Chapter - 2

REVIEW OF LITERATURE
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The very concept of scientific research is embedded in collective wisdom and continuity of knowledge. What has been learnt already becomes a guiding fact for future research so that there is continuous enrichment and growth. Therefore, a survey of work already done in the area of our interest is an important step in the conduct of research.

Review of literature reveals that work on differently abled children has a major focus on the mentally retarded. This may be because the incidence of mental retardation is high and it is present in conjunction with many other conditions. Further, it is this group which usually finds its way into various institutions and special schools, therefore it features prominently in various studies conducted.

A large scale community study done at Nagpur by Verma (1968) in which 30,326 individuals belonging to 4696 families were screened showed that 1 out of every 8 families studied had a suspected case of mental retardation. In the age range of 8 to 15 years the prevalence of mental retardation was 4.20 percent while it was 1.60 percent in the population between the age of 16-22 years.

Gupta and Sethi (1970) found that the overall prevalence of mental retardation in the country is at the rate of 23.3 per thousand.
This study also indicated that the prevalence of mental retardation is more amongst the boys. 75 percent of the retarded were below the age of 10 years, while just 4 percent were over 20 years of age. 24.8 percent had an IQ of less than 50, which means that a substantial number are not "educable".

Kamath (1938) studied 1074 children and adolescents from Bombay area. He found that nearly 4 percent had an IQ below 70. Kuppuswamy (1968) conducted a survey on a carefully selected sample of 991 children going to the middle schools and found that 1.4 percent of them had an I.Q. below 70. Bharathraj (1970) screened 4218 children and found that 14 percent of the children had an I.Q. below 70.

Verma (1968) conducted a large scale study on school children consisting of 3144 students of primary schools, 4554 students from the middle schools, and 1338 children from the high schools. The prevalence of mental retardation was found to be 1.70 percent, 0.30 percent and 0.08 percent respectively in the primary, middle and the high school population surveyed.

Faw, Davis and Others (1996) conducted a study on teaching people with mental retardation to evaluate residential options. They found that with training the mentally retarded can take an active role in major life style decisions.

Turnbull, Perrice and Others (1999) studied parents facilitation of friendship between their children with a disability and friends without disabilities. Results indicate that family's, particularly mother's, activity
facilitated friendship and also involved some level of interpretation and accommodation.

Hwang and Hughes (1995) found that social interactive strategies can have a very facilitatory effect on early social communicative skills of children with developmental disabilities. King, Specht and others (1997) studied social skill training for withdrawn unpopular children. Findings indicate that social training may be effective in decreasing of feelings of loneliness and increasing perception of social acceptance in children who are withdrawn and unpopular at school.

Howline and Yates (1999) in a study of potential effectiveness of social skills group for adults with autism found that research into effective methods of organizing support group of autistic adult is very much lacking. Solid strategies to combine clinical practice with group interaction need to be worked out for better application to student.

Pepler, King, Craig, Byrd and others (1995) found that social skill training programmes can reduce aggressive behaviour of children both within the family and school. Pollard (1998) reviewed the literature (1986-1996) relating to social intervention in pre-school children and found the results indicative of the fact that each autistic child can interact with other children if we provide social skills training and teacher initiated, peer mediation and reinforcement.

Forness and Kavale (1996) studied social skill deficit in children with learning disabilities, and found that with training many aspects of
social skills can be successfully learnt by children with learning disabilities.

Magee Quinn, Kavale and others (1999) studied social skills intervention for students with emotional or behavioural disorder and found that social skill interventions when used in small group settings are not effective for developing the social competence of students of emotional behaviour disorder, but social skill training is effective in the school curriculum on the playground and at home.

Mathur, Kavale and others (1998) studied social skills intervention with students with emotional and behavioural problems. Limited amount of benefit from social skill training was seen. However, it is important to point out at this junction that emotional and behaviour problems are an extremely heterogeneous group, so one package of social skills training could not benefit the whole sample. Certain methodological considerations limit the applicability of these findings.

