

**DEVELOPMENT AND
IMPLEMENTATION OF
AN INTERVENTION
PROGRAMME**

CHAPTER - IV

DEVELOPMENT AND IMPLEMENTATION OF AN INTERVENTION PROGRAMME

4.0 INTRODUCTION

An intervention programme can be successful only if it is "Subject Centered" i.e. based on the needs of the target group. The investigator assessed the generic and specific needs of the parents in order to plan a meaningful programme for them. During the second phase of the study, an intervention programme was developed by the investigator taking into consideration the common needs assessed during the initial phase. This section deals with the intervention programme, which was developed and implemented by the investigator to achieve the objectives of the study.

4.1 DEVELOPMENT OF THE PROGRAMME

The main aim of the intervention programme was to bring improvement in parent's lives qualitatively by changing their attitude/behaviour/views while dealing with their children having mental retardation and simultaneously to bring desirable behavioural changes in their children.

From the assessed needs, it clearly emerges that the parents showed their needs on various areas viz ,

I Vocational planning	X Support- Physical
II Services	XI Facilitating Interaction
III Government Benefits and Legislation	XII Sexuality
IV Financial	XIII Personal- Emotional
V Hostel	XIV Family Relationship
VI Future Planning	XV Personal - Social
VII Child Management	
VIII Information Condition	
IX Marriage	

From the assessed needs, common needs of the parents were taken out and on that basis the content of the intervention programme was developed. Modules were selected on the basis of their assessed needs. Modules were organized in such a way that it would facilitate the parents to understand the content easily. Hence investigator selected different methods for transaction through which the message of the contents was conveyed. Films, role-plays, slides, transparencies, booklet, folder and posters were some of the forms/ modes of audio-visual and written material. Field visits with the active involvement of the participants were also organized by the investigator for understanding and application. Utmost care was taken to incorporate activities for more effectiveness. Thus, the investigator concentrated not only on the theoretical aspects but also gave emphasis on involvement of parents into different activities for their better understanding. The cooperation of the parents was ensured by giving them opportunities to share their feelings. The programme was conducted in Hindi to facilitate greater understanding. To increase the authenticity and confidence in the information and practices of dealing, a team of inter-disciplinary experts was invited for some of the sessions. They helped the parents to understand their child with special needs.

Keeping in mind the educational level of the participants, intervention programme was developed by the investigator.

4.1.1 Development of the Booklet and a Folder

Booklet both in English and Hindi was developed by the investigator, which was referred to experts from education department to seek their opinion in terms of adequacy and appropriateness. It contained the general information regarding scientific concepts, misconceptions, handling behavioural problems, developing daily living skills, employment opportunities for children with mental retardation, and yoga as a therapy for parents as well as for the children with mental retardation. The investigator also prepared folder in Hindi with an attractive calendar. Main objective behind developing the folder with calendar was to make aware of the concepts because concept of day and night,

morning and evening, yesterday, today, tomorrow and seeing time in a clock are the skills that need to be taught to the children with mental retardation as part of their daily living skills.

There were six modules developed as described in the framework and after each module presentation, the progress of knowledge and grasping was checked by asking questions which was followed by discussion.

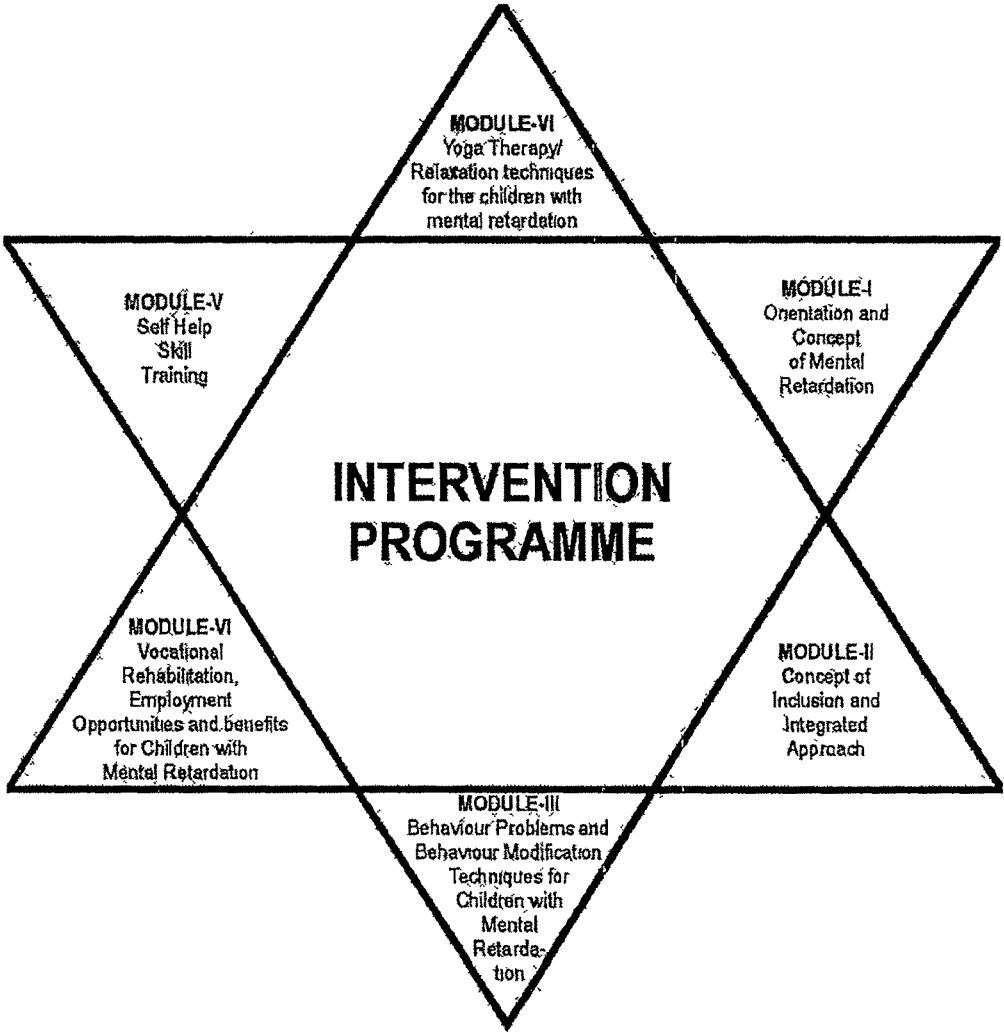


FIG 4.1 : Six modules of Intervention Programme

4.1.2 Sequencing of Modules

Modules selected were as follows:

Module I: Orientation and concept of mental retardation, which is further divided into five components

- ❖ Early Intervention
- ❖ Marriage Aspects of individuals with mental retardation
- ❖ Sexuality
- ❖ Parental support
- ❖ Early detection of abnormality during pregnancy
- ❖ Misconceptions prevailing in the society

Parents' curiosity to know regarding the concept of mental retardation was satisfied through lectures and several teaching aids. Investigator incorporated audiovisual (an informative film) – “step by step we learn” for parents for generating awareness and empathy on how they could effectively deal with their special children.

Module II: Concept of inclusion and integrated school approach.

To facilitate greater understanding of integrated and inclusion set-ups in school, expert's lecture was conducted. Parents were given opportunity to observe an integrated school set up.

Module III: Behavioural problems and behavioural modification techniques for children with mental retardation.

Activity oriented situations like role-plays and transparencies and slide presentations were created with the objective to enhance their greater understanding about the recording techniques of behavioural problems and behavior modification techniques.

Module IV: Vocational Rehabilitation, Employment opportunities and Benefits for the children with mental retardation.

Assessed needs revealed the parents' apprehensions regarding the future of these children. Through lectures with visual clippings, information was given. For imparting more information, solving their queries, field visit to Vocational Rehabilitation Centre was organized. Objective in taking them to the centre was to observe other disabled children working in training units

Module V: Self Help Skill Training

Visual clippings, role-plays and demonstration were organized to enable the parents in handling their children in an effective manner

Module VI: YogaTherapy/ Relaxation techniques for the parents and their children with mental retardation.

Several researches have been conducted as to as see the role of yoga in the lives of the children with mental retardation. Results indicated that yoga could play a positive interventionist role For this reason, investigator invited proficient and skilled yoga therapists who taught the parents *asanas* and *kriyas*.

FRAME WORK OF THE INTERVENTION PROGRAMME FOR PARENTS

GROUP INTERACTION AND KIT SUPPLYING

	Objectives	Content	Methods / Aids used	Expected change from the programme
1.	To provide parents an opportunity to know each other	—		❖ Rapport establishment
2.	To make parents share each other experience due to child's exceptionality	—	Parents' discussion about their child, related parenting and other problems.	❖ Parents will realize that all parents of such children have similar experience and anxieties. ❖ Parents will be able to empathetic and accept their own and other children.
3.	To make parents aware of the use of kit supplied during intervention programme	Information of a kit containing a booklet, folder with an attractive calendar and the list of centres for vocation	Demonstration of the booklet and a folder with calendar	❖ Parents will develop awareness regarding the use of a kit containing useful information supplied during intervention programme. ❖ Parents will be able to take maximum advantages and benefits of available Government and non-Government services for their wards and themselves.

MODULE I: ORIENTATION AND CONCEPT OF MENTAL RETARDATION

	Objectives	Contents	Methods / Aids used	Expected change form the programme
1.	To make parents aware about child's abilities and disabilities.	General characteristics, likes and dislikes of children with mental retardation. Abilities and disabilities of three levels of children with mental retardation.	Lecture and discussion	Parents will be able to recognize the individual differences in such children
2.	To help parents to understand the meaning, concept, characteristics of mental retardation causes, and prognosis of their children	Meaning of mental retardation, misconceptions prevailing in the society, causes of mental retardation	Discussion of experiences by parents	Parents will become aware and understand the causes and prognosis of the child with mental retardation. Their misconceptions regarding the mental retardation will be clarified
3.	To make parents aware about the tests to detect abnormality before the birth of the child	Methods to detect abnormality before the birth of a child	Visual aids (transparencies)	Parents will be able to know the tests to detect abnormality before the birth of the child.
4	To help parents in understanding the importance of early intervention in the child's life.	Importance of early intervention.	Lecture cum discussion, Video film (25 min)	Parents will develop understanding about the need for an early intervention in child's life
5.	To help parents to understand the marriage and sexuality related aspects for individuals with mental retardation	Marriage and sexuality related aspects for individuals with mental retardation.	Lecture cum discussion	Parents will become aware regarding the marriage and sexuality related issues for individuals with mental retardation
6.	To make parents aware of their role in the training and rehabilitation of their child with mental retardation	Role of parents in the training and rehabilitation of their child with mental retardation. Information regarding parents association.	Lecture cum discussion, Distribution of list of parental associations	<ul style="list-style-type: none"> ❖ Parents will be able to recognize the need for developing healthy relationship with child in order to maximize his development. ❖ They will develop awareness regarding the special needs and necessity of the special training programme for them.

