public attitudes about such children.

Question # 3: What is the difference between mental retardation and mental illness?

Many people misunderstand and confuse between mental retardation and mental illness. They think that they are one and the same. This is not true. Mental retardation is a disability and a condition occurring in a person since his or her birth or usually immediately thereafter. Mental retardation usually sets in before the developmental period which is recognized as falling between 16-18 years of age. Technically, none can become mentally retarded after the developmental period is completed.

Mental illness is a disease or disorder. Just like physical illness, there are many forms or types of mental illnesses. Some are mild and others are serious mental illness. Mental illness can afflict any person at any age or any time. Some of the common symptoms of mental illness are reduced sleep and disturbed appetite, sad feelings, crying spells, talking irrelevantly and incoherently, illogical thinking, false beliefs about others, seeing visions that others cannot see, abusive and assaulting behaviors, etc. Persons with mental illness require medicines to cure them. Mental retardation is not mental illness to be cured by medicines.

Mental retardation is a disability like any other sensory or physical disability. In a physical disability, the person may not have a limb. In mental disability, the person does not have the required intelligence for his or her age. Just as medicines or ointments cannot grow a limb, tonics or operations are no answer to improve ones intelligence. If a person has lost his limb, what do we do? We try our best to train him or her to make the best use of the remaining limb. In a same way, we need to try and train the person with mental retardation to make best use of the existing or remaining intelligence.

COURSE II: MENTAL RETARDATION

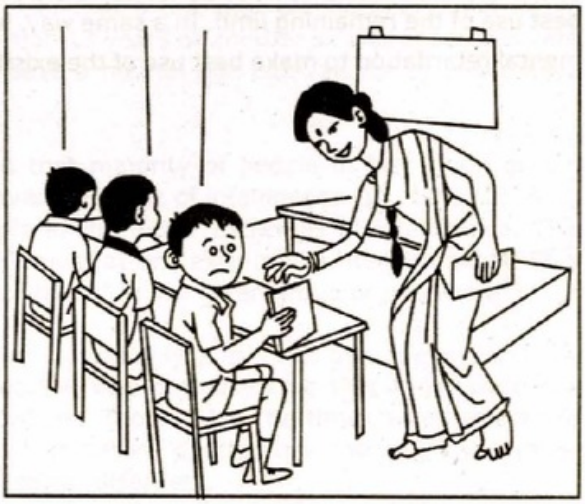
Unit Three: Educational Expectations of Mentally Retarded Children

On completion of this module, you should be able to answer the following questions:

1. What are the expectations at various levels of intelligence?
2. What can be expected of children with below average intelligence?
3. What can be anticipated from children with mild mental retardation?
4. What are the optimum capabilities of children with moderate mental retardation
5. What is best possible for children with severe mental retardation?
6. How do we care for the children with profound mental retardation?

Question # 1: What are the expectations at various levels of intelligence?

Intelligence happens to be an important element that determines the lives of human beings. This is particularly true for success in education and learning. Although related closely to educational achievement, intelligence is NOT the only factor in educational success.



However, teachers must know just how much to expect from a child based on IQ levels. In the table below, the maximum mental age developmental expectations and highest educational potential of children with levels of intelligence are given.

Description	IQ Range	Expected Educational Level	Maximum Mental Age
Below Average Intelligence/ Slow Learner	70-90	Class IV-VII	12-14 years
Mild Mental Retardation	50-70	Class III-IV	8-12 years
Moderate Mental Retardation	35-50	Functional Academics & Independent Self Care	6-8 years
Severe Mental Retardation	20-35	Trainable in Self Care Activities	3-6 years
Profound Mental Retardation	Below 20	Custodial Care	Below 3 years

Question # 2: What can be expected of children with below average intelligence?

Children with 'below average intelligence' (slow learners) are in the range of IQ around 70-90. They can develop a maximum mental age of around 12-14 years. Therefore, education under normal school circumstances can be achieved for these children up to a maximum of around class IV-VII only. Even this may require intensive special teaching strategies, individual coaching, tailor-made curriculum; educational concessions and benefits like extra time during examinations, student-paced teaching activities and other practical methods of teaching. They are aptly called slow learners. They appear almost like their normal age peers. However, a closer look into their behaviors will reveal that they are generally slow in comprehension. They may require repeated instructions or reminders. They can only follow simple or practical examples rather than theoretical assumptions and explanations. As adults, they end up living normal lives even though others may recognize them as 'simpletons' or 'innocents'. Unless they are trained properly in social skills, they may easily fall prey to the cunning and shrewd of others. They are easily fooled or taken advantage by others.

Question # 3: What can be anticipated from children with mild mental retardation?

Children with 'mild mental retardation' in the range of IQ around 50-70 can develop a maximum mental age of around 8-12 years. The study of normal school curriculum may be difficult for these children unless the contents are adapted to their individual needs or speed of learning.

Nevertheless, they can be trained to achieve a maximum of around class III-IV on an adapted curriculum. The teachers ought to give greater emphasis on teaching concepts related to their daily use in the lives of these children rather than formal school subjects like history, geography, geometry, algebra, etc.

Special educators recognize this type of curriculum adaptation as 'functional programming'. This means that the teaching program has contents which are likely to be of direct use in daily functioning of the child in his home or environmental settings. Some examples of activities that can be taught under such a program are on topics related to handling money, reading clocks-watches, telling routes to neighborhood places, shopping activities, assisting in semi-skilled manual labor, etc.

Question # 4: What are the optimum capabilities of children with moderate mental retardation?

Children with 'moderate mental retardation' in the range of IQ around 35-50 can develop a maximum mental age of around 6-8 years. Any comparison of the academic levels of these children with normal peers of their own mental age is futile.

Integration or inclusion of children in these levels of intelligence into normal school settings poses great challenges for the pupils as well as their teachers. Rather than attempting to teach formal academics, the three R's, reading of alphabets, words, phrases or sentences, these children may require individualized education programs for functional education. In fact, priority must be given to train such children to become independent in self care activities like dressing, bathing, toilet, grooming, eating, brushing, etc. Of course, with systematic training and for their levels of intelligence, surely, most of these children can become fully independent in self care activities.

They could also be trained to be of great use in domestic help, handling small amounts of money, performing repetitive vocational activities with supervision, negotiating routes within a familiar neighborhood, etc. At this level of intelligence, they may occasionally require hints or reminders to perform some practical activities, periodic guidance to effectively lead a small but protected life.

Even though formal academics and schooling is difficult, partial inclusion could be a great benefit for improving the lot of these children.

These children could be made part of games, group activities, cultural events, sports, art or other extra curriculum proceedings at normal schools. This will help them to observe the so called 'normal' children and possibly imitate or learn a few tips. Usually, these children are shunned or excluded even from play by the uninformed or unknowing 'normal' children.

