CHAPTER XII

DATA FROM THE RESEARCH: TABLES AND CASE HISTORIES

In this chapter all the information collected as a part of the research process and intervention has been presented.

PART I - TABLES

TABLE 9 Identification of Sample-units and their respective location

<table>
<thead>
<tr>
<th>Unit : Location</th>
<th>Unit : Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>K.V.R. Asle</td>
<td>N.R.K. Pachwad</td>
</tr>
<tr>
<td>M.D.V. Asle</td>
<td>S.P.K. Pasarni</td>
</tr>
<tr>
<td>S.R.W. Asle</td>
<td>K.R.M. Pasarni</td>
</tr>
<tr>
<td>P.B.G. Bopardi</td>
<td>B.S.M. Pasarni</td>
</tr>
<tr>
<td>S.J.G. Bopardi</td>
<td>J.N.Y. Pasarni</td>
</tr>
<tr>
<td>S.T.G. Bopardi</td>
<td>P.D.Y. Pasarni</td>
</tr>
<tr>
<td>V.D.P. Bopgaon</td>
<td>V.V.K. Surur</td>
</tr>
<tr>
<td>A.H.J. Kenjal</td>
<td>S.K.A. Wai</td>
</tr>
<tr>
<td>P.P.B. Kolan</td>
<td>S.V.G. Wai</td>
</tr>
<tr>
<td>V.M.W. Kuagao</td>
<td>L.P.G. Wai</td>
</tr>
<tr>
<td>M.K.B. Lohare</td>
<td>N.A.J. Wai</td>
</tr>
<tr>
<td>V.K.B. Lohare</td>
<td>V.S.K. Wai</td>
</tr>
<tr>
<td>S.R.D. Lohare</td>
<td>V.S.K. Wai</td>
</tr>
<tr>
<td>R.H.C. Menavali</td>
<td>A.M.P. Wai</td>
</tr>
<tr>
<td>A.A.H. Menavli</td>
<td>P.B.S. Wai</td>
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</tbody>
</table>
TABLE 10: Age-ranges of Children

<table>
<thead>
<tr>
<th>No.</th>
<th>Age-range</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tr>
<td>1</td>
<td>0-4 years</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>4-7 years</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
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<td>13-16 years</td>
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</tr>
<tr>
<td>6</td>
<td>above 16 years</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18</td>
<td>12</td>
<td>30</td>
</tr>
</tbody>
</table>

It was decided to work with sample-units having mentally retarded children between age range zero to sixteen years. In case of the two individuals whose ages indicated above sixteen years, it so happened that their parents did not know and hence did not tell the correct age. Later during the training some other educated relatives happened to recall events and then reveal the real age. Yet, work with these sample-units was not discontinued.

The fact that the male children and female children form sixty and forty percent respectively of the sample conforms with the universal observation that there is always a greater proportion of male disabled individuals referred. However, it is interesting to note that female children from all age-ranges have been referred. Moreover, in the earliest age-range i.e. 0 to 4 years all the three referrals are those of female children.
On sharing this observation with concerned parents they indicated that in rural population this is likely to be so. The reason behind this, as given by them, is that they believe that the handicap of a female child must be ameliorated as early as possible because the parents always desire to get the female child, even disabled, married without any blemish if that is ever possible.
### TABLE 11 General Information of Sample-units

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>A (Child's Age)</th>
<th>B (Father's Age)</th>
<th>C (Mother's Age)</th>
<th>D (Father's Education)</th>
<th>E (Father's Occupation)</th>
<th>F (Mother's Education)</th>
<th>G (Mother's Occupation)</th>
<th>H (Family Income)</th>
<th>I (No. of Child)</th>
<th>J (Child's Position)</th>
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<td>22</td>
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<tr>
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<td>3.33</td>
<td>35</td>
<td>30</td>
<td>10</td>
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<td>15</td>
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<tr>
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<td>2</td>
<td>1</td>
<td>1,000</td>
<td>4</td>
<td>Y</td>
</tr>
</tbody>
</table>
KEY TO TABLE 11

I) 1) Sample-units placed from serial No.1 to 20 are units which completed training.
   
   ii) Sample-units placed from serial No.21 to 26 are units which dropped-out during the stage of either assessment or training.
   
   iii) Sample-units, four in number, which dropped out immediately after registration are not included.

II) System of scoring according to educational level.

<table>
<thead>
<tr>
<th>Education level</th>
<th>Score</th>
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<tbody>
<tr>
<td>No Schooling</td>
<td>0</td>
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<tr>
<td>III Std.at School.</td>
<td>3</td>
</tr>
<tr>
<td>IV Std. at school</td>
<td>4</td>
</tr>
<tr>
<td>V Std. at school</td>
<td>5</td>
</tr>
<tr>
<td>VI Std. at school</td>
<td>6</td>
</tr>
<tr>
<td>VII Std. at school</td>
<td>7</td>
</tr>
<tr>
<td>VIII Std. at school</td>
<td>8</td>
</tr>
<tr>
<td>IX Std. at school</td>
<td>9</td>
</tr>
<tr>
<td>New X or Old S.S.C.</td>
<td>10</td>
</tr>
<tr>
<td>1 year after school</td>
<td>11</td>
</tr>
<tr>
<td>Degree</td>
<td>15</td>
</tr>
<tr>
<td>1 Postgraduate Degree</td>
<td>17</td>
</tr>
<tr>
<td>2 Postgraduate Degrees</td>
<td>20</td>
</tr>
</tbody>
</table>

III) System of scoring according to occupation.

<table>
<thead>
<tr>
<th>Father's Occupation</th>
<th>Score</th>
<th>Mother's Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General labour</td>
<td>1</td>
<td>Part-time Housewife + labour</td>
</tr>
<tr>
<td>Traditional or white-collar work</td>
<td>2</td>
<td>Full-time Housewife</td>
</tr>
<tr>
<td>Academic work</td>
<td>3</td>
<td>Full-time Housewife + Job</td>
</tr>
</tbody>
</table>
IV) Ordinal position of child.
   E = Eldest, M = Middle, Y = Youngest.

V) Sex of child.
   F = Female, M = Male.

VI) Type of Family.
   J = Joint Family i.e. father, mother and children living together with some other relatives.
   N = Nuclear family i.e. only father, mother and children living together.

VII) Size of House.
   L = Large i.e. house with more than 3 rooms.
   M = Medium i.e. house with 3 rooms.
   S = Small i.e. house with less than 3 rooms.

VIII) Ownership of house.
   Y = Yes (owners)
   N = No (tenants or lodgers)

IX) Etiological Factor.
   Es = Established Factor.
   En = Environmental Factor.
   B = Biological Factor.
TABLE 12 Duration and Number of Contacts with the Sample-units

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
<th>Visits</th>
<th>Visits</th>
<th>Contacts</th>
<th>Total contacts</th>
<th>Duration of work (in weeks)</th>
<th>Frequency of one visit in no. of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PPB</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>30</td>
<td>3.75</td>
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<tr>
<td>2.</td>
<td>LGC</td>
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<td>4</td>
<td>1</td>
<td>8</td>
<td>22</td>
<td>2.75</td>
</tr>
<tr>
<td>3.</td>
<td>SKA</td>
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<td>5</td>
<td>1</td>
<td>9</td>
<td>14</td>
<td>1.56</td>
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<tr>
<td>4.</td>
<td>AAH</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>22</td>
<td>3.67</td>
</tr>
<tr>
<td>5.</td>
<td>NAJ</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>10</td>
<td>28</td>
<td>2.80</td>
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<td>KVR</td>
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<td>5</td>
<td>1</td>
<td>7</td>
<td>16</td>
<td>2.29</td>
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<tr>
<td>7.</td>
<td>FOG</td>
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<td>8</td>
<td>2</td>
<td>13</td>
<td>26</td>
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</tr>
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<td>8.</td>
<td>AMF</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>14</td>
<td>2.33</td>
</tr>
<tr>
<td>9.</td>
<td>JMY</td>
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<td>7</td>
<td>1</td>
<td>11</td>
<td>26</td>
<td>2.36</td>
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<td>2</td>
<td>11</td>
<td>26</td>
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<td>11.</td>
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<td>0</td>
<td>4</td>
<td>14</td>
<td>3.50</td>
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<td>4</td>
<td>2</td>
<td>9</td>
<td>28</td>
<td>3.11</td>
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<td>SJG</td>
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<td>9</td>
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<td>1</td>
<td>9</td>
<td>28</td>
<td>3.11</td>
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<td>4</td>
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<td>7</td>
<td>26</td>
<td>3.71</td>
</tr>
<tr>
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<td>RHC</td>
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<td>2</td>
<td>2</td>
<td>7</td>
<td>14</td>
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<td>4</td>
<td>1</td>
<td>8</td>
<td>16</td>
<td>2.00</td>
</tr>
<tr>
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<td>VVK</td>
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<td>4</td>
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<td>8</td>
<td>22</td>
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<tr>
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<td>VIP</td>
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<td>5</td>
<td>0</td>
<td>8</td>
<td>16</td>
<td>2.00</td>
</tr>
</tbody>
</table>

Mean: 2.8  4.7  1  8.5  21.85  2.64
S.D.: 0.6  1.52  0.71  2.11  5.81  0.63

* Other contacts = other visits. Other contacts are 2 in 19 and 20.
<table>
<thead>
<tr>
<th>No.</th>
<th>Column J</th>
<th>Column K</th>
<th>Column L</th>
<th>Column M</th>
<th>Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eldest</td>
<td>Middle</td>
<td>Young</td>
<td>Female</td>
<td>Male</td>
</tr>
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<td>1.</td>
<td>Percentage break-up in ALL Sample-units</td>
<td>34.62</td>
<td>23.08</td>
<td>42.31</td>
<td>42.31</td>
</tr>
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<td>2.</td>
<td>Percentage break-up in TRAINED sample-units</td>
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<td>15.00</td>
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<td>3.</td>
<td>Percentage break-up in DROPOUT sample-units</td>
<td>16.67</td>
<td>50.00</td>
<td>33.33</td>
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### TABLE 13A Stages of Drop-out of Sample-units

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<th>Percent of Sample</th>
<th>Cumulative Percentage</th>
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<td>13.33</td>
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<tr>
<td>2.</td>
<td>During Assessment</td>
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(between second session)

10 33.33

### TABLE 13B Reasons for Drop-out as Given by Parents

<table>
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<tr>
<th>No.</th>
<th>Reasons for Drop-out</th>
<th>No. of Units</th>
<th>Percent of Sample</th>
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<tbody>
<tr>
<td>1.</td>
<td>Extreme Poverty</td>
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</tr>
<tr>
<td>2.</td>
<td>Unforeseen family Commitment.</td>
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<td>6.67</td>
</tr>
<tr>
<td>3.</td>
<td>NO CLEAR REASON</td>
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10 33.33
<table>
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<th>Reason for Drop-Out</th>
<th>No. of Units</th>
<th>Percent of Sample</th>
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<td>Apathy towards changing way of life.</td>
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<td>Inability to appreciate child's needs.</td>
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<td>Social-political pressure.</td>
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<td>Unforseen family commitment</td>
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<td>Language Development</td>
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TABLE 14 Scores of Children on Part I of Adaptive Behaviour Scale
### TABLE 13A Stages of Drop-out of Sample-units

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<th>No.</th>
<th>Stage of Drop-out</th>
<th>No. of Units</th>
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<th>Cumulative Percentage</th>
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### TABLE 13B Reasons for Drop-out as Given by Parents

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<th>Percent of Sample</th>
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<tbody>
<tr>
<td>1.</td>
<td>Extreme Poverty</td>
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<tr>
<td>2.</td>
<td>Unsuccessful Family Commitment</td>
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<td>No.</td>
<td>Reason for Drop-Out</td>
<td>No. of Units</td>
<td>Percent of Sample</td>
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<td>Apathy towards changing way of life.</td>
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<td>2.</td>
<td>Inability to appreciate child's needs.</td>
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<td><strong>33.33</strong></td>
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</table>
Key to table 14

* P.P.B. was younger than 3 years hence she was assessed on P.I.P. Developmental Charts. Please refer Table 14 *

+ The Post-test scores of these children, whose final assessment could not be done, have been kept the same as their Pre-test scores, assuming that they neither regressed nor progressed owing to the intervention.
TABLE 1A: Sample-child PPB's performance levels on P.I.P. Developmental Charts (given in months)

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Mean Rate of change: 41.07
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<th>Eccentric Habits</th>
<th>Psychosocial Disturbance</th>
<th>Anti-logical Behavior</th>
<th>Rebellious Behavior</th>
<th>Hyperactive Behavior</th>
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Key to table 15

* P.P.B. was younger than 3 years hence she was assessed on P.I.P. Developmental Charts, which have no provision for assessing maladaptive behaviour.