**MODULE III: BEHAVIOURAL PROBLEMS AND BEHAVIOURAL
MODIFICATION TECHNIQUES FOR CHILDREN WITH MENTAL
RETARDATION**

	Objectives	Content	Method/Aids used	Expected change from the programme
1.	To inform parents regarding common behavioural problems in the child with mental retardation	Information regarding common behavioural problem in the children with mental retardation	Lectures with Visual aids (slide presentation)	Parents will be able to understand the common behavioural problems in the child.
2.	To make parents analyze the behavioural problem of their child	Definition of behaviour modification techniques, Types of behaviour modification techniques	Lecture, Role plays, Demonstration and Discussion	Parents will try out techniques to reduce or to manage the behavioural problems in their child
3.	To help parents to manage problematic behaviour to some extent in their children with mental retardation	<ul style="list-style-type: none"> ❖ Different recording techniques to record behaviour of the child with mental retardation ❖ A-B-C model for analyzing behavioural problem in the child with mental retardation 	Lectures with illustrations, Demonstrations through visual aids.	Parents will be able to know the frequency and intensity of occurrence of behavioural problem and will be able to analyze it with the help of ABC method

MODULE II: CONCEPT OF INCLUSION AND INTEGRATED SCHOOL APPROACH

	Objectives	Contents	Method / Aids used	Expected change from the programme
1.	To help parents to know about the importance of integration and mainstreaming in the child's education.	<ul style="list-style-type: none"> ❖ Concept of inclusion ❖ Importance of special and integrated set-ups. 	Lecture through slide shows.	Parents will develop awareness and develop sensitivity regarding the importance of integrated school.
2.	To make parents aware about the objectives of integrated school.	Objectives of integrated set-ups.	Visit to the integrated classroom set-ups.	Parents will observe and get convinced about significance of integrated school.
3.	To make parents aware about the difference between special school and integrated schools	Concepts of special teaching methods, contents, practice at integrated school.	Lecture and discussion	Parents will know the difference between integrated schools and special schools with respect to teaching, contents methods, practice, activity etc.

**MODULE IV: VOCATIONAL REHABILITATION, BENEFITS AND
EMPLOYMENT OPPORTUNITIES FOR THE CHILDREN WITH
MENTAL RETARDATION**

	Objectives	Contents	Methods / aids used	Expected change in parents
1.	To make parents aware about the vocational rehabilitation	Concept of vocational rehabilitation	Lecture method	Parents will know about the different VRC centres.
2.	To help parents to know about the importance of prevocational training of individual with mental retardation.	Importance of prevocational training of individual with mental retardation.	Lecture method with audiovisual aids	<p>Parents will be able to know the importance of pre vocational training before any type of vocation for individuals with mental retardations.</p> <p>They may provide such activities to their children at home to stimulate them</p>
3.	To increase parents' understanding regarding the employment opportunities and the social benefits/facilities provided by the government.	<p>Employment avenues for persons with mental retardation.</p> <p>Types of employment</p> <ul style="list-style-type: none"> ❖ Sheltered employment ❖ Open employment ❖ Self employment <p>Government aids, grants and social benefits for the individual with mental retardation</p>	<p>Lecture method</p> <p>Field visit</p>	<p>Parents' sensitivity regarding the employment opportunities and social benefits / facilities provided by the Government to the individuals with mental retardation.</p> <p>Parents will become hopeful that their children can also become independent as per their skills and abilities.</p>

MODULE V: SELF HELP SKILL TRAINING

	Objectives	Content	Methods/aids used	Expected change in parents from the programme
1.	To help parents to understand the importance of teaching self help skills to the children and understand the techniques to develop self help skills in their children	Purpose of activities of daily living skills, Task analysis.	Lecture, Demonstration, Discussion.	Parents will be able to understand the importance of developing self help skills in their child.
i	Dressing skills			
	To make child independent to some extent in the dressing skills	Steps to train, simulation practice to wear T-shirt, how to wear slippers, unbuttoning and buttoning shirt.	Demonstration through still pictures on transparency and role-plays.	Parents will be able to know and practice the ways they could help their child in learning the dressing skills.
ii	Self grooming skills			
	To create an awareness of grooming in children with mental retardation	Steps to train for clipping nails, cleanliness of nose, combing hair	Role plays, visual aids, demonstration and discussion	Parents will be able to know the way they could help their child in self grooming skills
iii	Brushing skills			
	To help parents to train his /her child with mental retardation step by step so that he can independently brush his teeth.	Simulation practice to teach brushing skills for the children with mental retardation	Demonstration, Role plays and Discussion	Parents will be able to know and practice the way they could help their child in brushing skills

**MODULE VI: YOGA THERAPY / RELAXATION TECHNIQUES FOR
THE PARENTS OF CHILDREN WITH MENTAL RETARDATION AND
THE CHILDREN**

	Objectives	Content	Methods / Aids used	Expected change from the programme
1.	To make aware about the use of the yoga in their lives which makes it stress free	Introduction and use of yoga in life to become stress free.	Lectures with Visual aids	Parents will realize that problems need to be dealt with patience and reasoning.
2.	To help to increase self control in themselves and in their children	Different yoga asana	Demonstrations by experts	Parents will realize how adversely anxiety may affect their child and their own behaviour in day to day living
3.	To make parents learn certain relaxation techniques to over come of the anxiety they face from day to day dealing with their children with mental retardation	Demonstration and yoga techniques	„	Parents will be able to channelize their feelings
4.	To develop tongue coordination through music therapy in the children with mental retardation	„	Demonstrations, Tape recorder (audio aid)	Parents will be able to use this activity to make their child's speech clear.

4.2 IMPLEMENTATION OF THE PROGRAMME

A programme was conducted for a total period 40 hours. Three field visits were also conducted. The intervention programme comprised six modules.

The programme sessions were held at the time convenient to parent in a separate hall in the local integrated school premises after seeking necessary permission from the principal. Attractive charts and posters were displayed in the seminar hall.

The framework of the programme included the objectives, methods, the procedure / aids used for transacting it to parents. Separate sessions to share and discuss parental queries with feedback were also included. Multiple strategies such as films, demonstrations, and role-plays were used to make the programme interesting and effective. (Appendix-1)

Prior of the beginning to the next session, a recapitulation of the previous session was conducted.

REGISTRATION OF THE PARENTS

First day of the programme started with the registration of the participating parents. After the registration round, pretest questionnaires were distributed under the prescribed instructions. The principal of the Meera School (an integrated school) inaugurated workshop.

GROUP INTERACTION

Programme was started with self-introductory round, which provides parents an opportunity to know each other. All the participants were requested to state their names, occupation and level of retardation of the index child with their schools i.e., integrated or special school.

The session helped in building up the rapport among themselves so as to help in successive sessions of sharing and discussion and enabled them to share their own experiences due to child's exceptionality. Parents were able to realize that all parents of such children have similar experiences and anxieties

KIT SUPPLYING

Parents were supplied with a kit containing a file with note pad and a pen, booklet on the general information of mental retardation, folder with a calendar and a handout of the list having vocational rehabilitation centres.

DISTRIBUTION OF A KIT CONTAINING BOOKLET AND A FOLDER

Concept and purpose of the booklet and folder with calendar were explained to the parents and they were asked to perform the same activity what investigator demonstrated in the calendar with the folder. List of VRCs were also provided to the parents. The details of the Intervention Programme are presented here module wise.

4.2.1 Module I: Orientation and Concept of Mental Retardation

4.2.1.1 Objectives

- ❖ To make parents aware about child's abilities and disabilities.
- ❖ To help parents to understand the meaning, concept, characteristics of mental retardation, causes and prognosis of their children.
- ❖ To make parents aware about the tests to detect abnormality before the birth of the child.
- ❖ To help parents in understanding the importance of early intervention in the child's life.
- ❖ To help parents to understand the marriage and sexuality related aspects for individuals with mental retardation.
- ❖ To make parents aware of their role in the training and rehabilitation of their child with mental retardation.

4.2.1.2 Methods / Aids Used

Lecture method with audio visual aids (Video film, charts), discussion

4.2.1.3 Procedure

Each participant was asked to share his or her views regarding the nature and causes of mental retardation and the misconceptions related to the

mental retardation prevailing in the society. After the personal view of each participant, investigator showed one informative video film in the form of short story named "Step by step we learn" developed by NIMH with subtitles in Hindi to the parents, which took about 30 minutes. Screening of the film followed by the discussion. Film highlighted following points:

- Importance of early intervention programme
- Impact on family
- Support from other family members
- Step by step training on ADL activities
 - Eating skills
 - Brushing skills
 - Dressing skills
 - Grooming skills

Parents were sharing their experiences of having child with mental retardation in the session. Parents were again asked about the idea behind the film and to what extent they were satisfied with film shown to them followed by the lecture on signs and symptoms of mental retardation with the help of several teaching aids for better understanding and to make programme effective and meaningful. In which she informed that there are number of signs and symptoms which can help in early identification of delayed development in a child. These are:

- i. The person does not learn new activities as easily as other people.
- ii. The child may have difficulty sitting up, using his or her hands.
- iii. The person may not follow instructions.
- iv. The person may not be able to think clearly.
- v. The person may remember only for a short time what he or she has been told or what has happened in the past
- vi. The person may have difficulty in making decisions.
- vii. The person may have difficulty in controlling his or her feelings

Further they were informed that mental retardation is an irreversible condition. The damage caused to the brain is permanent. With available knowledge and techniques, no drugs have been found to repair the damage.

occurred to the brain. They were made aware of the factors that contribute to mental retardation.

This module consisted of six components.

- I. Early intervention.
- II. Marriage aspects of individual with mental retardation.
- III. Sexuality.
- IV. Parental support.
- V. Early detection of abnormality during pregnancy.
- VI. Misconceptions prevailing in the society.

COMPONENT I: EARLY INTERVENTION

Component of this module was Early Intervention. Investigator informed parents about the early intervention programme. It was stressed that early intervention will not cure the disability, but will give children a greater opportunity to realize the potential they have. They will also be able to build a network of support systems to strengthen the family to face the situation of having a child with mental retardation.

Effective parenting role was discussed with the parents. It was explained that parents act as therapists or co-therapists or teachers to their child with developmental delay. By providing opportunities, stimulation, general care and nurturance, parents can help children to develop skills they need to facilitate future learning.

Benefits of early intervention for the child and the parents were explained to the parents. They were informed that early intervention helps in developing the skills for future learning and reduces the occurrence of associated handicaps. It also helps parents to learn effective parental skills that will help them to teach and stimulate their child and also help parents to accept the child better.

Major points emerged from the presentation were on constituents on early intervention services and the starting of early intervention services, which were further discussed in detail.

Parents were informed that early intervention programme is aimed at reducing the deficit by training children in activities to promote development and learning of new skills, which might not occur by itself or naturally in children with

developmental delay. Early intervention services generally are given till 3 to 5 years of age i.e. the time before the child enters a traditional programme.

COMPONENT II: MARRIAGE ASPECTS OF INDIVIDUAL WITH MENTAL RETARDATION

Investigator discussed this aspect with lecture method. It was explained that as the individual enters adulthood parent's worry about future security of child with mental retardation becomes paramount. How far individuals with mental retardation can carry out the duties / responsibilities related to married life should be considered before marriage can be thought about? Some parents still feel that by providing their adult with mental retardation with sexual gratification or by having him to shoulder the responsibility of marriage, it would help cure their child's problem of mental retardation.

Following points were emerged:

- ❖ Can a normal baby born to a couple where mother or father is having mental retardation?
- ❖ Is it advisable to marry a normal person?

Queries were discussed after the session and the factors explained to the parents were emphasized which include:

- ❖ Level of functioning of the individual and the acceptability of the partner in marrying a person with mental retardation.
- ❖ Constant financial support and resources, employment status and the question of child bearing and rearing.

It is concluded that there is a probability that a normal baby would be born to couple where one of the partner is mentally retarded depends upon the partner's condition (genetic or environmental). But the percentages of the children who are mentally retarded are higher in parents where one or both are mentally retarded - this is what research says? She further added that financial resources, the ability to acquire job and compatibility between partners are considered essential components of a successful marriage. They can be trained to carry out normal family responsibilities

The responsibilities that parents should be prepared for, if they decide to marry their individuals with mental retardation include:

- ❖ Risk of producing a child with mental retardation.
- ❖ Caring and bringing up offspring of the individual with mental retardation.
- ❖ Protection of individual with mental retardation for abuse.
- ❖ Providing financial support to the family when needed

COMPONENT III: SEXUALITY

Next component was related to the sexuality.

