APPENDIX

Mr S a severely mentally retarded Individual with low I.Q. but Attaining high scores.

Mr. S a 23 year old, functioning in the severe range of mental retardation was admitted to the Group Home at the age of 19. His case history indicated a diagnosis of severe mental retardation, owing to brain injury caused by an accident at two-and-half years of age. His milestones after the accident were delayed. He had no seizure disorder - commonly caused by brain injury and no behaviour problems. Mr S's psychological assessment indicated his IQ as 29. Enquiries from the staff revealed that Mr S's parents were very concerned about his welfare. Mr S, made quite a smooth transition from his home to the Group Home where he enjoyed the company of his peers. His parents who lived in the same city made periodical visits which helped Mr S to make an amicable adjustment. Other members of his extended family also visited him and Mr S eagerly looked forward to these visits. On the occasion of major festivals Mr S was taken home and given the opportunity to enjoy and be with his family. The staff indicated that after the festival, Mr S always expressed his desire to return to the Group Home which, also, he considered his home.

All these above factors helped Mrs S a great deal and reflected on his personality. He was independent in self care
skills; was most of the time well groomed, communicated fairly well with all around him and was sociable and cooperative. He followed the instructions of his supervisors and the trainer. He was eager to learn and motivated to perform on the task. While Mr. S had excellent social skills, his cognitive skills were severely impaired. His ability to comprehend and proceed with the task in a sequential manner was limited.

However, Mr. S's eagerness to learn, and his persistence surpassed his limitations and over several repeated trials he succeeded in learning the task. His success on the task motivated him to perform and his being consistent resulted in errorless performance. Thus despite a low I.Q. Mr. S attained high scores proving that I.Q. is not a determinant of competency on the task.

Ms A, a severely mentally retarded individual with high IQ but achieving low scores

Ms A was a 27 year old severely mentally retarded female. She lived at home and attended the Day School. On the Stanford Binet psychological test she scored an IQ of 35 and a mental age of 4 years. Ms A had good gross and fine motor skills; she was fond of games particularly playing ball. Ms A was very shy and inhibited. She attempted the task after a lot of cajoling and coaxing. She did not lack motivation; her shyness and inhibition prevented her from attempting the task.
She rarely spoke and when she was spoken to she would either look away or look down. It was difficult to get Ms A to move on with the task. She would, at times, hold a part of the task and stare at it. There were other times when she would not attempt the task, either because of being shy or being afraid, of other people's presence in the room. It was difficult to assess the problem since she was not very communicative. Ms A could speak, but did not communicate very much. Her progress with the task was not satisfactory, and despite her high I.Q. her scores were low.

Ms A had a limited exposure to an environment conducive to cognitive and social development. Her parents' were not educated and belonged to a low income group.

It was apparent that she had not received the needed stimulation during her formative years, either within her own family or in the environment in which she was raised.

Mr. M a severely mentally retarded individual with low I.Q. achieving low scores

Mr. M had been living at the Group Home for some years. He was 22 years old and severely mentally retarded with an IQ of 28. There was no information regarding cause of mental retardation or his family background except that his mother was deceased and the father lived in another city. There was little family contact. Mr. M's exposure to the outside world was minimal except for the outings that he got, once in a
while, with the Group Home staff. Mr. M's communication skills were limited; most of the time he was quiet and withdrawn. He hesitated to make eye contact when his attention was drawn and liked to be left alone. He enjoyed group activities particularly, games during which he interacted with peers, but only to a limited extent. If any demands were made of him, he responded by walking away from the activity. He resorted to sitting alone in one place and rocking in an attempt to stimulate himself.

Mr. M was lacking in most areas of adaptive behaviour. It was apparent that he did not get the needed emotional and psychological comfort during the formative years of his life. His emotional instability manifested in behaviours like withdrawal, not wanting to communicate, not wanting to participate in activities, wanting to be alone and indulge in self-stimulation with little motivation for anything that was happening around him.

Mr. M was not interested in the task that was set before him. He had a vacant look and when persuaded by the trainer to proceed with the task he moved away and attempted to leave the room. However, perseverance did work with Mr. M, who finally took to the task and attempted to work on it. Several trials were given and after each successful trial verbal praise was given to enthuse him to continue with the task. Mr. M's progress was slow. Even in the final phase of training
Mr. M did not demonstrate measurable gains in the acquisition of the task.

With a low IQ and additional limitations of emotional inadequacy, Mr. M attained low scores and did not maintain a consistent level of progress.

