GENERAL DISCUSSION

The study has been divided into three parts. Part-I of the study consists of theoretical foundation on intellectual disability. It includes, definition, and classification of intellectual disability, assessment of persons with intellectual disability, teaching-learning principles and reinforcement, individualized education program and group teaching, community based rehabilitation and home based skill training. These chapters provide adequate knowledge base on intellectual disability, special education, and rehabilitation of intellectually disabled persons.

Part-II of the study consists of review of recent literature on some of the skill areas. It provides current trend of research in all these skill areas. The skill areas include parental participation in the special education and care of children with intellectual disability, language interventions for children with intellectual disability, reading skills and cognitive abilities of children with intellectual disability, the mathematical learning of children with intellectual disability, development of social skills in persons with intellectual disability and autism.

Part-III of the study consists of two model case studies on Individualized Education Program conducted on two subjects and an extensive study on 171 subjects on home based skill training. All the three studies have been conducted in the CBR Project area of the Chetana Institute for the Mentally Handicapped. As it was not possible to demonstrate the skill training procedure of all the 171 subjects, the two model case studies were conducted to demonstrate the procedure of home-based skill training. One of the model case studies was conducted following the procedure of the behavioral scale Madras Developmental Programming System (MDPS) and the other model case study was conducted following the procedure of the behavioral scale Functional Assessment Checklist for Programming (FACP).

The model case study described in Chapter 11, is the case study of an intellectually disabled child using the 'Madras Developmental Programming System'. The child was a 13 year old girl selected from the 'Jaraka' Community
The child was assessed by MDPS, and Seguin Form Board Test. On the basis of MDPS assessment, she was placed in Pre-Primary level and was recommended training in deficient skills. On the basis of Seguin Form Board Test, her Mental age was found to be 6.5 years. Her IQ was 50 and she was a mild intellectually disabled child.

The MDPS profile of the subject showed that her performance was good in Gross Motor Activities, Fine Motor Activities, Dressing, Grooming, Toileting, Receptive Language, and Domestic Activities. Her performance was poor in Expressive Language, Social Interaction, Reading, Writing, Numbers, Time, Money, Community Orientation, Recreation and Leisure Time Activities, and Vocational Activities (see Table-11.1).

Three goals were selected for intervention. The goals were: (1) To count number of objects up to 5. (2) To write her name. (3) To identify big and small. Current level of skill development of the child was assessed, and task analysis was done in case of all the three skills. Then the training was conducted following the prescribed procedure.

The results showed that the subject's achievement in the skills 'to count number of objects up to 5' and 'to write her name' was up to the level of 75% (Tables- 11. 2 & 11. 3, Figures- 11. 2 & 12. 3). The subject achieved 100% improvement in respect of the skill 'to identify big and small' (Tables- 11. 4, Figure- 11. 4). It may be concluded that compared to the intellectual level of the child, the difficulty level of the skills was higher, for which the subject could not achieve 100% development within the stipulated training period of 4 weeks. It was suggested that a further period of training may improve the level of skill development of the subject.

The model case study described in Chapter-12, is the case study of an intellectually disabled child using the Functional Assessment Check list for Programming (FACP). The child was a 13 year old girl selected from the Nuapada
Community Based Rehabilitation Unit of Chetana Institute for the Mentally Handicapped, Bhubaneswar. The child was from a rural area of Nuapada District of Orissa. The skill training was conducted at the home of the child.

The child was assessed by FACP, and Seguin Form Board Test. FACP Scale provides different grades for different age groups. The prescribed age group for the secondary group is 11 to 14 years. As the child was 13 years old, she was placed in the secondary group and was assessed by the secondary level scale of FACP (Tables -12.1 & 12.2, Figure- 12.1). On the basis of Seguin Form Board Test, her Mental age was 6.5 years, and IQ was 50. She was a child with mild intellectual disability.