* The Post-test scores of these children, whose final assessment could not be done, have been kept the same as their Pre-test scores, assuming that they neither regressed nor progressed owing to the intervention.
TABLE 16 Scores of Parents on Parent Behavior Progression

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Mean: 54.41  52.86  1.38
### Table 18: Performance of Parents when carrying out Educational Assignments

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**Scores for item A:**
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- Percent: 39.24
- **Total**: 1.71
- **Percent**: 29.70
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Mean: 30.24  11.13
### TABLE 20 Summary of Responses obtained on Tool 5

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Regarding</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4 m</td>
</tr>
<tr>
<td></td>
<td>Age of noticing handicap in child.</td>
<td>5 yr</td>
</tr>
<tr>
<td>5 a.</td>
<td>Medical or Surgical treatment before this work.</td>
<td>Y</td>
</tr>
<tr>
<td>b.</td>
<td>Para-medical treatment before this work.</td>
<td>N</td>
</tr>
<tr>
<td>c.</td>
<td>Special School programme before this work.</td>
<td>N.A</td>
</tr>
<tr>
<td>d.</td>
<td>Ocult-practice treatment before this work.</td>
<td>Y</td>
</tr>
<tr>
<td>e.</td>
<td>Normal School programme.</td>
<td>N.A</td>
</tr>
<tr>
<td>f.</td>
<td>Any benefits derived from normal school.</td>
<td>N.A</td>
</tr>
<tr>
<td>g.</td>
<td>Alternatives if no benefit from normal school.</td>
<td>N.A</td>
</tr>
<tr>
<td>6</td>
<td>Knowledge about child's condition before this work.</td>
<td>Y</td>
</tr>
<tr>
<td>7</td>
<td>Knowledge about child's condition due to this work.</td>
<td>Y</td>
</tr>
<tr>
<td>8</td>
<td>Percentage of information obtained due to this work.</td>
<td>N.R</td>
</tr>
<tr>
<td>9</td>
<td>Difficulties in understanding information given</td>
<td>Y</td>
</tr>
<tr>
<td>10</td>
<td>Difficulties in understanding assignments given</td>
<td>Y</td>
</tr>
<tr>
<td>11</td>
<td>Importance given to parents' thoughts (in percent)</td>
<td>N.R</td>
</tr>
<tr>
<td>12</td>
<td>Certainty of investigator's visit.</td>
<td>N</td>
</tr>
<tr>
<td>13</td>
<td>Special arrangements required for visit.</td>
<td>a</td>
</tr>
<tr>
<td>14</td>
<td>Action by units if visit not done</td>
<td>e</td>
</tr>
<tr>
<td>15 a.</td>
<td>Benefit in terms of child's general development</td>
<td>Y</td>
</tr>
<tr>
<td>b.</td>
<td>Benefit in terms of child's style of living</td>
<td>N</td>
</tr>
<tr>
<td>c.</td>
<td>Benefit in terms of child's inter-personal</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit</th>
<th>PPB</th>
<th>LPQ</th>
<th>ISK</th>
<th>AAM</th>
<th>NA</th>
<th>KVR</th>
<th>PBG</th>
<th>AMP</th>
<th>JNY</th>
<th>KRM</th>
</tr>
</thead>
</table>
TABLE 20 A Percentage break-up of data in Table 20

NOTE: Information Form 3 units could not be collected hence not included.

<table>
<thead>
<tr>
<th>Nature of Information</th>
<th>Type of Response</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Age of first noticing handicap in child.</td>
<td>First 6 months</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Second 6 months</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Second year of life</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Third year of life</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Fourth year of life</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>After five years</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>5a. Medical/Surgical work.</td>
<td>Yes (Availed)</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>No (Not Availed)</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>5b. Para-Medical work.</td>
<td>Yes (Availed)</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>No (Not Availed)</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>5c. Special school.</td>
<td>Yes (Availed)</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>No (Not Availed)</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Not applicable due to age etc.</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>5d. Para-psychological work.</td>
<td>Yes (Availed)</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>No (Not Availed)</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>5e. Normal school.</td>
<td>Yes (Admitted)</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>No (Not Admitted)</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Not applicable due to age etc.</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>5f. Benefit at normal school</td>
<td>Yes</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Question not applicable</td>
<td>11</td>
<td>55%</td>
</tr>
</tbody>
</table>

Contd....
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
<th>Question not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>5g. Alternative action.</td>
<td>3</td>
<td>15%</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>6. Knowledge pre-study</td>
<td>Yes</td>
<td>9</td>
<td>45%</td>
<td>7</td>
</tr>
<tr>
<td>7. Knowledge post-study</td>
<td>Yes</td>
<td>15</td>
<td>75%</td>
<td>1</td>
</tr>
<tr>
<td>8. Estimate of post-study information.</td>
<td>a. (0-24%)</td>
<td>0</td>
<td>0%</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>b. (25.49%)</td>
<td>7</td>
<td>35%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>c. (50-74%)</td>
<td>3</td>
<td>15%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>d. (75-100%)</td>
<td>4</td>
<td>20%</td>
<td>3</td>
</tr>
<tr>
<td>9. Difficulty in understanding information.</td>
<td>Yes</td>
<td>2</td>
<td>10%</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>12</td>
<td>60%</td>
<td>3</td>
</tr>
<tr>
<td>10. Difficulty in understanding programme</td>
<td>Yes</td>
<td>1</td>
<td>5%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>14</td>
<td>70%</td>
<td>2</td>
</tr>
<tr>
<td>11. Estimate of importance given to parents' thought</td>
<td>a. (0-24%)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. (25-49%)</td>
<td>0</td>
<td>0%</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>c. (50-74%)</td>
<td>6</td>
<td>30%</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>d. (75-100%)</td>
<td>8</td>
<td>40%</td>
<td>2</td>
</tr>
<tr>
<td>12. Certainty of visits.</td>
<td>Yes</td>
<td>13</td>
<td>65%</td>
<td>4</td>
</tr>
<tr>
<td>13. Type of arrangement by parents for the visit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. (See Appendix 9(h))</td>
<td>6</td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. &quot; &quot; &quot; &quot;</td>
<td>1</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. &quot; &quot; &quot; &quot;</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. &quot; &quot; &quot; &quot;</td>
<td>10</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. (See Appendix 9(h))</td>
</tr>
<tr>
<td>b. &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>c. &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>d. &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>e. &quot; &quot; &quot; &quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15a. Gen Dev. in child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Perceived)</td>
</tr>
<tr>
<td>No (Not Perceived)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15b. Improvement in lifestyle.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive change</td>
</tr>
<tr>
<td>No change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15c. Improvement in ability to relate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15d. Boost to amelioration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15e. Improvement in area of problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Perceived)</td>
</tr>
<tr>
<td>No (Not perceived)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15f. Any benefit to parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>No response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15g. Any benefit to others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Question not applicable</td>
</tr>
<tr>
<td>No response</td>
</tr>
</tbody>
</table>

Contd.....
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Experience of stress.</td>
<td>1</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>75%</td>
<td>5%</td>
</tr>
<tr>
<td>17. Fulfilment of expectation</td>
<td>16</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>18. Willingness to continue in the study</td>
<td>15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>19. Suggestion for improvement</td>
<td>6</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>20. Any future plan.</td>
<td>15</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>
CASE HISTORIES

UNIT : PPB
Child : PPB 1 year 5 months Female
Father : 25 years
Mother : 25 years
Complaints regarding : 1) Developmental Pace.
2) General Comprehension.

Previous Information

Mother was twenty years old when pregnant. This was her first pregnancy. Her health was poor. Reports suggest that she could have had severe Eclampsia. The delivery took place at home. Mother alleges that it occurred well before the time. Thus history suggests that PPB could be a premature baby by time. This is confirmed by the report that the infant's Occipital Fontanelle was wide open at birth and that it filled up some weeks after the birth.

PPB was always a sick infant. She suffered from frequent diarrhoea until the age of one year. She received intermittent medication for this complaint. Mrs. PB could not give much attention towards the baby as she was soon forced to work on the farm as farm labour. Partly, it appears to be Mrs. PB's reaction to the burden of rearing a sick infant for whom she was not fully ready.

When the infant became one year old, the unit moved on to work for a new farmer with whom they lived at the time of this study. At this new place, owing to the warm and kind household PPB started getting more and proper attention. Her rounds of diarrhoea ceased and she showed very slight development in all respects.

Clinical Picture

At the time of examination PPB seemed to be an averagely built healthy infant.
Slight hypotonia in muscles and delayed speech were the two signs of neurological dysfunction.

Her motor milestones were delayed.

Her Adaptive Behaviour indicated that she had sub-average intellectual capacity.

She manifested the following types of disorders:
   a. Motor disorder.
   b. Speech and Language disorder.
   c. Cognitive disorder.

Unit's reasons for participation in the study
Unlike in the cases of other children in the study, FP8 was brought for initial screening not by her parents. The farmer on whose farm Mr. and Mrs. PB worked brought the infant. His wife accompanied him. The farmer and his wife had observed that PPB was behind in development. They had also observed that since the unit moved to their farm, PPB had picked up several skills in the areas of motor and cognitive development.

These foster-parents thus felt that they should make use of this opportunity (the study) of getting some guidelines and advice on ways and means to accelerate PPB's development. The real-parents who were seen in subsequent visits did not have any of their own reasons for participating. They only seem to agree to do whatever led their master, the farmer, and his wife felt was good for PPB.

Areas of concern
Both, the real and the foster parents expressed the following areas as those of concern:
   a. Motor skills - inability to stand and walk without support.
   b. Speech and language skills-inability to communicate or follow simple instructions.
The Care-Takers

PPB's care was being taken by the entire household, i.e., the real parents Mr. and Mrs. PB, the foster parents, the old mother of the farmer (foster father) and their school-going daughter.

The investigator met Mrs. PB and Mr. PB at the time of the 3rd and 4th contact with the family respectively. Both are young and slightly immature individuals who have had no schooling at all. They appeared to be more preoccupied with the illnesses in the past. They did not seem to be able to relate those illnesses with PPB's delayed development and its implications on the future of PPB. They were not overtly unkind or rejecting towards their infant as initially stated by the foster-mother, but it was obvious that they preferred to leave PPB in the care of the fostering family. PPB too, related more closely with the fostering family-members. The foster father praised Mr. & Mrs. PB for their skills as farm-workers. Yet he added that they were too dull to appreciate and perform their duties as parents.

This seemed to be very true. Mr. and Mrs. PB did not relate with each other with the maturity generally observed in other couples married for over three years. It must be noted that both were definitely not mentally retarded themselves in any respect.

The Home and Contacts

The unit lived at a farm-house along with the farmer for whom they worked. Although under the same roof the PBs had to cook separately. The farmer's family had taken over the role of foster-parents for PPB.

This farm house was two and a quarter kilometers away from Wai, but the last quarter kilometer was off the main road. There was no proper access to the house from the main road. The roof nearest to the farm house was
that of a jaggery-production unit where work is carried out seasonally (in winter). Thus this place is away from habitation and is in the open. The farmer's own fields were farther away from this place. Hence it was never possible to beckon the parents if they were out in the fields.

In all six contacts were made. The initial one was at the house of another unit in the study. The subsequent contacts were made at the farm-house. In addition four other visits were made during which none of the concerned four adults could be contacted as they were away on the farm, keeping PPB with the farmer's old mother who was herself blind. Occasionally the investigator would come across the farmer when he visited Wai.

