

National Institute for the
Mentally Handicapped,
Manovikas Nagar,
Secunderabad - 500 009.

MENTAL RETARDATION

A Manual for Multi Rehabilitation Workers



NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED

(Ministry of Welfare, Govt. of India)

MANOVIKAS NAGAR, SECUNDERABAD - 500 009.

Phone: 841741-45 Fax No: 0842-840198

MENTAL RETARDATION
A Manual for Multi Rehabilitation Workers

CONTRIBUTORS

T.MADHAVAN
MANJULA KALYAN

IMPORTANT

"Any part or full of this publication may be reproduced in any form including translation into Hindi or any regional language with written permission from NIMH for the purpose of teaching training and research without making profit out of it.

Copy right ©1988

National Institute for the Mentally Handicapped

Secunderabad - 500 009.

First Published in 1988 with financial assistance from UNICEF

Reprint 1994 (NIMH)

Printed at :- Sree Ramana Process, Secunderabad. Hello : 811750

CONTENTS

	Page
Foreword	
Preface	
About the Manual	
Acknowledgements	
CHAPTER ONE — Nature of Mental Retardation	1
Features of Mental Retardation	
Mental Retardation and Mental Illness	
Causes and Prevention of Mental Retardation	
Summary	
Self Evaluation — 1	
Answer Key — 1	
CHAPTER TWO — Identification and Referral	12
Ten Stages of Normal Development	
Screening Schedule — 1 (Below 3 years)	
Screening Schedule — 2 (3 - 6 years)	
Screening Schedule — 3 (7 years and above)	
Referral for Detailed Assessment	
Summary	
Self Evaluation — 2	
Answer Key — 2	
CHAPTER THREE — Management	22
Assessment Checklist	
Hints for Successful Skill Training	
Case Illustrations 1 - 4	
List of Activities 1 - 40	
Summary	
Self Evaluation — 3	
Answer Key — 3	
CHAPTER FOUR — Guidance to Parents	53
Some Common Questions Parents ask	
Summary	
Self Evaluation — 4	
Answer Key — 4	

Telegrams : "WELFARE"

"वसुधैव कुटुम्बकम्"

Telex : 31-5556 MSW-IN



भारत सरकार
कल्याण मंत्रालय
GOVERNMENT OF INDIA
MINISTRY OF WELFARE

संयुक्त सचिव
JOINT SECRETARY

नई दिल्ली-110 001, शक 18 FEB 1990
Dated, New Delhi-110 001, the

FOREWORD :

The District Rehabilitation Centre scheme is being tried as a pilot project in 10 districts in the country with two primary health centre units for each of the centres. The personnel in the DRC scheme include village rehabilitation workers, multi rehabilitation assistants, multi rehabilitation therapists, multi rehabilitation technicians, medical officers, physiotherapists, speech pathologists, occupational therapists, orthotic prosthetic engineers, psychologists, and vocational guidance counsellors. There is a need for developing comprehensive manuals for training various groups of personnel working in the DRC scheme. The manual for village rehabilitation workers of the DRC scheme has already been published. For the management of the mentally handicapped persons, it is envisaged that the village rehabilitation workers, multi rehabilitation assistants/multi rehabilitation therapists and the psychologists of the District Rehabilitation Centre scheme will be the key personnel to offer the services. It has been found that comprehensive manuals giving information on identification, referral and management procedures suitable for rural areas so far as mental retardation is concerned are not available. The National Institute for the Mentally Handicapped, Secunderabad, Andhra Pradesh had been given the responsibility of bringing out manuals for various categories of personnel involved in early identification and management of mental handicap in children in the rural areas. The first manual for the village rehabilitation workers has already been published by NIMH. This is the second manual which gives the information on the general information, identification, referral procedures, management and counselling procedures for mental retardation. The field trial of the manual has shown that it is possible to introduce early intervention service to children with delayed development and mental retardation in the rural areas. On completion of the training programme the multi rehabilitation workers will be able to provide comprehensive services in the rural areas. With the suitable linkages in the primary health care programme, and ICDS programme it should be feasible to extend the coverage to the handicapped population.

S.N. MENON
Joint Secretary
Ministry of Welfare
Government of India

PREFACE

Transfer of technology is necessary to initiate, spread and strengthen services for mentally handicapped persons in the rural areas. The technology has to be simple and suitable to the needs of the people in order to become an integral part of the rural life. Through the present manual an effort has been made to train rural based rehabilitation worker to detect developmental delay, make an assessment and undertake stimulation activities. The pilot trial has shown that it is possible to train such workers for performing the above tasks, but it remains to be seen how far the network of services can sustain itself with the inputs available in the rural area itself. Obviously, there cannot be only one model which will be suitable for rural areas, it is necessary to develop several models of services which can fulfil the divergent needs of the people in the rural area. Such efforts will continue in the foreseeable future, however, humble beginnings have been made and it is hoped that the efforts to establish services for mentally handicapped persons in the rural areas will soon pick up momentum.

Date: 1 March, 1988

D.K. MENON
Director, NIMH

About the Manual

This manual is written to help the Multi Rehabilitation Worker of the District Rehabilitation Centre scheme. This includes the Multi Rehabilitation Assistant and the Multi Rehabilitation Therapist. This is the second of a series of manuals intended to guide workers in the District Rehabilitation Centre Scheme in the early identification and management of mental handicap in children. As this manual is meant for lower level workers in the rural area, basic information on mental retardation is given in easy English with illustrations. The manual gives information on the nature of mental retardation, its causes, its prevention, how to identify it and how to manage the situation. Also the manual provides guidance to parents.

As the Multi Rehabilitation Workers have to carry out the home training programme of the mentally handicapped children, the chapter on management which includes the various activities for training the child in essential skills is given in detail. After reading and understanding the manual, the Multi Rehabilitation Worker will be in a position to identify persons with mental retardation, refer them to the psychologists at the District Rehabilitation Centre, manage the mentally retarded persons under the guidance of the psychologists of the centre and guide the parents of the mentally retarded persons.

Each chapter has instructional objectives at the beginning and a self check questionnaire at the end.

It is hoped that the Multi Rehabilitation Worker finds the manual helpful in identifying and managing the mentally retarded individuals effectively.

T. MADHAVAN
Project Coordinator

February, 1988.

Acknowledgements

We express our sincere thanks to those persons who gave their valuable comments on the first three drafts of the manual. We are thankful to the project advisory committee members, Prof. N.K. Jangira, Mr. P. Jayachandran and Dr. Mohan Isaac for their constant guidance. Our thanks are due to the UNICEF for the financial assistance to carryout the project. We extend our thanks to the Regional Director and staff of the Regional Rehabilitation Training Centre, Madras for their kind help in field testing the manual.

The forty activities given in chapter III are derived from the field trial of endorsement by the rural parents of 100 developmental milestones. We place on record the work done by Ms. Vijayalakshmi Myreddi during the initial phases of the project and carrying out the field trial of developmental milestones. We thank Ms. Shyamala Kumari for her kind help in the project. We record our appreciation to Prof. B. V. L. Narayana Row for editing the manual. The help rendered by Mr. K. S. R. C. Murthy and Mr. Venkateswara Rao is gratefully acknowledged.

T. M.

CHAPTER - I

NATURE OF MENTAL RETARDATION

OBJECTIVES :

On completing this chapter the Multi-Rehabilitation Worker will be able to

1. Explain the components of mental retardation
2. Explain the features of mental retardation
3. List the causes of mental retardation
4. Describe the measures that can be adopted to prevent mental retardation

CHAPTER - 1

Nature of Mental Retardation

The terms 'Mental retardation', 'mental deficiency', 'mental handicap' and 'mental subnormality' refer to the same condition. Persons with less than average mental ability or intelligence are called 'Mentally retarded'.

Let us understand the term 'mental retardation'. We have people amongst us, some who are rich and others who are poor, some who are tall and some others who are short and, some who are fair and some others who are dark. Some people are strong and some others are weak. Similarly we have people with different mental abilities – average, more than average, and less than average. People with less than average mental ability are called mentally retarded. Such people have difficulty in changing their way of functioning appropriate to the various situations in everyday life.

The mentally retarded have many things in common with the normal people. But there are also characteristics which are different.

What are the Mentally Retarded People like?

1. Slow Reaction

They respond **SLOWLY** to what others say and to what happens in their surroundings. Sometimes they do not respond at all.

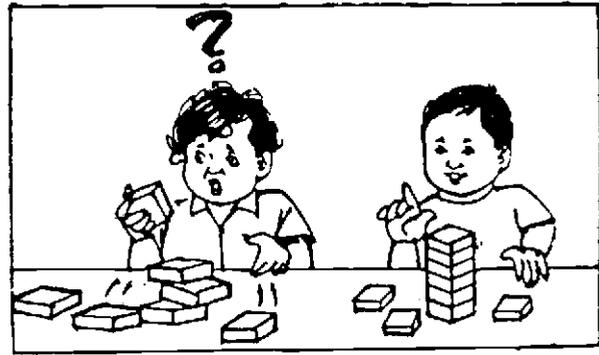


2. Absence of Clarity

They **CANNOT EXPRESS CLEARLY** their thoughts, needs and feelings.

3. Inability to Learn Fast

They cannot learn anything new and different as easily as the others. They are **SLOW IN LEARNING**.



4. Inability to Understand Quickly

They cannot **UNDERSTAND** easily what they see, hear, touch, smell or taste.

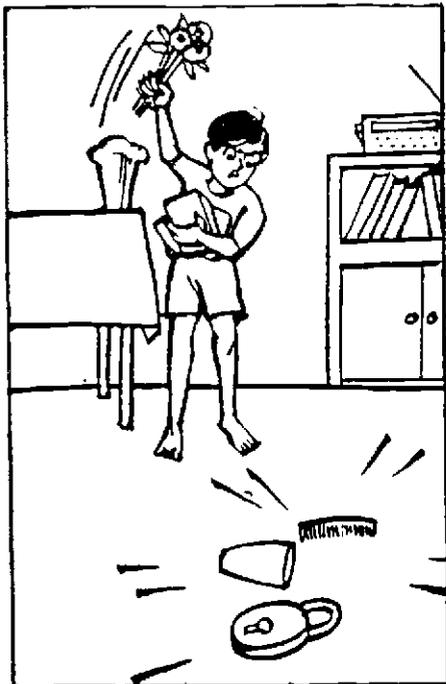
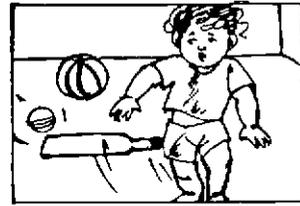
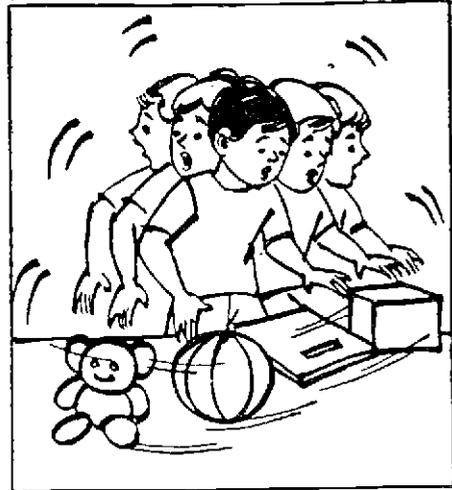
5. Inability to Decide

They cannot take **EVEN SIMPLE DECISIONS**. They do not know what to do, say, and so on.



6. Lack of Concentration

Some of them CANNOT GIVE CONTINUOUS ATTENTION to one person or one activity. Some of them have difficulty in changing from one activity to another.