This kind of social exclusion actually adds more to the social problems of these severely handicapped children-more than the actual handicap itself!

Question # 5: What is best possible for children with severe mental retardation?

Children with 'severe mental retardation' in the range of IQ around 20-35 can develop a maximum mental age of around 3-6 years. During their younger ages, they are likely to be fully dependent on others for performing all their routine day to day activities too. They have to be bathed, dressed, buttoned, groomed, fed, washed and brushed. There is no point in attempting a formal school education for these children. They have to be first trained in the performance of these routine activities of self care. With prolonged training and by adulthood, they could become partially independent in 'most' self help activities-not all!

Many children in this range of intelligence are likely to have secondary problems and/or associated handicaps. Along with their 'severe' degree of retardation, for example, they may have epilepsy or some other problem behaviors. Normal school teachers or untrained teachers may not find themselves fully equipped to handle such cases. They may have to take advice from special educators or other rehabilitation professionals when it comes to such difficult-to-handle cases.

Question # 6: How do we care for the children with profound mental retardation?

Children with 'profound mental retardation' in the range of IQ below 20 can develop a maximum mental age of only below 3 years. This implies that they are dependent on others even for self management of their daily routines throughout their lives. By necessity, they have to be kept under the custody of somebody.

Some of them may be even permanently bed-ridden. An attendant may be required to change positions frequently, dress, wash and feed or practically do everything for such a child. The normal school has negligible role in the care or management of these children. Sensory training programs, activity participation, allowing these children into observation of other children, etc. are useful in keeping them alive and active.

COURSE II: MENTAL RETARDATION

Unit Four: Guidelines for Training Children with Mental Retardation

On completion of this module, you should be able to answer the following questions:

1. What/who are slow learners?
2. What are the guidelines for home/classroom training for these children?

Question # 1: What/Who are slow learners and/or children with mental retardation?

Slow learners are children with below average levels of intelligence (IQ Range: 70-90). These kids are on the 'border' between the children with 'average intelligence' (IQ Range: 90 and above) and those with mental retardation (IQ Range: Below 70). Hence, they were also referred to as persons with 'borderline' intelligence. However, this term is no more in use in modern clinical practice.

Mental retardation is a condition wherein the individual has IQ below 70 along with simultaneous deficits in adaptive behavior. The term 'adaptive behavior' refers to ability to adapt to demands of daily living or ones social environment. It is the degree to which an individual meets the standards of personal independence and social responsibility for his age or cultural group.

The anticipated adaptive behavior (also called social competencies) varies with chronological age of persons. During infancy, sensory-motor skills, communication (including speech and language), self help skills and social skills are needed; during childhood and adolescence is required application of basic academic skills to daily life, use of reasoning, judgment in social situation and social skills; and, those during late adolescence/adult hood is related to assuming vocational and social responsibilities of daily living.

Question # 2: What are the guidelines for classroom/home training of these children?

Slow learners and children with mild-moderate mental retardation require activity based teaching activities more than formal chalk-talk methods of teaching which may work with the so called 'normal' children. The learning-teaching for these children have to be graded along a continuum from easy to difficult activities. A kid who is ill prepared on some earlier activities is likely to experience gaps or difficulties in later school programs.

While some kids may get exposed or learn these activities on their own or through incidental learning, majority of them may not have exposure to many of these activities at all. It is only then, teachers will find difficulty in teaching more higher/difficult concepts for kids who are ill prepared at these lower levels of training. Here are some brief guidelines on how to go on smoothly in your journey towards teaching slow learners and children with mild-moderate levels of mental retardation and to lead him from dependence to independence.

a) Simple to Complex:

Always plan and proceed to teach from simple to complex tasks. For example, the sequence for teaching color concept must proceed from color matching, sorting, identification-naming to generalization respectively.

You jump a step or miss a step, your child is likely to encounter confusions and errors in learning!

(b) Familiar to Unfamiliar:

Always start teaching your kid from the step, which he knows and then proceed to what he does not know. For example, between tasks of throwing, catching and/or kicking a ball, if your kid knows throwing; start teaching at that step before leading him to other steps.

(c) Concrete to Abstract:

Most preschool kids show difficulty in learning or understanding abstract concepts. They are unable to interpret fables/proverbs, tell similarity between things, express morals of stories, etc. On the other hand, it is easy for them to relate with tangibles or actual objects and events. Follow direct-practical ways and illustrations while teaching rather than leaving them to their imagination.

(d) Whole to Part (General to Specific)

Always proceed teaching your child from the wholes of a concept to its component parts. Suppose you want to teach the concept of body parts, begin with the whole concept-face.

Then proceed to parts of face: eyes, ears, nose and mouth. Still later, proceed to specifics of mouth like lips, teeth, tongue, etc.

(e) Recognize Different Rates of Learning:

No two kids are alike. Be flexible in setting teaching objectives, planning/implementation of teaching techniques. Accept the fact that each child has a different rate or speed of learning for different activities. Therefore, allow the child enough time and space to tune himself to your rate of teaching or his speed of learning.

Anil and Sunil were twins. Both were assessed to have identical IQs and were functioning at the level of "Mild Mental Retardation". An individualized home based training program was planned for both the kids.

However, the mother was surprised when the special educator dished out different "teaching objectives" for home training for both the kids. For example, while Anil was to be trained on "sorting two primary colors" Sunil was advised training on "naming color red from a choice of two other colors".

(f) Avoid Pressurized Learning:

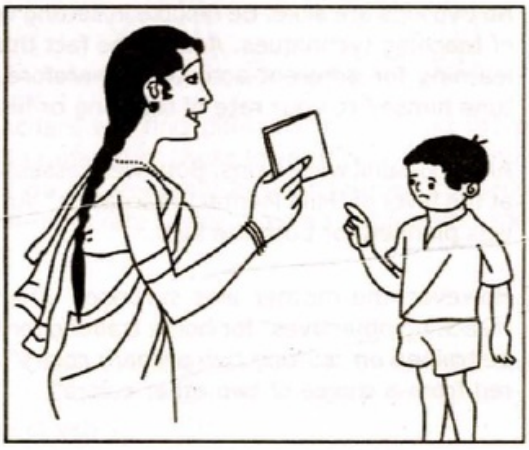
Do not pressurize your kid to perform beyond his known capacities. A maximum level of stimulation is appreciated. However, the "maximum" cannot be easily stipulated. It will vary from one child to another. An excess beyond the learning limits of the child can become emotionally shattering for you as well as your child. Too many comparisons with other well performing normal aged peers, frequent fault finding, expressions of frustration over non-performance, etc., indicate that either your expectations are high or that your kid's abilities are low.