The Work with the Unit
Total assignments 8: 1 management assignment and 7 educational assignments.

From the initial information which was given by the foster parents PPB was thought to be a case of delayed development owing to poor general stimulation. Hence the foster-parents were given simple instructions regarding how to provide general stimulation through the family's daily routine e.g., pre-bath massage, relating her actions and experiences with words, rewarding her good behaviours or accomplishment of new skills etc. In addition two specific physical exercises were shown and assigned for accelerating motor development. The general guidelines were coherently followed mainly by the foster-mother. The foster-father apparently forgot the exercises and these were demonstrated again in the follow-up. He then carried them out for some period but so rigorously that PPB started getting scared of him and would not go near him even at other times. Consequently these exercises ceased.
In the third contact the investigator met the mother from whom the real information was obtained. This altered the entire formulation regarding PPB's condition. She could then be understood as an infant at-risk owing to biological factors viz. Eclampsia of mother, pre-maturity of birth, congenital anomaly of the skull and poor general health during the first year of life. It was explained to the mother how these initial risk factors could lead to mental retardation. The mother quite clearly failed to comprehend this matter however simple it was made.

In the fourth contact the investigator could meet the father. This proved to be of no special advantage as he too did not go beyond mentioning the simple fact that he would do the assignments provided he got time from his work. The farmer assured that he would cooperate. It was then decided to keep discussions and sharing of information to a minimum. Direct instructions and demonstrations on the method of carrying out the given physical exercises was given to Mr. PB. Even in this, the instructions and demonstrations were required to be repeated five or six times as against two or three times as required by other parents. He appeared to have carried them out as reported by other members of the household. Unfortunately his work could not be monitored because after the fourth contact he was seen again only at the time of final assessment, even though the investigator made four intermediate visits and kept several messages.

The motivation of all the main four care-takers in carrying out the programme varied greatly. The foster father moved out of the picture ever since PPB started getting scared of him. Until the final contact his opinions were diametrically opposite. He expressed
that it was futile doing any thing good for the unit as they were too dull to appreciate any change in the child. He denied altogether that participation in the study and the subsequent programme had been beneficial at all to the child. When shown, with the help of the test results how PPB had shown marked improvement in only those areas for which programmes were given (e.g., Motor skills, Spoken language and General understanding) he accepted that the programme had some effect.

Mr. PB's commitment was only as far as physical work with the child was concerned. At the time of final assessment he took a stand of disagreeing with the foster-father's opinions and stated the programme was definitely beneficial to PPB her parents and also the others in the house-hold. He could not, however, convincingly say how he drew such conclusions.

Mrs. PB failed to appreciate any form of treatment which excluded medicines. To her except for the health problems of the early infancy her child was normal. It must be noted that this stand of her did not appear as an emotional reaction generally given by a mother of a disabled child. That is, this was not denial reaction. She genuinely felt so. Hence the only assignment to which she committed herself was to get PPB to Wai for consultation of the Psychiatrist.

The Psychiatrist diagnosed PPB as a case of Primary Mental Retardation due to premature birth.

The true consistancy in motivation was shown by the foster-mother. She, with the help of her daughter brought in some regularity in PPB's routine, hygiene, nutrition, general stimulation and social experience.

The quality of communication between the four left much to be desired. They never remembered the dates on
which the investigator had said he would come. They hardly ever told the others about the dates on which the investigator would visit. Invariably general instructions regarding PPB were required to be repeated afresh for each member. Hence it was unbelievable to find all the four members/parents at the time of final assessment. The only possible reason for this to be so was that this assessment was done during that part of the summer when there is no work in the farm and thus farmers and farm-workers are free.

Care-takers' participation in setting goals

The care-takers did not make any major contribution in deciding the goals. All the goals and relevant assignments were decided by the investigator. Mr. and Mrs. PB were too ignorant in terms of their duties as parents and hence were very vague about their expectations from the infant. The foster-father gradually ceased to remain present at the time of visit and the foster-mother did not ever make any specific expectation known.

Outcome

In spite of such adverse conditions PPB made significant progress. During the 7.5 months of work with the unit she moved by 1.5, 4, 5 & 6 months each in respectively Social play, Feeding, Mobility, Imitation of Sounds, and Non-verbal communication. She made remarkable movement of 9 months each in Spoken language, Using language and Understanding. She made no progress in Co-ordination, Toileting, Independence, Grasping, Drawing and Imitative play. In Reaching she had already achieved the maximum level. At the time of final assessment PPB had started standing momentarily without support.
The care-takers did well in their single management assignment, but their performance in the educational assignment was just average. In terms of Behavior Progression they showed the rate of change 475 percent which was the maximum amongst all parents. They showed greatest change in the Levels I and IV i.e. concerning behaviours relating to parents enjoying their child and to the awareness of materials, activities and experiences suitable for their child's stage of development.

The parents achieved even beyond their own desire and expectation. They did not want to continue participation in the study, if it continued. The reason given by them was that they were contemplating to move to another site of work in adjacent taluka.
Unit : L.P.G.
Child : LPG. 3 years 4 months Female.
Father : Mr. PG. 35 years.
Mother : Mrs. PG. 30 years.
2 elder siblings above the age of 8 years.
Complaints regarding : 1) Speech.
2) General comprehension.

Previous information
Mother was twenty six years old when pregnant. This was her third pregnancy. Mother's health was good. The delivery occurred at home after full term was complete. The birth cry was delayed and had to be induced. The description suggests that the infant suffered from Asphyxia at birth owing to this delay. No other signs were noted at that time.

At the age of 6 months the delay in development was fully realized because all milestones until that age were delayed. These remained delayed even subsequently. For the following 2 years the parents consulted only a Pediatrician. He prescribed medicines which had no direct or relevant effect on any aspect of L.P.G.'s development.

Eventually the motor milestones were accomplished, so also was there some improvement in general understanding. L.P.G. started making use of gestural communication. Yet, although nearing the completion of 3 years, L.P.G. did not speak. Hence then they consulted the K.E.M. Rehabilitation Centre at Pune. But they could not wait there until all the investigations were over. However, there they did learn that not medicine but some training was what L.P.G. required most.

Clinical Picture
At the time of examination L.P.G. seemed to be a little girl of age-appropriate height and built certain neurological signs indicated involvement of cerebellum in the lesion caused by asphyxia at birth. These signs are;
convergent squint in Left eye with horizontal nystagmus of both the eyes, slight hypotonia of major muscles, sluggish tendon jerks, underdeveloped, broad-based but brisk gait.

The muscle power of her major muscles was 4 all over. Similarly her active Range of Motion of all joints was normal.

She is developing a flat-footed deformity on the right side which will require attention in future. Her hand grasp is age-appropriate in pattern but the grip is weak.

She has no speech but she uses simple gestures for communication.

Her Adaptive Behaviour is an indication of subaverage intellectual capacity.

She is overactive and perseveration is present to a considerable degree. However she can be made quite by a single meaningful command.

Thus she manifested the following types of disorders;

a) Speech and Language disorder.

b) Cognitive disorder.

c) Conductive disorder.

Unit's reasons for participation in the study

The parents had learnt that L.P.G. would require specific training programme. When by the word of mouth they came to know about the study they approached the investigator. Their most strong reason was to do anything in order to get the child speaking.
Areas of concern.
The parents expressed the following as the area of concern:

a. Speech development - inability to speak.

The care-takers:
L.P.G. was brought to the special school for initial screening by the parents. Thus they became known from the beginning. Both are fairly intelligent although they are not educated beyond school-education. They showed a very good understanding between themselves. They were sensitive and could be soon trained in observing and perceiving L.P.G.'s behaviour in its proper perspective. They related very positively with L.P.G. as well as with their other children. They worked hard and with patience. Although they did not ask too many questions they always carried out the discussion with the investigator until they fully understood what was being told. Their commitment was total and on occasions when the investigator was late, they sent their elder daughter to the special school for enquiry after waiting for only half-an-hour each time.

Home and contacts:
The unit lived in a small-sized single-room which formed the back extension of a house. The house was located just away from the town-centre of Wai town. It was situated on a main road, but as the room was situated to the back side of the house, seldom was there a chance for L.P.G. to get out on the main road.

The house housed several other tenants and the settlement was compact.
In all 7 contacts were made. The initial screening was done at the school but the rest of the contacts were made by visiting the home. Usually the timings decided for visits used to be such that the elder siblings would be away at school and thus there would be no distractions to the attention of Mr. and Mrs. PG. Their neighbours were cooperative and never came in as disturbance while the work was going on.

**Work with the Unit**

*Total assignments 19: 5 management assignments and 14 educational assignments.*

At the end of the second visit, that is when the initial assessment was concluded, a great deal of sharing had to be done. Until that communication, Mr. and Mrs. PG. had always been carrying the impression that it was only L.P.G.'s speech which was a problem. Hence it was very difficult for them to accept the information which stated that L.P.G.'s speech problem was only one overt manifestation of her core problem of overall cognitive functioning.

But after repeated explanations and clarifications given to all their questions ultimately they started appreciating the link between asphyxia at birth and delayed movement development, and overall cognitive development and resultant speech and language or conductive disorder. Once they understood the connections they did not resist accepting that it could be present in their daughter. In fact at the end of the discussion they expressed that they were relieved to learn that the cause of all this is asphyxia and not any shortcoming in either or both of them.

Mr. and Mrs. PG. carried out all the assignments which were decided. They did so not merely mechanically but noted L.P.G.'s responses, both adverse and positive to
their efforts. They openly shared the difficulties they faced when carrying out the assignments. They were better in carrying out the management assignments in comparison to their performance in educational assignments.

They did not give up the educational assignments even when they met with little success in them. It was only in the last assignments all educational that they performed very low. This was so possibly because they were on vacation at their village when these assignments were scheduled.

They were referred to the consultant Psychiatrist and Ophthalmologist as a part of the study. They did so without loss of time.

The Psychiatrist diagnosed L.P.G. as a case of Primary Mental Retardation with Hyperkinesia due to asphyxia at birth.

The Ophthalmologist reported normal vision in spite of the convergent strabismus in left eye and horizontal nystagmus.

The most remarkable aspect of parents' work was their consistent, reasonable and composed response to L.P.G.'s hyperkinetic behaviour and perseverance. Not once did they lose their cool even if L.P.G.'s activity made demand on them physically and mentally. It is not that they were unable to perceive the behaviour. They reported how one of her most perseverative undesired behaviour soon ceased as a result of carrying out an assignment for the same.

So also they immediately noted increase in L.P.G.'s hyperkinetic behaviour after the commencement of an assignment for vestibular stimulation. It is possible
that vestibular stimulation creates an excitatory effect on the central nervous system. That assignment was then discontinued. The parents were commendably patient and accepted the explanation given by the Psychiatrist who informed them that he would not like to calm L.P.G. down by prescribing hypnotic or sedative drugs because he felt that the maladaptive behaviours of L.P.G. should be corrected by psychological techniques such as Behaviour Modification.

Care-takers' participation in setting goals

The initial communication regarding L.P.G.'s area of gross problem had disturbed Mr. and Mrs. PG.; yet they participated very well in setting realistic goals. It must be noted that no goal was set and hence no assignment scheduled for facilitating speech. Once it was decided to concentrate on developing sensory-perceptual abilities and on eliminating conductive disorders they helped in setting quite a few goals. Two out of the four management assignments and one out of the four educational assignments were entirely worked out by them. They even caused the cancelation of two assignments which were observed to be having negative effects.

Outcome

Despite of such conducive circumstances L.P.G. failed to make any significant improvement. She made no progress in 6 of the 9 areas of Adaptive Behaviour. She deteriorated very minimally in one area viz. Socialization. She made some improvement only in two areas viz. Independent functioning and Physical development. In Maladaptive Behaviours she showed no deterioration in 7 out of 10 areas, but whereas she became less withdrawn her hyperactive tendencies increased.
The parents did well in the management assignments in comparison to their performance in the educational assignments. In terms of Behavior Progression they showed a rate of change of 130.33 percent. They showed maximum change in Level IV i.e., concerning behaviors relating to awareness of material, activities and experiences suitable for their child's stage of developments.