Individual with mental retardation may not learn to express their sexual feelings in socially desirable ways due to poor intellectual and reasoning ability and no exposure to training in meeting sexual needs. As a result of this, some individual with mental retardation may end up being sexually abused.

Common sexual problems reported in individuals with mental retardation include:

- ❖ Masturbation in public places
- ❖ Undressing in public
- ❖ Over aggressive behaviour
- ❖ Excessive hugging or kissing
- ❖ Constantly touching
- ❖ Unwanted pregnancy
- ❖ Homosexual behaviour

It is essential that parents instill a sense of privacy early in children with mental retardation. These children can be trained in maintaining privacy by using right methods of training. There are certain reasons for their indulgence to get attention from others or to express sexual feelings

Parental concern related to this issue was about the imitation of sexual scenes displayed on T.V. that was discussed with investigator followed by fruitful discussion held.

In this way investigator concluded that parents are often the first and primary sex educators for their children. What they teach their children about sexuality, social behaviour, values and beliefs depends on their own behaviour and attitudes, which they practice and verbally express. By maintaining close

contact and seeking advice from professionals, parents can help to train children with mental retardation in appropriate expression of sexual desires. Further she explained that individuals with mental retardation do tend to learn or copy behaviours good bad by seeing others doing. These children should be given opportunities and encouraged to indulge in and learn other activities like indoor and outdoor play.

COMPONENT IV: PARENTAL SUPPORT

Investigator told about the role of parents in the training and rehabilitation of their child with mental retardation through lecture method.

Parents contribute in a wide range of possible activities and services, which can be broadly classified under the following broad areas.

- ❖ Establishing or running various services for the children with mental retardation and their families such as.
 - Managing and running special school, vocational training centres, organizing leisure activities and camps, providing support to parents and families having children with mental retardation
 - Supporting professional to encourage the interests of the children with mental retardation and their families by participating in the intervention and training programme.
 - Establishing links with the community by running public awareness programmes using various media.
 - Participating in the policymaking at local, state, national or international level related to rehabilitation programme for the individuals with mental retardation and their families.

There are number of activities which have been taken up by parents association which include

- ❖ Running services and training programmes for individuals such as special school, vocational training centres.
- ❖ Information sharing with parents by arranging talks and lectures from professionals and experts through newsletter, magazines or through informal talks
- ❖ Parent to parent support and counseling

- ❖ Organizing social get together, picnics, leisure recreational and sports activities for children with mental retardation.
- ❖ Conducting parent training programmes by organizing exhibitions

Further it was emphasized that parents provide valuable support to each other as they listen, share experiences, and give assistance to each other. Parents can help teachers in planning an appropriate intervention programme for this child by providing information about their child's special problems. Parents can also involve themselves to motivate and encourage their child to perform acquired skills or behaviours at school in the home and other situation. Complete list of registered parent association in India was given to parents during programme.

Points emerged were discussed.

It is concluded that by participating in national meets of non-governmental / government organization, advertising in newspaper, doing collaborative projects, parents association can increase their linkages.

She further added that the children should be given opportunity to interact with the people in the community otherwise negative images are created where persons with mental retardation are hidden. Parents should make them independent as far as possible.

COMPONENT V: EARLY DETECTION OF ABNORMALITY DURING PREGNANCY

Parents were further informed about the several methods are now in use with pregnant mothers to obtain information about the presence or absence of abnormality in their unborn baby. For effective learning, parents were given information, which was depicted in the form of chart that is as follows.

	Name	Description	Diagnosis
1.	Amniocentesis	Drawing of amniotic fluid under local anesthesia and ultra-sonography	❖ Foetal sex ❖ Trisomic child ❖ Inborn errors of metabolism
Ideal Time: 12 – 16 weeks of pregnancy			
2.	Ultra sonography	Echoes generated by ultra sound waves	❖ Microcephaly ❖ Congenital heart disease ❖ Spina bifida
Ideal Time: 8 – 15 weeks of pregnancy			
3.	Chorion villus sampling	A small amount of chorionic tissue is suctioned by a hollow instrument	❖ Trisomic child ❖ X-linked disorders
Ideal Time: 8 – 10 weeks of pregnancy			
4.	Foetoscopy	Insertion of foetoscopy the amniotic cavet	❖ Malformation of limbs, face, and spine
Ideal time: 18 – 22 weeks of pregnancy			
5.	Foetal blood sampling	Blood drawn from the root of umbilical cord	❖ Thalasaemia ❖ Sickle cell disease.

COMPONENT VI: MISCONCEPTIONS PREVAILING IN THE SOCIETY

After this, parents were informed about the myths / misconceptions of the mental retardation prevailing in the society. It was told to them that mental retardation is a condition, which is widely misunderstood not only by the layman but also among those who work for their welfare. Mental retardation is one such area about which large number of people has misconceptions, wrong ideas and false believes. Majorities of the people don't have clear knowledge about the concept of mental retardation, its causes, and management. They hold many misconceptions like (i) Mental retardation is same as mental illness, (ii) Marriage can solve the problem, (iii) Persons with mental retardation become normal, as they grow old, (iv) Mental retardation is an infectious disease. There were several other misconceptions related to the cause, nature of handicap and management. These misconceptions form the components of attitudes towards mental retardation. It emphasizes the need for counselling and public awareness to clear misconceptions and bring attitudinal changes.

This is largely due to lack or non-availability of proper information and guidance with regard to the causes, prevention, detection and facilities available for the person with mental retardation. Parents blaming themselves, considering it as their 'Karma', seeking the help of religious people, faith healer or looking for a magical cure is very common. To impart them proper knowledge, it is important to integrate them into the main stream of normal life

and enable them to utilize scientific advances in the areas of education and training which would help them to minimize the affect of mental retardation.

Queries emerged during the session related to the topic are as follows:

- (i) Mental retardation can be caused due to Karma
- (ii) Special diet consisting of milk, pure ghee, and butter improves the mental abilities of the child.

Queries were satisfactorily responded by the investigator / expert. It was informed that feeding a child in the first two years of life on a balanced and nutritious diet is essential and can influence the mental as well as physical growth. Overemphasis on feeding a child only with almonds, pure ghee could rather prove harmful to the child. Believing that mental retardation is due to karma helps the parents to be free from the feelings of guilt. But having this belief and making no efforts to train the child to fate is not correct. Training the child will improve him / her. For general discussion and interaction amongst the participants and investigator, some points of doubts raised by them were generally discussed and the solutions emerged out of the interaction itself.

It was inferred that mental retardation is one such area about which large number of people have misconceptions, wrong ideas, and false believes. Some of these misconceptions are harmless but many times it affects the person and families. Measures taken by the parents in managing problems of their children with mental retardation would depend upon ideas they hold about the condition, the amount of cooperation they get from professional in the process of training of their children with the disability and the amount of correct knowledge they have about the condition. To impart them, proper knowledge it is important to integrate them into the main stream of normal life and enable them to utilize scientific advances in the areas of education and training which would help them to minimize the affect of mental retardation

Module I: Knowledge Checker

- Que. 1)** What are the causes of mental retardation?
- Que. 2)** What are the characteristics / features of the children with mental retardation?
- Que. 3)** What should parent do if the baby is found to be slow?
- Que. 4)** What responsibilities to be assumed by the parents in situation wherein they decide to marry the individuals with mental retardation?
- Que. 5)** What can parents contribute in promoting the welfare of their children with mental retardation?
- Que. 6)** Do you think individuals with mental retardation be cured completely
- Que. 7)** Which factors are the barriers in coping up with the situation of having a child with mental retardation in the family?

The second days' discussion was based on two modules viz.

Module II: Concept of Inclusion and Integrated school approach followed by **Module III;** Behaviour problems and behaviour modification techniques.

4.2.2 Module II: Concept of Inclusion and Integrated School Approach

4.2.2.1 Objectives

- ❖ To help parents to know about the importance of integration and mainstreaming in the child's life.
- ❖ To make parents aware about the objectives of integrated school.
- ❖ To enhance sensitivity among the parents regarding the needs of the children with mental retardation
- ❖ To make parents aware about the difference between special school and integrated school

4.2.2.2 Methods / Aids Used

Lecture cum discussion method through visual aids, field visit to an integrated set ups.

4.2.2.3 Procedure

The expert invited was the director and principal of one of the integrated schools. Expert introduced herself and started with the concept of inclusion, which has been gaining importance in the Indian Educational Scenario. Inclusion is providing educational opportunities for children with special needs in which positive attitude prevails. The children with and without disability learn together, even if the disability may be physical, emotional or mental which may be mild, moderate and so on. In Inclusive education the needs of all learners are addressed so that education can be provided to all. However, since the learners with disabilities form one of the largest groups that are still out of the fold of general education, the target group, therefore, on which this scheme will focus would be learners with disabilities.

Inclusive education is different from integration. In integration, learners with disabilities are placed in a regular school without making any changes in the school to accommodate and support the diverse needs. Inclusive education seeks to adapt system and structures to meet the needs of all learners. Moving from integration to inclusion requires changes/ adaptations at various levels including to the curriculum, attitudes, values, language etc. After giving the brief concept of inclusion to the parents, she shifted to its benefits for the children with special needs. It was informed that these children get an opportunity to be with the regular children and get equal opportunity for participation in different activities. It helps them to improve themselves socially, physically and intellectually. The labels often attached to the special children no longer play an important role in the school. Moreover parents feel happy to see their children are not only learning but also practicing values.

Further she told about the benefits of sending a child to a special school. She added that special schools follow their own criteria for grouping children with mental retardation, which is quite different from the system that is generally followed in normal schools. In special schools, grouping is done based upon mental ages, adaptive functioning level and physical age of

children. She concluded this by saying that positive aspect of inclusion is that children with mental retardation continue to be educated in classroom along side non-disabled peers and is never pulled out from a class by special teaching. Special teacher assists the classroom teacher from time to time in meeting the specific needs of the special child. This is beneficial to children with mild mental retardation.

Special schools have a number of advantages yet do have some limitations. An adverse effect of sending a child to special school is the isolation of the individual with mental retardation from their non-retarded peers. The loss of opportunities to observe peers who can model age-appropriate skills and social behaviour. Another thing is that the isolation from the real world environment. So children with mental retardation should be provided with a lot of opportunities to interact with non-handicapped at home and in community. She further stressed on the language training, which should as far as possible more rely on the child's mother tongue to improve the communication. Children with mental retardation do face problems in learning more than one language, which may lead to low academic achievement resulting in frustration and loss of self-esteem.

Queries taken into account were regarding the availability of integrated schools in India and Baroda and about its uniform syllabus, which were clarified by the expert and an investigator.

Module II 'Inclusion and Integrated school approach' displayed that as parents, it is important to communicate with the school about the child's needs and provide insights regarding the goals. Research shows that children do better, academically and socially in integrated settings. Inclusive education is a human right, its good education and it makes good social sense. All children have the right to learn together. There are no legitimate reasons to separate children for their education. Children belong together. They do not need to be protected from each other. All children need an education that will help them develop relationships and prepare them for life in the mainstream. It leads to development of social skills and better social interactions because learners are exposed to real environment in which they have to interact with other learners. The non-disabled peers adopt positive attitudes and actions towards special learners as a result of studying together in an inclusive classroom.



After the discussion session with the expert, parents were taken to the integrated set up, as intervention programme was conducted at integrated school that gave an extra light to this session. The parents got an opportunity to visit and practically see how children with mental retardation go shoulder to shoulder with their normal peers. Keeping the primary curriculum in mind, the children are given individualized help in the deficit area during the special session in the resource room with lot many resource materials like teaching aids, real objects, books, computers etc. available for learning difficult concepts.