Mrs. Seema was trying to make a list of activities to be taught on a training program for her three-year-old daughter diagnosed as "moderate developmental delay". She used a Checklist and found that there were more than 20 items below the specified 24 months-items that her kid could not pass. Therefore, Mrs Seema set about the task of teaching all these 20 items for the next three-week program. How over ambitious! Even though the mother's intentions were fair, she missed a key element. She was attempting to bite more than she could munch. In other words, she was planning to teach too many things for a kid who would have learnt better with only three or four goals for the next three-week home training program.

(g) Overcome feelings of helplessness:

While pressurized learning has its bad effects on the child; equally dangerous is the opposite extreme of a "laid back" attitude in parents or their feelings of helplessness. This feeling is probably the outcome of repeated failures/frustrations encountered while teaching kids with disabilities. It is a feeling that "there is no way out of this" or that they are "alone in this world of suffering". Eventually, this leads to negative thinking, hopelessness, pessimism and/or "can't do" kind of experience. Indeed, the road to teaching these kids is not smooth or rewarding as with normal children. But, your right attitude has got a lot to do with what or how much your kid can or will achieve in home training programs.

Mrs. Kalpana is the mother of six-year Chandrika, diagnosed as a child with "severe mental retardation and cerebral palsy". The mother has been consulting several specialists. Despite her efforts to train the child with minimum supports from her spouse or family members, Chandrika did not show much improvement. Mrs. Kalpana felt frustrated. At times, she had thoughts of "not doing any training at all" for the child. "Why should I alone waste so much energy and time on this child? What will I get in return for all this trouble? Despite this struggle, will my child improve at all?" Such doubts and questions assailed her mind. Mrs. Kalpana was a strong willed lady. She did not allow her mind to be carried away by such negative thoughts and feelings. She worked steadily on small goals and achieved each of them slowly but surely over time.



(h) Structure Pace of Learning:

There are stages or steps in learning various skill behaviors. Obviously, your kid might be located somewhere along these steps. Unless you identify the step/level correctly, it is doubtful if the desired teaching objectives can be ever achieved.

Do not always misinterpret your failure to teach the kid a particular target behavior as the child's "incapacity" or "fault". Rather, it could be your miscalculated or wrong teaching procedures. Therefore, pace the learning/teaching for your kid to his respective speed. Do not push him at your own prescribed momentum or by teaching your own irrelevant curriculum.

Mrs. Pandit was planning to teach shape concepts to her five-year-old child. She went straight ahead to show the child various cut out of shapes like circle, square, triangle, diamond, rhombus, rectangle, star, hexagons, etc. She began pointing to each shape and called out its name loudly in front of the child: "This is a diamond!"..."This is rectangle!" and so on.

At first, the child appeared to comprehend point or identify the shapes correctly. However, the next day, when the same exercise was repeated, the child confused between "diamonds", "rectangles" or "squares". Mrs. Pandit was extremely disappointed at not being able to make any real progress in her attempt to teach shapes to her child.

(i) Recognize/Rectify Faulty Communication of Intent & Purpose:

The communicative relationship between parent-child is a critical dimension in success of training programs. A faulty communication between parent-child can trigger serious problems of non-compliance during teaching in home settings.

The child who is repeatedly referred as being akin to some vagrant relative in the family will assiduously pick up such behavioral tendencies from a negative model. Sometimes, there is disparity between intended communication and its actual interpretation by the child. For example, you may mean well in showing a particular child who is well behaved as model for your kid to emulate. However, in actuality, the use of your words suggests a comparison that is resented by your kid.

"Radha!", scolded the mother, "Why can't you behave yourself like Arun. Look! How neat and tidy he is!" The mother is actually meaning to show Arun as a model for Radha to observe and learn from. But, Radha shouts back immediately "Mummy! I know you always love Arun. That is why you keep praising him. I know you hate me".

(j) Self Fulfilling Prophesy:

Many teaching sessions between parent-child are endangered by implicit and unwary comments unwittingly passed by adults. The mother who reports before everyone about her child's dislike for a particular edible is preparing the child to become fastidious about some foods. Similarly, a parent who continues to admit in front of his child that he is very "reserved" and not "mixing" with other kids is indirectly teaching the kid to behave in that particular way. Note that implicit and incidental learning is more deep rooted and easily picked up by kids than events or elements which are intentionally programmed to be taught to the child.

Ankita is being taught to read and write the spelling of her name. The mother has a notion that her child is not interested in writing activities. She keeps telling about this to everyone-right in front of the kid herself!. "My daughter hates writing!" "Ankita is the best girl in this world-only so long as you don't ask her to read and write" she would complain, "Give her something to read and write, then you will see her true colors.

She will start throwing things, breaking things, shouting and so on!" Ankita is sitting right out there smiling and listening while the mother is delivering this discourse about her in front of their neighbor lady. Ankita is sure to learn several of the negative behaviors as expressed by the mother!

(k) Deficient Opportunities for Learning:

Most kids with disabilities are victims of under stimulation and inadequate opportunities for learning. While parents are busy providing stimulation for their non-disabled siblings; quite unintentionally, the disabled kid may be well provided, but inadequately stimulated. Many of their skill deficits are a result of not giving them chance to do things on their own. A child is not given knife to cut vegetables, fearing he may harm himself. Rather, these kids require ample supportive opportunities for learning.

Jagdish, aged seven years, was brought with complaints of slowness in mental developmental and language delay. The parents reported that their child could not button own clothing, eat by himself, wash or dress by himself. They confessed that he was dressed, clothed, fed or attended by a maid specially appointed for that purpose. A closer observation revealed that Jagdish was not as "incapable" as his parents had made him out to be. He was simply never given any chance to look after himself. In front of the therapist in clinical setting, the child was observed to do most of the things which the parents had reported that he cannot do!

(l) Desist from Shopping for Quick Remedies:

It requires a patient, prolonged and planned training program to identify and teach each deficit skill in the child. Despite the wish of many parents, there is no short cut or quick remedies. There are no drugs, surgeries or operations to do wonders and help the child to achieve all skills you intend to teach. However, careful planning and meticulous implementation of skill training will yield positive results slowly but surely. Parents who have not reconciled to this truth are seen shopping for advise from one specialist to another or trying various non-scientific remedies endlessly. In the process, quite a lot of money is wasted. More than that, precious time is lost when training could have been early and effectively implemented.