Achievement of the child in ‘personal’ area was 100%. The child was independent in self-help skills, dressing, grooming, and the domestic activities appropriate for a secondary level child. Achievement of the child in the social area was 39%. She was able to ask politely to pass on the dishes she wanted while having a meal. She was able to narrate in 2-3 sentences about a past event without prompt, follow verbal directions to move from place to place within a building, spontaneously try to express ideas to others, and appropriately use past, present and future tenses. Achievement of the child in the academic area was only 3%. She was only able to tell the use of balance. With occasional cues she was also able to gesture what day is today. Her achievement in the occupational area was 19%. She was able to sweep floor with a broom stick, wipe floor with a wet cloth, wash utensils and keep in respective place, fold bed sheets and keep in proper places, and make bed on her own. She was able to eat without calling attention of others. She achieved Grade-C in recreational area. She was able to select specific cassette or TV channel independently, and able to sing. She was also able to follow TV serial, arrange flowers in vases, greeting card making, and needle work when initiated.

Three goals were selected for intervention. The goals were: (1) Reading names of seven days of the week, (2) Doing single digit addition, and (3) Gives change up to 1 Rupee.

Current level of skill development of the child was assessed, and task analysis was done in case of all the three skills. Then the training was conducted following the prescribed procedure.
The skill ‘Reading names of seven days of the week’ was taught to the child in 20 sessions over a period of 4 weeks. After training the child achieved 100% ability to read the names of 7 days of the week (Table- 12.3 & Figure-12.2). The training could have been terminated at the end of the 18th session, as the child achieved 90% accuracy, which is 10% more than the 80% level hypothesized in the specific objective of the study. But as the child was achieving the skill, the training continued till 100% achievement.

The skill ‘Doing single digit addition’ was taught to the child in 20 sessions over a period of 4 weeks. As the child was facing difficulty to grasp the concept of addition, the training continued till the end of 20th session (Table- 12.9 & Figure- 12.3). After training the child achieved 80% ability to add single digit numbers up to 10. The subject was asked to solve problems in five worksheets having 5 problems each. The difficulty level of the problems has increased serially from sheet number 1 to 5 and also from problem number 1 to 5 in each worksheet. The results showed that the subject was able to complete the addition work in case of simpler problems quickly, and took more time to solve relatively difficult problems. The subject could not independently complete all the 5 additions in worksheet No. 5. It may be concluded that the subject had difficulty in grasping mathematical concepts. Further training was recommended to find out the limitations of the subject.

The skill ‘Gives change up to 1 Rupee’ was taught to the child in 18 sessions over a period of 4 weeks (Table- 12.10 & Figure- 12.4). The concepts taught to the child were- 1 Rupee = 50p+50p, 1 Rupee = 25p+25p+25p+25p, and 1 Rupee = 50p+25p+25p. These concepts were taught through the method of matching, identification and naming (giving) of the said coins. It was found that matching, identification, and naming of one 50p and two 25p coins with a 1 Rupee coin was comparatively difficult for the child. The child took more number of sessions to learn the concept of ‘1 Rupee = 50p+25p+25p’, than learning the concepts of ‘1 Rupee = 50p+50p’, and ‘1 Rupee = 25p+25p+25p+25p’. During training it was observed that putting together two 25p coins with one 50p coin to make one Rupee was initially confusing for the subject who got clarified over the sessions.

The study described in Chapter-13 is an Exploratory Study on Home Based Skill Training of Children with Intellectual Disability... This study provides
information on the state of special education intervention for the intellectually
disabled children under community based rehabilitation programs in interior and rural areas of Orissa.

The study has included 171 subjects from the CBR programs conducted
by the Chetana Institute for the Mentally Handicapped, Bhubaneswar, in (1) Borigumma, (2) Oupada, (3) Shamakhunta, (4) Dharmasala, and (5) Nuapada Blocks of Orissa. (Tables -13.2 & 13.3)

All the intellectually disabled children included as subjects in the study,
were identified through door-to-door survey. After identification, the CBR Instructor (who is a trained Special Educator and Itinerant teacher for intellectually disabled persons) conducted detailed assessment of each child using the Behavioral Assessment Scale "Madras Developmental Programming System" (MDPS)

The Individualized Education Program for the intellectually disabled children under the CBR program was conducted in the following manner. On the basis of behavioral assessment, skill deficit of each child was found; goals were prioritized in consultation with the parents; and the special educators developed individualized educational program. The skill training in the form of Individualized education program was conducted for a period of about three years.