Module II: Knowledge Checker

Que. 1) What are the advantages and disadvantages of special school?

Que. 2) What are the advantages of inclusion and integrated setup in the child's education?

Que. 3) What is the difference between the special schools and integrated schools?

4.2.3 Module III: Behavioural Problems and Behavioural Modification Techniques for Children with Mental Retardation

This module of the intervention programme involved the workshop in which different techniques were demonstrated by the investigator with specific behaviour of a child with mental retardation with the help of expert. Before starting the session, recapitulation of the previous session was discussed.

4.2.3.1 Objectives

- ❖ To inform parents regarding common behavioural problems in the child with mental retardation.
- ❖ To help parents to manage problematic behaviour to some extent in their children with mental retardation

4.2.3.2 Methods / Aids Used:

Role plays, demonstration, lecture through visual aids

4.2.3.3 Procedure

This module was started with the brief introductory lecture regarding the behavioural problems by the investigator through the visual aids. Investigator informed that behaviour problem are found to be 4 to 5 times more in children with mental retardation than in intellectually normal individual. They were informed about the reasons for these individuals to have greater problems. They behave in such a way because they

- ❖ Have difficulties coping with different kind of situation
- ❖ Have poor cognitive ability
- ❖ Have poor social skills
- ❖ Have poor communication skills
- ❖ Wrong handling by people

She further told that the aspects of behaviour could help parents in deciding to make decisions to change behaviours in their child i.e.,

- ❖ If the problem behaviours are occurring too frequently
- ❖ If it occurs for a long duration
- ❖ If it is too severe
- ❖ If it interferes in the learning process.

This behaviour modification technology involves behavioural methods to increase desirable behaviours and or decrease undesirable behaviours in individuals. This module is further divided into five activities, which are as follows:

ACTIVITY I: COMMON BEHAVIOURAL PROBLEMS

PURPOSE: Enabling children to unlearn problem behaviour

SITUATION ENACTED:

Investigator performed a short play in which she played a role of the child having specific behavioural problem. In this short play, she was throwing the block materials here and there in order to avoid the unpleasant

consequences of working on something she didn't like to do, as she wanted to play with the toy. Expert came and wanted to change this behaviour. Every time she threw the block, immediately she's made to pick up the thrown things. Expert didn't give toy when she threw the blocks. She is given only when she completes the task given by the expert. In this way, child unlearns the problem behaviour of throwing things in the classroom.

After this activity, investigator showed some still pictures of common behavioural problem on overhead projector like destructive behaviour, temper tantrums, self injurious, Repetitive behaviours and antisocial behaviours.

ACTIVITY II: RECORDING THE BEHAVIOUR

During the first day of the session, parents were given home assignments to analyze the behaviour problem in terms of:

- ❖ When does the problem occur? (Morning or evening)
- ❖ Does it happen in the presence of specific person?
- ❖ Where does it occur?
- ❖ Why did the problem behaviour occur?
- ❖ How many times it occurs in a day?
- ❖ Does child getting any benefit by indulging in the problem behaviour

Parents had come up with their child's specific behavioural problem and its duration and occurrence. Parents were interestingly sharing their responses and trying to analyze it during the session.

It was told to parents that before starting to manage problem behaviour, we need to keep a measure or record of such behaviour, record the number of times specific problem behaviour occurs in a given child.

All parents were requested to note down things in their files. Following recording techniques were demonstrated on the blackboard e g.

Name: Rahul		Age: 10 Years
What to record	:	Whenever Rahul hits other siblings
Where to record	:	In the home
How to record	:	Put a tally mark whenever Rahul hits other children
When to record	:	For a period from 9am – 12noon daily from 10 th – 15 th (5 days).

Date	Time	Occurrence of hitting behaviour	Total
10.10.2001	9 – 12 noon		4
11.10.2001	9 – 12 noon		6
12.10.2001	9 – 12 noon		5
13.10.2001	9 – 12 noon		6
14.10.2001	9 – 12 noon		7
16.10.2001	9 – 12 noon		8

On an average Rahul hits 6 times per day.

Another demonstration was of duration recording. There are some problem behaviours, which occur very few numbers of times. But if they occur even once, they may continue for a long time. In such cases, it is best to use duration recording techniques. E.g.,

Name: Meeta		Age: 8 ½ Years
What to record	:	Whenever Meeta rocks her body
How to record	:	Note down the amount of time Meeta rocks her body.
When to record	:	For a period of one hour daily

Date	Time	Total time of observation	Amount of time Meeta rocks
15.7.2001	11 – 12 am.	1 Hour	46 Min
16.7.2001	11 – 12 am.	1 Hour	50 Min
17 7.2001	11 – 12 am	1 Hour	25 Min
18 7 2001	11 – 12 am	1 Hour	30 Min
19.7 2001	11 – 12 am	1 Hour	45 Min
20.7 2001	11 – 12 am	1 Hour	30 Min

On an average, Meeta rocks her body for 37 5 minutes out of 1 hour.

Most of the parents pointed that due to constraints of time it may not be possible for them to continuously record problem behaviour in children. In that case, they were told that at least note down reliable impressions about the performance of target behaviour e.g. time sampling recording.

Name: Sudha	Age. 12 years
What to record	: Whenever she spits on others How?
Put a slash (/) for spitting and (X) for not spitting	
When to record	: From 11.7.2001 to 16.7.2001

Date	Time	Occurrence / non-Occurrence of spitting	Total no. of times the problem behaviour of spitting on others occurred
11.7.02	10.05 Am.	/	
11.7.02	10.10 Am.	/	
11.7.02	10.15 Am.	X	
11.7.02	10.20 Am.	/	
11.7.02	10.25 Am.	X	
11.7.02	10.30 Am.	/	4/6 Times
12.7.02	10.05 Am.	X	
12.07.02	10.10 Am.	/	
12.07.02	10.15Am	/	
12.07.02	10.20 Am.	/	
12.07.02	10.25 Am.	/	
12.07.02	10.30 Am.	/	5/6 times
13.07.02	10.05 Am.	X	5/6 times
13.07.02	10.10 Am.	/	
13.07.02	10.15Am	/	
13.07.02	10.20 Am.	/	
13.07.02	10.25 Am.	/	
13.07.02	10.30 Am.	/	
14.07.02	10.05 Am.	X	4/6 times
14.07.02	10.10 Am.	/	
14.07.02	10.15Am	/	
14.07.02	10.20 Am.	/	
14.07.02	10.25 Am.	/	
14.07.02	10.30 Am.	/	
15.07.02	10.05 Am.	X	4/6 times
15.07.02	10.10 Am.	/	
15.07.02	10.15Am.	/	
15.07.02	10.20 Am.	/	
15.07.02	10.25 Am.	/	
15.07.02	10.30 Am.	/	
16.07.02	10.05 Am.	X	6/6 times
16.07.02	10.10 Am.	/	
16.07.02	10.15Am.	/	
16.07.02	10.20 Am.	/	
16.07.02	10.25 Am.	/	
16.07.02	10.30 Am.	/	

On an average sudha spits 5 out of 6 times.

Further they were informed that if problem behaviour are tried to manage without an understanding of factors controlling the problem behaviour, there is a great risk of mismanagement. Such factors may only lead to an increase rather than decrease in the problem behaviours.

One of the simplest model known as A-B-C model available for analyzing behaviour problems in terms of three components.

A: What happens immediately before the behaviour? (Antecedents)

B: What happens during the behaviour? (Behaviour)

C: What happens immediately after the behaviour? (Consequences)

A: Understanding before Factors

It includes following questions

- ❖ When does the problem behaviour generally occur?
- ❖ At what time of the day, the problem behaviour tends to occur more e.g., morning hrs, or evening etc.
- ❖ With whom does problem behaviour occur? E.g. does it happen in the presence of specific persons?
- ❖ Where does the problem behaviour occur? E.g in the school, or at home, or when sitting alone?
- ❖ Why did the problem behaviour occur? E.g. was the child told to do something, or was the child refused something before the occurrence of the problem?

B: Understanding 'During' Factors

It can be analyzed by using recording techniques like:

- ❖ How many times does the problem behaviour occur?

C: Understanding after Factors

- ❖ What effect does the problem behaviour have on the given child?
- ❖ How is the child benefiting by indulging in the problem behaviour?

Certain behaviours require immediate management. For this, certain behaviour modification techniques are used to control some undesirable behaviour.

After this activity, parents were asked to participate in the short play organized by the investigator. Parents participated and showed the specific behavioural problem of their own children.

ACTIVITY III: ROLE PLAY METHOD- I

PURPOSE: Generating self evaluating behaviour in the child

SITUATION ENACTED:

Parent acted like his child having mild mental retardation. He starts hitting, snatches bag and uses abusive language in the games period. Now the investigator comes who's playing the part of a teacher and asked that child to speak out or write as he behaved in the games period. Child commits by saying, in future, I will not hit anybody. I will share my things with others etc. Initially the child can be forced to speak out or write down such statements immediately when the class was over teacher asks the child to speak out as to how he had behaved in games period. His behaviour corresponds well with the statements made earlier. The teacher rewards the child.

This technique gives an opportunity for children to evaluate their own behaviour.

ACTIVITY IV: ROLE METHOD - II

PURPOSE: Reducing anger

SITUATION ENACTED:

Another parent acted like her child who abuses and shows anger. Expert asks "Are you angry, at the moment?" Child says, 'yes, I'm angry'. Then the teacher asks "what made you angry?" Child says, "Rohit snatched my pencil." Then again the teacher asks, 'what exactly she is feeling'. Child says, "I feel like hitting Rohit." Teacher then smoothen her by saying, 'you should tell your teacher' During the anger control session, calm down the child by saying "you are angry. You need relaxation." Teacher guides the child to sit down in a quiet place and relax by taking deep breathing exercises for about 20 minutes

In this way, after few such sessions, child would learn an adaptive way to control anger

ROLE PLAY METHOD - III

PURPOSE: Reducing attention seeking behaviour

SITUATION ENACTED:

Investigator again played a role of a teacher in one of the techniques. This was a technique used for an attention seeking behaviour. One of the parent participants came and started acting like his child.

This is a scene of a class and this girl is frequently standing in the class and asking the question, like "When will the lunch period start?" Now teacher realizes that this is an attention seeking behaviour. Therefore, teacher decided to answer only once and ignored her repeated questions. Teacher rewarded the child instead, when she sits quietly to do her work. Soon the child learns to sit quietly in the class.

After this short role-play, investigator informed about certain guidelines for effective use of ignoring techniques.

Ignoring is the best techniques to decrease attention-seeking misbehaviours.

While using this technique, be indifferent to the problem behaviour even if it is occurring in front of you. Continue whatever activity you are doing at that time.

Avoid giving lectures on how to behave well. These 'lectures or talks' only tend to reward the child's problem behaviour by providing attention. Rather, give attention to the child when he is doing good things.

This technique is useful techniques even for the management of problem behaviours, which are mediated by escape factors. E.g. if you discover that a child cries in order to escape from an activity, it is better to ignore such a behaviour and see that the child is made to complete the activity.

ACTIVITY IV: TECHNIQUE- IV

PURPOSE: Dealing with destructive behaviour through time out technique

After this technique, parents were made aware of time out technique. This technique can be effective in dealing with aggressive and destructive

behaviours This is more effective in the classroom setting but parents can also use them. Time out method includes removing the child from the reward or the reward from the child for a particular period of time following problem behaviour. Parents were shown following types of time out with visual clippings.