Payal, aged four years, was brought with complaints of not responding to verbal instructions by caregivers. She was inconsistent in her responses to name call, commands or instructions to perform certain actions. Occasionally, she uttered some words like "Pappa", "Mamma", "Ingoo"; but, they were not imitative. Her grandfather, who was decisive head of the joint family, frequently defended her delays in development as nothing alarming at all. After all, he had seen several kids who started speaking or walking late in their childhood! Payal's parents delayed her first medical consultation until she was over five years-when their family doctor strongly recommended an expert opinion. A round of consultations went around a neurologist, pediatrician, homeopathic/ ayurvedic specialists and so on. A variety of disorders were considered. Could it be mental retardation? Or hearing loss? Or Autistic Disorder? Or Retts' Syndrome? A skull X-ray, EEG, audiology screening, CT Scan, MRI, several rounds of blood tests, urine, stools, etc., was carried out. Someone started the child on a course of brain tonics to presumably increase (what they suspected) her low intelligence! Another doctor was over enthusiastic to start Payal on a course of anticonvulsant medicines as preventive measure just in case she had some sort of sub-clinical epilepsy! At the end of all this exhausting exercise, the parents were still in dark about the final diagnosis of their child.

(m) Avoid physical or corporal punishments:

In principle, everyone agrees on demerits of physical punishments and advocate that they should not be used with kids. Even though extreme forms of corporal punishments on kids like branding, spanking, hitting with cane, undressing for public display, etc., are decreasing; in practice, subtle forms of physical abuse continue to take place in most homes or even preschools. The presence of a stick/scale on the table may be only symbolic; but they implicitly convey wrong signals to the young learner. Small pinches, quick slaps, angry stares, unwitting or sarcastic comments from elders, disapproving frowns at young kids are common in many frustrating teaching situations.

Rakshit, eight-year-old child diagnosed as "mild developmental delay", was awfully slow in all activities. His father plans to teach him number skills like rote recitation, serial writing, identifying "big-small" numbers below ten, counting and giving objects below ten, etc. While teaching, the father frequently lose his temper and scolds Rakshit. Sometimes, he hits him too. He always carries a cane while teaching-not so much to use it just to "frighten" the boy and "secure his cooperation". How wrong the father was! Because, every time Rakshit saw his father, he made some excuse or the other to escape the ordeal of another learning activity. Soon he lost all interest in learning numbers.

Negative experience is bound to create an atmosphere not so conducive to enjoying the learning activity by the child. Such incensed exchanges between mother-child may not be carried out intentionally. The affectionate mother is intending the child learn more effectively! She may even attempt to undo her punishments immediately with an overdose of affectionate hugging, kissing or defending her actions as justified for "good" of the child. Even as one is justified for speaking in defense of children on the issue of punishments; at the same time, excess laxity of discipline is not what is being advocated here.

COURSE II: MENTAL RETARDATION

Unit Five: Alternative Educational Options for Children with Lower Levels of Intelligence

On completion of this module, you should be able to answer the following questions:

1. What are the alternative educational options available for slow learners and children with mental retardation?
2. What are the guidelines for home/classroom training for these children?

Question # 1: What are the alternative educational options for children with lower levels of intelligence?

Owing to their limited intelligence, slow learners are unable to keep the pace as well as the expected levels of classroom learning as seen in their age peers. An eight year old slow learner may be in class three and yet his grade level equivalence may not be beyond kindergarten or first grade levels. This kind of poor performance may be seen in all the subjects and even in many non-academic related life activities. Therefore, many parents are tempted to ask whether it would be alright to reallocate the child once again in kindergarten or first class levels so that he or she can begin afresh with other lesser age peers. The answer is no!

A reallocation of the low functioning child to an inferior grade or class does not necessarily solve the problem. It is not only a question about what to teach these children, but also, how to teach them.

It is alright to accept that the slow learner needs to learn kindergarten or first grade lessons. But, it is also important that he is taught in a manner and pace at which the child can learn to the optimum. What's more! The conventional methods of teaching and evaluation do not also suit these children.

To begin with, these children require individualized attention and coaching rather than group teaching. The conventional classroom with fifty or more kids huddled together does not suit these children. They are easily distracted if forced into such classrooms. Moreover, the topics for teaching these children should be at their level of understanding. There is no point in teaching numeration above lakh or crore, for example, for the child who does not number beyond hundreds.

The lessons and teaching activities for these children must proceed at their pace rather than insisting that the child proceeds at the pace of the teacher. Even the lessons or activities planned for teaching these children has to be simplified.

Examinations with a heavy load of questions, essay-type of answers, recitation of verses, rote reproduction of paragraphs, etc., which are conventional to most Indian school assessments can never to be negotiated by slow learners.

The child remains a misfit to such a scheme of evaluation. Rather, it is apt to say that such a system of appraisal is a misfit to the needs of the slow learner! They would rather require an objective scheme of examination with full of one word answers to questions, exercises involving filling up blanks, matching words, solving short pragmatic puzzles, negotiating concrete pictures, crossing out words, etc. Probably, the examination should be practical, tangible and visible rather than abstract!

In recognition of these special needs of children with learning disabilities and slow learners, the Government of India has commenced what is called as 'Open School'. The National Open School (NOS) is a welcome alternative to formal education. It is specially suited for the needs of certain categories like school dropouts, girls, slow learners, mentally handicapped, learning disabled, autistic or such other children.

It offers course like foundation course which is nominally equivalent of seventh grade, secondary and higher secondary level or courses. Its program of Open Basic Education (OBE) for Universal Elementary Education (UEE) is available at three levels, viz., preparatory (equivalent of Grade III), primary (equivalent of Grade V) and elementary (equivalent of Grade VIII) respectively.

A list of special accredited institutions for education of disabled under NOS has been identified. However, the NOS is yet to formulate activity based non-formal courses suitable for home-school models of education which maybe most suitable for children with disabilities and impairments.

A local version of the NOS is available in the regional medium of instruction as Karnataka Open School (KOS). The child is allowed study in the local language and has an option to select any 5 course from an optional array of over 25 subjects. Most of the included subjects heavily loaded on practical skills, such as, data processing, typewriting, bakery, carpentry, etc., apart from conventional school subjects. KOS exam is made equivalent to KSEB. Hence the choice of subjects are limited and it is equivalent to Three Languages and Three Subjects of 10th Std, KSEB.

The enrolled student has an option to appear for an examination in individual subjects as and when he or she is ready just by approaching the notified centers across the country. The examinations are conducted instantaneously. The question papers are flexible with extra allowances and concessions for children certified as having a disability. The concessions and benefits include extra time during an examination, prompter or reader facility for the autistic or visually handicapped, enlarged question papers for the partially sighted, etc.

Many slow learners and children with mild mental retardation benefit from the concessions offered by the government during their examinations. For example, the exemptions from the study of extra languages that is being given to these children reduced a load of the curriculum. The extra time given to these children during examinations compensates for their slow performance.

Question # 2: What are the guidelines for home/classroom training of these children?

The teaching or training program for children with mental retardation needs to be individualized. Hence, it is called individualized training program. Teachers of these children typically use checklists to discover what are the behaviors or activities which a given child can do or cannot do. Can he name colors? Can he indicate toilet needs? Can he button or unbutton own clothing? Can she wave tata or bye bye? Can she rote recite number till five? There are several hundreds and hundreds of such activities that children should learn to perform at different ages. Using such checklists, one can discover what this given child can perform or which other behaviors he cannot.

