Towards Remediation of Intellectual Disabilities: Education, Therapeutic Services and Rehabilitation

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Abstract

There are 22 million populations with different forms of disability in India (Census Report, 1991). North east states have around seven and half lakh population with disabilities. Assam alone has a disable population of 5.30 lakh which constitutes 2 percent of its population against 2.18% of Indian population. The most vulnerable section of population among the persons with disabilities are the intellectually disable. They are socially incompetent, mentally deficient and individually inferior in comparison to the peer group and class mates. Mild intellectually disables are to some extent educable, moderate intellectually retarded are to the extend are trainable but severe and profoundly retarded are totally dependent on parent or others custody. They required special education in special schools, with specially trained teachers and curriculum. But there is a shift in the approach of education and training of the intellectually disable children. Previously, it was integrated education and presently, it is the inclusive policy or approach of education. As intellectual disability is a multi-dimensional problem, their education and rehabilitation is practically a challenging task for the stakeholders.

Keywords: *mentally deficient, socially incompetent, mild, moderate and profoundly retarded, special education, and rehabilitation.*

Introduction

A global convention of expert to review the implementation of the World Programme of Action concerning the United Nations Decade of Disable persons held at Stockholm in 1987and to develop a guiding philosophy to indicate the priorities for action in the years ahead and to recognize the rights of the disabled. The Asian and Pacific Decade of Disabled Persons (1993-2002) was launched by the Economic and Social Commission for Asia and Pacific and adopted the Proclamation at Beijing (Convention) on 1st to 5th December, 1992 on the Full Participation and Equality of people with Disabilities in Asian and Pacific Region. India was a signatory to the said proclamation and to implement it India enacted "The persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**".** Article 46 of Indian constitution also ensures "the educational and economic interest of the weaker section people (intellectual disability) to give special care and protection from social injustice and all forms of exploitation".

There after a historical step was taken by the United Nations General Assembly (48th session, on 20th December 1993), adopted the Standard Rules on Equalization of Opportunities for persons with Disabilities for all Member Nations. International League of Societies for Persons with Mental Handicap, organized a global conference in New Delhi (1994) and made Delhi Declaration that consist the rights for intellectually disable and their families. It also called all the Govt. to disseminate and implement the guidelines of The Standard Rules**.**

Objectives of the Study

The study has the following objectives:

1. To study the need of right diagnosis for right treatment and remediation.
2. The objective is to study about education and training for children with intellectual disability.
3. To study the impact of counseling and therapeutic services.
4. To study about the need of rehabilitation services for intellectually disable children.

Review of Literature

Observing the research studies, Khaparde (1987) remarked the research studies from different parts of the country have shown that with the latest methods of treatment and prevention available in modern health care, the chronicity and disability can be avoided in about 80%

of the cases. Complete and lasting recovery is possible in 60% of the cases.

Research studies have shown that young children with mild intellectual disability, who were cared for in small groups which tried to provide a substitute family environment, developed social and verbal abilities more rapidly than a comparable group of children who remained in a large ward of a mental deficiency hospital. Recent studies of learning abilities of adult moderately retarded have shown that some of them attained the standards necessary for employment in open industry and others become self-supporting in sheltered workshops. Many such parents can live at home or in hospitals and travel to work each day.

Proper education and suitable training from early stage of development may prove as effective reinforcement for the behavior modification of intellectually disable children**.** Mohanty, G & Kar, C. (1984; 1992) with an example reported that "Individual Centered Educational Programmes" for children with intellectual disability were arranged at the Institute of Defectology, in Moscow city. A child was first diagnosed as intellectually retarded by the age of 6 month. From that age, till the onset of puberty, the Individual Programmes from multidisciplinary points of view were prepared and implemented for the child. It gave a healing touch and on the onset of puberty, the intellectual disability is overcome. Such a Programme is costly but attempts can be made to work out programmes on 'Small Group' if not in Individual Units.

Mohanty (1984) behavior modification by reward and punishment has proved to be a very effective technique in treating the intellectually disable children.

A UNICEF report (1994) after evaluation of 40 rehabilitation project sponsored by it to NGO's relating to Community based rehabilitation (CBR) approach revealed few concerns but appreciated the innovativeness and commitment of NGO's (a) The NGO's need to concentrate on 0-5 years of age group instead of higher age group (b) The most effective way is that the NGO's have to work in conjunction with the primary health care to intervene childhood disability. Early diagnosis may provide further scope for development of skills with rich stimulating environment. Vocational rehabilitation may play a significant role providing counseling, vocational assessment and placement assistance. Expert group for rehabilitation consist of medical personal, psychologist, occupational therapist, social workers, rehabilitation counselors and prospective employers. A study by Rahman, A (1997-99) 33 percent special schools had sheltered workshops in north east India. These schools were providing different vocational services in sheltered workshops for children with intellectual disabilities like weaving, knitting, tailoring, carpentry and making basket, envelop and chalk pencils etc.

