Chapter Eleven

EVOLUTION OF COUNSELLING PRINCIPLES

The present research focus was on the identification and analysis of relevant dynamisms and variables operative within the family milieu of educable mentally retarded child. The study undertaken was of a cross sectional nature, and conducted in two phases. The initial phase involved assessing the dynamisms of the family of a group of E.M.R. children attending a part time special school. The second phase, a follow-up study, involved assessing the family dynamisms of a group of E.M.R. children, who had passed out 3/4 years earlier, from the same school under study. Based on the identified dynamisms which could be related to either the psycho-social improvement or deterioration of the E.M.R. child, certain counselling measures were evolved.

The counselling measures deemed critical in enhancing the mental health of the family and an effective coping up of the retarded child, were implemented to the family in a series of home visits, once the research data collection was over.

The counselling measures implemented would have had methodological significance, if the family interactional process, could have been assessed after the implementation
of the counselling principles also, to assess changes following the counselling process.

Rationale of the Development of Counselling Measures

One of the most important objectives in dealing with parents of mentally retarded children is to increase their feelings of adequacy as individuals and as parents. Counselling for the parents should be directed towards helping them become more effective parents. Any programme to work with the handicapped child must consider the total family's needs and proceed within that framework.

An important aspect of dealing with handicapping conditions such as mental retardation relates to working with the family of the child who is handicapped. The parents and siblings experience certain emotional states as a reaction of having a child with developmental deviations in their family. A fairly predictable pattern seems to exist that the family, particularly the parents, go through in handling the problems that the retarded child presents. It seems logical to assume that having a deviant child presents a threat to the parents' marital integration and the family's continuity. This threat might best be handled with development of a plan in which the family decide what their goals for the child are and how they might achieve them. However, it becomes necessary
for the family, the parents, and the siblings to develop a strategy to help combat this force and to learn how to deal with the problems that having a retarded child present to their family as individuals and to their family in terms of everyday family life. The goal for the family would be that all family members live comfortably and without undue stress.

Identification of Stress Periods

The initial part of the counselling programme involved the identification of crucial periods, the parents of a handicapped child undergo. In summary, the stress periods identified for families of retarded children are as follows:

1. When they are finding out what the child’s problem is, the irreversible nature of retardation, and what this means for them as parents and a family.
2. When ordinary child-rearing practices do not work.
3. When the routine functioning of the family is grossly disturbed due to the retardate’s presence.
4. When they are not getting effective guidance or counselling from professional people.
5. When they are not getting adequate information from professional people.
6. When they need to find appropriate community resources.
7. When siblings are confronted with differences in their brother or sister or a new sibling is born.

8. School placement.

9. Problems of rehabilitational or vocational measures.

10. Adolescent and future problems.

Based on the identified stress periods and the identified relevant variables operative within the present family milieu in the research investigation, the following counselling principles were propounded and implemented. The following principles can also be categorized under professional help for the families of the retarded children.

1. By helping the parents learn how to assess the child's ability and then plan for promoting optimal development.

2. Parents should not lose outside interests. They should relinquish the child's care to a competent baby-sitter/attendant periodically. Parents need time off for independence and morale boosting.

3. The child should not be pushed into activities for which the child is not ready. The child can react by trying half heartedly to please the parents, may rebel either actively or passively, or may just quit or withdraw into a world of day-dreams. By forcing the child to meet arbitrary and inappropriate standards imposed by the adult world, learning becomes painful rather than pleasurable.
4. The parents should be alert to any hint that their child is good at something. By discovering an unimpaired area of a native talent, the child can be given a new chance for success. The tasks may be very small, such as folding clothes or helping with simple household chores.

5. Tasks should be matched to the child's level of functioning. Each area of the retardate's functioning should be investigated and the child should get all the necessary stimulation.

6. The parents should be direct and positive in talking to the child. They should try not to criticise but to be supportive and directive. For example, if the retardate has trouble following directions, he should be asked to look at the parent while the parent speaks and then to repeat what has been said.

7. The child's room should be kept simple and in a quiet part of the house—as a place to relax and retreat.

8. The family routine should be simplified. The retardate may be unable to cope up with too many kinds of complex family situations and demands.

9. The family functioning should be designed to permit the retardate to take part in some of the essential family interactions, like the family eating together, going for outings together, going for vacations together etc.
10. The retardate may be uncomfortable in an environment with other children, in a world, that does not revolve around him/her. Because some retarded children do not play well with other children, parents have to go out of their way to plan and guide such social experiences. This may involve inviting a single child to play for a short period of time or arranging with parents of other retarded children for joint social activities.

11. Above all, the retardates need to learn that they are significant. They must be treated with respect and allowed to do their own work. They should learn that being a responsible and contributing member of the family is important - probably more important than learning the academic skills demanded by the school.

Counselling Guidelines in Varied Developmental Areas

Measures for Promoting Motor Skills

1. Provide ample opportunity and space for child to move freely.

2. Provide imaginative and creative toys, building blocks, combining materials, toy cans and trains, objects to be assembled, figure puzzles etc.

3. Provide with activities such as figure painting, chalk black board, clay, paints, etc. for creative outlet and creative potential.
4. Provide books which are simple, colourful and repetitive and an effective stimulus for visual and mental imagery.

5. Provide with music and games to synchronize hand and foot, tapping with music, skipping, and dancing rhythmically to improve coordination.

6. Implement muscular exercises or gadgets to improve coordination.

7. Provide special exercise gadgets or control gadgets whenever neuro muscular deficits are present.

8. Supervise child during mealtimes to induce proper motor behaviour required for self feeding, picking food, etc.

9. Provide ample outdoor exercise and game opportunities.

Measures for Promoting Feeding Skills

1. Teach effective means of using spoon, or hand to mouth motion habits.

2. Encourage self help in feeding.

3. Provide opportunities for pouring or serving.


5. Have well-defined rules about table manners.

6. Socialize with child at mealtime.

7. Have child help with preparation, table setting etc.

8. Include retardate in conversation at mealtime by planning special times for him to tell about events,
situations, or what he did during the day.