From among the behaviors or activities that a given child with mental retardation cannot perform, the teacher selects four or five goals. She decides to teach the easiest item first.

The selected item must be appropriate to the mental age level of the child. Appropriate toys or teaching aids have to be prepared that goes along with the teaching of that selected goal. For example, to teach 'colors', for example, buttons or beads in different colors may be needed. To teach buttoning or unbuttoning skills, a button frame may be required.

Using the appropriate teaching aid, toy or gadget and for the chosen goal, the teacher must go about simplifying the teaching activity into small and simple steps. The single goal has to be broken down into small parts. Each part must be taught separately. Further, it is very important to reward the child for every small effort.

Rewards are things or events liked by the child and which will make that child to learn faster or better. For example, a verbal praise like 'good' will motivate the child to learn more or do better. There are many types of rewards that work with children. It can be verbal praises, eatables, points, play materials, etc.

Every attempt to learn any activity must be followed by a reward liked by the child. Likewise, there should be no benefits shown or given to the child for not learning too. There are many more useful and effective rules about how to teach children with special needs. If these rules are correctly followed there is no reason to believe why any child will not learn what is wanted to be taught to them. If at all, there is any child who does not learn then it must be more due to faulty teaching methods rather than an inherent inability in the child per se!

A Short Questionnaire on Mental Retardation & Slow Learners
Self Study Questionnaire...1

INSTRUCTIONS:

Given below are some statements on or about mental retardation. Read them carefully and attempt to answer them either as 'right' or 'wrong'. Check your answers later with the answer key.

Sno	*Item*	*Right/ Wrong*
1.	*Mental retardation is also called mental illness*	
2.	*One can become mentally retarded at any time in ones life*	
3.	*Some people have become mentally retarded owing to severe stress and strain*	
4.	*Exposure of pregnant women to eclipse can lead to birth of retarded children*	
5.	*Pregnant women living or working with mentally retarded children run a great risk of giving birth to such children*	
6.	*Mentally retarded persons have 'small' brains compared to 'normal' people*	
7.	*Behavior problems in mentally retarded children like hitting others, crying, throwing things, violent behaviors, etc., are due to their primary condition*	
8.	*About 3% of population in our country are mentally handicapped*	
9.	*All mentally handicapped persons are similar*	
10.	*Mentally handicapped children are slow in their growth and development*	
11.	*Some children may have epilepsy/fits or associated conditions like visual handicap, hearing handicap, etc., along with mental handicap*	

Sno	Item	Right/ Wrong
12.	Sometimes evil spirits influence normal children with weak minds and make them mentally handicapped	
13.	Major failures, frustrations and disappointments in life, such as, in marriage, work or studies, can lead to mental retardation	
14.	Mental handicap is due to one's Fate and there is nothing one can do to prevent it	
15.	Mental handicap is curable	
16.	It is waste of time teaching activities like eating, dressing, bathing, etc., to the mentally handicapped as it would save a lot of time and energy if we were to do these things for them	
17.	If a pregnant woman consumes alcohol, she can have a plump and healthy baby	
18.	During pregnancy if a woman develops complications like high fever it can damage the brain of the developing baby and cause mental handicap	
19.	All mentally handicapped persons can be taught the same activity in the same way	
20.	Love and care is sufficient to correct the problems of children with mental handicaps	

Self Study Questions...2

:

1. What is mental age?
2. What is social age?
3. What is the basis for classification of persons with mental retardation
4. What are the various levels or grades of mental retardation?
5. What is the difference between slow learners and persons with mental retardation?
6. What are the differences in the capabilities of persons with mild and severe mental retardation?
7. Discuss the training techniques applicable for persons with mental retardation.
8. What are the goals for teaching children with mental retardation?
9. What are the guidelines to be followed in he training of children with mental retardation?
10. What are Open Schools? How do they benefit slow learners and children with mental retardation?

Self Study Questions...3

Fill up the Blanks:

1. Child with mild mental retardation has an IQ range between _____
2. The full form expansion for IQ is _____
3. The formula for calculation of IQ is _____
4. Developmental period refers to the years from birth to _____
5. The persons with mental retardation were called earlier as _____
6. A special type of schooling useful for children with mental retardation is _____
7. Teaching for mentally retarded children must always proceed from _____

   To _____
8. The level of mental retardation wherein the individual requires custodial care is

   _____
9. Examples of problem behaviors are: _____
10. Home based training refers to _____

ANSWER KEY FOR SELF STUDY Q UESTIONS 1

SNos.	ANSWER	SNos.	ANSWER
1	Wrong	11	Right
2	Wrong	12	Wrong
3	Wrong	13	Wrong
4	Wrong	14	Wrong
5	Wrong	15	Wrong
6	Wrong	16	Wrong
7	Wrong	17	Wrong
8	Right	18	Right
9	Wrong	19	Wrong
10	Right	20	Wrong

ANSWER KEY FOR SELF STUDY Q UESTIONS 3

Nos	ANSWER
1	50-70
2	Intelligence Quotient
3	MA/CA x 100
4	16-18 years
5	Idiots, Imbeciles, Morons
6	Open School
7	Simple to Complex
8	Profound Mental Retardation
9	Hits others, throws things, bangs head, etc.
10	Teaching children at home by caregivers.

ADDITIONAL INFORMATION
SAMPLE LIST OF BEHAVIORS SUGGESTED FOR TRAINING CHILDREN WITH MENTALRETARDATION AT DIFFERENT SEVERITY AND AGE LEVELS

Given below is a list of functional or day to day behaviors needed for training children with mental retardation. Obviously, the choice of a specific target behavior for training or teaching a given child will vary. An ideal way is to keep this list or similar ones and first check out what all behaviors your child 'can do' and/or 'cannot do'. Then, typically select two to four target behaviors from among the ones that the child 'cannot do'. First give the child an opportunity to do that behavior. Your will be surprised to discover that many times and most children with mental retardation will end up being able to do it!