There was no work done for stimulating speech. Hence the parent's primary reason was not met with. Yet the parents reported great satisfaction on having participated in the study. They felt that during the period of study they got to learn a lot more truth regarding L.P.G's actual condition. They also derived satisfaction in realizing that remedial work started well in time. They showed willingness to continue with the study if it continued. Alternatively, they wished to admit L.P.G. to the special school.
Unit: S.K.A.
Child: SKA 4 years 2 months Female.
Father: Mr. KA 35 years.
Mother: Mrs. KA 27 years.
1 elder sibling and 1 younger sibling.

Complaint regarding: 1) General comprehension.

Previous information
Mother was twenty-three years old when pregnant. This was her second pregnancy. The mother is also related to her husband as cousin, thus consanguinity is present. Between her first delivery and this conception she had several miscarriages. Mother's health during pregnancy was very poor. She suffered from chronic dysentry with severe pains. Yet her appetite was markedly increased.

The delivery occurred at the hospital after the full term was complete. It was normal. The infant had some rash all over the body in the first week. This was reported to be a reaction to some medicine given antenataly to the mother. Thereafter the infant was always sick. S.K.A. had a chronic dysentry with increased appetite similar to that of the mother during pregnancy. During the first two years she kept crying almost constantly. The description of it suggests that she must have been suffering from severe infantile colic.

She also suffered from Pneumonia.
All the developmental milestones were delayed initially but she caught up with the motor and speech development by the age of two years.

The parents had consulted a Pediatrician who prescribed several medicines but all which helped in curing S.K.A's stomach problems.
**Clinical Picture**

At the time of examination S.K.A. seemed to be a very lively child.

She manifested some obvious characteristics of hypothyroidism e.g., hoarse voice, hypertelorism, thick eye-brows with hair-growth over the body, slight hypotonia, stubby fingers and toes and subaverage intellectual functioning. (All these features except that of subaverage intellectual functioning are present even in her elder brother.)

At the same time she also manifested features characteristic of Minimal Cerebral Dysfunction e.g., overactivity, distractibility and verbal perseveration.

She has substitution in speech.

Thus she manifested the following types of disorders:

- b. Conductive disorder.

**Units' reasons for participating in the study**

The father worked in an office adjacent to the special school. He had known which type of children came to the special school. Mr. and Mrs. KA suspected that their daughter could be one who required special schooling. They were getting fed up with the ever increasing conductive disorder of S.K.A. They were confused as to why all the medicines given cured only the health problems. Hence they wanted to give a try at any other way of getting over the behaviour problems of S.K.A. They approached the investigator for seeking admission to the special school but S.K.A. was included in the study. S.K.A.'s level of over activity disqualified her from getting admission into the special school.
Areas of concern

The parents expressed the following as the area of concern;

a. Behaviours which cannot be brought under control.

The caretakers

S.K.A. was brought for consultation by the parents themselves and hence became known right from the beginning. Both parents are fairly intelligent and are graduates. Both are also skilled in tailoring as they are tailors by caste. They showed good understanding between themselves. But they were physically and mentally exhausted owing to S.K.A.'s problems. They had been experiencing a great deal of stress as they had realised the truth that S.K.A. was not normal. But S.K.A.'s maternal uncle who was a qualified doctor had assured them that S.K.A. was a normal child and hence they could accept neither verdict. The main anxiety in both particularly the mother hung around the matter of consanguinity in their relationship. This seems to have brought in strong guilt-feelings. Hence they were sometimes making a weak attempt at denying the reality. They were relating with S.K.A. with the same ambivalence at the beginning. But towards the conclusion of the study this ambivalence faded. They asked several questions and also the same questions several times. Their commitment to work did not get a strong emotional base during the study. Hence the inconsistency in their work.

Home and contacts

The unit lived in a two-room accommodation which formed a part of a Wada. The Wada is located approximately half kilometers away from the town-centre of Wai town. It is off the main road on one of the by-streets.
The Wada housed several other tenants and the settlement was compact.

In all seven contacts were made. The initial screening was done at the special but the rest of the contacts were by visiting the unit at their home. There used to be distractions during the visit mainly because S.K.A. would slip out and run on to the road. There were no disturbances from the neighbours mainly because owing to S.K.A.'s problematic behaviours neighbours generally kept less contact with the unit.

Work with the Unit

Total assignments 11; all 11 management assignments.

As observed from the beginning the parents did not show the strength to involve themselves with the education of S.K.A. The mother required such support, counselling and especially an opportunity to see for herself a change in S.K.A.'s behaviour. Hence the work consisted only management assignments and were limited to only two or three assignments each time. These assignments were simple in execution and were worked out with the goals of giving opportunity to the parents to know their daughter better.

Until the fourth contact the parents performed very poorly. Thereafter the mother pulled herself together a bit and then the assignments were carried out better. This was perhaps affected by the visit to the Psychiatrist. As a part of the study S.K.A. was referred to the Psychiatrist.

The Psychiatrist diagnosed her as a case of Primary Mental Retardation.

In his communication the Psychiatrist conveyed that consanguinity was not of any significance in the occurrence of S.K.A.'s condition. This seemed to have taken away a lot of stress.
The success in small issues of controlling S.K.A.'s behaviour gave a great deal of assurance to the mother. She reported on several occasions during the fifth contact that she herself had started getting a feeling of well-being. Consequently she also reported success in curbing S.K.A.'s desire to run out of the house. Just when the mother was coming to grips with the problems of S.K.A., the summer vacations began. As a result of this and because of marriages in the family the unit went to their village and the programme got discontinued. Following the overall exertions all the members of the family took ill. A month was required for the recovery of all and a fortnight more for getting the routine back to normal. During this time S.K.A.'s behaviour deteriorated considerably, and the situation fell back to the starting position.

Care-givers' participation in setting goals:

Initially Mr. and Mrs. KA participated only in discussions. They did not contribute in any manner to the process of setting goals in the beginning. Later when the mother started carrying out the initial assignments she learnt a good deal about S.K.A. and her behaviour. It was after this that she started contributing in the observations and suggesting goals. Yet no goal was set and assignment scheduled by her independently. The father had picked up the role of being supportive to his wife and did not contribute in the process of setting goals.

Outcome:

S.K.A. made no progress in 7 out of the 9 areas of Adaptive Behaviour. The progress in the remaining 2 areas was sub-minimal. In Maladaptive Behaviours she improved in 5 out of 10 areas, with no change in the remaining 5 areas.
The real benefit of the study was observed in the change in the parents. They performed averagely in carrying out the management assignments. They had not been given any educational assignment. In the Behaviour Progression they showed a rate of change of 17.33%. They showed maximum change in Level IV i.e., concerning behaviour relating to awareness of material, activities and experiences suitable for their child’s stage of development.

At the time of the final assessment, the unit was recovering from the long spell of illness in the house hence they were appearing weak and exhausted. The mother openly expressed that she had derived great satisfaction and obtained information and confidence by participating in the study. They were willing to continue in the study if it continued. They had not given a thought to any alternative arrangement. They were apprehensive about getting S.K.A. to the special school for further work because they anticipated great physical, mental and financial stress in doing so.
UNIT: AAH
Child: AAH 4 years 10 months  Male
Father: 31 years
Mother: 24 years
1 younger sibling

Complaints regarding:
1) Psychosocial development - does not sit at one place for required period of time.
2) General comprehension.

Previous information

Mother was twenty years old when pregnant. This was her first pregnancy. Mother's health was poor during pregnancy, particularly in the later period. She suffered from anemia and calcium deficiency.

The delivery occurred at the hospital before the full term was complete. It was normal and reportedly without any complications. The baby had low birth-weight. Thus he was a premature baby by time and birth-weight.

At the age of one month he had febrile convulsions which slightly affected his left upper and lower limbs. He used to get such convulsions until he became two years old.

At the age of about eight months he had measles. During this illness he had very high temperature. He required hospitalization. He developed convergent squint during this illness.

His milestones were delayed. He started walking and talking at the age of two and a half years.

He was admitted into the village Balwadi at the age of two and a half years i.e., soon after he learnt to walk and talk. He had been attending the Balwadi for over two years but without any significant benefit in the area of academic learning or behaviour control.
At the time of examination AAH appeared to be an age appropriately built healthy boy.

Physically he was like any other boy of his age except for the squint in his eyes. On clinical examination he revealed certain soft neurological signs which are characteristic of Minimal Cerebral Dysfunction. These signs were: poor visual acuity and pursuit, poor body balance, poor eye-hand and bilateral body coordination.

He had good speech. He was reported and observed to have difficulty with the reception of language. Hence probably his verbal expression too was minimum. He required a lot of coaxing before he answered a question.

He was reported to be restless, naughty and slightly aggressive towards younger children. During examination, however, he appeared to be very anxious. Unlike the other children in the study, the investigator experienced great difficulty in establishing a rapport with AAH.

The father reported that AAH's anxiety was owing to the stranger's (investigator's) presence.

Many maladaptive behaviours were reported but only a few were observed. In adaptive behaviour skills he functioned well, but in many situations it was observed that parents had given little opportunity for AAH to learn. He appears to be moderately subaverage in intelligence.

Thus he manifested the following types of disorders:

a) Perceptual - motor disorder.
b) Language disorder.
c) Cognitive disorder.
d) Conductive disorder.
The unit's reasons for participation in the study

The unit, especially the father, had great difficulty in adjusting with the reality of his son's handicap in learning. He had not consulted any professional but by his own observation he had noted the handicap in the son, and hence had even more difficulty. The resource person who had referred the child worked on the staff of the special school in Wai. Owing to this resource person's insistence, the father had hesitantly brought the child for registration. He gave his consent mainly because the work was homebased which let him keep his son's shortcomings unexposed to the people in the village.

Areas of concern

The parents expressed the following as the areas of concern:

a) Cognitive development - inability to learn or understand.
b) Communication development - inability to make effective use of verbal expression.
c) Psychosocial development - emotional instability.

The caretakers

The unit lived in a joint family. The family was a respected one in the village. Besides the father and mother there was AAI's paternal uncle and his wife and children. As far as the care of specific aspects viz., medical attention or education was concerned it was the responsibility of only the father and mother.

Mr. H. was a young man who seemed to be emotionally unstable himself. Like it was with AAI, it was difficult to relate with him too. He was a graduate and had an office job at Wai. Although he had been doing this job
for more than six years his post was a temporary one. He could be terminated at any time. This uncertainty and the unhappiness which went along with it appeared to be unnecessary. His major source of income was his farm. It was big enough. He could do better if he were to pay full attention to agriculture which incidently was the family's vocation. Yet he yearned to work at the office on a permanent position.

He appeared to be in the phase of 'partial denial' as far as his adjustment to his son's handicap was concerned. He had made himself believe that AAI's disability was very minor, and that it would be outgrown when he grew older. This belief and the uncertainty in his work with AAI. He took most of the assignments upon himself but did not put in adequate efforts. The interaction between Mr. H and the investigator usually appeared as one in which Mr. H denied, defended or counter argued against the observations which the investigator did in regards to AAI and his short comings.

Mrs. H was a young woman who thoroughly abided by the rural culture. She was not much educated and did not give an impression of being bright either. She did not interact independently with the investigator at any time. On one occasion she asked the investigator to come later (after about an hour) and then went out walking through a distance of about three kilometers to fetch her husband from the fields.

She seemed to reject the child. For her his behaviour was a big problem on which she could get no control. Her second child, a normal girl of about two year's age, was fast growing and she appeared to give Mrs. H all the pleasures of parenting. She was quite uninhibited in making the discrimination between AAI and the

of his own self made him very inconsistent
daughter, then complaining about his problematic behaviour she did not mind telling he played with her breast when upset. She took only a couple of assignments to carry out.

Mr. and Mrs. H related well with each other even though Mr. H was of defensive and introvert type and she was slightly the opposite of it. They talked less with each other at least during the visit, but there appeared to be a good understanding between them. Mr. H used to be slow to respond while Mrs. H responded only after he did. Other people in the household did not take part either in knowing about A.M. or in working for him.