- ❖ Place the child outside the sphere of learning activity for a specified period of time in the home. He should be placed in a position, where he can see or hear the activity, but cannot participate in it.
- ❖ Remove the rewarding activity materials from the child for a specified period of time.
- ❖ Seclude the child to an isolated room wherein he can neither see, hear nor participate in the activities of other siblings for a specified period of time.

STEPS USED IN THE SECLUSION TIME OUT

- ❖ Give a short, matter of fact statement describing what he did when a child indulges in problem behaviour.
- ❖ Not to talk to the child while he is in the Time out area.
- ❖ Some children scream, bang during time out. If the child continues to misbehave while he is in time out, one can increase the period of time out by a few more minutes until the child calms down.
- ❖ Use time out again immediately if the children indulge in the problem behaviour once again on coming out of the time out room
- ❖ He should not be given any special treatment if he is taken out from the time out room. Just leave him and continue with your activity.

Investigator further added that this technique is more effective in children who are outgoing, want to be in groups.

Time out teaches the child what not to do It does not teach the child what to do

ACTIVITY V: TECHNIQUE -V

PURPOSE: Exposing parents to restitution technique

Next technique shown to the parents was restitution technique.

The technique of over correction is useful only in children who can follow simple instructions.

e.g if a child throws his play materials in the room, he is required to pick up and put them in appropriate places. If the child refuses to restore the damage done by him, he must be physically made to carry out the remaining steps till the over correction is completed.

They were informed that these systematic, simple, step by step training would surely bring the changes.

Another way of decreasing problem behaviours in children is to take away the rewards that the child has earned by performing specific good behaviours. It involves the child to pay a fine for indulging in problem behaviour generally called as response cost technique

e.g if a child refuses to do his homework, he will lose the privilege of a visit to a zoo. A child, who has earned a toy for a desirable behaviour will lose it when he indulges in problem behaviour. Thus he pays a cost for his undesirable behaviour.

Parents were interestingly jotting down the techniques and participating actively during the session.

This session was followed by active discussion which includes the things which these individuals find rewarding and to place the child in residential hostel if he /she is disobedient to parents. The things which are rewarding include eatables, money, points, stars on the notebooks, token, watching movie, playing ball, cricket, different objects such as pens, pencil, books, new clothes, verbal praise and several others. Each child is unique and rewards may need to be identified separately for each child.

Investigator further added that sending him in a residential hostel is not a permanent solution. Disobedience in a child can be corrected, if the parents are ready to change their ways of handling their child.

Each parent tried to find at least one undesirable behaviour of their child and tried to relate which technique of behaviour modification will help them best for their child. Thus, concrete practical solution they were trying to work out. Along with certain skills they wished to be learned by their child, those were also discussed with using appropriate behaviour modification technique

It is inferred from the module III, that the presence of behavioural problem produces great amount of stress and management difficulties to parents and other family members. It may find difficult to get admission in

schools, cause embarrassment to the parents due to presence of socially unacceptable behaviours. Thus controlling and managing problem behaviour becomes the priority for many a parents. There are appropriate methods available to achieve the objective i.e. to discipline the child. This method is based on the grounds that all behaviour good or bad are learnt can also be unlearned. Each individual is unique and so his behaviour. The behaviour in question is understood in the context of the environment in which it occurs.

Module III: Knowledge Checker

- Que. 1)** What are the reasons for the individuals with mental retardations to have greater behaviour problems?
- Que. 2)** What are the points you keep in mind in deciding to make decisions to change undesirable behaviour in the child?
- Que. 3)** State any specific behaviour problem of your child? How will you analyze that behaviour and what modification technique will be appropriate to use.

4.2.4 Module IV: Vocational Training, Employment Opportunities and Benefits for the Children with Mental Retardation

4.2.4.1 Objectives

- ❖ To make parents aware about the vocational rehabilitation.
- ❖ To help parents to know about the importance of the prevocational training of individual with mental retardation.
- ❖ To increase parents' understanding regarding the employment opportunities for their children with mental retardation.
- ❖ To make parents aware of the social benefits / facilities provided by the Government

4.2.4.2 Methods / Aids Used:

Lecture method through visual aids

4.2.4.3 Procedures

This module was taken as a great need of the parents of children with mental retardation. Module was made clear to the parents by showing them the short informative film “manzil ki oar”. Film highlighted following themes:

- ❖ Experiences of parents in dealing with the child
- ❖ Prevocational training
- ❖ Solving their queries with the professionals
- ❖ Misconceptions prevailing in the families
- ❖ Vocational training and employment for the children with mental retardation

Parents were then shared their viewpoints and perceptions about the film. Investigator collected information from National Institute for the Mentally Handicapped. With that information, she attempted to inform parents about the definition and current perspective in Vocational Training. Further she told that special education centres who are having the facilities of Vocational Training show that they impart training on special trades like candle making, chalk making, caning of chairs, basket making, binding book, printing, making of envelopes and greeting cards etc. Some special schools also converted these craft activities into profit making vocational training units under protected circumstances.

This module is divided into three components

COMPONENT I: PRE-VOCATIONAL TRAINING OF INDIVIDUALS WITH MENTAL RETARDATION

There are certain skills and behaviours, which are essential for any kind of vocation. This systematic training is called pre-vocation training.

Investigator informed that certain schools provide prevocational training thus preparing a child for vocational training. Prior skills like time management and punctuality, ability to carry out instructions, maintaining appropriate hygiene at work, getting along with co-workers are work related behaviours that need to be mastered before an individual with mental retardation join work. Prior training in the work related skills definitely assist the individual with mental retardation to learn a task faster and to retain the job. The ultimate goal of rehabilitation is to develop optimum personality, potentials and functions of the

individuals through treatment and training. It is an important phase of training between school programme to vocational programme. Many individuals find it difficult to adjust because of their low adjustment potentials, physical abilities. Prevocational training helps in developing individual's personality from being a student to a worker. Goals of prevocational training of any individual are based on his assessment. Main objectives are to reduce deficit in the individual and to improve his behaviour.

- 1) To prepare mentally retarded individuals to work oriented programme.
- 2) To impart training and create opportunities for development of cognitive skills, personal social skills, life survival and safety skills, physical motor and sensory motor skills, psychosocial (emotional) skills, sensory motor skills, work related skills and basic work skills.
- 3) To provide special education emphasizing the development of practical application of cognitive skills in day-to-day living and work life.
- 4) To develop adjustment potentials in the individual's by putting them through various situations i.e., in the workshop, community, meeting with different people and to improve interpersonal relationships.
- 5) To normalize work related behaviours and to develop their work personality through graded exposure and training in work situation.

Many individuals find it difficult to adjust into the new training set up. These individuals should be helped in the adjustment to the new environment by making it congenial and tolerable to the individual's limited potentials. In the initial stage of training it would be wise not to make demands but to create an atmosphere, which encourages interactions within co-workers, teachers, supervisors. This can be done initially by group introductions so that individuals get to know each other. This can be achieved by talking day to day happenings in the home and community through news papers, T.V., introducing group games, singing etc. By this, individuals' emotional need of security and protection will be taken care of and his anxiety will be resolved.

Investigator further informed about the skills, which are essential for any vocation

Special Educational Programme:

In the special educational programme one can improve general knowledge by arranging field trips in the community i.e., to post office, bank, hospitals, movies, departmental stores etc. Parents can ask the individuals to write about their experience, collecting pictures on that topic and pasting them in the drawing board and then again writing about the picture and so on.

Their social language should be improved by teaching them phrases such as "Please and thank you" etc. By arranging field trips and giving them an opportunity to interact with various people, one can improve communication skills as well as the way of interactions, one can also improve personal skills i.e., they can learn how to buy postal stationary, how to stand in a queue etc

Personal Skills:

Individuals should be independent in their personal skills, self help skills of eating, eating in public, dressing, dressing appropriately for the occasion, toileting that is he should be able to care at toilet, he should be taught proper personal hygiene i.e., he should take care of his clothes, cutting nails regularly, washing hands before and after eating. By this practical training, gradually the individuals will learn how to use public transport and commute by themselves to work place.

Life Survival and Safety Skills:

They should be given practical training, in first aid i.e , how to clean the minor cuts, to apply ointment, how to tie bandages etc. they also should be given practical lessons on safety skills, reading basic science, working carefully with sharp tools and working on machines.

Work Skills and Work Related Skills:

In this training, individual should be exposed gradually to work. They should be oriented with hand tools, their names and uses and then giving training on how to operate them. They should also be taught to operate sewing machines, threading needles, bobbins, etc. They should be given training in various kinds of operations for e.g. rotation winding twisting, paper folding, pasting, locking, unlocking screwing, unscrewing, stitching cleaning, chopping

and peeling foods, stacking dishes. Apart from work skills training, work related skills is also important because without that, work skills and job skills become meaningless they should be taught to take responsibility, to take permission before leaving the task, to display proper respect for peers and supervisors to behave appropriately in a working situation they should be taught to work co-operatively and pay attention to their own work and should not disturb others.

Parents were informed that they should give recognition to their child's work so that they will feel secure and satisfied. To sustain the interest of the individual in their work the activities must be within the individual's capabilities but should also offer some challenge in order to increase the individual's capabilities, this will help in motivation the individual to put forward their best and will also increase their self confidence.

Physical Development and Recreation:

Depending upon the need and level of the trainees recreation programmes should be organized. Indoor and outdoor games are interesting to them. They should be encouraged to take part in district, state and national level events such as dance, drama, picnic, etc.

Behaviour modification techniques are to be used in day to day handling of the individuals. Undesired behaviour of the individuals should not be reinforced at all.

After pre vocational training, transfer of an individual to a vocation rehabilitation unit should be done gradually. It is essential, because it is an established fact that mentally retarded individuals reacts adversely to any sudden change, as the vocational rehabilitation environment is different from the previous classroom and well-protected work environment. The individuals should be gradually exposed to a workshop atmosphere. This will facilitate adjustment process

COMPONENT II: EMPLOYMENT OF PERSONS WITH MENTAL RETARDATION

There are three major areas where individuals with mental retardation can be employed

❖ **Sheltered Employment**

A sheltered workshop trains a mentally retarded person in an occupation and employs him in the workshop itself. Moderate and mildly retarded individuals also benefit from the sheltered employment because they are trained in specific tasks matched for their ability and they work under supervision. Examples of sheltered employment are assembling and packing units in workshops, spray-painting.

❖ **Open Employment:**

There are certain routine repetitive jobs in the market, which can be successfully performed by the mentally retarded individuals. For instance a job that requires interacting with varied customers will be less suitable for a retarded person as he is more suitable for routine jobs, which will have minimal changes in his daily activities. Mildly retarded individuals are relatively more suitable for open employment. Suitable jobs for open employment include, assistants in printing press, photocopying and cyclostyling machine operator.

❖ **Self Employment:**

There are certain families of individuals with mental retardation having resources for ensuring self-employment. In urban areas there is documented evidence of some families having taken efforts to employ the retarded persons successfully using their own resources. This includes envelope making, agarbatti and candle making and ensuring a small shop for their retarded child. If the person with mental retardation has been given appropriate training in the particular job task that the family has in mind and when the family is ready to supervise his work and support him, self-employment can be very successful. Dairy farms, poultry and agriculture plant necessary, screen-printing and candle making are good examples of self-employment.