Hall, Schlesinger and others (1997) studied social skills training in group of developmentally disabled adults and found that with the help of role play they have shown improvement in social skill performance.

Utay, Lampe and others (1995) studied use of a group counselling game to enhance social skills of children with learning disorders, and found that students showed improvement in self reinforcement, causal attribution, performance mediation, positive outcomes and school adjustment.
Griffiths, Feldman and Tough (1997) observed that meaningful generalization and social validity can be obtained when sufficient generalization strategies are explicitly programmed in the social skill game format.

Zanolli & Daggett (1998) studied the effects of reinforcement rate on the spontaneous social initiation of socially withdrawn autistic preschoolers and found that with increased reinforcement we can get better and higher spontaneous social initiations.

Jindal, Kato, Motoshing (1994) studied generalization and maintenance of social skills of visually impaired children with the strategy of training them with sighted peers. Some degree of success was observed and the target behaviour and success of the treatment were socially validated.

Wetzel, McNaboe and others (1995) found that strategies like summer camp visits and showing video taped exchanging of successful mission accomplishment between camper and staff were very beneficial for forming satisfying human bonds and reducing dysfunctional, aggressive or repetitive behaviour among youth with developmental disabilities.

Krantz and McClannahan (1998) in their study of social interaction skills for children with autism, used script fading procedure, textural cues, clock and watch modeling, teaching of social interaction skills. After scripts were faded, unscripted interaction with teachers not only continued, but also generalized to other activities. Thus, an
appropriate procedure can be utilized for alleviation of such problems with great benefit.

Hagborg (1999) studied scholastic competence among high school students with learning disabilities. It was found that adolescents with learning disorder who attain adequate scholastic competence are more likely to have achieved success combined with compensatory personal strengths in nonacademic areas.

Dyer and Kneringer (1996) found that a programme with short term objectives based on feedback was useful for children with severe mental retardation, autism, childhood schizophrenia personality disturbance, organic bipolar affective disorder, attention disorder or recurrent depression.

Hepler (1997), evaluated whether social skill programmes can improve peer relationships among children with learning disabilities and non-learning disabilities. Children participated in cognitive and behaviour skills. For better motivation, token system was used. The investigator observed great improvement with learning disabilities children who began to experience positive feeling about their classroom. Social skill programs can improve peer relationship amongst children with personality disturbance, organic bipolar affective disorder, attention disorder or recurrent depression.

The work of Fullerton and Coyne (1999) was concerned with developing skills and concepts for self determination in young adults with autism. They studied impact of a program to develop knowledge
and skills for self determination in young adults with autism. Visual organization and social information were key instruction strategies, used to facilitate student understanding and participation. Instance in which the subjects applied the concept and strategies taught were analyzed and the challenges students faced in understanding and applying concepts related to self-determination were examined. The authors emphasize that well planned skill training programme can go a long way in improving the status of the autistic person.

Erwin (1994) studied effectiveness of social skill training with children. He found that interpersonal cognitive as well as personal cognitive problem solving produced significant improvement in level of social interactions, sociometric status and cognitive problem-solving abilities. Isolated children showed larger increases in their level of social interaction and sociometric status than non-isolated children.

Dooley and Wilczenski (2001) demonstrated that with proper use of the techniques of picture exchange communication, aggressive behaviour exhibited by an autistic 3 year old child was dramatically decreased and increase in cooperative behaviour in class room observed. Thus with appropriate techniques of skill training, improvement in behaviour of autistic children can be brought about.

The importance of imparting social skills training to children with multiple, complex developmental disorders has been emphasized by Jansen, Gispen and others (2000). They pointed out that since inappropriate responses to psychological stress are basically due to their
limited capacity to react adequately to social environment, skill training in this area would be useful.

In a study of generalization of social skills for a child with Behaviour Disorder (BD), Hearing and Northup (1998), found that social skills instruction alone failed to result in skill generalization but in group situation such as a school situation, generalization is promoted to a considerable degree.