Home and contacts

The unit lived in a middle-sized house in the centre of the village. This village was three kilometers away from Wai. The building of the house, an ancestral property, was quite large but over the generations, it had got divided into smaller sections. The settlement had hence become a compact one. The section of the building which the unit owned was more central with a very narrow access to it. The rooms they owned were large.

There were never any disturbance from neighbours even though the settlement was a compact one. Visitors, mostly relatives were present on a few occasions. In the presence of the visitors Mr. H. became more defensive, but nothing could be done about the visitors. On more than one occasions the visitors were those of the other family, the uncle of A.M., who shared the same section.

In all six contacts were made and all of them were made at the unit's home.
Work with the Unit

Total assignments 17: 6 management assignments and 11 educational assignments.

The communication was a difficult one. Firstly because the educational problem of AAH was a perceptual one and hence not as simple to explain in lay terms as it is to explain other educational difficulties. Secondly owing to his defensiveness Mr. H was more eager but was relieved to hear that his son was not severely mentally retarded. In this eagerness he was overlooking the important reality that if the perceptual difficulties were not resolved during the early age, it would lead to a greater discrepancy between his age and performance level and thus AAH would be deemed as a child with severe mental retardation. The findings regarding perceptual deficits were not fully appreciated by the mother. Yet both Mr. and Mrs. H looked enthusiastic about starting work. Mr. H was more keen about starting corrective work towards amelioration of perceptual deficits while Mrs. H wanted to do something regarding his behaviours. In all five initial assessments were suggested.

The follow-up visit though scheduled within two to three weeks from the previous visit, was done after a gap of two and half months. Mrs. H and the two children had gone to her parents' house during that period and Mr. H kept sending messages to the investigator to postpone the follow-up visit. Not much work had been done. The investigator enquired whether the parents had planned Mrs. H's long visit at the time of the visit for communication. While Mr. H hesitated to respond Mrs. H reported that she had the visit in mind at that time because she was due there for attending a marriage in the family. She stated that she was aware that the
assignments would get started with only after the family returned from the marriage after a week. She added that there was no reason behind her prolonging the short visit to such a long one.

The father appeared much confused about all that had happened. He had lost the teaching material given previously. However, there was no trace of any shame or guilt in either parent's behaviour or speech. The father covered up the situation by indicating that he would be more serious thereafter in carrying out the assignments. At the same time he enquired whether AAH should be admitted to a renowned primary school in Wai.

The mother was worried about AAH's behaviours particularly his playing with her breast and an additional problem of bed-wetting. The investigator counselled the parents and told them how all those behaviours indicated a deep feeling of insecurity in AAH's mind. They were referred to the Psychiatrist connected with the study.

The second follow-up too was required to be done later than scheduled. This was because the parents had not consulted the Psychiatrist within the given period.

When the investigator reached the unit's home as decided by mutual convenience, Mr. H was away and had to be called by the mother. Mr. H had carried out some of the assignments. Yet, during the visit Mr. H was taking more pleasure in conveying that according to the Psychiatrist AAH's condition was not a serious one. The investigator acknowledged the father's feeling of relief. Mr. H was also proud about stating that according to the Psychiatrist AAH could be admitted even into an English-medium school indicating thereby
that he would be able to learn without the parents' help. This information was not discussed as it was likely to be a creation of Mr. H's imagination. (Later the investigator learnt from the Psychiatrist that he had emphasized the importance of remedial teaching for AAH).

The reticence to meet the investigator was evident even during the later visits. AAH had responded well to some of the management assignments. The mother looked more pleased with the positive change in his behaviour. The father had not carried out the assignments as well as he should have considering the initial lapse of time. However, he had at least changed his ideas regarding giving him education in the best schools in Wai. Instead he admitted AAH into the village primary school.

The care-takers' participation in setting goals

The unit and the investigator did not tune in well with each other. The father seemed to avoid meeting the investigator owing to his own defenses. The educational problem being one in the area of perceptual deficits all the goals for educational assignments were set by the investigator himself. The goals for management assignments however came out of what the mother reported and complained. Thus it can be taken that goals of management assignments were set mostly by the mother.

Outcome

The study perhaps served only one major purpose that of confronting the father with his own dilemma. Unfortunately the contacts and relationship between the unit and the investigator did not ever get close enough to help Mr. H resolve his dilemma. Hence although some
change was seen in the parents, the effect of this change in feelings and attitudes could not be materialized in the work with AAH.

In Behavior Progression the parents showed a rate of change of 173.33% which coincides with the mean rate of change. They showed a maximum change in Level IV i.e. behaviour relating to their awareness of materials, activities and experiences suitable for child's stage of development.

AAH did not benefit much. In Adaptive Behaviour skills he showed no change in 6 out of the 9 areas. In 2 areas he showed marginal improvement and in 2 area viz. Independent functioning, he showed significant improvement. In Maladaptive behaviours he showed no change in 6 out of 10 areas. In the remaining 4 areas he showed a marginal improvement.

The parents had mixed feelings towards the study. They could see the usefulness of the work but had difficulty in totally accepting it without accepting the handicap in their child.
UNIT  : N.A.J.
Child   : NAJ  5 years  Male.
Father  : 41 years.
Mother  : 32 Years.
1 elder sibling.
Complaints regarding 1) Locomotion skills—walking.
               2) Inability to learn letters and numbers.

Previous information
Mother was twenty-seven years old when pregnant. This was her second pregnancy. Mother's health was normal.

The delivery occurred at the hospital after the full-term was complete. It was normal and reportedly without any complication.

The infant was healthy at the time of birth and up to six months of age.

Since the age of six months NAJ started falling ill. At eight months he was diagnosed to have Tuberculosis. The paternal grand-father who lived in the same house had been suffering from tuberculosis. NAJ lost weight and became weak. This affected his motor development which got arrested. He also showed a passive, apathetic and withdrawn behaviour.

At the age of one year NAJ had started getting convulsions and was put on appropriate medication. After the convulsions his motor development which was already delayed started occurring in an atypical manner.

At twenty months the convulsions reoccurred as a consequence of discontinuing the medication. Thereafter he has regularly been on medication and has had no convolution over a period of more than two years. His medication was being supervised by a Neurologist from Pune.
Clinical Picture.

At the time of examination NAJ appeared to be an averagely built, active child of age-appropriate height.

He showed certain signs which are characteristics of Cerebellar Ataxia viz. dysmetria, adiadochokinesia, poor postural sense, broad-based, high-steppage gait and general incoordination.

Though it was reported that the motor milestones had been delayed, until the time of examination he had learnt walking.

He had a slightly low tone of muscles. This could be detected only on examination. Early pediatric reports indicate that the tone was hypertonic.

He shows one major deformity that of jenu-recurvatum in the right knee. He also has slight degree of flat-footedness in both the feet.

NAJ has no problem with speech and language.

Over the years certain behavioural habits have got established. Therefore NAJ has become stubborn and shows a few maladaptive behaviours.

He functions poorly in some items of Adaptive Behavior Scale but he does not give an impression of being severely subaverage in intelligence. His poor performance in relation to academic pursuits e.g. reading, appears to be perceptual problem. Such perceptual problems are often seen in children with neurological disorder.

Thus he manifested the following types of disorders:
   a. Movement disorder.
   b. Perceptual disorder.
   c. Conductive disorder.
Unit's reasons for participating in the study

When NAJ was one and a half years old the investigator had assessed him and had communicated to the parents that he was a child at biological risk. An early intervention programme had been offered at that time. The parents had not accepted the programme as it was not a medical one. Over the period the parents had realized that they should have taken that opportunity for correcting and accelerating the development of their son. They had not admitted him to a school although he was five years of age, owing to a fear that he would fail to cope with schooling. This study appeared to them as an opportunity to do some work with the child and thus prepare him for schooling from the following academic year. This was their main reason for participating in the study.

Areas of concern.

The parents expressed the following as the areas of concern:

a) Motor development - inability to walk.

b) Perceptual development - inability to appreciate visual symbols, quantities etc.

c) Behaviours inappropriate to his growing age.

The caretakers.

Mr. and Mrs. AJ were known to the investigator since NAJ was earlier assessed by him.

Mrs. AJ is a very hard-working housewife. She is a graduate. During the period of this study she also attended a College at Satara (32 Kms away) for getting her degree in education. She attended the college daily, helped the family in farm work on holidays and looked after the house hold. She was very perceptive and could foresee many of her child's problems.
Mr. AJ was a very hard working individual. A teacher having two post graduate degrees, he also worked on his farm as and when required. He too was perceptive about the child's problems. However at times he became slightly defensive about the short comings and behavior problems.

Mr. and Mrs. AJ both related well with each other. They differed with each other on several matters relating to NAJ. Such matters were brought for discussion with the investigator. Although slightly dominant as a person, Mr. AJ did not ever dominate his wife during such discussions. He accepted the outcome of any discussion with a certain maturity.

The other members of the joint family too were cooperative. They loved NAJ and did not give any extra concessions to him. NAJ's elder brother whom NAJ harassed the most, too related very positively with him. NAJ was most attached to his paternal grandfather because the two used to be together most of the time. Even this grandfather readily changed some of his ways when instructed.

Owing to the high level in education, the parents had no difficulty in understanding information shared. However, although they understood a point it was not so that they always accepted it. Particularly the father would try to discuss an issue sometime repeatedly.

Home and contacts.

The unit lived in a farm-house on the outskirts of Wai city. The farm-house was large and had some of the modern rural technological systems installed. NAJ had a very stimulating environment with fields, cattle etc. around him. There never was any disturbance from neighbours as there were none immediately close-by.
If visitors were present at the time of a scheduled visit the family would usually take the visitors to another part of the house and thus let Mr. and Mrs. AJ pay full attention to the proceedings of the investigator's visit.

In all ten contacts were made. All the contacts were made at the unit's home. As both the parents were very busy persons visits had to be scheduled according to mutual convenience. The investigator as well as the unit had to be very prompt about giving prior intimation if a scheduled visit was required to be cancelled. Such occasions arose very often.

Work with the Unit

Total assignments 39: 1 management assignment and 38 educational assignments.

Owing to father's style and the overall defensive outlook behind it, the communication regarding the findings became lengthy and tedious. Even the initial assessment had required more than one session, but that was partly due to the fact that NAJ was the first child to be assessed and hence the investigator was yet to get familiar with the nature of the proceedings.

Communication was difficult mainly because of father's style of drawing conclusions after deliberately taking a viewpoint contradictory to the investigator's statement or observation. For example the investigator reported that NAJ was behind in some areas of development but that there was no clinical evidence of subaverage intellectual capacity. Upon this Mr. AJ argued that perhaps it was the other way round. According to him NAJ had all age-appropriate skills but because his intellectual capacity was poor he failed to make use of the skills. After discussing this controversy from various aspects, Mr. AJ confessed that he had agreed with the observations made by the
investigator from the beginning but wanted to verify it by means of a discussion.

After having a unanimity in opinions the assignments used to get worked out. The first set of assignments was shared equally between Mr. and Mrs. AJ. The number of assignments was kept low considering the fact that although motivation was high the parents were likely to face the problem of not getting time for carrying out the assignments.

In the second contact the mother pointed out that NAJ responded better to his father when carrying out the assignments. This was true, but the reason for it was discussed. Over the past few years a habit had set in wherein NAJ always undermined the mother. Unknowingly the father had reinforced this behaviour. In order to help Mrs. AJ regain her control over NAJ and confidence in herself, her plea for letting Mr. AJ carry out all assignments was rejected after discussion. Mr. AJ agreed to change the pattern. The investigator responded to their suggestion of adding some assignments by proposing a few, but the parents opted to carry on only with those given earlier.

Gradually they picked up more and more assignments each time. At the end of the study this unit turned out to be the unit with maximum number of assignments scheduled in their name. Except for a brief period when Mr. AJ became busy with the work of examination at his school and Mrs. AJ got busy with her own examination, they carried out the assignments very well. This unit gets the highest score in item C of the Follow-up sheet because they contributed a great deal by making their own suggestions. During the brief 'busy period' they became too irregular and ineffective. Then NAJ's behaviour once again became troublesome. The routine became stable once again when both the parents got free of their tasks. All assignments except one were educational assignments hence there is little scope to make any observation about whether they were better
in management assignment or educational assignment.