**Measures for Promoting General Psycho-Social Skills**

1. Retardates' needs should be identified and met as promptly as possible.
2. Retardates' display of crying, restless, withdrawn or aggressive behaviour should not be ignored.
3. Handling of retardate should be characterized by gentleness and tolerance.
4. Parents should gain retardate's attention before giving simple commands, one at a time, praise for success.
5. New rules of modes of behaviour should be introduced gradually as child conforms to old ones.
6. The parents should refrain from getting immediate obedience.
7. Parents should make special efforts to answer questions, give simple explanations, gauge need for simplicity by number of times act is repeated or question asked.
8. Adults should practice consistency in responding to behaviour.
9. Set special times aside for parental attention to retardate.
10. Parents should exercise consistency in parental demands, show concrete approval and give immediate
recognition for acceptable behaviour, refrain from use of threats that produce fearfulness.

11. Give more opportunities to retardate to be independent.


13. Realization of adults that retardates stressful or anti-social behaviour may be an attention getting behaviour.


15. Provide a warm and nurturing milieu for retardate.

16. Make retardate feel his acts are accepted and he is not a deviant member.

17. Allow retardate to participate in all social events.

18. Evolve a family programme to induce skills in retardate.

19. Evolve a maintenance family programme to maintain skills learnt by retardate.

20. Maxmise retardates language, self help, adjustive, motor and cognitive skills by continuous supervision.

Measures for Promoting Cognitive Skills

1. Include retardate in most conversations.

2. Encourage speech by having retardate express wants.

3. Incorporate games into bathing routine by having retardate name and point to body parts.
4. Introduce simple quantitative concepts in routine family events.
5. Read stories with familiar content but with greater details.
6. Give retardate opportunity to hear and repeat his full name.
7. Encourage retardate to provide explanations about pictures he draws.
8. Encourage retardate to repeat nursery rhymes and lessons learnt in school.
9. Provide simple answers to retardate's queries.
10. Arrange trips for retardate to zoo, fairs, sea shores, stores, movies, museums, parks etc. and discuss with child.
11. Provide opportunities for retardate to practice writing skills.
12. Encourage clarity of memory by making retardate do simple memory practices.

Stamping out of Undesirable Behavioural Patterns

In the retardate's psycho-social behaviour, the parents often encounter certain undesirable behaviour patterns. Certain simple principles are propounded to discourage the undesirable behaviour patterns and encourage desirable behavioural modes.
1. Ignoring undesirable behavioural modes.
2. Utilizing mild modes of punishment behaviour.
3. Avoidance of criticizing retardate in front of siblings or guests.
5. Quick recognition of undesirable behaviour being replaced by desirable behaviour.
6. Concentration on the use of positive reinforcement following desirable behaviour.
7. Delivering reinforcement promptly following the desired behaviour.
8. Using continuous reinforcement while establishing certain behaviours and then using intermittent reinforcement to maintain the desired response.
9. Rewarding small increments and building up simple behaviours toward a more complicated chain of responses.
10. Ignoring undesirable behaviour and removing reinforcement when inappropriate behaviours were demonstrated.
11. Systematically dispensing positive and negative reinforcement contingent on behaviour omitted and requiring more skilled behaviour as each sequence is met with successful mastery.

Parent-Teacher Conferences

Another area of prime importance for the furthering of the retardate's psycho-social progress, is the establish-
ment of parent-teacher interactional processes. The family and the school perform co-jointly as the two primary intervention agencies in the S.M.R. child's developmental programme, it is essential that the family and home obtain a feed back of each other's input in the retardate's growth process.

The retardate's deterioration in the cognitive, psycho-social areas, as determined by the present research trend, can be due to the perception of the school/family milieu as hostile, inconsistencies of demand by the family or school personnel, a lack of supervision of skills in either milieu, or lack of maintenance or reinforcement of skills inculcated within the school by the family personnel.

These factors emphasize periodical parent-school teacher encounters to -

1. assess the retardate's development,
2. point out the major areas of weakness and deficits,
3. decide on the mode of handling the retardate which would maximise his psycho-social skills,
4. decide on the development of supervision programme for the retardate,
5. assess class-room and home behaviour and point out discrepancies,
6. assess retardate's creative potentials in school and how they can be maximized at home.

7. judge the way the retardate perceives his family/school milieu and introduce positive changes to enhance retardates perception.

8. make it a point to have joint conferences whenever behavioural deficits are noticed in the retardate.

9. stimulation and supervision of particular skills must be divided between the two intervention agencies, based on the retardates behavioural pattern within either milieu,

10. anti-social or aggressive outbursts of retardate must be looked upon as symptoms of maladjustment and the parents and teachers must join hands to find the root cause and relief measures,

11. special attention must be paid to retardates of special areas of vocational competence,

12. cases where the retardate is to pass out from the school, the teacher must point out avenues of retardates rehabilitational or vocational placement or placement in further training institutes.

The counselling measures propounded were based on certain already developed counselling measures by Silver (1950), Thorpe (1962), Knobloch and Pasamnich (1966), Matheny (1966), Paine (1960), Illingworth (1961), Reuss (1965).
The counselling principles were postulated to enhance the familial handling of an educable mentally retarded child who has certain specified growth potentials and can develop to certain standards of maturity. An implementation of the principles would be conducive in providing a favourable milieu for the retardate and maximising his psycho-social and cognitive development.