7. Short Temper

Some find it DIFFICULT TO CONTROL THEIR FEELINGS. They may throw things all over, injure themselves or others.



8. Inability to Remember

Some can REMEMBER ONLY FOR A SHORT TIME of what they are told
Sometimes they do not remember at all.

9. Lack of Coordination

Some have DIFFICULTY IN SUCKING, CHEWING OR EATING, use of hands or moving from place to place.



10. Delay in Development

FEATURES OF MENTAL RETARDATION*

- | | |
|------------------------------------|--------------------------|
| 1. Slow Reaction | 6. Lack of Concentration |
| 2. Absence of Clarity | 7. Short Temper |
| 3. Inability to Learn Fast | 8. Inability to Remember |
| 4. Inability to Understand Quickly | 9. Lack of Coordination |
| 5. Inability to Decide | 10. Delay in Development |

*Adopted from WHO - Training Disabled people in the community.

A manual on community based rehabilitation for developing countries. W.H.O. RHB/83.1

Mental Retardation is not the same as Mental Illness

Mental retardation is not the same as mental illness. Mental Retardation is a condition. It cannot be cured. However, the mentally retarded person can be helped to learn many things. ONE OF THE MAJOR FEATURES OF MENTAL RETARDATION IS DELAYED DEVELOPMENT. Some mentally retarded persons have external characteristics such as a small head, big or small and slanting eyes, squint, a thick tongue, the drooling of saliva, irregular teeth, short and fat limbs and flat feet.

On the other hand, PEOPLE SUFFERING FROM MENTAL ILLNESS HAVE NORMAL DEVELOPMENT OF PHYSICAL AND MENTAL ABILITIES. Some of the symptoms of mental illness are : behaving in a strange manner, becoming moody and withdrawn, having suicidal tendencies, seeing and hearing things which others do not see and hear, suspecting others abnormally and becoming unusually cheerful and boastful. The mentally retarded persons do not share these features.

Remember :

MENTAL ILLNESS CAN BE CURED WITH MEDICAL HELP

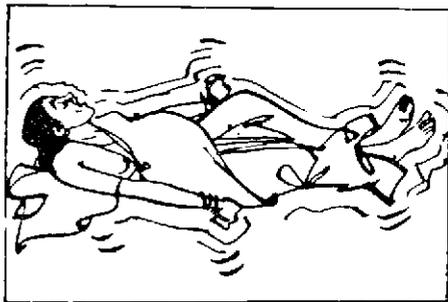
MENTAL RETARDATION CANNOT BE CURED BECAUSE IT IS NOT AN ILLNESS.

Prevention of Mental Retardation

Let us see WHAT CAUSES MENTAL RETARDATION AND HOW WE CAN PREVENT IT. There are many factors that cause mental retardation. Some factors are known and some are not known. The conditions that occur before the birth of a baby i.e. when the child is in the mother's womb, during delivery and after the birth of a baby, may lead on to mental retardation.

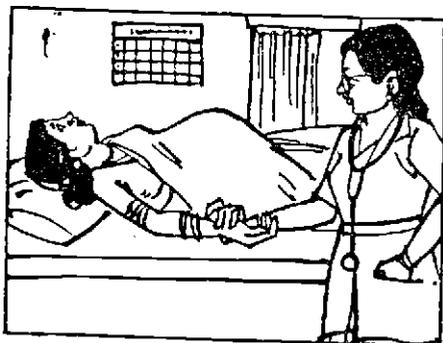
1. Factors During Pregnancy which Lead to Mental Retardation

Some of the CAUSES DURING PREGNANCY are infections in the mother, the mother having fits, the mother having injuries over her abdomen due to accidents, the drinking of alcohol by the mother and not eating a properly balanced diet by the mother.



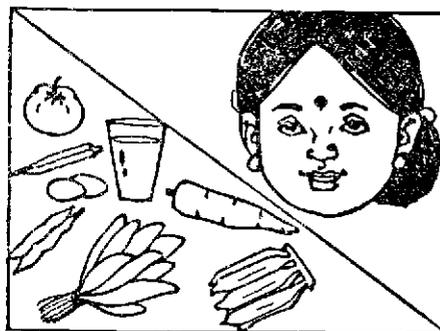
Precautions to be Taken

Let us see how mental retardation can be prevented during this period.



1. A REGULAR HEALTH CHECK UP of the pregnant woman must be made by a qualified doctor.

2. A BALANCED DIET must be eaten by the pregnant woman including green and leafy vegetables, rice or wheat, maize, ragi or bajra, mixed cereals, beans, peas, milk and milk products. Eggs, meat and chicken may be taken if the person likes and can afford.

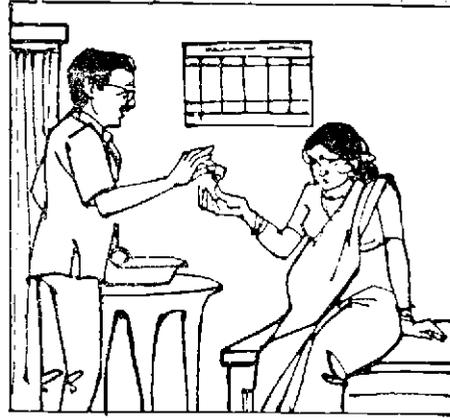


3. If the pregnancy is not wanted and AN ABORTION is planned, the abortion SHOULD BE DONE ONLY IN A HOSPITAL BY A QUALIFIED DOCTOR.
4. VACCINATION AGAINST TETANUS must be taken by the pregnant woman.



5. Carrying heavy loads, walking on slippery ground, climbing trees or narrow stools and ladders during pregnancy should be avoided to PREVENT ACCIDENTS.

6. Medicines should be taken by the pregnant woman only on the advice of a qualified doctor.



2. Factors During the Delivery Leading to Mental Retardation

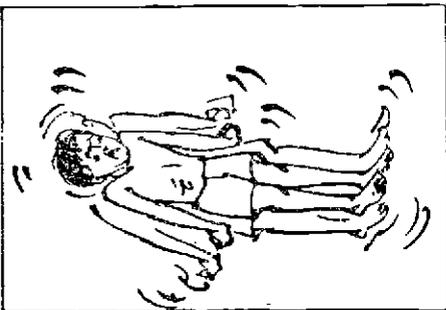
Complications DURING THE DELIVERY OF A BABY can damage the brain resulting in mental retardation. For example, a prolonged labour, the head of the baby being held high up in the birth canal for a long time, the lack of respiration immediately after birth or the child being born before the full term of nine months, can cause mental retardation.

Precautions to be Taken

To PREVENT mental retardation during this period :

1. DELIVERY must be conducted BY A TRAINED PERSON and the first delivery if possible, should be in a hospital where more facilities are available than at home.
2. In case the baby does not cry immediately after birth or turns blue, PROPER BREATHING MUST BE ENSURED and oxygen given immediately.
3. If abnormalities such as a big head or the baby looking yellow are noticed, a doctor must be consulted immediately.

3. Factors Leading to Mental Retardation After the Birth of a Baby.

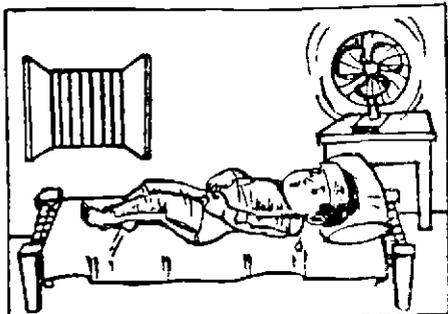


AFTER BIRTH, prolonged fever with fits and loss of consciousness, accidents resulting in injury to head, severe diarrhoea, poor nutrition for a long time, jaundice and uncontrolled fits can cause mental retardation in a child.

Precautions to be Taken

To PREVENT mental retardation during this period :

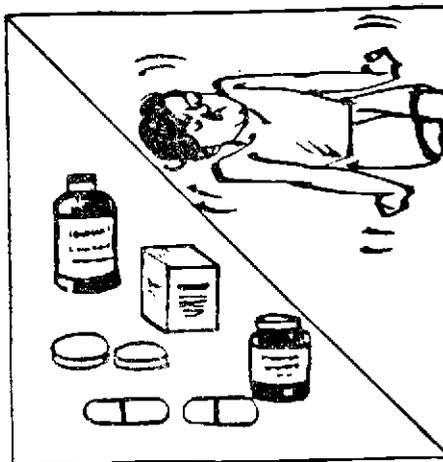
1. The child should be immunized against diphtheria, whooping cough, tetanus, polio, measles and tuberculosis during the first year.



2. HIGH FEVER in a Child (40°C or 104°F and above) can damage the brain. HIGH FEVER SHOULD BE BROUGHT DOWN IMMEDIATELY. Uncover the child completely. Soak some pieces of cloth in cold water and place the wet pieces of cloth on the forehead, the body, the arms and the legs. Fan the child and change the wet pieces frequently. Give the child plenty of water with sugar or jaggery to drink. Give medicines

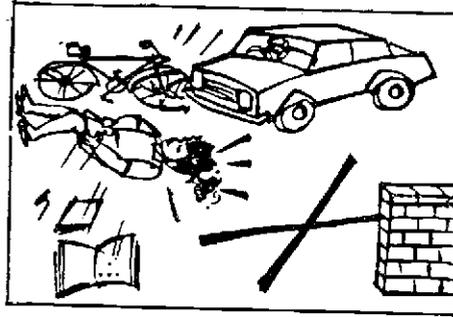
to reduce the fever on the advice of a doctor. DO NOT WRAP THE CHILD IN WARM CLOTHING OR BLANKETS.

3. If the child develops fits, a doctor should be consulted. Uncontrolled fits can lead to mental retardation. DRUGS MUST BE REGULARLY GIVEN SO THAT FITS ARE BROUGHT UNDER CONTROL.



4. During EPIDEMICS like brain fever and cholera, CONTAMINATED FOOD SHOULD BE AVOIDED. Children should be given freshly prepared food and boiled water.

5. Head injury due to accidents can damage the brain. Accidents must be avoided.



4. Other Factors

Hereditary Factors

1. Some defects can be transmitted from ONE GENERATION TO THE OTHER. These are hereditary factors. For example, if there is a mentally retarded person among the parents or the forefathers, there is a chance of bearing a mentally retarded child. Hence, marriage among blood relatives should be avoided, particularly when there is a history of mental retardation in the family.
2. Child bearing by a woman under 18 years and over 35 years of age should be avoided.
3. If a child is born with a small / big head or stiff limbs, he should be taken to a doctor to prevent further disabilities.

Summary :

1. Mentally retarded people are low in intelligence and cannot fully adapt themselves to a given situation.
2. The following features are noticed in mentally retarded persons.
 1. Slow Reaction
 2. Absence of Clarity
 3. Inability to Learn Fast
 4. Inability to Understand Quickly
 5. Inability to Decide
 6. Lack of Concentration
 7. Short Temper
 8. Inability to Remember
 9. Lack of Coordination
 10. Delay in Development
3. There are many factors which cause mental retardation. The conditions which occur before the birth of a baby, during delivery and after the birth of a baby may lead on to mental retardation.
4. Mental retardation can be prevented by taking precautions.

Self Evaluation - 1

After going through this chapter, please answer the following questions. Check whether your answers are right or wrong from the answer key. In case you are not able to answer the questions correctly, go through the suggested pages of the manual once again.