Problem Definition

The problems refer here is children with intellectual disability- their diagnosis and treatment, education and training, guidance and counseling, and rehabilitation problems. Intellectual disability refers to the significantly sub-average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period (Grossman, 1983). The term significantly sub-average refers to a person with the IQ of about 67, is considered mild intellectually disable, IQ 73 is borderline intelligence and not considered intellectually retarded. But Diagnostic Statistical Manual (DSM) IV defined significantly sub-average intellectual functioning as an IQ of below 70. General and intellectual functioning is defined by the Intelligent Quotient (IQ) obtained by assessment with one or more of the standardized individually administered intelligence tests (e.g. Wechsler's intelligence test, Standard Binet test).

Developmental period was considered from conception to 18 years, rather than birth to 18 years.

Material and Methods

The descriptive method was followed here in the study. The sample of the study was 12 special schools with the enrolment of 500 intellectual disable students. The tool of the study was questionnaire which was administered with the Principals of the special schools. The questionnaire consisted of open ended questions. Sources of data were both primary and secondary and the data was qualitative.

Main Findings

1. Right diagnosis towards treatment for remediation. Periodic visit of a multidisciplinary expert team to the special schools of children with intellectual disability with adaptation of various diagnostic measures in each District hospitals and primary health centers as routine programme proves very fruitful. Early identification is crucial for early treatment and desire result.
2. The children with mild intellectual disability are educable (I.Q. range 50-69) and the children with moderate intellectual disability are Trainable (I.Q. range 25-49).Education and training program gives them better prospect in self-help skills, adjustment and therefore, self-confidence. Inclusive practices develop a sense of "we feeling", emotional security, and most importantly social acceptability.

   For behavior modification of children with intellectual disability, positive reinforcement may be an effective technique of treatment.
3. Counselors are to suggest what is practicable is to accept and cope up with the problems of especially able children. Parents need to prepare children to face the challenges of their life. Psycho-therapy effectively deals behavior and adjustment problems of such children. Therapeutic services both individual and group psycho-therapy is useful reducing the behavior problems through training and conditioning their mind. Intellectually disable who can't compete in open competition required sheltered workshop.
4. Rehabilitation process enables persons with intellectual disabilities to reach and maintain their optimum physical, intellectual, psychiatric and social functions. Vocational training is the means of rehabilitation to make the individual to live independently. Rehabilitation can Restore normal functioning and compensating for the loss/ absence of functional limitation.

Results and Discussions

i) Right diagnosis towards treatment for remediation Identifying of children with intellectual disability is so crucial for their treatment. The 'Developmental milestones' during infancy and childhood is observed carefully with regular interval by parents at home and if significant delay is characterized in personality development, the case may be consulted with the expert. As soon as the child is enrolled in school the teacher may observe child's behavioral characteristics, academic achievement, progress in learning, adjustment, communication and social skills etc. Trained teacher on special education can better recognize the children with intellectual disability. Multidisciplinary expert team may give periodic visit to schools, may carry out various diagnostic measures in each District hospitals and primary health centers as routine programme. Early identification is crucial for early treatment and desire result. Early intervention programme may really change the life of children with intellectual disability. As the developmental disability takes place during school going age up to eighteen early childhood care and education may prove fruitful in nurturing the undernourished children who comes from poverty stricken family.

ii) Education and Training The current policy is inclusive which states, "all children with intellectual disability are Educable and Trainable", though the current professional literature persistently used the terms mild and Moderate group of children with intellectual disability are Educable (I.Q. range 50-69) and Trainable (I.Q. range 25-49) and Custodial children with I.Q. below 20, are considered neither educable nor trainable. They are totally dependent and require life time care and supervision. Expert group for rehabilitation consist of medical personal, psychologist, occupational therapist, social workers, rehabilitation counselors and prospective employers. The policy and approach of inclusion for children with intellectual disabilities are considered suitable. All such children can be educated and trained with adaptation and modification of academic and physical infrastructure within the normal school system as per the requirement of children with special needs. Inclusive practices will give better prospects for them

in terms of social acceptability, better understanding, normalizing adaptive behavior, self-respect and confidence, emotional security, and most importantly, "we felling". In parallel, the services of existing special schools may continue.