Throughout the work the parents did not forget that they were participating in the study in order to prepare their son to attend a normal school. To a great extent they could see that the assignments were helping them move in that direction. Yet they also continuously harboured the fear that NAJ was perhaps intellectually subaverage. Hence in the concluding sessions they once again became more deliberative. It was pointed out that perhaps they were anxious the study would end and how they remaining helpless. They agreed and expressed that they had started depending on the investigator. The investigator assured them that full assistance would be given for carrying out any remedial work in future.

The caretakers’ participation in setting goals

Although the parents used the method of arguing for better understanding and contributed a great deal to the assignments, they took too little part in setting goals. All but two goals were set by the investigator. This could be so because as teachers they were confident about methods of implementing a technique, but they fell short in developing a clinical viewpoint for seeing the problem underlying a certain behaviour or dysfunction.

Outcome

With a background of education and pedagogy being a part of parents’ principle vocations it was obvious that an extensive programme would develop. From a clinical point of view this programme proved to be very helpful to the parents. Their feeling of guilt over the fact that they had earlier rejected an early intervention programme and thus caused additional shortcomings in NAJ was resolved to a great extent. They were relieved to see that they could do much to prevent NAJ becoming functionally retarded. In Behaviour Progression they
showed a rate of change of 178.26%. They showed maximum change in Level V i.e. behaviours which reflect that they initiate new play activities and experiences based on principles which they have internalized from their own experience, or from the activities suggested or modelled for them.

NAJ too benefited owing to this change in the parents. He improved in 8 out of 9 areas of Adaptive Behaviour. Out of these 8 in 7 areas the improvement is marginal. But in 1 viz. Independent functioning it is remarkable. In Maladaptive Behaviour he shows a slight deterioration. In only 1 out of 10 areas he shows marginal improvement. In 7 areas he shows no change and in 2 areas viz. Stereotyped behaviours and Psychological disturbances he shows deterioration.

The parents expressed complete satisfaction over the working of the study. They verbalized their feeling of dependency on the investigator. They fully appreciated the study and expressed desire that it should continue.
UNIT : K.V.R.
Child : K.V.R. 5 years 2 months Female.
Father : Mr. VR 35 years.
Mother : Mrs. VR. 30 years.
1 younger sibling.
Complaints regarding 1) Speech.
                  2) General comprehension.

Previous information
Mother was twenty-four years old when pregnant. This was her second pregnancy. Mother's health was poor. She manifested symptoms of Calcium deficiency.

The delivery occurred at the hospital after the full term was complete. It was normal.

The infant grew and developed normally except for in development of speech. She began speaking at the age of about four and a half years. It was owing to this that although she had become older than five years she was not admitted to the Balwadi in the village.

Clinical picture
At the time of examination K.V.R. seemed to be an age-appropriately built girl, shy but mischievous. She manifested signs characteristic of Minimal Cerebral Dysfunction of a slight degree. These included clumsiness and slowness in action (movements), distractibility, slight perseveration, poor immediate recall from short-term memory.

Besides the above she also had a speech disorder. She had been using gestural language more than spoken language. If she spoke she did so with substitution.

Her general comprehension seemed to be fair and she did not manifest signs of subaverage intellectual functioning.
She appeared to be mischievous. In relating with others particularly with mother she used to be stubborn, negativistic, and caused some irritation to the mother.

Thus she manifested the following types of disorders:

a. Speech disorder.
b. Emotional disorder.
c. Movement disorder.

Units' reasons for participating in the study

K.V.R. had an elder brother who had been an Epileptic and a case of severe mental retardation. He was about three years older to K.V.R. and had expired only two months prior to the commencement of the study. Mother had to give most of her attention to the brother while he lived. She had some feelings of guilt for having then paid less attention towards K.V.R. and her speech problems. With the son having died and now left with only two daughters as she had undergone sterilization surgery the mother wanted to do most for correcting problems in K.V.R. This desire received the opportunity in the form of the study. Hence the participation.

Areas of concern

The parents expressed the following as the areas of concern:

a. General comprehension—does not perform as instructed.

The care-takers

K.V.R. was brought for initial screening by the mother alone. The father made his appearance in the third contact and it was then possible to learn more about Mr. and Mrs. VR. The educational level of Mrs. VR is primary education whereas that of Mr. VR is middle-school education. Mr. VR. appeared to be more intelligent
between the two but seemed to be less motivated to work with K.V.R., whereas it was reverse in case of Mrs. VR. The exhaustion due to loss of physical and mental energy in caring the elder son, the momentary grief of losing him and also the consequent sign of relief from those hardships was apparent in Mrs.'s talk and behaviour, Mr. VR. too must have had similar feelings but he seemed to be devoting time now to his vocation of selling bangles and thus making good the loss in the past. Both the parents were simple persons. They showed good understanding between themselves, but were poor in mutual communication when it came to conveying messages related to or instructions given by the investigator. Although the father did start participating more in the programme his initial avoidance was because some villagers had dissuaded him from doing anything for his children, they said, were not going to improve by any means. There was an element of village politics behind this attempt to dissuade the father. Had it not been for a strong-willed Mrs. VR. who gently persuaded her husband to at least meet the investigator, this unit would have dropped out of the study in the initial stages itself.

Apart from this hesitation of Mr. VR., the couple was warm and loving with their children. The verbal communication between them used to be rather rough and ungentle as is typical with most rural low-income group families. Their commitment to work went on increasing as the study proceeded. The financial stress always hampered the pace of work.

Home and contacts

The unit lived in a medium-sized single-room in one basti in the village. The village is fifteen kilometers away from Wai. The last 7/8 km is a kutchar road linking to the village and the state-highway coming from Wai. The basti is about 7/4 km away from the village centre but
is nearer to the link road. In this basti all the houses had a common court-yard where children of all ages played freely. K.V.R. too played there. Besides the court-yard the children also had an easy access to the surrounding fields.

By the time of fifth contact the unit moved to another medium-sized single-room. This new accommodation was a part of a large house and was in the village itself. Yet the place was open, not crowded. The neighbourhood here was slightly wealthier and educated than the previous one. Here they took little interest in the family's affairs; hence there were fewer disturbance and dissensions.

In all eight contacts were made. Out of these one of the intermediate contact was made at the special school when the unit was called for free audiometric assessment. All the remaining contacts were made by visiting the family at their home.

Work with the Unit

Total assignments 19; 5 management assignments and
14 educational assignments.

Although initial information regarding the study and initial screening of K.V.R's problems was done, assessment and communication was not done until the investigator met the father. This was done in the third contact.

The mother's strong motivation to work for K.V.R. took its roots from the following.

1. The village-folk had started branding the family as one with abnormal children. This hurt both the parents but whereas the father could keep himself busy on his vending rounds the mother had no way to channelize her
feelings.
2. K.V.R's problems became most apparent to the parents only when their elder son died. It was then that the two daughters started receiving attention. This had caused a feeling of guilt for having neglected K.V.R.

These emotional issues of the parents had to be made use of without making them worst. Hence a very careful communication was done. It was made evident to the parents that K.V.R. was not mentally retarded like her brother. Their doubts were not completely alleviated until the following link of problems was repeatedly and variously explained. The investigator's formulation was that owing to Minimal Cerebral Dysfunction K.V.R's performance was poor. Hence the feedback from the environment was negative. As a result there was deterioration of performance or no performance at all. This in turn was being perceived either as inability to perform or stubbornness etc.

Mr. VR understood this formulation well but Mrs. VR accepted it more because it relieved her and her husband of any blemish of bearing mentally retarded children.

The parents performed well in all assignments but were better in educational assignments than in management ones. This was also because the management assignments demanded a little financial expenditure. It was here that poverty became a hindrance.

As a part of the study K.V.R. was referred to the Psychiatrist and the Audiologist & Speech Pathologist. They promptly contacted the Audiologist, but they delayed contacting the Psychiatrist for some time. They had missed seeing the later when free consultation was arranged at Wai where they would spend less on traveling. Consequently they were required to go to the District place and spend more on traveling and on the fees.
The Psychiatrist diagnosed her as a case of Primary Retardation due to Microcephaly.

The Audiologist and Speech Pathologist reported that her hearing was normal. He observed stuttering in addition to substitution.

The Audiologist's report was a great help. The investigator had always mentioned that K.V.R.'s hearing was normal. When she was assessed with the help of the audiometer no doubt remained in the minds of the parents. Similarly the mention of stuttering as a manifestation of emotional problem also made parents take a review of how they behaved with K.V.R. The Psychiatrist's opinion regarding K.V.R. being mentally retarded caused some doubts in the minds of the parents. Nevertheless the Psychiatrist had stressed in his communication that they must carry out the programme according to the investigator's guidance.

The investigator had to share a great deal of information with the neighbours on her behalf. The neighbours in the first location had caused great feeling of inferiority in the mind of the mother. It was essential to let them know that Mrs. VR was not to be blamed for her children's inborn deficiencies. In the new location the neighbours did not put any blemish on mother or father, but they expected a normal response from this normal-looking child they were likely to harm her growing confidence. Hence they too were given as much information as possible. They were even given guidance on how to hold a dialogue with K.V.R. In this regard the parents who should have fallen too short because Mr. and Mrs. VR are both very gentle and meek persons.

Care-takers' participation in setting goals:

Mr. and Mrs. VR were at such a stage in their life that their participation in the programme perhaps
was a therapy for themselves—particularly for the mother. They were not very sharp to note major or minor changes in K.V.R. Thus then their contribution to the process of goal-setting was minimal. They were prompt in accepting whatever the investigator suggested.

Outcome

Unfortunately the final assessment of the unit could not be done as contact with the family was lost since the eighth contact. The mother was reported to have gone to her mother's place for vacation. In spite of elaborate messages and letters no one from the family contacted the investigator. Until well beyond the date of final assessment.

But considering the scores and performance at the last count in the records the following can be stated.

The parents remained inconsistent in their approach to work with K.V.R., but they had become very positive in their relationship with her. If nothing else, the investigator's visit to their home meant a sure message to their critics that they were working hard for their children who were mistaken to be abnormal and defective. For this message to be perpetuated they were aware that they should ensure the investigator's visits by carrying out the given assignments. Hence even if less frequent they carried out the educational assignments in exactly the same manner as demonstrated.

In Behaviour Progression they showed a rate of change of 32%. They showed maximum change in Level IV and commendable change in Level II and Level VI. Thus they showed maximum change in behaviour relating to awareness of materials, activities and experiences suitable for their child's stage of development. They showed
commendable change in behaviours relating to sensitive observation of their child, reading the child's behavioural clues accurately, and the generation of range of developmentally appropriate activities interesting to the child.

The effect of all this was obvious in K.V.R. Her life-style had changed. She looked more smart and neat. She mixed with her peers and became bold. She started helping the mother in household chores. As the final assessment was not done area-wise progress was not measured. Similarly the parent's opinions regarding the study could not be obtained.
UNIT : P.B.G.
Child : P.B.G. 5 years 6 months Female.
Father : 26 years.
Mother : 23 years.
2 younger siblings.
Complaint regarding:
1) Ambulation - Walking.

Previous information
Mother was seventeen years old when pregnant. This was her first pregnancy. Mother's health was normal.

The delivery occurred at home after the full term was complete. It was normal and without any reported complications.

The infant was weak at the time of birth. Being a home-delivery birth weight was not recorded. The description suggests that P.B.G. must have been premature by weight at the time of birth. In the first week P.B.G. had neonatal convulsions resulting into motor disorder evident by the convergent squint. There were no convulsions any time thereafter.

All her developmental milestones were delayed. It was P.B.G.'s physical illness which needed maximum attention. She had been a sick infant all along. This had prompted the family to refer her to the doctors repeatedly. Only once when P.B.G. was about two and a half years of age she was taken to Bombay for consultation regarding her general backwardness.

Clinical picture
At the time of examination P.B.G. appeared as a very ill-clad and unkempt girl of age-appropriate height and built.

She manifested most of the characteristics of Cerebral Palsy viz., flacid limbs, low muscle power in group of muscles acting on major joints and mainly against gravity, faulty postures, resultant contractures and consequent deformities.
Her motor development was much arrested. She sat on her own. Hence in locomotion she could only hitch on her buttocks. Her grasp was normal in strength but very crude in pattern.