1. The features of mental retardation include all of the following except.
 - a) Slow reaction
 - b) Suicidal tendencies
 - c) Difficulty in understanding
 - d) Unclear expression

2. All of the following can cause mental retardation except
 - a. Brain fever in the child
 - b. Black magic and/or karma
 - c. Dfficult delivery
 - d: Poor nutrition during pregnancy

3. Mental retardation is characterised by _____
and _____

4. The four common causes for mental retardation are :
 - a. _____
 - b. _____
 - c. _____
 - d. _____

5. Study the following statements carefully. Do you consider them True or False?
 - a. Balanced diet must be taken by the mother during pregnancy. True/False
 - b. A child having fits need not be treated for fits. True/False
 - c. Immuization against diptheria, whooping cough, tetanus and polio should be done only after the 10th year. True/False
 - d. In a child with high fever, efforts must be taken to bring down the fever immediately. True/False
 - e. If a pregnant woman consumes lot of alcohol she will have a healthy baby. True/False

Answer Key-1

- | | |
|---|----------------|
| 1. b | See pages 1-4 |
| 2. b | See pages 5-9 |
| 3. low intelligence and difficulty in adapting to a given situation | See pages 1, 9 |
| 4. a Infections in the mother | |
| b poor nutrition in the mother | |
| c complications during the delivery of a baby | |
| d prolonged high fever with fits in a child | See page 5-9 |
| 5. a True | See page 6 |
| b False | See page 8 |
| c False | See page 8 |
| d True | See page 8 |
| e False | See page 5 |

CHAPTER - 2

IDENTIFICATION AND REFERRAL

OBJECTIVES :

On completing this chapter the Multi-Rehabilitation Worker will be able to

- 1. List ten normal stages of development**

- 2. Use the three screening schedules to identify a child with mental retardation**
 - Schedule-1 (below 3 years)**
 - Schedule-2 (3 - 6 years)**
 - Schedule-3 (7 years and above)**

- 3. Describe the procedure for referral**

CHAPTER - 2

Identification and Referral

How to Identify a Child with Mental Retardation ?

The growth and development of children follow a particular pattern. Every child passes through certain stages of development. It is important to know these stages of development as it helps in identifying children who have DELAYED DEVELOPMENT. Some of the IMPORTANT STAGES OF DEVELOPMENT along with the normal age range, are given below.



Stage-1

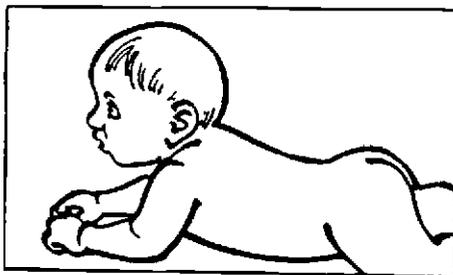
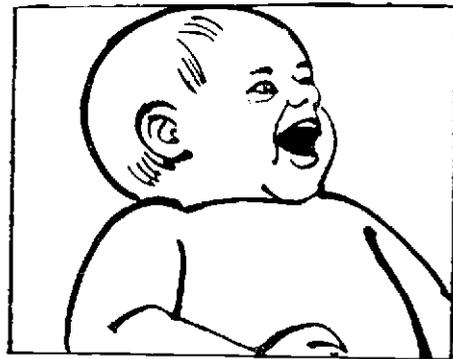
Age : 1 to 3 months

Development : Responds to name / voice

Stage-2

Age : 1 to 4 months

Development : Smiles at others



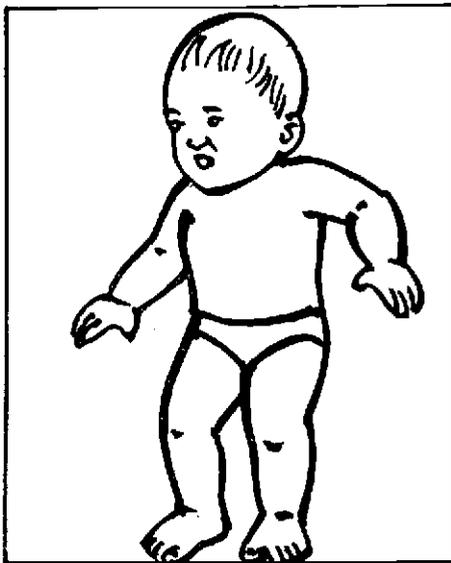
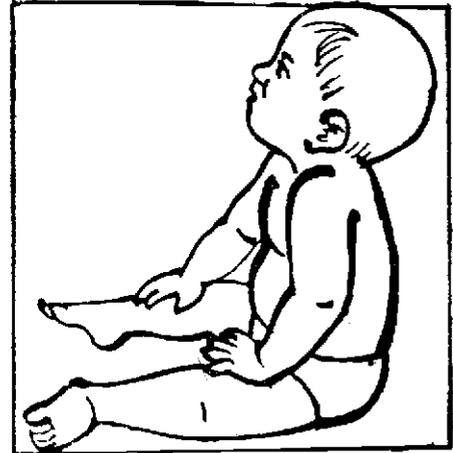
Stage-3

Age : 2 to 6 months

Development : Holds head steady

Stage-4

Age : 5 to 10 months
Development : Sits without support

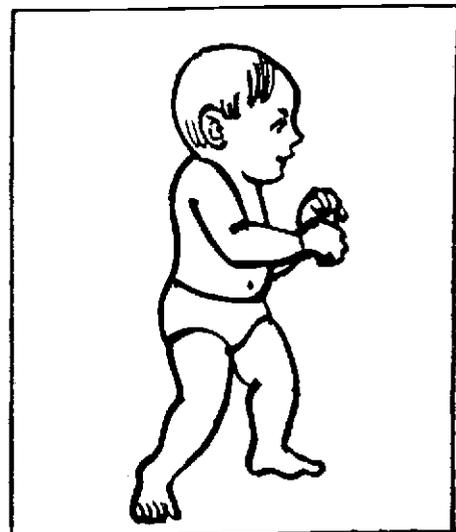


Stage-5

Age : 9 to 14 months
Development : Stands without support

Stage-6

Age : 10 to 20 months
Development : Walks independently





Stage-7

Age : 16 to 30 months

Development : Talks in 2 to 3 word sentences

Stage-8

Age : 2 to 3 years

Development : Self feeding



Stage-9

Age : 2 to 3 years

Development : Tells name

Stage-10

Age : 3 to 4 years

Development : Has toilet control



Identification of Persons with Mental Retardation :

We have seen how a normal child develops. If you notice a delay in normal development, you should suspect the child to be mentally retarded. Use the following questionnaires or checklists called screening schedules to identify mental retardation. There are three screening schedules given below. The first schedule is for children below 3 years. The second schedule is for children between 3-6 years. The third schedule is for children who are 7 years and above.

Screening Schedule I (below 3 years)

Stage No.	CHILD'S PROGRESS	NORMAL DEVELOPMENT Age Range	DELAYED DEVELOPMENT : If not achieved by the
1.	Responds to name/voice	1- 3 months	4th month
2.	Smiles at others	1- 4 months	6th month
3.	Holds head steady	2- 6 months	6th month
4.	Sits without support	5-10 months	12th month
5.	Stands without support	9-14 months	18th month
6.	Walks well	10-20 months	20th month
7.	Talks in 2-3 word sentences	16-30 months	3rd year
8.	Eats/drinks by self	2-3 years	4th year
9.	Tells his name	2-3 years	4th year
10.	Has toilet control	3-4 years	4th year
11.	Avoids simple hazards	3-4 years	4th year
Other factors			
12.	Has fits	Yes No	
13.	Has physical disability	Yes No	

IF THE CHILD IS FOUND TO BE DELAYED IN ANY OF THE STAGES GIVEN FROM 1 - 11 AND IF THE CHILD HAS FITS OR PHYSICAL DISABILITY, SUSPECT MENTAL RETARDATION.

Screening Schedule - II* (3 to 6 years)

Observe the following :

- | | | |
|--|-----|----|
| 1. Compared with other children, did the child have any serious delay in sitting, standing, or walking? | Yes | No |
| 2. Does the child appear to have difficulty in hearing? | Yes | No |
| 3. Does the child have difficulty in seeing? | Yes | No |
| 4. When you tell the child to do something, does he seem to have problems in understanding what you are saying? | Yes | No |
| 5. Does the child sometime have weakness and/or stiffness in the limbs and/or difficulty in walking or moving his arms? | Yes | No |
| 6. Does the child sometimes have fits, become rigid, or lose consciousness? | Yes | No |
| 7. Does the child have difficulty in learning to do things like other children of his age? | Yes | No |
| 8. Is the child not able to speak at all? (Cannot make himself understood in words/say any recognizable words) | Yes | No |
| 9. Is the child's speech in any way different from normal? (not clear enough to be understood by people other than his immediate family) | Yes | No |
| 10. Compared to other children of the same age, does the child appear in any way backward, dull or slow? | Yes | No |

IF ANY OF THE ABOVE ITEMS IS ANSWERED 'YES' SUSPECT MENTAL RETARDATION

*Adapted from the International Pilot Study of Severe Childhood Disability - Final Report - Screening for Severe Mental Retardation in Developing Countries.

Screening Schedule - III (7 years and above)

Observe the following :

- | | | |
|--|-----|----|
| 1. Compared with other children, did the child have any serious delay in sitting, standing or walking? | Yes | No |
| 2. Can the child not do things for himself like eating, dressing, bathing and grooming? | Yes | No |
| 3. Does the child have difficulty in understanding when you say "do this or that"? | Yes | No |
| 4. Is the child's speech unclear? | Yes | No |
| 5. Does the child have difficulty in expressing, without being asked what the child has seen/heard? | Yes | No |
| 6. Does the child have weakness and/or stiffness in the limbs and/or difficulty in walking or moving his arms? | Yes | No |
| 7. Does the child sometimes have fits, become rigid or lose consciousness? | Yes | No |
| 8. Compared to other children of his age, does the child appear in any way backward, dull or slow? | Yes | No |

IF ANY OF THE ABOVE ITEMS IS ANSWERED 'YES' SUSPECT MENTAL RETARDATION.

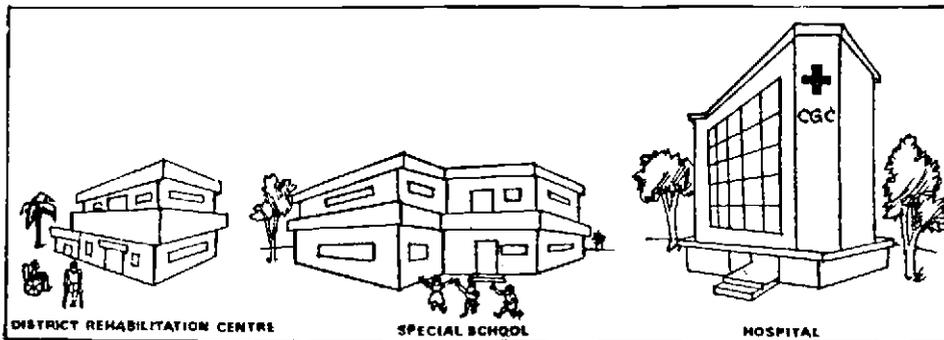
Note : Screening schedule 2 and screening schedule 3 ensure the prompt identification of every single mentally retarded child. Do not worry if the questions sometimes identify persons with handicaps other than mental retardation. Such persons can be later assessed. Our chief concern is the identification of the mentally retarded child.

Referral for Detailed Assessment :

Once a case is suspected, the diagnosis of mental retardation must be established by a person who has adequate training in identifying mental retardation. The places where such a diagnosis can be made are :

- a. the paediatrics/psychiatry departments of general hospitals,
- b. mental hospitals,
- c. child guidance clinics and
- d. special schools for the mentally retarded persons.