Ms K.V.G. a severely mentally retarded Individual with high IQ but Medium Score

Ms K.V.G. was a 31 year old woman who attended the workshop affiliated to the Association for the Mentally Handicapped. She was in the severe range of mental retardation with an IQ of 35. No medical history was available to indicate the cause of retardation. Her personal history indicated that she was one of eight children. Another younger sister of Ms K.V.G. was also mentally retarded. Their mother was deceased. Ms K.V.G. informed the trainer that their’s was a joint family; her grand mother and some others also lived with them. Ms K.V.G. enjoyed narrating a lot of incidents that occurred in the family. She liked talking, and given an opportunity, would go into reminiscing about family history. It appeared from her mannerism that she had acquired this style from the older members in the family. Ms K.V.G. had been told by the older members that the problems of the family were due to the visitation of the devils. Ms K.V.G. could not understand this and at times appeared very disturbed and confused. This mental state was reflected when she was at
work. Though she was able to identify the parts of the pen and was interested in completing the task she would not proceed with it and would sit with a very searching look on her face. She needed a lot of emotional support which helped her to focus on the task. Ms K.V.G. had good communication skills and was able to express her needs adequately. She indicated that her family could not afford much, but when she would become 'good' at making pens she would take up a job in a factory, and start earning. It was encouraging to see her awareness and her motivation to achieve. Ms K.V.G. was easy to train. She was eager to learn the task. By the final phase of testing, her performance improved and she met the criteria for accuracy. Even though Ms K.V.G. had an IQ of 35, she did not score very high due to her emotional problems. She demonstrated good potential for training on complex tasks and for competitive employment, however she needed counselling and emotional support to alleviate her fears and anxiety.

Mr. G: a severely mentally retarded Individual with High IQ but Medium Scores

Mr. G was a 35 year old severely mentally retarded male who lived in the Group Home. He functioned in the upper range of severe retardation with an IQ of 38. Mr. G was very cooperative and evinced great enthusiasm for the task. At times his excitement before beginning the task would get to the point when he would get hyper and start flailing his arms.
and jumping. He would repeat his questions several times and try to get the attention of the trainer. However, when he was ignored he would calm down and settle down with the task. His comprehension of the steps to the task was good and he quickly learned the sequential order in which the task had to be completed. It was interesting to watch him at work because he displayed much eagerness and speed to complete the task. It could partly be due to his hyperactive behaviour. Mr. G could not make consistent progress. While he had the ability and the motivation and could have scored high, he scored only in the medium score range due to becoming hyper, and thus being unable to focus on the task.

Mr. G was friendly and talkative. He enjoyed meeting people; he was aware of all the visitors to the Group Home. He would run to announce the arrival of the staff/visitors and would extend a warm welcome by putting out his hand to the person. He belonged to a very poor family and had almost no family contact. Mr. G never grudged this and considered all who came in contact with him as someone close to him. His warmth and affection spontaneously attracted people to him. Mentally retarded individuals tend to offer unconditional love and trust, even if it was not reciprocated, and Mr. G displayed this in an abundant measure.
(f) "licensed psychiatric hospital" or "licensed psychiatric nursing home" means a psychiatric hospital or psychiatric nursing home, as the case may be, licensed, or deemed to be licensed, under this Act;

(g) "licensing authority" means such officer or authority as may be specified by the State Government to be the licensing authority for the purposes of this Act;

(h) "Magistrate" means,—

(1) in relation to a metropolitan area within the meaning of clause (k) of section 2 of the Code of Criminal Procedure, 1973, a Metropolitan Magistrate;

(2) in relation to any other area, the Chief Judicial Magistrate, Sub-Divisional Judicial Magistrate or such other Judicial Magistrate of the first class as the State Government may, by notification, empower to perform the functions of a Magistrate under this Act;

(i) "medical officer" means a gazetted medical officer in the service of Government and includes a medical practitioner declared, by a general or special order of the State Government, to be a medical officer for the purposes of this Act;

(j) "medical officer in charge", in relation to any psychiatric hospital or psychiatric nursing home, means the medical officer who, for the time being, is in charge of that hospital or nursing-home;

(k) "medical practitioner" means a person who possesses a recognised medical qualification as defined—

(1) in clause (h) of section 2 of the Indian Medical Council Act, 1956, and whose name has been entered in a State Medical Register, as defined in clause (k) of that section;

(ii) in clause (h) of sub-section (1) of section 2 of the Indian Medicine Central Council Act, 1970, and whose name has been entered in a State Register of Indian Medicine, as defined in clause (j) of sub-section (1) of that section; and

(iii) in clause (g) of sub-section (1) of section 2 of the Homoeopathy Central Council Act, 1973, and whose name has been entered in a State Register of Homoeopathy, as defined in clause (i) of sub-section (1) of that section;

(l) "mentally ill person" means a person who is in need of treatment by reason of any mental disorder other than mental retardation;

(m) "mentally ill prisoner" means a mentally ill person for whose detention in, or removal to, a psychiatric hospital, psychiatric nursing home, jail or other place of safe custody, an order referred to in section 27 has been made;

(n) "minor" means a person who has not completed the age of eighteen years:
BARREL
STOPPER
Fixing stopper to barrel
REFILL
NOZZLE
FIXING NOZZLE TO BARREL
CAP
FIXING CAP TO PEN
PLACE FINISHED PEN IN BOX