Besides these physical disabilities P.B.G. also manifested low intellectual functioning. She had no speech.

Thus she manifested the following types of disorders:

a. Movement disorders.

b. Cognitive disorders.

Unit's reasons for participating in the study

The family had never stopped short of anything in providing attention and medical care to P.B.G. The father had once even pawned a part of his farm to raise money for taking P.B.G. to Bombay for consultation. Their expectations were not fulfilled in Bombay and the parents returned home with a resigned attitude. Since then they had not done anything for her in the direction of teaching her skills. When they were persuaded to talk with the investigator they did so reluctantly. On learning that the investigator would give guidance they agreed to participate. Yet they were always hopeful that eventually the investigator would give them some magic potion by which P.B.G.'s condition would get totally cured.

Areas of concern

The parents expressed the following as the area of concern:

a. Motor development - inability to stand and walk.

The care-takers

P.B.G. was brought for initial screening by the paternal grand-mother alone. Father, mother and paternal grand-father joined at the time of initial assessment. The pattern of taking care of the child was just as in any other typical,
rural joint family engaged in farming. The grand-father had retired from farming and all household responsibilities. The grand-mother was still functioning as the lady of the household thus looking after the children, and supervising her daughters-in-law. Mr. BG was the eldest son and shouldered all types of responsibilities of the family from tilling the soil to arranging sister's marriage. Mrs. BG, though more educated than others in the house, had to play a subordinate role even in regards to P.B.G. If the grand-mother was around and she would be most of the time there. The uncle and aunt played a very marginal role in the care of P.B.G.

Later as the work proceeded the investigator suggested that Mr. and Mrs. BG should become primarily responsible in the care of P.B.G.

The husband and wife did not communicate a great deal at least in front of the investigator. If they differed in the contents of any information the father would take over a more dominating stand and the argument would get cut short. Normally the father always behaved in a composed, balanced manner never letting go his control over the situation. He was intelligent, and raised relevant questions. But his suggestions used to be technically unsound. As in other situations the responsibility of carrying out the major part of the assignments was taken over by him. He was honest in reporting facts.

All the care-takers genuinely loved P.B.G., howsoever she was. They started with a resigned attitude but once they committed themselves to work they lived up to their commitment almost throughout the study.

Home and contacts

The unit lived in a spacious house in the village close to its centre. The house was also close to a bus-road passing besides the village. The village was four kilometers from Wai.
Several neighbours and villagers joined in during the contacts. Yet father's complete attention towards the investigator's talk rarely caused any distractions.

In all ten contacts were made. There was also one brief meeting which occurred with the father. This took place after the visit for initial screening and that for initial assessment. The investigator had visited the village briefly to give a message to the resource person from the village. He then called Mr. BG for a brief chat. Hence this meeting is not included as a contact, although this brief meeting helped the investigator perceive the resigned attitude of Mr. BG. The initial screening, the brief meeting, and the third contact took place at the village primary school. The remaining contacts were made by visiting the family at their home.

Work with the Unit

Total assignments 20; 12 management assignments and 8 educational assignments.

The parents had developed an attitude wherein they did not wish to spend energy, time and money on working with P.B.G. They loved her as their child the way she was.

P.B.G. was spotted by the teacher of the village primary school. He persuaded the grand mother and Mr. BG, to meet the investigator at least once. Thus from the beginning the problem of poor motivation of the parents was required to be resolved.

Their participation was prompted by the persuasion of the village teacher whom the family revered. Hence, after assessment the communication was done in the presence of the teacher. Three options were given to the family. Either they could opt out of the study and commit for no assignment or they could commit themselves only for management assignments because they were vital or they could commit themselves for both management and educational assignment.
The father decided to go in for the third option but even then he voiced out his feeling that the educational assignments would have no effect on P.B.G.

The work began with management assignments as certain investigations were essential in order to arrive at a medical diagnosis. P.B.G. was first referred to the Ophthalmologist who in turn suggested to get certain investigations done from the Pathological laboratory.

The Ophthalmologist reported that there was no gross abnormality in the retina and optic disc. She had nystagmus and her pupillary reflexes were sluggish. Thus her vision was normal but her poor responses to visual stimuli could be part of the overall developmental condition. He suspected syphilitic infection progressing as a C.N.S. disease.

The Pathological investigations reported that in blood sample investigations the V.D.R.L. response was negative. This confirmed that no syphilitic infection was present.

P.B.G. was also referred to the Psychiatrist.

The Psychiatrist diagnosed her as a case of Primary Mental Retardation owing to neonatal convulsions and also query Microcephaly.

In the fifth contact Mr. BG. himself expressed that besides management assignments some educational assignments should be started. By this time the family had developed trust in the investigator. Thereafter both types of assignments were Mr. BG.'s responsibility. He carried them out sincerely while taking care of all household responsibilities. The effect of it was apparent in P.B.G.'s achievement of certain motor skills. On a few scheduled. The education assignments were entirely
occasions Mr.BG was absent but as the family reported she had not forgotten the date of visit and was absent only because he had to attend to some other important task. But while the care-takers performed well in educational assignments they started failing in the management ones. This was so mainly because Mr.BG had to give more time to an household responsibility viz. sister's marriage.

The investigator often had to coax the grand-mother and Mrs.BG to take responsibility of some management assignments which they could manage well. He often had to appeal to their status in the village and their love and consideration for P.B.G. They did their best and thus management assignments too started getting worked out well.

In the three weeks before the final contact the participation had to be relaxed completely because the entire family was busy with the preparation of the marriage.

The Care-takers' participation in setting goals

The family had stepped into action of doing something for P.B.G. with a sceptical view. Mr.BG had for a long time believed that P.B.G. would not respond to any work. When she did start responding, the family's motivation increased. But they did not do very much to develop the ability to observe changes of all nature in P.B.G. Hence they did not contribute significantly in setting the goals or scheduling assignments.

Outcome

P.B.G's initial functional level, her low potentials due to the physical and mental condition and the liabilities in the form of poor motivation of the family, the concentration of all major responsibilities on Mr.BG, were factors which were not all too conducive to expect a great deal of progress.
The progress was to be seen more in the context of the parents. Their performance with the assignments was average. In Behavior Progression they showed a rate of change of only 115%. In no particular Level did they excel.

P.B.G., made progress worth noting in the Adaptive Behaviours and Maladaptive Behaviours. She showed improvement in 4 of the 9 areas of Adaptive Behaviour, though, except for in 1 area in the rest it was marginal. The maximum improvement was in the area of motor development. There was no change in the remaining 5 areas.

In Maladaptive Behaviour she improved in 4 out of 10 areas. The most significant improvement was in the area of withdrawal behaviour. In the remaining 6 areas she showed no change.

The parents noted change eventually. They also noted that in her ability to relate with people she was just the same. From participating in the study they derived satisfaction. They got convinced that if proper work is done, P.B.G. could be taught some skills. The father mentioned that he learned a lot about P.B.G. during the study. The family was willing to continue in the study, if it continued. The father wished that the programmes be supplemented with some stimulatory medicines to the child, or else, he felt, it would take a long time.
UNIT : AMP  
Child : AMP, 5 years 11 months, Male.  
Father : 34 years.  
Mother : 28 years.  
1 younger sibling.  
Complaint regarding : 1) General development - arrested development.

Previous information  
The mother was twenty-two years old when pregnant. This was her first pregnancy. Mother's health was normal. The delivery occurred at the hospital after full term was complete. The labour was prolonged and eventually forceps were required to be used. The birth cry was delayed considerably and it had to be induced. The baby was born with a cyst-like growth over the occipital part of the head. The growth subsided within a week.

From the age of three months AMP started having febrile convulsions whenever he had raised body temperature. Physical exertions lead to having fever and that resulted in AMP having febrile convulsions. All his milestones have been grossly delayed.

Since the time this associated problem of febrile convulsions was detected AMP had been kept with his maternal grand-parents in Wai. His parents, it appeared, had rejected the child. They had kept him at Wai inspite of the fact that they lived on the outskirts of Panaji (Goa) where modern facilities of treatment are available.

When AMP was about two years old the investigator had assessed him. A programme of physical therapy had been offered then. The grand-mother had sincerely carried out the therapeutic exercises which had been instructed and demonstrated. AMP had responded to the work very well. After pointing out to the fact that AMP showed a possibility of improving the investigator had at that
time convinced AMP's mother that he be taken to Panaji for more intense therapeutic work. The mother had then assured that she would do so. She had not done so and AMP was left with the grand-parents.

Clinical picture

At the time of examination AMP appeared to be a skinny hence tall child. He was completely non-ambulatory.

He showed most of the signs which are characteristic of Spastic Quadriplegic Cerebral Palsy viz. severe spasticity in all the anti-gravity muscles (more in lower limbs), Adductor spasm at hip-joints, knee and ankle, shoulder, elbow and wrist contractures, arrested motor development resulting into poor postures, open jaw and drooling.

He was completely non-ambulatory. He could be made to lie supine, where in he lay with his lower limbs fully extended and upper limbs fully flexed with neck rotated to a side. He could be made to lie prone but he found that position very uncomfortable, A hard floor also caused much discomfort and for very long durations the grand-mother held him on her laps.

He did not have speech. He showed to have had a fair receptive language. He made great efforts to communicate by means of facial expressions.

There were no maladaptive behaviours observed or reported. The child appeared to be conveying through his desperate efforts for communication that he has a lot to tell—perhaps about the unpleasant aspect of his life. He appeared to be intellectually subaverage, but it was reported that he had a very good intellectual capacity. Perhaps his potentials have not got the opportunity to develop.

Thus he manifested the following types of disorders;

a) Movement disorder.

b) Speech and Communication disorder.

c) Cognitive disorder.
Unit's reasons for participating in the study

The family knew it well that AMP's condition called for proper therapeutic work. When AMP was two years old, under the guidance of the investigator the grandmother had carried out some work to which AMP had responded very positively. Later owing to old age she had found it difficult to continue the work. She was aware that after her demise AMP would get shifted to his parents who would not accept him properly if he were not independent motorically. In this study she got the opportunity to resume the work with the investigator's guidance available at home. Hence she wanted to participate.

Areas of concern

The parents expressed the following as the areas of concern:

a) motor development = inability to sit and transport himself from place to place.

b) Speech and language development = inability to communicate basic needs.

The caretakers

The members in the family were known to the investigator since AMP was assessed by him earlier. There were several members in the family and all showed great concern for AMP. However, this expression of care was more of a dry sympathy or avoidance of open rejection under social pressure. Only the grand mother seemed to have real concern, but her means and methods of caring proved to be the obstacle in AMP getting opportunity to be treated properly.

The maternal grand-mother, Mrs. O. was in her sixtees. She was a patient of hypertension and had been falling ill very often. She was advised against overexerting physically or mentally. She had inadvertently reinforced the feeling of rejection in the minds of AMP's parents.
by taking over their responsibility of AMP from a very early age. AMP's mother had not got out of the psychologically disturbed state of mind following AMP's birth. Therefore Mrs. G. had thought it to be her own responsibility to look after AMP. Thereafter AMP's mother became pregnant again, hence Mrs. G. decided to keep AMP with herself until the second child became big enough to go to school.

Unfortunately AMP's parents did not show any eagerness to take AMP away. Since the marriage of her other two daughters and owing to her own illness, Mrs. G. started finding AMP's future to be a problem. She found it too difficult to raise the issue of transferring AMP to Panaji with his parents. One of the reasons for this difficulty was her deep attachment with AMP. Initially she had relieved her daughter of the feeling of guilt by undertaking to take care of the disabled child. She realized her error when she herself became the victim of the feeling of guilt for having brought AMP with her and thus deprived him of the required therapy which would have been available in Panaji.

Owing to her own feeling of guilt Mrs. G. had become overprotective and had started denying the fact that AMP's condition was profound.