In addition, the psychologist at the District Rehabilitation Centre can confirm the diagnosis. The Multi Rehabilitation Workers should refer the suspected case to the psychologist at the District Rehabilitation Centre or the mobile team. Once the diagnosis is established, initial assessment is made and a programme is planned, the Multi Rehabilitation Worker can make the followup visits and undertake home training of the mentally retarded persons. The cases should be referred back to the psychologist or a referral agency once in three or four months for review.



The following information is needed from the parents before arriving at the diagnosis :

- a. detailed history about the health of the mother during pregnancy,
- b. details of the nature and type of delivery of the child and difficulties encountered if any,
- c. details of the child after birth such as immunization and illnesses such as fever, fits, jaundice, measles; and
- d. history of similar illness in the family.

After eliciting the history a developmental assessment is done and if needed, psychological testing is done. The child is assessed on the assessment checklist to find out the current level of his functioning. The child is examined by the medical doctor to find out whether there are any medical problems such as fits. If any drugs are necessary, they are prescribed. A management plan is then drawn out.

The management plan of the mentally retarded child depends upon the current level of functioning of the child and the associated conditions such as epilepsy, hyperkinesia, behaviour problems and sensory handicaps.

The management plan varies from infant stimulation exercises, training in daily living skills and functional academics to prevocational and vocational skills. Apart from this, help is needed in speech, locomotion, management of problematic behaviour and management of medical problems. The details about management of a mentally retarded child are given in the following chapters.

Summary :

This chapter described

1. Ten normal stages of development.
2. Three screening schedules.
3. The various places where referral of suspected cases can be made.

Self Evaluation-2

1. A normal child of 6 months will be able to

- a. walk
- b. sit
- c. say one or two words
- d. indicate toilet needs

2. When mental retardation is suspected in a child he can be referred to all of the following except

- a. the psychologist
- b. the faith healer
- c. the special school
- d. the district rehabilitation center

3. Match the following :

<u>Stages</u>		<u>Age Range</u>	
a. Telling name	—	1. 1-3 months	()
b. Responding to name	—	2. 2-6 months	()
c. Toilet control	—	3. 2-3 years	()
d. Head control	—	4. 3-4 years	()

4. Match the following :

<u>Stages</u>		<u>Age range</u>	
a. Self feeding	—	1. 5-10 months	()
b. Standing without support	—	2. 2-3 years	()
c. Smiling at others	—	3. 9-14 months	()
d. Sitting without support	—	4. 1-4 months	()

5. Study the following statements carefully. Do you consider them as True or False?

1. The management plan of a mentally retarded child depends upon the current level of functioning. True/False

2. The management plan does not depend upon associated conditions such as epilepsy and sensory handicaps. True/False

3. The assessment checklist does not give the current level of functioning. True/False

4. Detailed history about the mother's health during pregnancy and the nature and type of delivery and difficulties encountered if any are helpful in arriving at a diagnosis. True/False

Answer Key-2

1. b See page 13

2. b See page 18

3. a - 3
b - 1
c - 4
d - 2 See pages 12-14

4. a - 2
b - 3
c - 4
d - 1 See pages 12-14

5. a True
b False
c False
d True See pages 18,19

CHAPTER - 3

Management

After establishing the diagnosis, the mentally retarded child is assessed for the skills he has already acquired and the skills that need to be developed. Following this, one or two skills are taken at a time for training such as feeding, toileting, dressing, bathing, brushing and language.

The method of training is systematically planned and carried out. The mentally retarded person is assessed periodically to find out the progress made or problems encountered during training and to make a new programme for training.

Before assessing the level of functioning of the mentally retarded child assess his hearing, vision, ability to speak and understand, ability to move about, and his responses to various stimuli. Then, use the following checklist to find out his level of performance. Keep the checklist in front of you and observe if the child can do the activity or not. If he does the activity tick (✓) yes. If he cannot, tick (X) no. For example, let us take activity number one, i.e. Does the child smile at others? To test this, smile at him when he looks at you or hold his chin and talk to him with a smile. Then observe and score on the checklist accordingly.

ASSESSMENT CHECKLIST

Age Range : 0-6 Months

1. Does the child smile at others?	Yes	No
2. Does the child hold his head erect when placed on his abdomen?	Yes	No
3. Does the child make sounds like 'ta-ta-ta' 'na-na-na'?	Yes	No
4. Does the child roll from back on to stomach?	Yes	No
5. Does the child use his whole palm to grasp?	Yes	No

Age Range : 7-12 Months

6. Does the child respond to name?	Yes	No
7. Does the child sit without support?	Yes	No
8. Does the child crawl on his stomach?	Yes	No
9. Does the child stand by holding on to an object?	Yes	No
10. Does the child pick up things with his thumb and his index finger?	Yes	No

Age Range : 1-2 Years

11. Does the child stand without support?	Yes	No
12. Does the child say 'amma', 'atta', 'tata'?	Yes	No
13. Does the child walk without support?	Yes	No
14. Does the child drink by himself from a glass or a cup?	Yes	No
15. Does the child show body parts when asked?	Yes	No
16. Can he greet others when reminded?	Yes	No

Age Range : 2-3 Years

17. Does the child jump with both the feet together?	Yes	No
18. Does the child give verbal answers to simple questions?	Yes	No
19. Does the child hold a pencil properly?	Yes	No
20. Does the child indicate his toilet needs?	Yes	No

21. Can the child say his name?	Yes	No
22. Does the child speak simple sentences with 2-3 or more words?	Yes	No
23. Can the child match colours?	Yes	No

Age Range : 3-4 Years

24. Does the child brush his teeth?	Yes	No
25. Can the child unbutton his clothes?	Yes	No
26. Does the child point to common objects by their use?	Yes	No
27. Can the child walk up and down the steps (stairs) on alternate feet?	Yes	No
28. Can the child eat by himself?	Yes	No
29. Does the child differentiate big from small objects?	Yes	No

Age Range : 4-5 Years

30. Can the child copy patterns such as round, straight or slanting lines?	Yes	No
31. Can the child button his clothes?	Yes	No
32. Does the child comb his hair without help?	Yes	No
33. Does the child wash his face without assistance?	Yes	No
34. Can the child associate the time of the day with an activity?	Yes	No
35. Can the child count upto 10 by rote?	Yes	No
36. Can the child name the colour of the objects when shown?	Yes	No

Age Range : 5-6 Years

37. Can the child follow two unrelated instructions?	Yes	No
38. Does the child name the days of the week in order?	Yes	No
39. Can the child read simple words?	Yes	No
40. Can the child count meaningfully upto 10?	Yes	No

Once a mentally retarded child's/person's level of functioning is known, a programme suitable for him/her must be developed. Under the guidance of the psychologist at the District Rehabilitation Centre, the Multi Rehabilitation Workers (MRW) should plan the programme for the child. The Multi Rehabilitation Worker should demonstrate to the parent the method of training. The parents should follow the specific instructions at home. It is always better to HAVE THE PARENTS TRAIN THE CHILD AT HOME. Examples of such training are given on pages 26, 27 and 28.

Hints For Successful Skill Training

- Divide each training activity into small steps and demonstrate.
- Give the mentally retarded person repeated training in each activity.
- Give the training regularly and systematically. Do not let parents get impatient.
- Start the training with what the child already knows and then proceed to the skill that needs to be trained. By this the child will have a feeling of success and achievement.
- Reward his effort, even if the child attains near success by appreciation or with something that he likes.
- Reduce the reward gradually as he masters a skill and take up another skill for training.
- Use the training materials which are appropriate, attractive and locally available.
- Remember, there is no age limit for training a mentally retarded person.
- Remember, children learn better from children of the same age. Therefore, try and involve normal children of the same age in training the mentally retarded child, after orienting the normal child appropriately.
- Assess the child periodically, preferably once in four or six months.
- Remember, a mentally retarded child learns very slowly. Tell the parents not to be dejected at the slow progress, NOR FEEL THREATENED BY THE CHILD'S FAILURE.

Training of a mentally retarded child can be carried out effectively by the use of a reward. There are a few important points to be remembered while rewarding the child. Reward must be given EVERY TIME the child does what you want the child to do.

- Tell the child why he is rewarded.
- Give the reward within 2 seconds of the child's correct action.
- Praise the child verbally whenever you give a reward.

It is also important to know what reward to give and when to give the reward. Some children like sweets, others like salty snacks. Some like to play with toys and others like to be hugged and kissed. Some others may like to collect small articles. Anything which the child likes can be given as a REWARD.

Observe the child to choose a reward and figure out what would please the child most. You can also ask the child's parents or other family members about the child's likes. The child should be given 3 or 4 choices like salty snacks, or a cool drink, or riding a tricycle, or listening to a radio. Select one or two items which the child seems to like most.

Always praise the child even if the child is given a reward for completing an activity. As the child cooperates in learning the activity, withdraw the reward gradually. Just praising the child will be enough to make the child master that activity.

Remember that 'over use' of any reward will make the child lose interest in that reward. It is necessary to give him different rewards at different times.

Mental Retardation : Case - 1

Laxmi is nine. Her mother brought Laxmi one year ago complaining of Laxmi's inability to brush her teeth, wear her clothes, take her bath and speak properly. Laxmi was assessed at the centre for the mentally retarded persons. She was diagnosed as **moderately retarded**. Laxmi's current level of functioning was assessed using the assessment checklist. It was decided to teach bathing skills to her.

Laxmi was fond of salt biscuits. To teach Laxmi bathing, her mother was asked to give Laxmi a biscuit if she allowed her mother to help her to hold the mug and pour water over her body. For every mug of water Laxmi poured on her body, she was given half a biscuit. Laxmi came to know that she would get a biscuit if she cooperated in her bathing.

Laxmi's mother gradually reduced her assistance of holding hands and Laxmi started pouring water on her body by herself. Laxmi's mother slowly stopped giving biscuits while she was bathing and instead she gave Laxmi a full biscuit after Laxmi finished all the water from the bucket. Laxmi's mother followed the same method to teach Laxmi to apply soap and wash it off.

Finally, Laxmi learnt to bathe herself.

Mental Retardation : Case - 2

Anjali is three. Six months back she was brought with the complaints of inability to hold her head, inability to establish or maintain eye contact with others, not responding when called by name and not turning over or sitting.

She was born before the full term of pregnancy was completed, did not cry immediately after birth and was blue to look at.

The developmental assessment revealed that she might be a child with MODERATE MENTAL RETARDATION. The chances of improvement are better as she was brought to the centre for the mentally retarded at the young age of 2½ years.

After giving early stimulation exercises regularly, she learnt to hold her neck and turnover, respond to her name, look at persons and moving objects and is getting trained to sit. With continued exercises and training, Anjali is showing good improvement.

You should also know the timing of the reward i. e., when to give and how many times to give the reward. To begin with, while teaching a new activity, give the reward for every correct action. As the child progresses in learning that activity, give the reward every 2-3 minutes or after every 3 or 5 correct responses. (See Mental Retardation : Case-1 on page 26).

You should decide and plan out the method of rewarding (what to give and when to give) before starting to teach a new activity.

There are many methods to train the mentally retarded persons. The method that is used to teach an activity to one child may not be suitable for another child. You should know the different methods so that you can choose according to the child's need.

Some children understand when they are told what to do. That is they learn the activity by VERBAL INSTRUCTION. Some children learn by imitating a person. The instructor should stand in front of the child and do the activity slowly so that the child copies the instructor. That is they learn by MODELLING. There are children who learn to do any activity only when the instructor holds the hands of the child and makes him do the activity. That is they learn by PHYSICAL GUIDANCE.

Divide the activity into SMALL STEPS and teach the child STEP BY STEP. Only when the child learns one step, teach the next step.

If an activity is divided into 6 steps, IT IS ALWAYS BETTER TO TEACH THE 6TH STEP FIRST. When the child learns to do the 6th step-independently, the fifth step should be taken up and then the 4th step and so on. This method is found to be very effective in teaching mentally retarded children.