Home based self-employment is a trend for meeting the vocational training and employment needs of individuals with mental retardation. Home based means that the individual works at home under supervision or even along with them is a very important aspect as it might be difficult for individuals with mental retardation to work individually by themselves. Another family members working along with them would motivate them to work for longer

hours and also act as a controller. Self employment entails that the family member is responsible for procuring the raw materials, completing the order by specific time and finding outlets for the completed products. The type of work selected should be appropriate to the retardates' capacity and family's ability to manage it e.g. small-scale production

- ❖ Paper bags
- ❖ Embroidery
- ❖ Screen printing
- ❖ Plastic bags
- ❖ Preparing edible goods, squashes, *chivda*, pickles
- ❖ Stitching and tailoring
- ❖ Kite making
- ❖ Xerox machines
- ❖ Chalk making
- ❖ Stationary printing

STEP INVOLVED IN EMPLOYMENT OF MENTALLY RETARDED PERSONS:

- 1) The ability of the retarded person has to be assessed on which a vocational skill should be selected for training. Selection of vocational skills and trying to fit a retarded child to the skill will prove to be ineffective, as the individual may not have the aptitude for the given skill.
- 2) The job in which he is trained should be systematically analysed and then the training should be given.
- 3) The mentally retarded individual needs to be simultaneously trained in appropriate social competency skills such as routine, discipline good manners and inter-personal relationships so that he functions effectively in employment.
- 4) Time and money skills need to be taught which are necessities for gainful employment.
- 5) Before placing the mentally retarded individual on the job, the prospective employers should be successfully oriented with regard to strengths and limitations of the retarded person. The trainer should initially monitor employees work regularly, clarify any problems that the employer might have and be a support to the employer and the employee. Gradually, as

the employer and employee are comfortable with each other the help of the trainer may be faded.

COMPONENT III: AWARENESS OF GOVERNMENT POLICIES, BENEFITS AND CONCESSION

Investigator further informed regarding Government policies, benefits and concession. This phase is divided into following categories:

National Policy on Education (1986) (NPE)

After the Independence, one important turning point was the NPE (1986). This policy for the first time includes;

1. Education of child with mild disabilities will be in regular school
2. Children with severe disabilities will be in special schools with hostel facilities.
3. Vocationalization of education will be initiated
4. Teachers training programmes will be reoriented to include education of disabled children and
5. All voluntary efforts will be encouraged.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD ACT)

This act was responsible for bringing about major changes in the programmes for persons with disabilities in India. At central level, the Act has Central Coordination communities at each state, under the Act, every disabled person must be certified to receive Government benefits and concessions

Through this act, the quality of life of persons with disabilities will improve as the literacy level, employment, social security, suitable assistive devices and barrier free environment are focused.

The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation Act, 1999

It is well known that some of the disabilities need life long care of varying degrees, despite best of training and rehabilitation efforts. Parents always have the big question in their mind, of "What will happen to our child after us???" The

National Trust Act is an answer to this question. India is a country with close-knit families and the children are always with the families. With the current trend towards a shift from joint family to nuclear families, the fear of parents on care of their dependent children after them has become a challenge.

The National Trust Act has made provisions for appointment of guardians for those who have organizations who will have to maintain minimum standards prescribed by the trust in terms of space, staff, furniture, rehabilitation and medical facilities.

National Handicapped Finance and Development Corporation (NHFDC)

This is a scheme introduced by Government of India for enhancing employment of persons with disabilities. Any Indian with disability in the age range of 18 - 55 years with 40% or more disabilities is eligible for the scheme. Specific jobs have been identified for persons with intellectual impairment for availing the facility of loan through the scheme.

Scheme of Assistance to Disabled Persons for Purchase / Fitting of Aids and Appliances (ADIP)

Provision of aids, appliances, and assistive devices at low cost has been an objective of Government of India, under this scheme, persons with mental retardation may receive free of cost, assistive devices, educational kits and supplies for daily living skills depending upon the income of the parents.

The Integrated Education for Disabled Children

It is a scheme implemented by the Ministry of Human Resource Development. The trained resource teachers support the regular class teachers so as to provide appropriate education to children with disabilities.

The National Institute of Open School (NIOS)

It is a programme of open education, which includes children with intellectual impairment. Those with borderline intelligence can study at their own pace with a reduced curricular content

The District Primary Education Programme / Sarva Shiksha Abhiyan

Inclusive Education being the concept world over, the DPEP aims at including the children at primary level (up to Class V) with suitable teacher preparation, infra structural facilities and aids and appliances.

Community Based Rehabilitation

This is not a new concept in India as children are always with families and the neighbours naturally extend helping hands when the family needs. It is a systematic approach to help disabled persons within their own community, making the best of social resources and helping the community to become aware of their responsibility in this regard. The aim is to provide services from within and with the active involvement of the community, family and the local administration

Social Benefits of the Children with Mental Retardation

Insurance Scheme:

The life Insurance Corporation of India has framed a group annuity scheme for the mentally retarded individuals. Under this scheme parent/guardian become member of an organization where the child is admitted. Twenty-five such members combined should agree to regularly pay the premium till the death of the member or upon the age of 58 of the individual with mental retardation. LIC will pay the annuity every month to the trust formed by the institutions in which the parents have joined as members. The trust will look after the welfare of the retarded person and pay for his maintenance to the organization he lives. But in this, retarded individuals should be in the residential institution.

Educational allowance:

Parents in Government Organizations are entitled to have reimbursement of Rs 50/- per month as education allowance as per notification of ministry of Personnel. There is also a provision for reimbursement of Rs.150/- per month as hostel fee, provided the child stays in the residential organizations.

Railway/road Concession:

75% of railway concession for persons with mental retardation and their escort is admissible on production of certificate duly certified by doctor authorized for issue of such certificates or from Govt. hospital for consideration by railway authorities. Many of the state government offer either full or 50%consession for travelling in state run buses.

Pension Scheme:

According to a Central Civil Service Pension Rules 1972, provision is made for grant of pensions to the handicapped persons. They are eligible for the pension for the whole life provided daughter / son of Govt. servant is suffering from severe mental or physical and is unable to earn a living even after training.

Income –tax Rebate:

Under the provision of Section 80-DD of income tax act 1961, a deduction of Rs.15000 in addition to the standard deduction is allowed in the income of parents having one or more children with mental retardation. This income tax concession can be availed only by those parents whose child is having severe mental retardation.

Fruitful discussions were made after the presentations. After a healthy interaction with the group a few points got elucidated.

- ❖ If the child is working in normal settings, will he / she be able to pay regular wages?
- ❖ How can parents contribute in the vocational Rehabilitation?

Doubts were clarified at the end of the session as follows:

If an individual with mental retardation is working with normal people, she/he should be paid regular wages. However, in order to get full wages, an employee may have to work the total hours in a day given by the employer. Otherwise, the employer can pay wages according to the number of hours the individual has worked or based on the productivity rate

As for anyone, the ultimate aim of education and rehabilitation is to lead towards economic independence. The curricular focus from childhood to adulthood includes personal adequacy, social competence and economic

independence. Therefore, vocational training and employment has gained importance. Ranging from mild to severe levels of retardation, open employment, sheltered employment and supported family / self-employment is being enhanced. Investigator added that a supporting family members like parents, siblings, grandparents can help in job identification, help to improve work habits and a source of accurate information about the person's capabilities. More parental queries regarding the vocational aspects were clarified in the VRC field visit.

Module IV: Knowledge Checker

- Que. 1) What specific skills need to be mastered by the individuals with mental retardation before they can work?
- Que. 2) What are the types of employment for individuals with mental retardation?
- Que. 3) How can self employment schemes for individuals with mental retardation be started?
- Que. 4) What are the goals of vocational rehabilitation centres?
- Que. 5) What social benefits are given by the government of India to the individuals with mental retardation?
- Que. 6) What are the traits and potentials you could observe in your child and on the basis of that trait which employment is suitable for your child and why?

4.2.5 Module V: Self Help Skill Training

4.2.5.1 Objectives

To help parents to understand the importance of teaching self-help skills to the children and understand the techniques to develop self-help skills in their children

4.2.5.2 Methods / Aids Used

Lecture method, Demonstration through still pictures on transparency, Role-plays and discussion.

4.2.5.3 Procedure

Before going to the actual activity, parents were made aware that all children with mental retardation learn easily through small steps, one can split the task into several small steps.

ACTIVITY:

Parents were exposed to learn the five steps of task analysis skill. Parents were given an activity of applying oil on the hair. Each parent broke the task into different parts in their own ways. Every one was requested to split this task into different small steps. This activity was again clarified by giving suitable example e.g. the objective is to make Ramu, aware of the red colour out of number of colours within fifteen days. For this, it needed certain steps which is as follows:

Task Analysis:

- | |
|--|
| <ul style="list-style-type: none">❖ Ramu will match red colour object from four coloured objects.❖ Ramu will point the red colour when asked, where no other colour was there.❖ Ramu will point the red colour from a group of two colours.❖ Ramu will point the red colour from a group of three or four colours.❖ Ramu will point the red colour object easily |
|--|

Therefore parents were realized that it is important to start teaching the child in simple steps and keep him moving closer to the target behaviour by rewarding them e.g. if the child is unable to say 'Banana' then shaping may be used to change 'Ba-Ba' through steps into Bana-na and finally Banana.

Further, they were informed that for completing a task, some children require physical prompting or physical assistance e.g. hold the child's hands while writing or other body parts to teach buttoning, writing etc Whereas some children only need verbal prompt i.e. in teaching any task, we have to tell, e.g.

keep the pencil straight, colour the round figure etc. Whereas some children require gestural clues i.e. pointing the figure, nodding the head etc.

These all steps can be linked together like a chain. She added that children learn many behaviours by observing others deliberately or by chance. They imitate the behaviours of people whom they considered important. This can be another way of showing children how to perform that behaviour.

Now, finally it is important to fade or decrease the amount of assistance or help being given to the child because the ultimate goal of education is to make them independent.

At the end of the activity, parents were instructed to link all the steps in sequence of

- ❖ Shaping
- ❖ Prompting
- ❖ Chaining
- ❖ Modeling
- ❖ Fading

and give one example each.

This module consists of ADLS i.e. Activities of Daily Living Skills, which refers to practical skills needed to care for one's basic survival needs and function in the society. Investigator informed parents that due to their mental handicap, individuals with mental retardation often lack many thinking tools and observation skills that help to learn even some of the basic daily routine activities. Thus, it is important that individuals with mental retardation be given training in basic self-care at the earliest. With appropriate interventions, most individuals with mental retardation can learn at least some basic self-care skills like dressing, eating, toileting etc. Although the extent to which individual with mental retardation can be trained to look for ways in which they can be encouraged to become increasingly independent. Therefore, it is quite possible that with proper training, opportunities and experiences, an individual with mild, moderate mental retardation can achieve mastery to self-care skills

After this brief introduction to self help skills. Each skill was demonstrated on the projector for its effectiveness

Common felt needs of the parents regarding activities of daily living (ADL) were then elaborately discussed

I. Dressing Skills

II. Self-Grooming Skills

III. Brushing Skills

ACTIVITY I: Dressing Skills:

Through pictures, parents were shown the steps of dressing skills that include

- ❖ Undressing
- ❖ Dressing
- ❖ Fastening
- ❖ Appropriate selection of clothing
- ❖ Maintaining

Check whether the child has proper finger coordination to hold the clothing properly before training.

- ❖ Buttoning may be difficult, when there is a poor finger grasp. Button can be modified to large buttons, press buttons, velcro fasteners.
- ❖ Imitating the model is one of the best ways of learning e.g. allowing him to watch how his brother / peer get dressed. If he shows interest, allow him to try
- ❖ Use loose clothing for training.

ACTIVITY I (i)

PURPOSE: Enabling children to wear T-shirt

SITUATION ENACTMENT:

This activity was demonstrated through short play. In this case, investigator played a role of index child whom activity was to be taught. In the play, she was having difficulty with some of the dressing sequence. She was trying but not able to get through. Then the expert came and brought oversized clothes which helped investigator to manipulate more easily. During the play, when the investigator learnt the task, expert gradually shifted by reducing the size of clothing

ACTIVITY I (ii):

PURPOSE: Enabling children to wear T-shirt projected through slide show.