The poor economic conditions in rural and tribal areas of the Country compels both the parents to work as daily laborers and the disabled children are just left to roam around through out the day without any activity. Particularly, most of the parents in tribal area, work as daily laborers. Under such conditions the home-based training model is very much ineffective. It was pointed out by the CBR Instructors working in the tribal areas that to meet the parents they had to visit the families either in the early morning or in the evening. Though the parents were interested for the education and training of their children, they were unable to find enough time.

Analyses of improvement in mean MDPS Score after Intervention in 5 CBR Units (see Table 13.6 and Figure 13.2) shows that in some units the improvement is better than others. This shows a regional variation in the effectiveness of the home-based skill training program conducted by the parents in collaboration with the special educators. In some units parents have been
more effective in implementing the training program than others. The training program has been most effective in Nuapada CBR unit with the learning of a mean additional skill of 2.43, whereas, the training program has been least effective in Borigumma CBR unit with the learning of a mean additional skill of 1.07. It may be stated that the parents of the Nuapada CBR unit were more effective than the Borigumma CBR unit in conducting the home-based skill-training program. The average number of skills learned by the subjects of all the CBR Units was only 1.91.

It was also observed that the CBR Instructor (Itinerant Teacher) was able to visit the families only two times in a month. These limited visits were not very much effective in guiding and supervising the special education program conducted by the parents and family members. Three years time is a long period and it is expected that with more intensive training the children could have learned few more skills.

CBR Program as a whole creates an impact in the family and the society. Through orientation, training and awareness generation programs on disability conducted by the professionals for the parents and community members, lots of misunderstanding about the disabled persons is cleared from the minds of the people. The abilities and disabilities of the disabled persons are understood in a better way. The social acceptability of the disabled persons increases. Development of a positive attitude by the family and the community also helps to develop self-confidence and social skills among the disabled persons.

Conduction of Special Education and Rehabilitation Programs require high motivation on the part of the parents. Parents also require investing sufficient time to teach different skills. They also require patience to conduct the skill-training program, which needs repeated instructions for successful learning. Some times the parents give up their trail in despair as they feel that it is futile to spend time with the child who is not making any progress. It is the duty of the Professionals and Volunteers working for the education and rehabilitation of the intellectually disabled children to properly orient the parents and boost their confidence from time to time so that they do not loose hope. Adequate on the spot guidance to the parents is very much important for the success of the home-based skill-training program.
Though the home based skill training program continued for a period of 3 years under the CBR Program, the number of new skills learned by these children were very few. Analyses of the results show that on the average, these children learned only 1.91 numbers of additional skills. The skill achievement could have been better with more intensive intervention by the parents and special educators. When the parents do not have enough time for intervention, the Special Educator (Itinerant Teacher) should provide more time. In case of the present study it was not possible as there was only one special educator available for one Block. Adequate number of Special Educators should be appointed, and local volunteers should be recruited and trained to help the parents to conduct the home-based skill-training program. Recruitment of local volunteers was experimented by the World Health Organization (WHO) in Africa. This model was found to be a success in proper implementation of community based rehabilitation programs in Africa. It is recommended that recruitment of adequate number of Special Educators and Local Volunteers should be considered for successful conduction of Special Education and Rehabilitation Program for the Intellectually Disabled Children in the Rural Area.

Ultimate objective of the home based skill-training program for the intellectually disabled is their vocational rehabilitation. As these children grow to become adolescents and adults their interest in academic skills gradually decreases. Parents and Professionals should carefully plan for transition of these children from academic to vocational skills. Due to some reason or other if these young adults are not properly occupied, then they may develop problem behaviors and create lot of problems for the family and the community. Some times parents do not understand this reality and insist on teaching of academic skills, though the child is not interested and capable to learn such skills.

Therefore, it is the basic responsibility of the special educators to assess the child to find out his actual ability to learn different skills and to properly orient and guide the parents accordingly. Particularly the adolescents and young adults should be assessed to find out their ability to learn vocational skills appropriate to their family and community.