Give the training regularly and systematically. The child may take a long time to learn. DO NOT LOSE PATIENCE.

Mental Retardation : Case - 3

Mahesh is 15. He was unable to understand what is taught in school, unable to travel alone, unable to identify or manage money, and unable to see time. He was beating others and throwing things when ever he was angry.

The case history showed that he had very high fever leading to loss of consciousness when he was only 10 months old. After recovering, he had lost his ability to hold his neck, turn over or sit. All the other developments (standing, walking and talking) were delayed.

The boy was assessed for his intellectual abilities and current level of functioning in various skills. He was diagnosed to be a person with MILD MENTAL RETARDATION. The parents were counselled and a training programme was planned.

His behaviours of beating people and throwing things at people were corrected using behaviour modification techniques.

He is being trained in reading and writing required for daily living such as reading signboards and directions, writing name and address, and simple arithmetics, telling time and managing money. He is also being trained in a job in wood work involving sand papering. The parents are happy about his progress.

Repeated training ultimately makes the child learn the activity. Make the activity interesting by using appropriate and colourful materials.

Whatever method is chosen to teach the activity, the ASSISTANCE GIVEN SHOULD BE GRADUALLY REDUCED. If physical guidance (hand-over-hand) is used to teach an activity like drinking, gradually reduce the support of your hands by holding his wrist, then his elbow, and then his shoulder. Finally remove the hand and he will do the activity independently.

Mental Retardation : Case - 4

Sita is nine. She was unable to feed herself, and unable to attend to her toilet needs. She had drooling of saliva from the mouth. She was not able to speak nor understand instructions. She was also having fits frequently from the age of 6 months.

The case history revealed that Sita was born after full term normal pregnancy but her mother had difficulty during the delivery of the baby. Sita's crawling, sitting and standing were delayed when compared with her brother and sisters.

Sita was taken to a number of faith-healers since her childhood. Not finding any improvement, she was taken to a doctor. The moment she was taken to a doctor, the doctor treated her for fits and referred her for further assessment and management to the centre for the mentally retarded persons. There, she was assessed for her INTELLECTUAL ABILITY and current level of functioning in various skills. She was diagnosed as SEVERELY MENTALLY RETARDED. Sita's parents were told about the child's condition. She is being trained in various skills such as feeding, toileting, bathing, language and so on. Sita's parents cooperate in training her. They are now aware of the child's condition.

In the following pages, the activities for training a mentally retarded child in various areas are given. One or two such activities may be taken at a time. The sketches alongside the activities will help you in training the child

LIST OF ACTIVITIES :

Activity - 1

To make the child smile in response to facial expression of others.

- Bend your head slightly above the child's face to catch his look, talk to him and smile.
- Talk and smile when you are feeding him, giving bath to him, dressing him, and so on.
- Respond by smiling whenever he smiles.
- Smile at him whenever you pick him up and play with him.

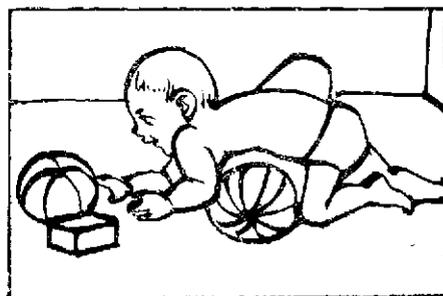
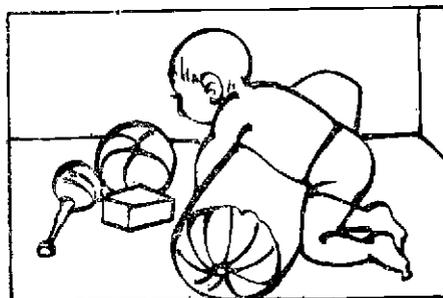


Activity - 2

To make the child hold his head erect when placed on his abdomen on a flat surface.

Materials - A Rattle / Toy, Cylindrical Pillow.

- Keep a pillow under his arms and chest (as shown in the picture). Hold a colourful toy in front of the child and let him look at it.
- Place the child on his stomach without the pillow. Rest his elbows on the floor. Physically guide the child to lift his hand and look up. Gradually reduce support.



Activity - 3

To make the child say : 'Na-na', 'da-da', 'ya-ya'.

Materials - Sugar syrup, Honey.

- Keep the child in such a position that he can look at your face. Make sounds like 'na-na' 'da-da-da' and so on repeatedly. Let him try to reproduce the sounds.
- When the child responds to your talking by vocalizing, carefully apply sugar syrup / honey behind his upper teeth. The child would start licking and in the process would make sounds like 'da-da-da' and 'na-na-na'.

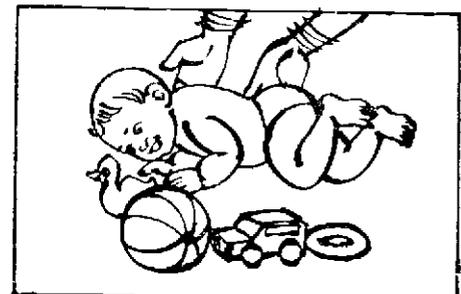
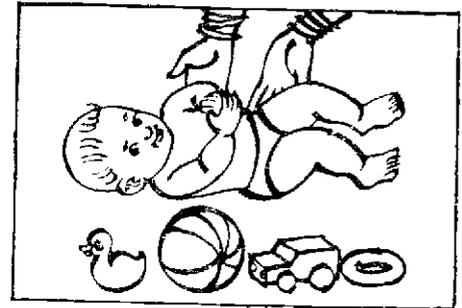


Activity - 4

To make the child roll from his back on to the stomach.

Materials - Colourful toys, Pillows.

- Show colourful toys to attract him on his side just above his head.
- When the child is on his back hold his leg and hand of the same side and gently roll him over. Reduce the help gradually.
- Make him lie sideways. Keep a pillow to support him at the back and gently push the pillow so that he turns and reaches for the toys.



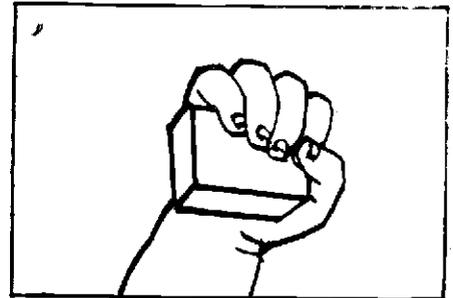
Activity - 5

To make the child use his whole palm to grasp.

Materials - A toy or a biscuit to fit in child's palm.

(The child can be lying on his back or sitting in your lap.)

- Place a toy/biscuit in the child's hand. Tell him to hold it. If the grip is not tight, hold his fist with your hand. Slowly release the pressure of your hand and finally, take away your hand.
- Place maida paste at the lower part of the child's palm. Place a small toy in the centre of his palm and fold his fingers so that his fingers touch the paste. He can hold a toy for a few seconds because the fingers get stuck to the lower part of the palm.



Activity - 6

To make the child respond to his name.

Material- A mirror.

- Call the child by name during various activities such as feeding him, bathing him, changing of his clothes and playing with him.
- Show him his image in the mirror and say his name. Ask "where is.....(name of the child)".
- Physically guide his hand to his chest and say "here is.....(name)" while looking into the mirror.
- Always use a single name and encourage the family members to call him by that name while talking to him.



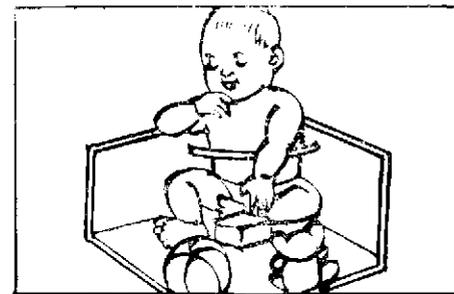
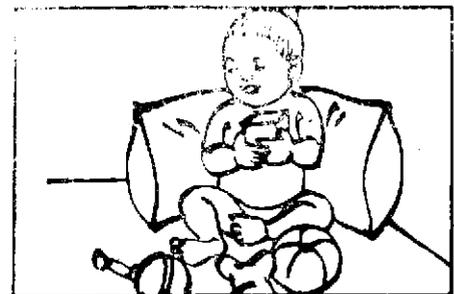
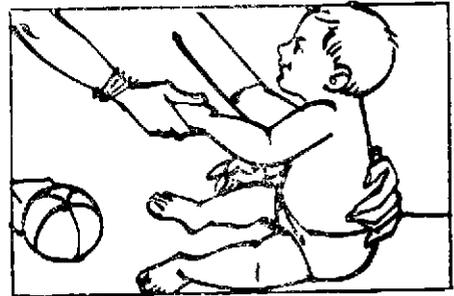
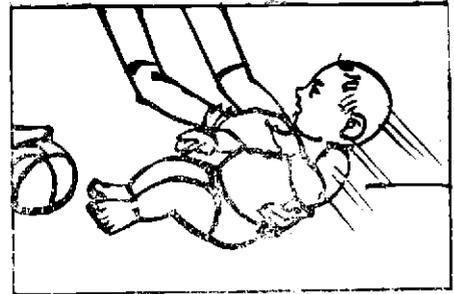
Activity - 7

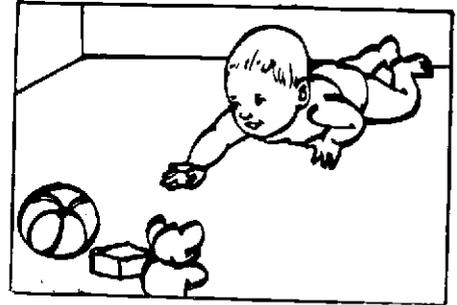
To make the child sit without support.

Materials - Pillow and toys, Cardboard box.

(Select the activity depending upon the requirement of the child)

- Place the child on his back and hold his fingers tight and pull him upto a sitting position. See that his legs are stretched and slightly spread apart to get the balance. Support the back with your palm and slowly reduce the support. Keep toys in front of the child so that the child is busy with them.
- Keep the pillows at the back of the child to support him in sitting position. Gradually remove pillows one by one so that the child sits without the support. Always keep some toys in front of the child and/or see that some other child plays with the child.
- In a cardboard box make the child sit in a corner. The height of the box should reach the shoulder of the child while sitting. Gradually reduce this height to under arms, to the waist and finally remove the box.
- Make the child sit in the corner of a room. Keep colourful toys in front of him. Keep talking to him.



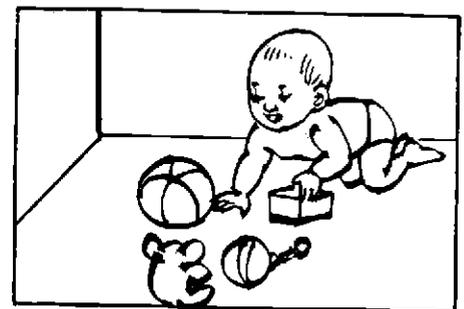
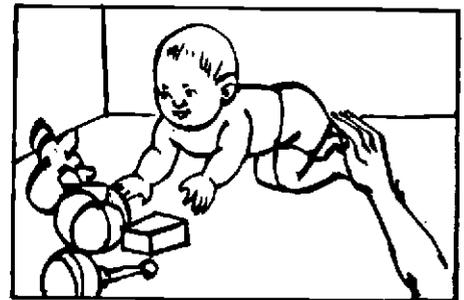


Activity - 8

To make the child crawl.

Materials – Toys, Eatables.