Despite your giving an opportunity, the child is unable to do it-then make it a regular teaching objective for the next two weeks. Give him the supports, encouragement, physical and/or verbal assistance. Give the child needed play things, toys or teaching aids to learn that behavior. And, above all, give the child rewards liked by him or her immediately the performance of those. A preliminary sample of training activities are reproduced below from the forthcoming book titled 'Clinical Analysis of Academic Problems in Preschool &Primary School Kids' by S. Venkatesan, 2008)

SAMPLE MOTOR ACTIVITIES

- *Stands/balances on one foot for 10 seconds*
- *Stands/balances a book on head for 10 seconds*
- *Marches to rhythm/instructions*
- *Walks on toes*
- *Stacks cubes into tower of four*
- *Folds paper into two or four equal sizes*
- *Makes fountain by releasing water from mouth*
- *Walks with balance when blindfolded*
- *Swings in sitting position*
- *Slides down garden equipment*
- *Sucks through straw*
- *Unwraps candies*
- *Buttons own clothing*
- *Kneels*
- *Squats*
- *Sits cross legged*
- *Tunnels through small crevices/cavities*
- *Undresses-dresses own clothing*
- *Shows effective tripod hold on writing instruments*

- *Balances on see-saw*
- *Throws ball into container from a distance*
- *Stands in balance when in motion*
- *Catches ball with arms when thrown from distance*
- *Climbs 4-5 steps on inclined ladder*
- *Dusts/wipes furniture on instruction*
- *Somersaults*
- *Takes 4-5 steps backwards without loosing balance*
- *Coordinates to hit ball with toy bat*
- *Puts rubber band to strap small objects*
- *Opens/closes safety pins*
- *Uses an eraser*
- *Assembles 5 cubes to make a bridge*
- *Tricycles*
- *Swings in standing position by propelling self*
- *Puts on pair of socks*
- *Imitates breath holding exercises*
- *Threads medium size needle*
- *Brushes teeth on own*
- *Blows whistle, balloon, soap bubbles, etc.*
- *Pastes envelopes or pictures using gum or glue*
- *Makes collage by pasting bits of paper*
- *Operates lock-key to bolt a door*
- *Does frog jumps*
- *Clings to horizontal bars for ten seconds*
- *Tears paper along a folded crease*
- *Sweeps using a broom or floor mop*
- *Makes a staircase using ten cubes*
- *Ties tags, shoe laces or slip knots*
- *Hops at least 5-10 steps*
- *Skips*

SAMPLE NUMBER ACTIVITIES

Number Activities

- *Awaits till a specific number count*
- *Rote counts*
- *Serial writes numbers*
- *Counts & gives away objects*
- *Counts objects & writes down numerals*

- *Reads a number & makes appropriate figures*
- *Counts figures & writes down appropriate number*
- *Matches: Numbers to words and vice versa*
- *Writes a number 'after' a specified number*
- *Writes numbers to dictation*
- *Performs Number Cancellation Activities*
- *Repeats 2 digits forward*
- *Writes a number 'before' a specified number*
- *Writes number 'in between' two given numbers*
- *Writes numbers in words from figures*
- *Writes numbers in figures from words*
- *Identifies 'big-small' in numbers*
- *Comprehends symbols of ">"*
- *Comprehends symbols of "<"*
- *Comprehends symbol of "="*
- *Object sequencing: Alternate*
- *Comprehends concept of "zero"*
- *Repeats 3 digits forward and 2 digits backward*
- *Counting backwards 10-1*
- *Roman Number 1-10*

SAMPLE COGNITIVE ACTIVITIES

- *Discriminates 'above-below'*
- *Discriminates 'over-under' or 'on-under'*
- *Discriminates 'big-small'*
- *Spots at least three differences from pair of pictures*
- *Tells at least two differences between objects (Horse-Cow)*
- *Comprehends 'before-after'*
- *Comprehends 'heavy-light'*
- *Discriminates 'long-short'*
- *Comprehends 'up-down'*
- *Comprehends 'high-low'*
- *Comprehends 'sooner-later'*
- *Comprehends 'far-near'*
- *Recalls at least 3 out of 5 pictures shown for 5 seconds*
- *Recalls at least 3 out of 5 objects told orally*
- *Follows question forms: "Where?" & "Whose?"*
- *Names various shapes*
- *Names various colors*
- *Comprehends 'left-right'*

- *Comprehends 'wide-narrow'*
- *Comprehends "in between" or "middle"*
- *Assembles 6-8 piece jigsaw puzzles*

SAMPLE CLOCK-TIME & CALANDAR ACTIVITIES

- *Differentiates 'darkness-light'*
- *Relates time to clock or watch*
- *Discriminates 'now' and 'later'*
- *Discriminates 'day-night'*
- *Differentiates 'morning-evening'*
- *Differentiates parts of day 'morn-noon-evening-night'*
- *Identifies hour hand of clock or watch*
- *Comprehends 'quick-slow'*
- *Tells time to hour from small hands of clock or watch*
- *Identifies minute hand of clock or watch*
- *Differentiates 'breakfast-lunch-dinner'*
- *Differentiates 'yesterday-today-tomorrow'*
- *Identifies second hand of clock or watch*
- *Counts by fives on clock or watch*
- *Reads a digital clock or watch*
- *Reports seasons of a year*
- *Tells time to nearest half-quarter hour*
- *Reports number of days in a week*
- *Rote recites days of week*
- *Reports time to nearest minute*

SAMPLE SOCIAL-PLAY ACTIVITIES

- *Sings or dances alone to music*
- *Imitates peers in pre rule/kindergarten play*
- *Awaits turn during kindergarten play*
- *Slides down garden equipment*
- *Swings in sitting position*
- *Aims and hits large sized objects using ball*
- *Hits target coins on carom board games*
- *Plays with toys/dolls*
- *Blows a whistle*
- *Squeezes through a tunnel*
- *Scolds playmates, dolls or animals in games*

- *Claps hands/sings/dances in group song*
- *Pretends animals-crawls on fours, makes noises/actions*
- *Shares own belongings with others*
- *Acts out nursery rhymes/makes a public presentation*
- *Shows imitative play involving rudimentary rules with peers*
- *Plays leap frog games*
- *Swings in standing position by propelling self*
- *Recognizes and preserves own play materials*
- *Strikes coins on carom games to drop into pocket*

PROBLEM BEHAVIOR ASSESSMENT CHECKLIST

Nos.	*Problem Behaviors*
1.	**Violent & Destructive Behaviors**: Kicks others
2.	Pushes others
3.	Pinches others
4.	Pulls hair, ear body parts of others
5.	Slaps others
6.	Hits others
7.	Spits on others
8.	Bangs objects
9.	Slams doors
10.	Bites others
11.	Attacks or pokes others with weapons (blade, sticks or pencils)
12.	Throws objects at others
13.	Tears/pulls threads from own or others clothing
14.	Tears up own or others books, papers or magazines
15.	Breaks objects/glass/toys
16.	Damages furniture
17.	**Temper Tantrums:** Cries excessively
18.	Screams
19.	Stamps foot
20.	Rolls on floor
21.	**Misbehavior with Others:** Pulls objects from others
22.	Interrupts in between when others are talking
23.	Makes loud noise when others are working or reading
24.	Makes face to tease others