Investigator demonstrated through pictures

- ❖ Hold and roll T-shirt upto the sleeves, after identifying the front.
- ❖ Guide to lift the hands with the T-shirt towards head and wear it up to shoulder.
- ❖ Help to locate the sleeve of the shirt and insert one hand and pull the hand
- ❖ Help to insert the other hand in the same manner
- ❖ Pull the T-shirt properly up to the waist holding.

ACTIVITY I (iii):

PURPOSE: Enabling children to learn buttoning and unbuttoning skills through slide show.

This activity was again shown on pictures. It was displayed to train the child to unbutton the shirt he is wearing and not the shirt of others. By this he will be able to independently unbutton faster Start with the button that is at his chest or stomach level so that he can see when he unbuttons. When he has learnt this, he can unbutton the ones near the neck. While training you stand behind the child and if needed, guide his left thumb and index finger to hold the button, insert in the hole and push. Reward him in every step. Each activity is divided into smaller steps e.g.

For Unbuttoning	For Buttoning
Task Analysis	Task Analysis
1 Pushes last button one fourth of the way through hole.	1. Pushes button last one half way through hole.
2. Pushes last button one half of the way through hole.	2. Inserts button in button hole.
3. Pushes button last three fourths of the way through hole.	3. Grasps edge of shirt.
4. Tips button toward hole	4 Grasps button with thumb and index finger.
5 Grasps edge of shirt with thumb and index finger of one hand.	
6 Grasps button with thumb and index finger of other hand	
7 Pushes button through hole	

Investigator provided following tips to the parents:

Try to get child's cooperation and efforts while buying new clothes. As money is needed to purchase clothes, make it a habit for him to save money, which he gets now and then, in a piggy bank. Let him open it, count it, and come with you to select and buy clothes / dress. By this way, colour, size, money concept and shopping skills can be introduced. As the child learns to wear his clothes by himself, encourage him with praises and appreciation.

Consistency in systematic training with patience, modifying the clothing if needed and through proper rewards, we can make her / him independent.

When the child goes out, insist on keeping his clothes clean. In case he has to sit somewhere let him check for the cleanliness of the place whether it is clean. Train him to wash his hands if hands get dirty and to wipe in handkerchief so that he can keep his clothes clean.

Impart training in a step-by-step manner. Don't try to teach all the steps at a single stretch.

ACTIVITY I (iv)

PURPOSE: Enabling children to wear slipper appropriately.

SITUATION ENACTMENT:

Investigator mixed different slippers and collect one of the parents from the programme. Parent was requested to behave like his child. Investigator guided him to keep both slippers properly in front of him. But the parent who was acting like his child wears incorrectly. Investigator told him to walk and see that it is not comfortable. Parent (playing a part of index child) felt the same and changed the other slipper and wore it properly. Investigator rewarded the child. In this way parents were made to learn how they could teach their children wear slippers appropriately.

ACTIVITY I (v)

PURPOSE: Enabling children to wear shoes with lace independently.

Parents were given the activity to break the task into possible steps. Each parent was actively participating in the analysis of the task and was busy in breaking the task.

Investigator showed the steps to wear a shoe with a lace that is as follows:

Task Analysis

- ❖ Select the shoe for the left toe
- ❖ Insert toe first inside the shoe
- ❖ Insert shoe lace crosswise
- ❖ Loosen the lace before inserting the foot
- ❖ Tighten the strings
- ❖ Make first knot and make second knot
- ❖ Tie the knot
- ❖ Make a bow

Parents were given training to teach their children making knots, how to make them hold two pieces of lace in both the hands and guide them to cross the laces, and make the first knot. Change the material to motivate the children.

ACTIVITY II: GROOMING SKILLS

Grooming skills are necessary not only for social acceptance but also for leading a healthy life. Taking care of one's own hair, nails and nose are some of the grooming skills. Maintaining a well groomed appearance is an art itself. Special training is not necessary. But in the case of children with mental retardation, these skills are to be taught in a systematic way. After this brief introduction of grooming skills, parents were made aware of the steps in training these skills.

With the help of the visual aids, investigator demonstrated certain activities.

ACTIVITY II (i):

PURPOSE: Enabling children to comb their hair independently.

Let the child watch in a mirror while you comb his / her hair.

- ❖ Give the child a doll to practice combing hair.
- ❖ Let the child try to comb your hair.
- ❖ Give the child chances to watch when a sibling combs his / her hair

Following steps were initiated

Steps to train girls with long hair

1. Stands in front of the mirror.
2. Holds the comb properly.
3. Makes parting.
4. Starts combing from scalp.
5. Combs from scalp to the tip of a hair.
6. Removes knots by straightening hair.
7. Plaits hair.
8. Fixes rubber band.

Parents were keenly interested to learn making plaits. They were made aware to train girls to plait their hair, tie three different coloured ribbons in a window frame and learn plaiting

ACTIVITY II (ii)

PURPOSE: Enabling children to learn clipping of nails

Make assure yourself whether the child has the sense of safety and necessary eye hand coordination to use nail clipper.

Task Analysis

1. Let the child watch when you cut the nails using a nail clipper. Tell him/her that if it is not used properly it hurts and is painful.
2. Let the child watch when his peers use a nail clipper.
3. Show him / her how to open it, to use and how to close it after use. Allow him to try and learn.
4. Initially let him try cutting on other materials: dried leaves cards etc.
5. When he/she starts to cut his/her own nails, help him/her to hold and to place the nail cutter at the nail before pressing.
6. Physically assist to press.
7. Spread the paper on the cap while cutting so that cut pieces can be collected in it to be through.
8. After he/she learns to use clipper with the right hand, allow him/he4r to do it with left hand.

ACTIVITY II (iii)**PURPOSE:** Enabling children to learn cleanliness of nose**Task Analysis**

1. Train the child to blow nose, when he has running nose.
2. Take him towards the mirror and make him stand in front of the mirror. Show his running nose and make him understand the need to blow nose.
3. Demonstrate and guide him to keep handkerchief in the left hand and keep it over the face.
4. To blow nose, tell him to say a "Hmm" forcefully with lips closed. Hold his lips with your finger.
5. If the child uses tissue paper, then train him how to use and put it in the dustbin.
6. While washing face and while bathing let him thoroughly blow the nose with the thumb and index finger. When the discharge is out of the nose, let him wash around the nose thoroughly. Provide a mirror if possible.
7. Point to him as to how easy it is to breathe when the nose is cleaned.
8. Develop the habit of keeping a handkerchief especially when he has cold.

The purpose of hanky was also told to the participants

- ❖ To wipe after washing hands.
- ❖ The hanky is used to wipe when one sweats.
- ❖ Train him to wash, dry, fold and keep in proper place.

ACTIVITY IV: BRUSHING SKILLS**PURPOSE:** Enabling children to brush properly through pictures

This skill was the need of the majority of the parents. Children with mental retardation require systematic training in this area, as they are prone to dental caries.

This skill was learnt through the still pictures. Systematic training involves step-by-step teaching

Whole skill was demonstrated through the pictures (Visual aids), which involved

- ❖ Keep the toothpaste and brush in a suitable place for the child to reach easily.
- ❖ Keep a different coloured toothbrush for him.
- ❖ Associate brushing teeth with other activities of the day such as on getting up and before going to bed.
- ❖ Children learn better from other children. Let the child brush along with his sister / brother and copy their movements.
- ❖ Use a mirror to see while brushing.

While training through pictures, parents were directed to follow the following order while teaching their children to brush:

Task analysis

- 1 Front teeth
2. Left side (as extending from front to left is easy)
3. Right side
- 4 Open the mouth and brush flat and inner surfaces of teeth
5. Enhance spitting by holding the child at the back of the neck, in a bent position
6. Let him repeat the steps 2 – 3 times
7. Let him see in the mirror, how clean, his teeth are after brushing.
8. Lastly, remember to appreciate the child for his attempts and successes at every step.

These all steps were then demonstrated on one of the parents practically.

Fruitful discussion was held. It was inferred that due to the mental handicap, individuals with mental retardation often lack many thinking tools and observation skills that helps to learn some of the basic daily routine activities. It is important that individuals with mental retardation be given training in self-care at the earliest. She further informed that it's never a waste of time to train them to look after their own needs. All individuals irrespective of their intellectual level can be trained. By training the child in self-care areas, parents can be relieved from the burden of constantly looking after the basic needs of

the child. When there are large numbers of activities of daily living to be trained, it is rather a difficult task to do. Usually, the parents are sensitive to the immediate needs for training. The deficit in those areas that become a problem in management of the child are generally identified as priority areas to be trained e.g., a 7 years old who is still unaware of the toilet control, requires to be trained in that skill.

Module V: Knowledge Checker

Que. 1) What are the steps of the task analysis?

Que. 2) State the skill in which your child is not efficient. How will you teach the steps of that skill?

Que. 3) How will you decrease the assistance or help when you are giving your child the training of buttoning skill?

4.2.6 Module VI: Yoga Therapy / Relaxation Techniques for the Parents of Children with Mental Retardation and the Children

4.2.6.1 Objectives

- ❖ To make aware about the importance of yoga
- ❖ To help increase self control in themselves and in their children
- ❖ To give vent to the pent up feelings caused by anxiety through yoga
- ❖ To develop tongue coordination through *krias* in the children with mental retardation

4.2.6.2 Methods / Aids Used

Lectures and Demonstrations

4.2.6.3 Procedure

Recapitulation of the previous session was discussed. For this session two yoga therapists were invited for this module. Investigator involved parents and their children with mental retardation in this session.

Introductory lecture was given to the parents. They were informed that yoga is one of the traditional remedies. The invited expert (yoga therapist) performed certain yogic practices for the parents of the children with mental retardation. She informed mental retardation is a state of incomplete development of mind, which indicates the subnormalities of intelligence. "When the breath wanders the mind is unsteady, but when the breath is still so is the mind still". Practicing *Asana*, the body becomes flexible and vital organs functions in proper working order. It increases memory concentration, learning power, curiosity to learn and the way of thinking improves. The brain gets more blood supply, which helps, in improving mental subnormality, IQ, and social adaptability. Tranquility of mind and diminishing of hyperkinetic behaviour can be increased permanently by yogic practices, which improves brain functioning.

Yoga therapist explained the 'meaning of yoga' by the following statements:

- ❖ To bring two things together, to meet, to unite to.
- ❖ To bring the movement of the mind to focus on an object.
- ❖ To achieve his/her potential
- ❖ It is an experience of complete peace of mind and self knowledge
- ❖ It is a complete control over fluctuation of mind, the intellect and the ego.
- ❖ It is a technique of achieving optimal development of mind and body in a very harmonious and integrated manner. The individual has to attain this with practice and resolve.

Parents were informed that majority of the children with Down syndrome function in the mild to moderate range of mental retardation. They are susceptible to certain medical problem, include; congenital heart defects, increased susceptibility to infection, respiratory problems. Yoga *asanas* help to stretch, tone and strengthen the entire body *Asana* also benefit the internal organs and help to balance and revitalize the endocrine gland.

ACTIVITY:

After the brief introduction about yoga, parents were told to close their eyes concentrate on the music. Music was started with a buzzing sound. Everybody was requested to concentrate on the sound, let the mind get free from all outer disturbances. Relax the body while sitting in a comfortable position. Now the *OM Kria* Process starts.

Expert Instructs:

Take a deep breath and recite *OM* slowly and exhale simultaneously during the *Kria*. Repeat the process for fifteen minutes. Let the speed increases, faster and faster. Now the *OM* word was changed to "*Ram*". Again take a deep breath and inhale "*Ram*" slowly and exhale by the same word.

This *Kria* continued for atleast 20 minutes and is beneficial for the children with speech impairment and helps in relaxation.