- Place the child on his stomach and place some toys few inches away from his reach. Get his attention by tapping the toy on the floor and tell him to take it. Gradually increase the distance between the toy/eatable and the child.
- Make the child rest his palm and knees on the floor. Run a towel under the child's chest and abdomen. Lift the ends of the towel so that the child's trunk is raised. Make him crawl towards the toys in front of him.
- Support the sole of his foot with your palm. He will push against your palm to move forward. Gradually withdraw the support.

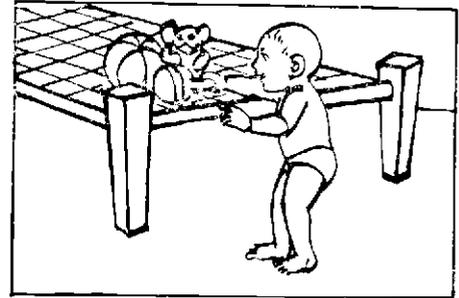
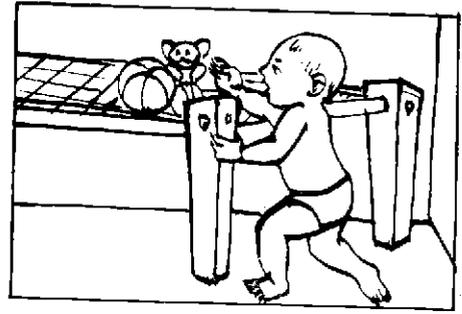


Activity - 9

To make the child stand by holding on to an object.

Materials - Toys, Table / Cot

- Show a toy to the child and place the toy on a low table/cot while the child watches. Encourage him to hold the table top or cot and pull himself up to reach the toy. Push at the hip to make the child stand.
- Make sure that the child is able to place both his feet on the ground by holding him under the arms and making him stand.

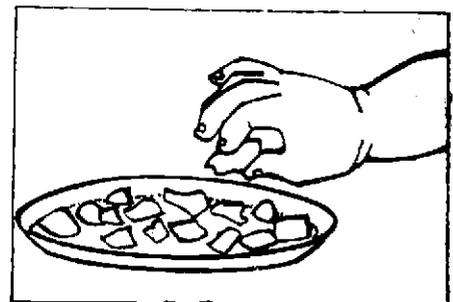
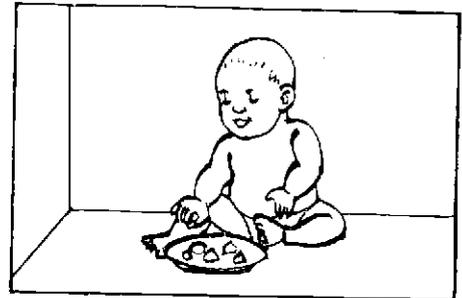


Activity - 10

To make the child pick up an object with his thumb and his index finger.

Materials - Pieces of chapati, Fluffed rice, Gum.

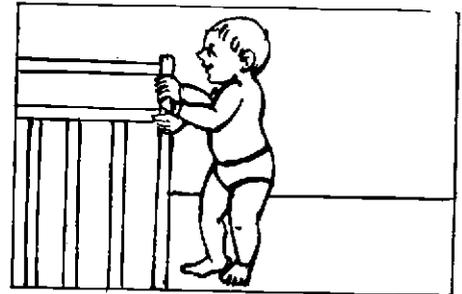
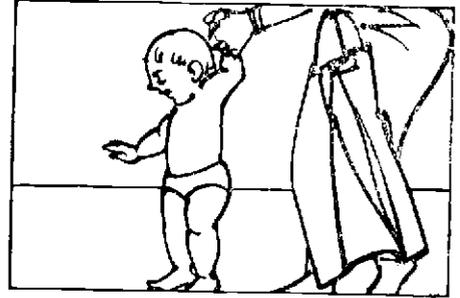
- Give small chapati pieces to the child. Encourage him to pick them up with his thumb and his index finger and let him eat.
- Place small bits of eatables on a plate and physically help him to pick up a piece with his thumb and his index finger and eat. Gradually reduce the help.
- Place some honey or a sticky edible on the child's thumb and his index finger. Press them a couple of times. When the gum dries the child needs to make an effort to pull the fingers apart. It becomes a play and the child keeps trying it. If needed, help him physically.



Activity -11

To make the child stand without support.

- Have the child hold your fingers with both his hands. Pull him to standing position and keep talking to him as you do this. Slowly withdraw one hand and let him hold with only one hand and stand. Gradually withdraw the second hand also. Let him stand. See that his feet are placed apart to balance when you withdraw total help.
- A wall, a stool or any such support can also be used to train the child to stand.



Activity - 12

**To make the child say 'amma', 'akka', 'atha'.
(meaningful terms, kinship terms)**

Materials - Photographs of relatives.

- Point to the child's mother, brother or sister and ask - "who is this?" Give the answer and let the child imitate. Reward the child even if the child makes an attempt or approximation. In a group of persons ask the child "where is.....?" and point to that person and say "here is....."
- Show a photograph of his nearest relative with whom he spends most of the time and let the child point at that person. Give the name of the person (akka/atha/ammamma), and let the child repeat the name.
- Let a relative stand in front of the child. Let the child touch/point at that person and say the name of the relative.



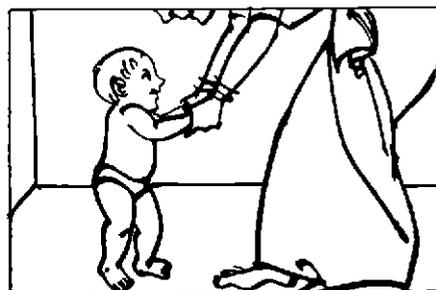
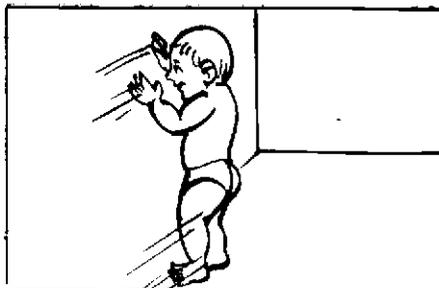
Activity - 13



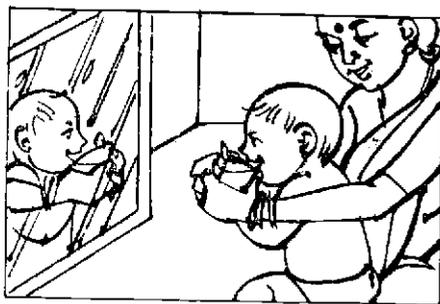
To make the child walk without help.

Materials - A three wheeled cart (walker), Toys.

- Stand behind the child and support the child at the shoulders. Place your toes at the heels of the child. Push them alternately so that he walks forward. Gradually reduce the help. Start with short distances and gradually increase the distance.
- Make the child stand with the support of a three wheeler. Pull the three wheeler forward slowly and let the child move forward. After the child gains confidence slowly reduce your help and let the child push.
- Hold the child's hands and stand in front of him. While you walk backwards, let the child walk forward.



Activity - 14



To make the child drink by himself from a glass.

Materials - A glass, A mirror and something to drink.

- Have a small amount of liquid in a cup/glass. Show the child what he is going to drink.
- Sit behind the child in front of mirror and physically help him to drink. When the child gains control increase the amount of liquid. Gradually reduce the help.
- To make the child learn faster, you also drink from a glass and let the child imitate you.





Activity - 15

To make the child show his body parts.

Materials - A mirror, A doll, Pictures.

- Name a part of the child's body while pointing to it. Ask the child to show it after you do. If the child speaks, let him also say the name of that part. Otherwise, let him show that part of the body which you say. Gradually introduce the names of other parts of the body also.
- Let him point to the parts of the body on the doll like the doll's legs, the doll's hands and the doll's head. Later let him show the doll's nose, doll's eyes, the doll's ears, etc. If he needs help, place his finger on that part which you want him to show and later let him try by himself.
- Let him stand in front of a mirror. Make him touch his head/nose on his reflection. Whenever necessary give help to touch that part and then let him try.



Activity - 16

To make the child greet others when reminded.

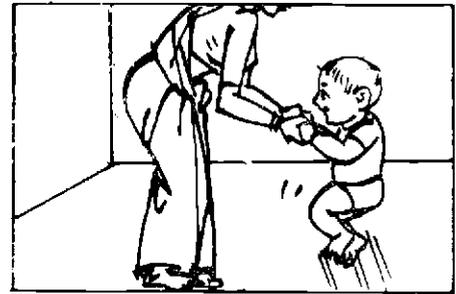
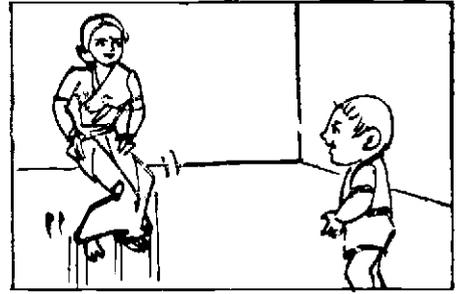
- Every morning when the child wakes up and every night when the child goes to bed greet him. Insist on the child greeting you back.
- When there are visitors in the house, have the child with you when you greet the visitor. Have the child greet the visitor.
- Always appreciate the child for greeting appropriately.



Activity - 17

To make the child jump with both feet together.

- Hold both hands of the child and jump. Ask the child to imitate you.
- Draw circles of one foot radius on the floor adjacent to each other. You jump from one circle to the other with both feet. Ask the child to imitate you.



Activity - 18

To make the child give verbal answers to simple questions.

Materials - Action pictures, Varieties of toys.

- While the child is eating keep talking to him (now you will eat roti, and then vegetable) and in between ask him simple questions like what are you eating now, or what is in your hand? Let him answer. If he fails, let his sister, brother or a peer answer and let him imitate / repeat the answer.
- Show him big action pictures and ask the child what the person in the picture is doing. Help him to give the answer. Gradually reduce the help.
- Make a statement like 'I want to buy a sweet'. Ask the child 'what do you want to do?'. Let the child say 'buy a sweet'. If he fails, help him to say it by giving clues.
- Keep a lot of toys and pick up one toy. Ask the child 'what did I pick up?' If the child says correctly reward him. Pick up another toy and ask the child the same question. Now let him answer. Make it a game. Let him ask questions, let somebody else answer. Later let him answer somebody else's questions. Make it a point to maintain conversation with the child.

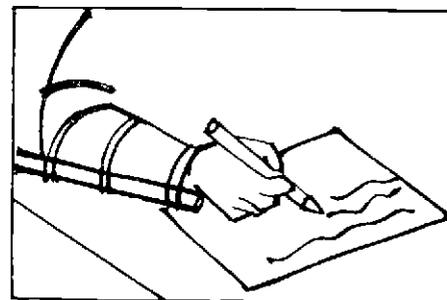


Activity - 19

To make the child hold a pencil properly.

Materials - A pencil, Splints, A tape, Rubber bands.

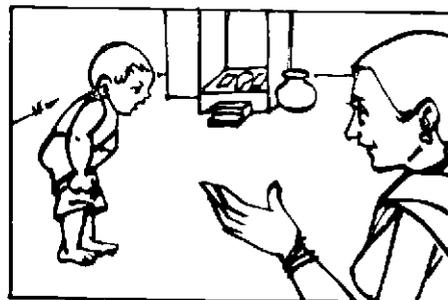
- Place the pencil in the correct position in the child's hand. Make sure he rests his wrist on the writing surface. If he does not rest his wrist, place a small splint from wrist to elbow on the inner side of his forearm and tie it loosely at the wrist and upper part of his forearm.
- Hold the child's hands and guide him to scribble.
- To help the child to hold appropriately, a rubber band may be fixed one inch above the tip of the pencil.