Nos	Problem Behaviours
25.	Uses abusive/vulgar language
26.	Takes others possessions without their permission openly
27.	Tells others what to do and has his/her way (bossy)
28.	**Self Injurious Behavior:** Bangs head
29.	Bites self
30.	Cuts or mutilates self
31.	Pulls own hair
32.	Scratches self
33.	Hits self
34.	Puts objects into eyes/nose/ear
35.	Eats inedible things
36.	Peels skin/wounds
37.	Bites nails
38.	**Repetitive Behaviors:** Rocks body
39.	Nods head
40.	Sucks thumb
41.	Makes peculiar sounds
42.	Bites end of pen/pencil
43.	Shakes parts of body repeatedly
44.	Grinds teeth
45.	Swings round and round
46.	**Odd Behaviors**: Laughs to self
47.	Laughs inappropriately
48.	Talks to self
49.	Hoards unwanted objects (sticks, thread, pieces of unwanted cloth)
50.	Picks nose
51.	Plays with unwanted objects like slippers, strings, dirt, feces, etc.
52.	Kisses, hugs and licks people unnecessarily
53.	Smells objects
54.	**Hyperactivity:** Does not sit at one place for required time
55.	Does not pay attention to what is told
56.	Does not continue with the task at hand for required time
57.	**Rebellious Behaviors:** Refuses to obey commands
58.	Does opposite of what is requested
59.	Takes very long time intentionally to complete a given task

No.s	Problem Behaviours
60.	Wanders outside school
61.	Runs away from school
62.	Argues without purpose
63.	**Antisocial Behaviors:** Lies or twists the truth to his own advantage or blames others*
64.	Cheats in games or no sense of fair play*
65.	Steals*
66.	Makes obscene gestures*
67.	Exposes body parts inappropriately*
68.	Makes sexual advances towards members of opposite sex*
69.	Touches own private parts in public*
70.	Touches others private parts in public*
71.	Gambles*
72.	Fears: Fear of objects*
73.	Fear of animals*
74.	Fear of places*
75.	Fear of persons* Any Others:

This Checklist is reproduced from: Venkatesan. S. (1992). Behavior Assessment Scales for Indian Children with Mental Retardation: Part B. Secunderabad: National Institute for the Mentally Handicapped. (*) Indicates items not entirely applicable for kids below six years

The latest AAMR Definition of Mental Retardation (2002)

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

Five Assumptions Essential to the Application of the Definition

1.	Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2.	Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3.	Within an individual, limitations often coexist with strengths.
4.	An important purpose of describing limitations is to develop a profile of needed supports.
5.	With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

Additional Reading:

FUNCTIONAL PROGRAMMING FOR SCHOOL AMENABLE MENTALLY CHALLENGED CHILDREN IN INTEGRTATED SETTINGS

INTRODUCTION

Children with mental handicaps constitute a significant proportion of students at elementary school levels. However, a majority of them drop out of school before they complete their primary education. There are many reasons to explain this high rate of normal school drop out among mentally challenged children. It may be due to their primary condition or due to speech and problem behaviors in some of them. A strong reason for the raw deal meted out to these children in normal school settings is the want of structured curriculum and training modules to suit their specific needs. Teachers in integrated settings need to appreciate various aspects of curriculum planning and functional programming for mentally challenged children.

MENTAL RETARDATION & NORMAL SCHOOL EXPERIENCES

In a study on exposure of mentally handicapped children to school settings, it was reported that nearly 55 % of the sample had no school exposure at all. Only 45 % children with mild-moderate mental handicaps had minimal 4-5 years of exposure to elementary level school education. There were frequent instances of change in schools, stream or medium of instruction for these children until eventually they dropped out of school on an average before four/five years of primary schooling (Venkatesan et al, 1994).

There is need to retain more and more mentally challenged children in normal school settings. At least, slow learners and mild-moderate grades of children with mental handicaps need be retained in normal school settings. It provides a better milieu for these "stimulation-starved" pupils. It keeps them in closer proximity to normal age peers and eases mainstreaming process in the context of larger society. Simultaneously, integration fosters positive attitudinal valence in non-disabled age or class peers.

FUNCTIONAL PROGRAMMING

Ideally, slow learners and children with mental handicaps would require highly individualized curriculum planning and implementation for an optimal learning atmosphere around them. In actuality, this is neither feasible nor pragmatic at all times. It becomes costly/labor intensive to have resource rooms, trained special educators, small-group teaching sessions and individually paced teaching programs for children with mental handicaps in integrated settings. Therefore, group teaching becomes the only inevitable alternative for teachers of these children in integrated settings. Their curriculum planning must necessarily cover behavioral domains that are age/severity appropriate for small groups of children in conjunction with their age peers.

The curriculum areas relevant for mentally challenged children during preschool years (below or equal to five years) can include sensory-motor activities, lower order communication skills, self help behaviors, social/play activities and pre-academics.

During middle childhood to adolescent ages, teaching programs can include functional academics, social skills, community living skills, play/leisure skills and prevocational skills. In the later years, during post-adolescence and adult life, teaching curriculum can include vocational skills, higher order communication skills, social-survival skills, sexual hygiene and habits along with leisure/recreational skills.

In actual practice, unfortunately, it is reported that many teachers adopt normal school curriculum along with its list of formidable academic subjects like history, geography, language, grammar, science, civics, etc., during class room teaching for children with mental handicaps and slow learners in integrated school settings. The deleterious effects of such uninformed and pernicious practices on the child; as also, the felt discomfort and frustrations in their vexed teachers requires no elaboration (Venkatesan, 1994).

The essence of functional programming involves development of curriculum that is age appropriate, relevant and meaningful in the context of limited potential and their utility in the lives of these children. Often, these children are goaded into learning a foreign language with no avail while neglecting their proficiency in a native tongue. Teachers/caregivers realize the mistake only after years of psychological trauma experienced by the child owing to repeated failures and frustrations in their academic pursuits.

FUNCTIONAL ASSESSMENT

It is not only the broad curriculum domains which need to be made relevant, useful and appropriate to suit the needs of children with mental handicaps in integrated school settings; but also, their methods of teaching. Ideally, the curriculum content for these children should be so chosen from among various tasks that they have a high probability of requirement in daily living.

An important pre-exercise to planning/implementing training curriculum for these children is functional assessment of their contemporary/existing behaviors. Functional/ behavioral assessment for children with mental handicaps is of recent origins in our country. There are few standardized, semi-standardized or non-standardized checklists available for use by teachers in Indian schools (*Table One).* The relative merits/demerits of each of the mentioned functional assessment scales or the target age-groups of children for whom they are intended to be used differ from one another. The teacher has to make a careful choice of the assessment device relevant for given child/groups of children in his or her class of children with disabilities.

Sample list of Functional Assessment Scales for Children with Mental Handicaps in India.