Luiselli, Kane and others (2000) studied behaviour intervention to reduce physical restraint of adolescents with developmental disabilities and severe aggression. Clinically significant reduction in the frequency of physical restraint was achieved through a treatment package that included the behaviour specific criterion for the application of restraint and antecedent control approaches.

Schatz and Hamdan (1995) studied the effect of age and IQ on adaptive behaviour domains for children with autism. He found that autistic children had lower socialization IQ, showed less social functioning and daily living skills than mentally retarded.

Pfiifer and McBurnett (1997) studied the effectiveness of brief social skills training with parent and mediated generalization among 27 children diagnosed with attention deficit disorder. Significant improvement in children's skill knowledge and in parent reports of social skills and adaptive behaviour were observed.

Kearney, Durand and Mindell (1995) studied relationship between choice availability and adaptive/maladaptive behaviour in
persons with severe handicaps among 57 residents of a large developmental center. He found that degree of resident choice was significantly correlated with degree of adaptive behaviour and choice availability is proposed as a meaningful variable for modifying residential programmes, developing effective behaviours and classifying living facilities for persons with severe handicap.

Patton (1995) studied a teaching sequence to students with emotional disabilities. He found that rational behaviour training helps the students with Behaviour Disorder and emotional disabilities, by improving their thinking and establishment behaviour.

Davis, Kangon and Malone (1996) studied prosocial behaviours among children with and without disabilities and found that interaction was successful in promoting, in the specific context used, prosocial behaviour among both disabled and non-disabled children, but generalization did not occur.

Vig and Jedrysek (1995) studied adaptive behaviour of young urban children with developmental disabilities and found that there is strong relationship between adaptive behaviour and intelligence if measured globally. But if adaptive behaviour scale were assessed separately this relation varied with class domains.

Moore, Cartledge and others (1995) studied effects of social skill instruction and self-monitoring on game-related behaviour of adolescents with emotional or behaviour disorders. He used skill training model involving social modelling, behaviour rehearsal and behaviour
For treatment of Down's syndrome, drug therapy is conducted together with other forms of intervention. Cocci (1999) observed that all children with Down's syndrome could not be effectively treated with the same drug. Variation of treatment is essential, depending on the unique nature of each case.

Aman and Langworthy (2000), on reviewing various pharmacological treatment such as antipsychotics and serotonin reuptake and antianxiety drug used in children with autism and pervasive developmental disorder, found that by and large methodology of these studies did not give due emphasis to control. Therefore works needs to be done in this area.

Brooker and Charlie (2001) reviewed progress in the development of psycho-social skills between 1991 and 2001. He reviewed the wideness and effectiveness of intervention and also found that psychological skills intervention can bring benefit but psychological skill intervention should be designed in such a way as to involve families. He reviewed studies that have evaluated the impact of such training which led him to conclude that whilst investment in psychological skills intervention training may bring some benefits, several major issues require resolution including (i) the implementation of evidence-based intervention in routine clinical settings, (iii) the constant review of psychological skill intervention curriculum design, in line with resources and the pressing need for psychological skill intervention (iv) teachers and commissioenrs to articulate the manner in which they involve service users and their families.
A review of work been done in the area of giving special training to differently able children indicates that an awareness of a need to give specialized and relevant training has occurred in our society. But though the institutions opened by governmental agencies, NGO's or philanthropic person are functioning but an evaluation and assessment of their achievements or shortcomings has not been done. With good intentions they do various activities hoping that some good will come out of them. And definitely some positive achievements are there but a systematic appraisal of areas that need to be improved and a plan for optimal functioning is very much needed.

The researcher undertook the task of indepth analysis of the programmes being conducted by these organizations. The expectation of guardians and teachers from the programme and various related dimensions were studied. The objectives of the present study may therefore be stated as follows:

1. Studying the nature of psychological skill training programmes being offered by various institutions.
2. Studying parental expectations from the programme.
3. Assessing parental perception of improvement.
4. Assessing parental perception of non-improvement.
5. Studying objectives of the programme according to teachers.
6. Assessing perception of improvement and non-improvement according to teachers.
7. Assessing programme outcomes in situations where play techniques have been used.