iii) Counseling Services to Parents

The counselors need to suggest the parents what is practicable is to accept and cope up with the problems of especially able children. Parents need to prepare children to face the challenges of their life and therefore, require training and counseling from the team of expert to deal their children's problems effectively and meaningfully. Counseling may prevent parents from superstitious belief and save their children from the quakes. The mentally retarded patients, both children and adults, are looked after at homes, most of their lives. Admission to hospital is decidedmainly by observing behavioral difficulties in the patient. The child's behavior may be so difficult, so destructive and noisy that the family, although they would like to keep him at home, are unable to do so. Social factors such as overcrowding, incompetent parents or complaints by neighbors are also factors that may influence the need for admission. In the case of adults, admission may become necessary when parents die or become unable to look after them. In recent years there has been an even greater tendency for maintaining intellectually disable individuals outside hospitals as useful members of the community. Parents in the community can attend Occupation Centers and Training Centers. Children of school age can receive special education in special schools or special classes. Parents can enter a hospital for the intellectually disable children informally. In hospital, children are given education and training suitable to their ability and adult patents are given instruction in adult social behavior and training in various forms of employment. Industrial workshops can be utilized by some hospitals, in which patients are employed in repetitive work for outside firms. Physical training, recreations social activities also form parts of the regime of treatment.

iv) Rehabilitation Service: Rehabilitation is a fundamental issue that refers a process aiming at enabling persons with intellectual disability to reach and maintain their optimum physical, intellectual, psychiatric and social function. (The standard rules, 1994)Some important areas of rehabilitation is indicated below which are providing services for the welfare of disable persons.

Educational Rehabilitation: it indicates meeting special educational needs of children with intellectual disability.

Vocational and Professional Rehabilitations: it means the person is gainfully employed in any particular vocation or profession. Vocational training is the means of rehabilitation to make the individual to live as independent as possible. Persons with disabilities must have a job and be gainfully employed. The vocational training should be culturally suitable to the respective region and it should be a part of special school curriculum. Sheltered workshop could be developed for those who can't compete in open employment sectors. Self-help group can be established in special school as a part of vocational training. These activities can be linked as an integral part of DRC. Rehabilitation is a multi-faceted aspect which covers a wide range of activities.

Restorative and Compensatory Rehabilitation: It indicates restoration of normal functioning or compensating for the loss/ absence of function/functional limitation

Social Rehabilitation; it means social assimilation of bringing them to social mainstream.

v) Psychological Rehabilitation: it aimed at providing psychiatric services for intellectually disable children and mentally ill persons and also dealing other psychological problem and disorder of physically handicapped. Finally, the rehabilitation programs should be based on the actual individual needs of persons with intellectual disability. More importantly, the rehabilitation services should be available in the local community.

vi) **Therapeutic Services**: Therapeutic services both individual and group psycho-therapy is useful reducing the behavior problems through training and conditioning their mind. Individual therapy may include play, music, occupational and the art therapy. Children with intellectual disability were found behavior problems. The behavior problems of children with intellectual disability reflected in their daily life activities, emotions, characteristics, adjustment, and attention etc. Children with intellectual disability as the result revealed have eating problem, biting, violent, self-injurious, disobedient, hyperactive and restless, stubborn, short temper, clumsy, poor adjustment, short span of attention, lack of concentration and negativism etc. Psycho-therapy effectively deals behavior and adjustment problems of such children. Group therapy is cost effective, socially conducive and inclusive method of treatment. Group therapy gives them a sense of security and family belongingness. Reinforcement may prove as an effective technique of treatment for behavior modification of children with intellectual disability. There are variations in different approaches of rehabilitations. Since 1985 it takes a new turn from the traditional institution based rehabilitation to community based rehabilitations in rural areas.

Conclusion

Diagnosis process requires multidisciplinary expert team consisting clinical psychologist for undertaking diagnostic measures in each district level hospitals. Delayed developmental milestone is one of the most important characteristics features to identify the intellectually disable. Most of the special schools were under private management and only few were Govt. aided. The infrastructure and Quality of management was poor. The special schools followed modified normal academic curriculum, curriculum of NIMH (Hyderabad), vocational programmes and provisions of individualized training to develop conception and self help skills. But there was no sheltered workshop for vocational training in 66% special schools. Each special school may have one unit of sheltered workshop with vocational training facilities for rehabilitation. The guidance and counseling, therapeutic services should be integral part of the educational programmes.

The schools system has failed in community involvement, co-ordination and networking with available resources. There is more to do on community based rehabilitation. Many more NGOs should come forward to provide services functionally for the empowerment of intellectually disable.

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