SNo	Name of Checklist	Authors, Year & Publishers
1.	Madras Developmental Programming System (MDPS)	Jeyachandran, S., Vimala, S., & Kumar, P. (1996). Vijay Human Services, # 6, Laxmipuram Street, Royapettah, Chennai.
2.	Assessment of Mentally Retarded Individuals for Grouping & Teaching	Department of Special Education. NIMH: Secunderabad
3.	Functional Assessment Tools	NASEOH, Postal Colony Road, Chembur: Mumbai.
4.	Curriculum Guidelines for Schools for Children with Mental Retardation	Jai Vakeel School for Children in Need of Special Care, Sewri Hills, Sewri Road, Mumbai.
5.	Behavior Assessment Scales for Indian Children with Mental Retardation (BASIC-MR)	Peshawaria, R & Venkatesan, S, (1992), NIMH: Secunderabad.
6.	Activity Checklist for Preschool Children with Developmental Disabilities (ACPC-DD)	Venkatesan, S. (2001). AIISH: Mysore.
7.	Adaptive Behavior Scale	Gunthey, R.K., & Upadhyaya, S. (1982). Adaptive Behavior in Retarded and Non retarded Children. Indian Journal of Clinical Psychology. 9. 163.

STEPS IN FUNCTIONAL PROGRAMMING

The steps involved in functional programming to be followed by teachers of slow learners and children with mental handicaps in integrated school settings are:

1. School Readiness Skills:

A good beginning for teachers of mentally a challenged child in integrated settings is to ascertain whether their pupils have requisite school readiness. Many times, these children may be prematurely exposed to formal and normal school routines without any consideration of the special preparations required for preparing them into such activities. School readiness includes personal-social readiness, academic readiness and readiness for co-curricular activities respectively.

Personal-social readiness skills include a sense of security on being left alone/away from home settings, personal habits in attendance, regularity, punctuality, tidiness, etc. There must be a minimum competency of pro-social behaviors like sharing, waiting for one's turn in games, participation in group activities, recognizing/respecting property rights, etc.

Academic readiness is achieved through proficiency in pre-reading, pre-writing and pre-arithmetic skills. Within this is included a broad gamut of object/picture matching, sorting, discrimination, identification or naming activities in terms of various properties like shape, color, size, texture, etc.

Many non-disabled children receive these pre-academic skills on their own through observational or incidental learning. None need specifically plan or target a teaching program for teaching these skills and activities. Therefore, it may appear to the casual observer that these skills are learnt by non-disabled preschool toddlers "almost spontaneously"!

2. Setting Teaching Objectives:

The process of setting teaching objectives marks the commencement of any training program for children with mental handicaps. Goals provide a framework and direction for the activities of teacher and her pupil. It is vital to consider the child's age, abilities, needs, social aspects and current level of functioning in various areas before setting up specific teaching objectives. Always select objectives, which have functional-utilitarian value for the handicapped learner as well as others around him.

Select only those objectives, which can be surely achieved within the limited time frame, you set upon yourself to achieve these targets. Choose those teaching objectives that help the handicapped child to mainstream or move closer to his normal age peers. Since slow learners and children with mental handicaps have limited intellectual potentials, it is advisable to work on limited and focussed teaching objectives rather than on a wide variety of them that could dissipate the teacher's energies and resources.

3. Checking on Prerequisites:

Before initiating a teaching/remediation program on selected teaching objectives for children with mental handicaps, it is necessary to check if he has the required prerequisites for that learning target. In other words, each learner must have achieved certain preconditions before he is exposed to learn the next attendant behavior. For example, no child will learn to walk before he learns to sit or sit before he learns to hold neck steady. Similar behavioral prerequisites exist for almost all-learning activities.

To name colors, the child must be able to sort, match and identify colors. To identify values of coins, he must be able to read numbers. To hop or skip, she must be able to jump off with both feet off the ground. One of the ways to check on prerequisites in a child before selection of a teaching objective is to perform that target activity yourself and get a feel of all skill components that go into performing that given activity.

Break the given activity into small parts/steps before determining the level up to which the child is able to perform that given activity. Then, proceed to teach from that level of assistance.

4. Preparation of Materials/Activities for Training:

A functional training program entails not only selection and prioritizing of specific teaching objectives and checking on prerequisites; but also, reparation of relevant teaching materials and activities.

Often, many think that they may have buy costly toys or exotic teaching aids/ materials for teaching children. Undoubtedly, teaching aids have a facilitator role in teaching. But, on many occasions, with little ingenuity, one can use familiar articles or routine things as materials for teaching children. Color or size discrimination can be taught by using buttons of various colors or sizes.

The use of lock and key, squeezing soft cloth or sponge, picking up strewn playing cards or gem clips from the floor, using a pair of scissors or such other activities are simple yet routine exercises for improvement of eye hand coordination.

Old magazines or newspapers are useful for scribbling, tearing, pasting or folding activities. Oral exercises are induced by balloon blowing, playing on wind instruments (flute or mouth organ), blowing candles, soap bubbles, whistles, etc. As far as possible, teaching aids must be close to the real world.

Slow learners and mentally challenged children have difficulties in generalizing what they learn in one situation to other similar situations. A child who has learnt to point to vegetables in pictures need not necessarily identify real ones. Another child who has learnt to rote count to hundred need not count and give five pencils from a box of ten.

5. Listing, Selection & Preparation of Rewards:

Rewards constitute an important agent for teaching children. Rewards act as incentives for children to learn as well as perform what they have learnt. Normal children experience rewards in abundance in their daily lives. Slow learners and children with mental handicaps have relatively deficient skills to exhibit to others. Therefore, they require specially focussed reward training schemes to be built into the context of their skill training programs.

A reward is a thing or event that happens after a behavior. It is pleasurable and makes that person to behave similarly again and again. Whether we are aware of it or not, all of us are motivated by rewards. The nature, type or amount of rewards, which motivate each one, may differ. Rewards may be edibles, material things, activities, privileges, social/verbal praises, etc.

Teachers must be acquainted with procedures of selecting and dispensing rewards that work with children. There are several rules that are crucial to dispensing rewards, such as, rewarding only desirable behaviors, rewarding clearly, consistently, immediately, in right quantities, preferring intrinsic to extrinsic rewards, etc.
(Peshawaria & Venktesan, 1992; Venkatesan et al, 1996).

6. Selection/Implementation of Teaching Techniques:

There are many teaching techniques applicable for slow learners and children with mental handicaps, such as, task analysis, shaping, prompting, chaining, modeling, fading, etc. Teachers need to be conversant with these techniques along with specific procedure for their use in classroom settings. Invariably, teachers must proceed from simple to complex, familiar to unfamiliar, concrete to abstract, wholes to part, general to specific sequences during teaching processes on chosen teaching objectives.

In sum, it may be concluded that there is no way a "canned program". Rather, it should be a flexible program to suit individual needs of each child. None of the techniques proposed are new and untried. Many of these techniques have been used since times immemorial. Probably, the effort has been to put them all in one place for the eager practitioner of teaching children with learning difficulties.

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