Activity - 20

To make the child indicate his toilet needs. *

- Before starting the training, note and record each time he urinates or has bowel movements for at least one week. Using this record as reference, take him to the toilet 3 to 5 minutes before the noted time. Use one word always (like : sussu) whenever he is made to sit in the toilet.
 - Observe his behaviour whenever he wants to ease himself. Provide a gesture along with the word. See that the child uses the gesture whenever he goes to the toilet.
 - Reward whenever he uses the toilet.
- * In the rural areas toilets may not be present and open ground may be used as toilets. In such instances take the child to a fixed place to make him urinate or ease himself.



Activity - 21

To make the child tell his name.

- Give the child one name and always call him with that name whenever possible.
- Stand in front of a mirror with the child. Point at the child in the mirror and ask him; 'who is this?' Say his name and let him repeat it.
- Say "My name is..... and your name is....."
Let the child say "My name is....."
(prompt his name if necessary). Withdraw total help and give clues by whispering his name, saying the first syllable or making lip movements suggesting his name.



Activity - 22

To make the child speak in small sentences.

Materials - Pictures of a story in sequence, Action pictures.

- Tell the child a story with pictures. Arrange the pictures in a sequence and ask the child to narrate the story in small sentences.
- Show him a picture poster. Ask the child to describe the actions in the poster in simple sentences.
- Act out a simple action such as eating. Let the child say in words what he /she has seen.



Activity - 23

To make the child match colours.

Materials – Beads, Chips and Objects of different colours.

- Mix objects of two colours, eg. red and green. Objects can be coloured chips, beads or cardboard cut outs. Take out a red one and keep it separately. Take another red object and keep it with the first one as the child watches you. Now tell him to take out all the red ones and keep them with the red objects you had separated. Each time say 'red' as the child separates them.
- Add other colours when the child is able to separate and match two colours.

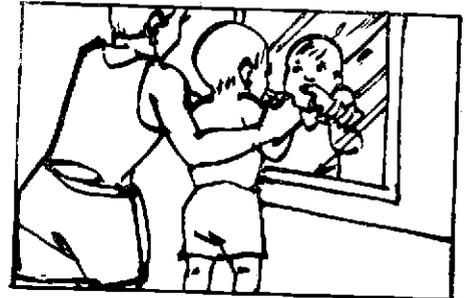


Activity - 24

To make the child brush his teeth.

Materials – Tooth powder, Mirror, A bucket of water, A mug.

- Brush your teeth at the same time when you want the child to brush.
- Show him how you brush and let him imitate.
- Have a mirror in front and let the child see himself while brushing.
- If need be, initially guide him physically and gradually reduce the help and give only verbal directions. When he masters the skill reduce the directions also.

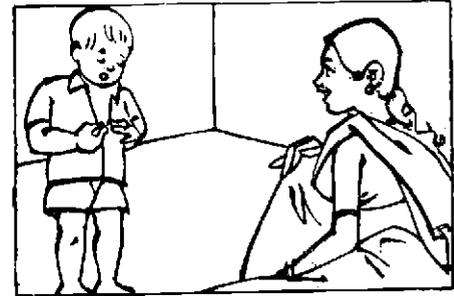
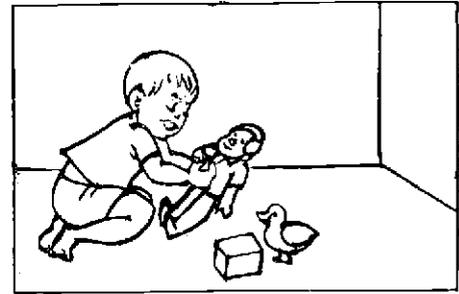
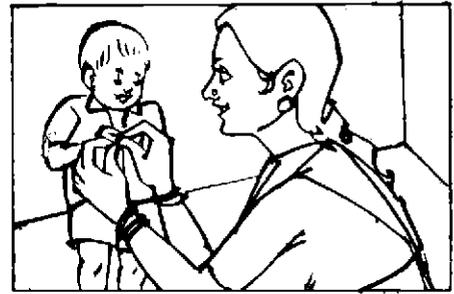


Activity - 25

To make the child unbutton his clothes.

Materials - Clothings with buttons and appropriate holes, A doll.

- Make the child unbutton by holding his hands. Then partially push the button out of the hole and let the child push it out completely.
- Wrap his favourite toy in a cloth and button it. Ask him to unbutton the packet and take his toy. Initially, assist him and gradually let him do it himself.
- Let the child take a doll for sand play and after the play, tell that both the child and the doll are dirty and that they must bathe. Tell the child to undress the doll so that it is ready for a bath. Help the child if necessary.



Activity - 26

To make the child point to common objects by their use.

Materials - Balls, Spoons, Glasses, Pictures of familiar objects.

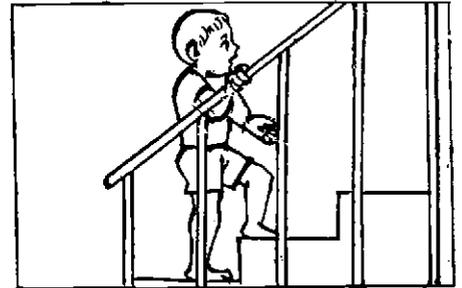
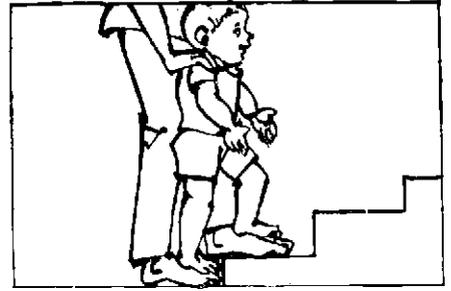
- Place familiar objects such as a spoon, a ball, a doll, a glass etc., in front of the child. Show and name the item and ask the child to point to it. Praise the child when he does it.
- Paste pictures of some items on a sheet of paper. Name and ask the child to point to them one by one. Correct the errors and appreciate the correct response.



Activity - 27

To make the child walk up and down the stairs on alternate feet.

- Stand behind the child and place his feet on your feet. Hold him at the shoulder and walk up and down the stairs. Keep talking to him on what is being done. For example "Let us lift one leg and put it on the lower step. Now let us lift the other leg and put it on the next step" and so on.
- Let him hold the railing with one hand and you hold the other hand and verbally direct him to place his legs alternately on the steps. First teach him climbing up the stairs and then climbing down the stairs. Now let him hold the railing. Climb beside him without holding his hand, and finally let him climb up or down independently.



Activity - 28

To make the child eat by himself.

Materials – Plate, Idli, Chapati, Dosa and such items

- Start the training with solid food items such as idly, dosa, chapati and so on. Put a few small pieces of food in a plate and physically guide the child to pick up a piece and eat it. Gradually reduce the physical help to verbal instructions.
- When he masters eating on his own, introduce food items such as rice and dal. Initially keep small balls of the food in the plate and let the child pick up a piece and eat it. Vegetable pieces should be prepared in size big enough to be picked up by the child and eaten.



Activity - 29

To make the child differentiate big and small objects.

Materials – Tins or Cans of different sizes, Biscuits.

- Sort out objects according to the size. Show him two objects with a lot of difference in size. Point to the bigger one and say 'this is big'. Repeat this with the smaller one.
- Point to the child and say he is small. Point to yourself and say you are big. Use appropriate gestures to say big and small.
- Draw two circles, one big and the other small. Ask him to stand in the small circle. Point to the small circle and let him stand in it.
- Break a biscuit into two parts, one big piece and the other, a small piece. Ask him to take the big piece and point at it. Let him say "big". Give him the big biscuit piece and praise him.

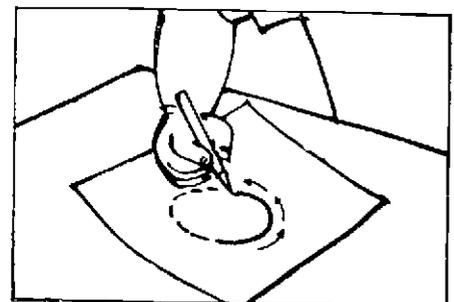


Activity - 30

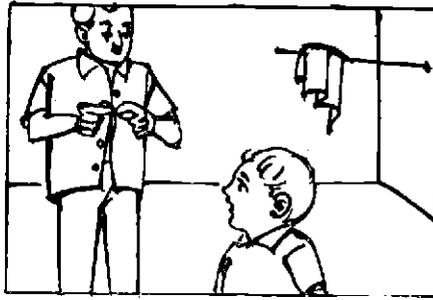
To make the child copy patterns.

Materials - Paper, A pencil.

- Draw a pattern that has to be copied. Hold the child's hand and physically guide him to trace the pattern. After a few trials let the child draw on the line on his own. Assist him if needed.
- Draw the pattern with dotted lines. Help the child to join the dots.
- Draw the pattern and ask the child to copy it.



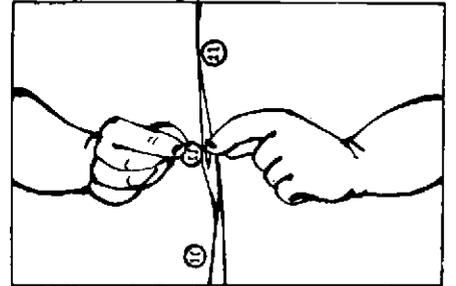
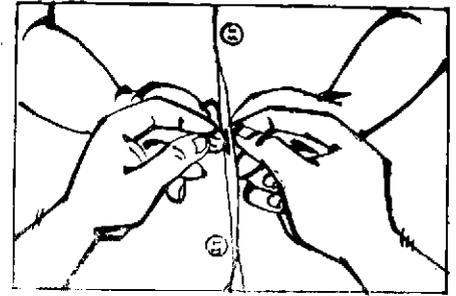
Activity - 31



To make the child button his clothes.

Materials - Clothing with large buttons.

- Button your shirt / coat as the child watches. Help him to do likewise by giving him attractive coat / shirt with big buttons.
- Push the button half way through and let him complete by pushing it through the button hole and pulling it out with the other hand.
- Stand behind the child. Hold his hands and make him button his shirt. Gradually reduce the assistance and let him do it independently.
- Give verbal directions and let him button the shirt. Start with large buttons and slowly reduce the size of the buttons.



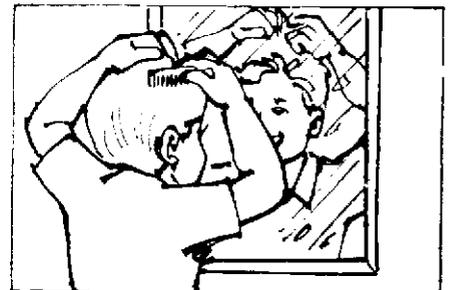
Activity - 32



To make the child comb his hair.

Materials - A mirror, A comb.

- Comb your hair while the child watches. Ask him to comb your hair by giving him the comb.
- Stand in front of the mirror with the child. Comb your hair and ask him to imitate.
- Make him stand in front of a mirror and let him try combing. If necessary, help him to comb his hair. Gradually reduce your help. Let him do independently.





Activity,- 33

To make the child wash his face.

Materials - A tub with water, A mug, A soap, A towel.

- Instruct the child to bend at his hip / squat and splash water over the face from a vessel. Help him to apply soap on his hands. Tell him to close his eyes and apply soap on the face.
- Give him the vessel with water and ask him to splash on his face. Initially help him and gradually reduce the help. Give him the towel to wipe his face.



Activity - 34

To make the child associate the time of the day with activity.

Materials - Pictures of various activities.