Certain yogic techniques may be very useful for the development of children with mental retardation. They act immediately, and are most useful tranquilizer which can be given very safely. This may also become very useful for family members. However parental training is necessary.

Before commencing the '*Asanas*', investigator gave the following precautions while practicing '*Yoga asanas*'

- ❖ While standing or sitting, keep the body, the neck and head erect, chest forward and chin in. While standing, place the feet together, tighten the keens and keep them touching one another. The arms should be held straight by the sides of the body.
- ❖ While raising the body to erect position during practice of *asanas*, breath in and while bending, breathe out.
- ❖ Before starting to practice yoga *asanas* the bladder should be emptied and the bowel evacuated and should be done on empty stomach.
- ❖ If the early time is inconvenient, yoga *asanas* may be practiced in the evening and it is to be done three hours after food.
- ❖ Person suffering form dizziness or high blood pressure should not start with *sirhasana* or *sarvanga asana*

Finally she concluded that they should be regular in practice of yoga *asanas*. Select at least a few suitable *asanas* and practice them regularly. Mastery over the *asanas* and remaining in that posture for the specified time are the basic requirements in practicing *yogasanas*. Children have to be helped by the parents to maintain these postures for a while to get the benefit of these *asanas*.

Asanas, which were performed in the session, are as follows:

ACTIVITY II: ASANAS

SHAVASANA:

METHOD:

Lie down on your back.

Keep the hands with the palms up along the sides of the body.

Stretch the legs straight with the heels close one another.

Close the eyes Relax both the body and mind. Start the relaxation from the toes upwards, limb by limb, relaxing each part completely. Avoid all stiffening and tensions. Let all mental activities also come to a stop slowly. Surrender to god completely. Breathe slowly. Let the body become inert with a slight breath. Remain in this position for 10 minutes.

ADVANTAGES:

Shavasana removes fatigue and strain due to stretching and bending of the body while practicing other *asanas* and gives complete rest and relaxation to the body and mind. This also helps smooth working of increased metabolism set in motion by *yogasanas*. By practice, the mind will also get complete rest

PAVANMUKTASANA:

METHOD:

Lie down on your back. Fold the legs from the Knee joint and take it on your stomach and try to press with your hand-closed manner. Raise the head and try to touch the nose on your knees. Maintain the position for few minutes and then come into *Shavasana* position

ADVANTAGES:

It gives positive effects on physical health as well as our Psychic Centres are also influenced. It reduces the gastric troubles, blood stream is purified, muscles and joints become more flexible. It increases the memory power also.

Parents were performing these *asanas* with their children.

VIPARIT KARNI:**METHOD:**

Lie down on your back. Bring the feet together, raise the legs without bending the knees and through the hip joint till they make right angle, slowly raise hips little more with pressing the arms on the ground.

ADVANTAGES:

It maintains the thyroid healthy. It also gives good blood supply to brain.

DHANURASANA:**METHOD:**

Lie down in prone position i.e. keeping the face towards the floor. Fold both the legs on the thighs and clasp the ankles by hands. Take some breath and then raise the neck as well as the knees from the floor simultaneously. The knees should be kept together. The weight of the body should fall on the navel. Maintain the position. Then bring down the head and knees when any type of *asana* is done, the body becomes flexible and vital organs function in proper working order.

ADVANTAGES

It cures the stomach problems like gas, acidity, and constipation. It gives relief in shivering of hands and legs.

SARVANGASANA:**METHOD:**

Lie down on the back with legs touching one another slowly raises the legs. Lift the legs and body vertically supporting the back with the hands on each side, resting the elbows on the ground.

Press the chin on the chest shoulder and the neck should touch the ground supporting the weight of the body. Keep the legs straight, tighten the knees and stretch the body.

Draw the belly in and breath slowly when the *asana* is over, bring down the body and the legs slowly without any jerks. Remain in this posture of 2-3 min.

ADVANTAGE

Helps the thyriod and para thyroid glands to function properly Blood supply to the head also is increased considerably.

HALASANA:**METHOD:**

Lie flat on the ground and do *sarvangasana*. Then bend the legs over the till the toes touch the ground at the back

Keep the hands on the floor with the palms down.

Do not bend the body. Bend only the legs to the back with the knees kept straight.

Now the hands should be flat on the ground, body in the vertical position and the legs should be straight back with the toes touching the ground and the soles in a vertical position. Remain in this posture for one to two minutes.

ADVANTAGES:

The physical effects are the same as in *sarvangasana*. An additional effect is the rejuvenation of the abdominal organs and greater supply of blood to the spine and the pelvic region.

SIRSHASANA:**METHOD:**

After *sarvangasana*, *sirshasana* is practised

This *Asana* has three stages

Stage I: Spread a blanket. Sit with folded legs. Keep the forearms on the floor.

Adjust the distance between the elbows to be in the line with the shoulders.

Then place the back of the head on the finger locked palms. Now raise the body and the body and move the legs on toes towards the body slowly, step by step.

Stage II: Breathe out and keep the forearms and palms as support to balancing, fold both the legs together simultaneously and keep the heels touching the thighs and breathe normally.

Stage III: Now raise both the folded forelegs together slowly to vertical positions. Stretch the legs up and stand on the head. Body and legs should be free from tension.

ADVANTAGES:

In this *asana* the brain gets increased supply of blood. Blood flows freely from the heart to the upper parts of the body. It acts as a powerful blood purifier and a great nerve tonic. It sharpens the intellect and increases the ability to concentrate the mind.

Parents along with their children were trying to do their best in learning the *asanas* but were finding difficult to perform

After devoting 25 minutes in this particular *asana*, next *asana* was demonstrated to them.

YOGAMUDRASANA**METHOD:**

Sit in a *padmasana* with keeping the both hands on back side holding left wrist with right hand. Breathe out slowly and come in bow position. Try to touch your forehead on the ground. Maintain it for 5 – 10 minutes and then slowly come up.

ADVANTAGES:

It gives relief in stomach and intestinal problems. It gives good blood supply to head and face and it activates the nervous system and increases the mental energy.

It took a long time for the parents to act. Yoga therapists performed it for 3 – 4 times to make the parents and their children comfortable in performing it.

It is inferred from the module VI, which parents along with their children were actively participating in the sessions of yoga. They were facing difficulty in performing the asanas.

Module VI: Knowledge Checker
<p>Que. 1) Do you think yoga technique can be of great help to your child with mental retardation? If yes, in what way.</p> <p>Que. 2) Which factors are the barriers in coping up with the situation of having a child with mental retardation in the family?</p> <p>Que. 3) What are the different asanas you think beneficial for your stress relieving? Why?</p> <p>Que. 4) What could be the contribution of yoga, in maintaining mental health of the entire family?</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 60%; margin: 5px auto;"/> <hr style="width: 60%; margin: 5px auto;"/> <hr style="width: 40%; margin: 5px auto;"/> </div>

After the discussion, evaluation report was given to the participants. At the end of the session, participants were given the same semi structured post test questionnaire.

During the period of implementation, certain difficulties arose:

1. Some parents were coming late.

2. Though the parents decided the programme duration but it was found a bit difficult to engage parents continuously as they found it hard to concentrate for this length of period.

The concluding session gave another opportunity to the parents to visit the VRC i.e., Vocational Rehabilitation Centre.

VISIT TO VOCATIONAL REHABILITATION CENTRE

Parents were asked to gather at Kareli baug. Prior permission was taken from the director of VRC by the investigator. Programme was started with the keynote address of the director of the Centre. General information about the VRC was given to the parents. Following topics were covered:

- ❖ Origin
- ❖ Aims and Objectives
- ❖ Benefits
- ❖ Employment opportunities for the children with mental retardation.

The investigator opened a channel amongst the director, the superintendent and the parents so that they can satisfy their doubts and queries. She added that for home-based self-employment, following points would be an important consideration:

- 1) Attainment of Basic Skills: Through a pre-vocational training programme in the Institute, the individual has to master skills like folding, cutting, pasting, sticking, matching, sewing, sorting, assembly, etc. It is advantageous to expose and train every individual with mental retardation in various skills it is also important to develop work habits and personality traits e.g. the ability to work individually or in a group as the task demands, work with minimum supervision. Motivation and involvement in work, ability to handle tools carefully, work for prolong period of time etc., concepts of money, the ability to use it meaningfully, independence in commuting, some basic knowledge of reading and writing, ability to count or calculate are also asset to successful, vocational rehabilitation.
- 2) Parent cooperation. At the outset most parents do not want to be involved in such a programme, the responsibility of their retarded child is once

again shifted back to them. With counselling and training it is possible to lessen their apprehension and get them to cooperate in this programme.

The following factors when present are advantageous to the programme:

- a) Parents or family members should be in good health, motivated and resourceful for such a programme to be carried out at home.
 - b) They should be able to attain to obtain raw material and find suitable sale outlets
 - c) The interpersonal relation between parents and their child should be good, so that parents can control and get their ward to work as desired.
 - d) At least one member of the family is required to be present at home and should be able to spend a good amount of time on this programme.
- 3) Socioeconomic back ground of the family: As the initial investment of buying raw material, tools or machines required for work has to be done by the family members, their socioeconomic background has to be taken into consideration. If parents can afford to invest sufficient capital, the scope of activities that an individual can trained for are many e.g. installing a Xerox machine etc. Beside financial ability, one should also consider the social background of the family, e.g. If suggestions to train an individual to do washing and ironing clothes or making paper bags is given to families of higher socioeconomic groups the family members resent, are reluctant and even uncooperative to follow the programmes. Hence it is essential to select jobs, which suit the socio-economic status of the family.

The superintendent took the parents to the different sections that include stitching, press printing, computer electrical bilingual typing, repairing of home based electrical product, units of candle making, face powder, paper plate making, screen printing and dish making

VISIT TO KGP CHILDREN HOSPITAL

After the visit to VRC, the investigator took the parents to the K.G.P. Hospital, after taking permission from the coordinator of the special education

center. Coordinator welcomed the parents in the hall and brief introduction, regarding the centre was provided to the parents.

The institute provides diploma in special education, which is recognized by the National Institute for the Mentally Handicapped undertaken by the Ministry of Welfare by Indian Government. Parents were keen to know about the different courses or any special course for the parents of the children with mental retardation is conducted in the hospital. The coordinator provided with the list of courses and informed about the diploma and B.Ed. courses.

VISIT TO KARISHMA - SPECIAL SCHOOL

After acquiring the required information, visit was conducted to Karishma (Play centre). This play centre is situated in K.G.P. Hospital. Parents got another open opportunity to meet the special educator and see the activities they performed in the centre. The main facility provided is that the children who need medical attention are referred to K.G.P. Hospital, an in campus facility.

Implementation programme was concluded by taking the feedback of the parents. This was followed by regular follow-ups:

- 1st Month: once in a week,
- 2nd Month: once in a fortnight,
- 3rd Month: at the end of the month,
- 4th– 8th Month: once in a month.



INTERVENTION PROGRAMME



AT A GLANCE





**Plate 1: Complete view of the
Intervention programme**



Plate 2 & 3: Interaction with experts



Plate 4: Investigator's interaction with parents



Plate 5: Participation of children with mental retardation



Plate 6 & 7: Role play enactment by parents and investigator



**Plate 8: "Manzil ki oar" -
An Informative film on
Mental Retardation**



Plate 9 & 10: A visit to Vocational Rehabilitation Centre



Plate 11 & 12: Dealing with Stress and anxiety through yoga and relaxation technique



**Plate 13:
Independent
Clipping of
Nails**

**Plate 14:
Independent
Brushing**



**Plate 15:
Physical
Assistance in
Buttoning**

**Plate 13, 14 & 15: Children Performing
activities during home visits**