- Associate the day with the Sun and the night with the Moon. Show that the lights are switched on during night time.
- Talk to the child about the activities done during various times of the day such as eating breakfast in the morning, lunch in the afternoon, playing in the evening and sleeping in the night.
- When the child goes to bed tell him that when he wakes up it will be morning.
- Pictures of various activities can be used to say which time of the day the activity takes place.



Activity - 35

To make the child count up to 10 by rote.

Materials - Ten objects.

- Say the numbers from one to ten and make the child repeat one by one.
- Make a row of ten objects and make the child count after you do.
- Let him walk up or down the stairs and count *each step*.



Activity-36

To make the child name the colours of the objects when shown.

Materials - Bangles, Toys, Clothings.

- After the child sorts out the colours, point to one colour and ask him what it is. If he cannot say, name the colour. To make the child name 'red', show him the things in red such as tomatoes, apple, red coloured clothing, bangles, bindi and so on. Let him say the colour of those items.
- Similarly teach the other colours and associate them to things in everyday living. Such things need not be taught during training sessions only but can be taught at any time of the day under any circumstances.



Activity - 37

To make the child follow two unrelated instructions.

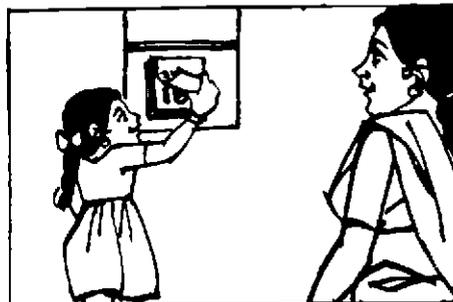
- Give the child one instruction such as 'close the door'. When he is able to do that, give two instructions such as 'open the window and get the plate'. If he does only one, ask him what the other instruction was. If he fails to say or remember, prompt him. Do not give complicated commands during the initial stages.



Activity - 38

To make the child name the days of the week.

- Say the names of the week and let the child repeat one by one.
- Make a rhyme of the days of the week and teach it as a song to the child.
- Every morning tell him what day it is and what day would follow. If possible make him change the day and date in the calendar.

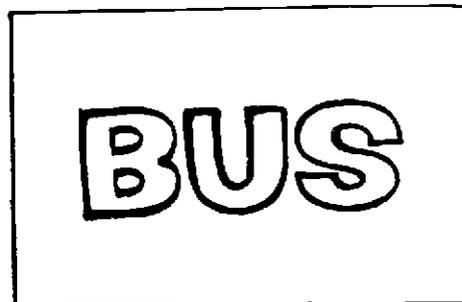
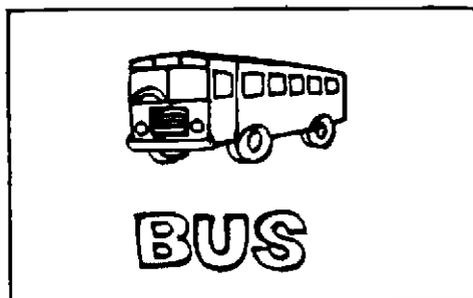
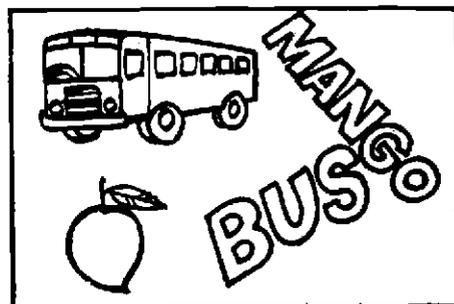


Activity : 39

To make the child read simple words.

Materials - Pictures of familiar objects with written/printed names.

- Show him pictures of common animals, objects of everyday use, plants, various modes of transport etc. and name them. When he recognises the pictures add the written name. Expose the picture with the word many times. When you are sure the child knows it well, separate the word from the picture. Remember to show only two pictures with the names at a time. When the child is able to match correctly give the word alone without the picture and let him read it. Later, as and when the word is seen at any place ask the child to read it.
- Always begin with simple, two letter words. Later, words which we come across in day to day life such as men, women, danger, poison, etc., can be taught.



Activity - 40

To make the child count meaningfully upto ten.

Materials - Beads, Stones, Bottle caps, Cups.

- Use beads, stones, bottle caps or such other small items. Have two small cups. Drop one stone in each cup saying one. In the same way drop, two, three and so on.
- Let the child repeat what you did. Correct him if he drops more or less number of stones.
- Ask the child to give you a desired amount. If he gives you incorrectly, correct him. Start with small numbers and then proceed to bigger ones.
- Generalize the activity by asking him to count the number of people in the room, number of trees around, number of windows in the room and so on.



The activities for skill training described in this chapter are some of the common ones to be trained. The trainer can use his own creative ideas and resources to train the mentally retarded persons in specific skills.

Summary :

1. Before taking up a mentally retarded child for training in various skills, he has to be assessed for his level of functioning in various areas.
2. The current level of functioning can be assessed using an assessment checklist given in the manual which lists forty essential areas.
3. After ascertaining the level of functioning of the child, he is taken up for training in one or two areas. The activities for stimulating/training that child are chosen. The activities are then broken into small steps and the training is started.
4. Hints for effective teaching/training of a mentally retarded child are given.
5. Activities for stimulation in forty essential areas are given.

Self Evaluation - 3

1. Study the following statements carefully and say whether they are true or false.

- | | |
|---|------------|
| a. The activities/skills must be taught only once a day, | True/False |
| b. The training of the mentally retarded person must be carried out only at the DRC. | True/False |
| c. The mentally retarded child should be appreciated even if he attempts to do a particular task. | True/False |
| d. Assessment of a mentally retarded person should be done only once in 3 years. | True/False |
| e. There is no age limit for training a mentally retarded person. | True/False |

2. A one year old girl cannot hold her neck. She needs training in holding her head erect. How will you train the girl?

3. A child of four needs training in walking without help. He can stand for 2-3 minutes without any support. How will you train the child?

4. A boy of five needs training in eating by himself. His eyes, ears and limbs are normal. What activities will you take up to train the boy?

5. Fill in the blanks.

- a. Training the mentally retarded is effective only when you _____
_____ the child/person.
- b. Some children learn an activity by imitating the instructor. This is called _____
- c. When a child is instructed by holding his/her hands to do an activity, one is giving

- d. Whatever method is used to teach an activity, the assistance given should be in

6. Suggest an activity of YOUR OWN for each of the following.

- to make the child jump with both feet.
- to make the child button his clothes.
- to make the child count six objects.
- to make the child read simple words.
- to make the child match colours.

Answer Key - 3

1.
 - a. False
 - b. False
 - c. True
 - d. False
 - e. True

See pages
25, 26, 27.

2. Place the child on his stomach. Rest his elbows on the floor. Physically guide the child to lift his head and look up. Gradually reduce the support.

See page 29

3. Hold the child's hands and stand in front of him. While you walk backwards help the child to walk forward.

See page 36

4. Start the training with solid food items such as idly, dosa, chapati and so on. Put a few small pieces of food in a plate and physically guide the child to pick up a piece and eat. Gradually reduce the physical help to verbal instructions.

See page 34

5.
 - a. Reward See page 26
 - b. Modelling See page 27
 - c. Physical guidance See page 27
 - d. Small steps See page 27

6. There are no definite answers for this question. The activities have to be suggested on your own.

CHAPTER - 4

GUIDANCE TO PARENTS

OBJECTIVES :

On completing this chapter the Multi-Rehabilitation Worker will be able to

1. Correct the wrong beliefs commonly held by parents about mental retardation.
2. Understand the need for guiding the parents.

CHAPTER - 4

Guidance to Parents

It is not enough if a mentally retarded child is identified and the parents are taught how to train the child. One should advise the parents and understand their feelings too. Parents may feel bad for having a retarded child. They may feel burdened. The parents should be given encouragement in their efforts to help the child. They must be made aware of the child's condition and told how to train him so that they accept their mentally retarded child. The problems described by the parents must be listened to carefully. Do not let the parents lose confidence in the training they give to the mentally retarded child. They should be reassured that the child will learn but slowly, depending on the level of retardation. Do not let the parents develop high hopes about the child, nor feel that the child is totally hopeless.

Many people, the parents as well as general public, have wrong ideas about mental retardation. A rehabilitation worker should help the people to correct their wrong ideas. By doing so, the parents can be made to cooperate better in the training of their retarded children. The parents should develop confidence in the rehabilitation worker and feel that he understands their problems and feelings. The worker should show interest in listening to what the parents are trying to say and guide them appropriately. Most people do not really know what mental retardation is. Study the following questions and answers to tell such people what mental retardation exactly is.

Question 1. Is mental retardation same as mental illness?

No. Mentally retarded persons are not mentally ill. The mentally retarded persons are just slow in their development. Therefore, they are dull and slow in understanding and have difficulty in learning various skills needed for daily living. Usually they have problems in speech. Some of them can be educated up to the 5th class while the others cannot reach even this level.

The mentally ill, on the other hand have normal development. Mental illness can occur at any age and even among the highly qualified people. Mental illness can be cured.

Question 2. Is mental retardation curable?

No, Mental retardation is a condition which cannot be cured. But timely and appropriate intervention can help the mentally retarded person to learn several skills.

Question 3. Can marriage solve the problems of mental retardation?

No. Many people think that after marriage, the mentally retarded person will become active and responsible or sexual satisfaction will cure the person. That is not so. Marriage will only further complicate the problems. When it is known that a mentally retarded person cannot be totally independent, it will not be possible for him/her to look after his/her family.

Question 4. Do mentally retarded persons become normal as they grow older?

No. The mentally retarded person's mental development is slower than that of a normal person. Therefore, when their actual age increases with time, the mental development does not occur at the same pace to catch up with the actual age. The mentally retarded persons cannot become normal as they grow older, but, with intensive training they can improve to some extent. Early training is very important.

Question 5. Is mental retardation an infectious disease?

No. Many people think that on allowing normal children to mix, eat or play with mentally retarded children, the normal children also develop mental retardation. This is wrong. Interaction between mentally retarded children and normal children on the other hand, helps in the improvement of mentally retarded children. The normal children will understand the problems of the retarded children and will accept them.

Question 6. Is it true that the mentally retarded persons can be taught nothing?

No. Mentally retarded persons can be taught many things. They can learn to look after themselves; to do tasks such as watering the plants, sowing the seeds, looking after the cattle, sweeping the floor, cleaning the utensils and carrying the loads. The mentally retarded persons have to be trained systematically. They can perform many jobs under supervision.

Question 7. Is it true that mental retardation is due to karma and hence nothing can be done about it?

No. Believing that mental retardation is due to their karma helps the parents to be free from the feelings of guilt. But having this belief and making no efforts to train the child and leaving the child to fate is not correct. Parents must be told that whatever may be the cause, training the child will improve him/her. The earlier the training is started, the better the chances of improvement in the child.

Summary :

1. Guidance to parents is one of the important aspects in the total care of the mentally retarded person.
2. The common questions asked generally by the parents are listed and the explanations given.

Self Evaluation - 4

1. While advising the parents of the mentally retarded children, one should
 - a. give less time to understand their feelings
 - b. develop high hopes in them about their child.
 - c. make them feel that one understands their problems.
 - d. should discourage them.

2. Getting a mentally retarded person married will
 - a. cure his mental retardation
 - b. further complicate his problems
 - c. make him independent
 - d. all of the above

3. Medicines cannot cure
 - a. mental retardation
 - b. mental illness
 - c. epileptic fits
 - d. all of the above

4. Write four common beliefs wrongly held about mental retardation by the people in your area
 - a. _____
 - b. _____
 - c. _____
 - d. _____

Answer Key - 4

1. c See page 53

2. b See page 54

3. a See page 53

4. Write the beliefs in your area.