Mrs. G. took the responsibility of carrying out all the assignments but failed to carry them out. AMP's grandfather, Mr. G., was in his late sixties. He too was getting old, frail and had complaints regarding health. He had no sons hence even at that age he was required to work on his farm. He was a very meek person. He loved AMP very much. His deep attachment with AMP and lack of ability to take initiative regarding the issue of where AMP should live had also contributed to the situation. He did not show eagerness to carryout any assignment.
Three other persons became participants in the work with AMP in the latter part of the study. These persons were AMP's maternal aunt, his father and mother. The aunt participated actively in one of the intermediate and the final discussion. Her contribution was not significant. She took more interest in defending the family rather than considering AMP's predicament.

AMP's father and mother both gave an impression of being bad parents. They defended their stand by repeatedly stating that emotionally they were too sensitive and hence were unable to see the sufferings of AMP. They argued that they had tried doing all that was possible to 'cure' AMP and had finally given up when one of the child-specialist told them that AMP had no potentials to respond to any treatment. They were obviously misguided and were ones who required intense counselling. They however failed to avoid conveying that they were happy with the arrangement of AMP living with the grand-parents while more facilities for him were available at Panaji.

The entire family gave an impression of being made up of members with poor maturity and severe emotional liability.

**Home and contacts**

The unit lived in a large-sized house in a compact settlement about one kilometer away from the town-centre of Wai. AMP's grand-parents and AMP lived in this large house. AMP's own parents who lived at Panaji visited Wai for a few days once or twice a year. Although large in size, the house, being in a compact settlement, was very badly illuminated and ventilated. AMP spent most of his time lying in the kitchen or front room.
There was never any disturbance from the neighbours although it was a compact settlement. On one occasion there were some visitors present but they cooperated during the proceedings of the session.

In all six contacts were made. Five of them were made at the unit's home. One contact was made when AMP's father, mother and aunt were called at the special school at Wai for discussion.

Work with the unit

Total assignments 13  4 management assignments and 9 educational assignments.

Communication was difficult. Eventhough the family had shown AMP to several consultants and also the investigator earlier, yet their understanding of the condition appeared to be appallingly poor. This was perhaps owing to their unresolved feeling of guilt and resultant denial of disabilities of AMP. The grand-parents were impressed most only by one statement of the investigator during the communication. He stated that AMP would benefit more if proper therapy, which was available in Panaji, was provided to him. He added that besides the therapy AMP would also receive parental love which will be of most importance.

The communication took a different turn after the investigator made the above statement. The grand-parents felt free to express then that they wished AMP's/had his parents taken him away. They wished this because they were too old to put in the efforts of providing proper care. They also confessed that although they agreed to participate in the study they were not sure whether they could afford to make any special furniture which they were aware was needed for good therapy. They started insisting that the investigator should do only one thing and that was of transferring AMP to his parents in Panaji.
The investigator convinced them that they should work and bring about a little change in AMP's status following which it may become easier for everyone to counsel the parents to take AMP with them. The grand-mother agreed to carry out the assignments hence three simple educational assignments were suggested.

In the follow-up visit it was observed that the grand-mother had carried out the assignments only for a few days. AMP then started having fever and so they had stopped the work. They alleged that the fever was a result of the physical exertions which were caused by the exercises. The investigator was not convinced because it was also reported that they had not consulted the family doctor. When the investigator himself examined AMP closely he observed that AMP's gums were swollen and infected, This had caused the fever. He was referred to a Dental surgeon. The grand-mother again requested the investigator to write to her son-in-law in connection with taking AMP away.

Thereafter the programme was carried out well for about three weeks AMP responded well and started turning to prone position from supine position. The grand-mother again requested the investigator to write to her son-in-law. The investigator felt that because AMP had started responding and as there were a couple of months for the vacation during which AMP's parents were likely to visit, the time was right for writing to AMP's father. Hence the investigator drafted a letter and showed it to the grand-parents. After they approved the draft the letter was sent to Mr. MP.

The letter caused the desired effect. The grand-parents received some response the contents of which were not disclosed to the investigator. The maternal aunt who was
in Wai conveyed to the investigator that writing the letter was unnecessary in the first place. The grandparents and aunt were visibly disturbed. After prolonged discussion the aunt assured that she would see that AMP's parents and the investigator met when the former visited Wai.

Unfortunately the grand-mother stopped carrying out the assignments in the intermediate period. This was owing to her own poor health. When the school broke for summer vacation AMP's parents came to Wai.

The investigator met the father and mother and discussed the matter for more than four hours. The father and mother appeared to be too ignorant about AMP's condition and problems. They were inconsistent in their feelings. The father was obviously angry for having received an offensive letter.

The investigator maintained a supportive role. He gave them full opportunity to come out with their feelings and difficulties which they encountered in accepting AMP's handicap. Their mood was that of blaming the earlier doctors and anticipating difficulties which they would have if AMP was taken to live with them. The difficulties which they anticipated were trivial considering the enormous advantage in keeping AMP with them in Panaji. Finally the investigator convinced them about the benefits of starting the process of AMP's adjustment with them while the grand-mother was alive rather than doing the same after her death. They agreed to take AMP to Panaji and they did so.

The caretakers' participation in setting goals

The grandparents' understanding regarding AMP's condition was very poor. Hence almost all the goals were required to be set by the investigator. One major goal which
the grand-parents set was regarding transfer of AMP to Panaji.

**Outcome**

As the parents took AMP away before the final assessment, it was not possible to do the post-intervention assessment. Thus there is no data to compare and study whether the intervention was of any benefit to the unit. Changes in AMP and/or the parents on Adaptive Behavior Scale or Parent Behavior Progression respectively could not be noted. Perhaps the most vital goal of the work with this unit, namely that of transferring AMP to his father and mother was achieved. Hence it can be concluded that the study was very beneficial to AMP as well as the grand-parents.
UNIT : JNY
Child : JNY 6 years 3 months Male.
Father : 30 years.
Mother : 22 years.
1 elder sibling and 1 younger sibling.

Complaints regarding: 1) Motor skills—sitting, standing.
2) Communication skills—speech and language.
3) General comprehension.

Previous information
Mother was only sixteen years old when pregnant. This was her second pregnancy, Mother's health was normal.
The delivery took place in a hospital after full term was complete. The labour was prolonged and hence forceps were required to be used. No other information was available.

When the infant was only two or three days old one of his cousins also a little child—strongly pulled JNY holding him by one ear and one leg. It is reported that the jerk was strong judging from the infant’s cry.

On the twelfth day he had a fall from the bed. Following it on the thirteenth day he started getting convulsions. He had been on anti-epileptic medicines since then.

Age at which he achieved different milestones were not known. Parents observed that he had been backward from early infancy. He started sitting with full back support after he was two years old.

While he was two and a half years old he fell severely ill. From the description it appears that he must have suffered from Juvenile Arthritis. He was hospitalised in Bombay where he received medication and physiotherapy. Parents were advised to continue therapy after discharge from the hospital. They were also told to later admit him into a special school. But they did not carry out according to the advice.
Clinical picture

At the time of examination JNY appeared to be a healthy child with age-appropriate height. He was kept very unclean and was shabbily dressed. He was completely non-ambulatory.

He showed certain signs which are characteristic of Cerebral Palsy viz. convergent squint, very slight spasticity which is elicited only on examination, weak muscle-power, retarded motor development and presence of certain postural reflexes. The degree is a mild one but seemed to have become a severe handicap owing to poor care and inherent mental retardations.

Contractures had started setting in at the ankles, but no deformity had developed.

He lies in supine position for most of the time. In this position he moved his hands very much. There was no movement of legs. He can be made to sit wherein he sits with a broad-base and takes support for his trunk by extending his hands. But he cannot sit for longer than ten minutes. Thereafter he stoops until his head lies between the legs.

The only form of locomotion he had was that of pushing the body headwards when lying supine with a strong push of the legs. He did so very sparingly.

His grip depends upon the type of grasp. His cylindrical grasp was weak but hook grasp was very strong. There was an element of grasp-reflex still present, which could be elicited. He had no pincher grip.

He had no speech or coherent communication of any type. His adaptive behaviour was markedly affected and he indicated of being severely subaverage in intelligence.

Thus he manifested the following types of disorders:

a) Motor disorder.
b) Speech and language disorder.
c) Cognitive disorder.
Unit W reason for participating in the study

The parents had been advised earlier that JNY's condition called for prolonged treatment of exercises and special training programme for developing skills. Being in a village, they had not been able to make all the special programmes available. Now that the study was giving them that opportunity they wish to take it. Hence they led participated.

Areas of concern

The parents expressed the following as the areas of concern:

a) Motor development - inability to sit, stand and move.
b) Speech and language development - inability to talk.
c) Self-help skills development - no toilet training, feeding, and dressing/undressing.

The caretakers

The unit lived in a joint family but the situation was that Mr. NY's father and elder brothers had been living in Bombay. They visited the village in holidays. The overall responsibility of the house and farm had fallen on Mr. NY. His cousins and their families lived next door and thus the family was joint one. But for taking care of JNY, the parents were on their own.

Mrs. NY was a very small person. She was married very early and between the age of fourteen and eighteen she had borne all her three children. She was not much educated but was smart and understood the instructions given. According to the culture of the village she did not come forward to participate in the discussion unless asked to. Even if called in, if elders were present she would talk from behind the door. Mr. NY who was much dependent on her in the matters of JNY's care required her to be around. She carried out some assignments.
Mr. NY was a young, rural family-man with the responsibility of the family's house and farm. He was educated up to Secondary School Certificate Examination. Although he appeared to be sincere in his commitments he often created a doubt whether he was so. He felt very guilty if he had not done a thing or done it wrongly. He spoke very little and it was difficult to judge if he understood every thing. He too carried out some assignments.

Mr. and Mrs. NY did not make a compatible couple. He was slightly dull in front of her smartness. Hence during discussion he depended on her. Yet she functioned and talked within the limits set by village culture. The couple showed mutual respect. Both were slightly reserved when it came to asking the investigator to repeat instructions. They nodded as if they had understood but when revising the matter it used to become obvious that they had not.

Home and contacts

The unit lived in a large sized house on the outskirts of the village. This village was four kilometers away from Wai. It was not a farm-house but was adjacent to the family's fields. The house had a large open front-yard while at the back were the fields. There were several rooms but the place where visitors sat was the big common verandah known as 'Osari' in Maharashtra. The Osari of this house did not open in the front-yard. There was a wall built thus it had become a closed Osari. In the space between the Osari and the wall the family tied its cattle during night. But the place was clean and tidy. Being closed the Osari was ill-illuminated. JNY was kept lying in the Osari for most of the time and children from the neighbourhood played over there.
It was never possible to talk to Mr. and Mrs. Motana. Several of Mr. NY's village friends and members of the cousin's family crowded around when the investigator visited. This was in keeping with the rural culture and no one ever had any objection to the presence of onlookers. Occasionally Mr. NY scolded the children and drove them away if their play disturbed the proceedings of the visit.

In all eleven contact were made. Ten of them were made at the unit's home. The remaining one was made at Vai when Mr. NY had visited the special school.

Work with the Unit.

Total assignments 32: 3 management assignments and 29 educational assignments.

There was no difficulty in making communication. The parents had known what JNY's condition was. They had been told that he required prolonged treatment of exercises and special training for developing skills. They could not avail such special programmes in the village. They had, over the period, observed how JNY's condition remained as it is owing to poor stimulation. Hence the investigator faced no difficulty in getting the programme started.

The first two assignments suggested were simple and were that of limb-exercise. When the investigator showed the technique Mrs. NY informed that the physiotherapist in the hospital had shown them to her. She volunteered to carry them out. Mr. NY was given the assignment of getting a wooden splint made locally. The design was given.

In the follow-up visit it was observed that Mrs. NY had done her bit of work but not as frequently as directed. Mr. NY had not done his part of the work. In order to involve him closely two more exercises were added which he agreed to carry out.
Unfortunately JNY's grand-father met with an accident and fractured a bone of his leg. He was brought to the village for convalescing. His nursing and hospitality towards visitors who came to see him had given Mr. and Mrs. HY little time to carry out the assignments. The splint had been made. The difficulties in carrying out assignments and some new assignments with the use of splint were discussed in the presence of the convalescing grand-father. He assured that he would see to it that the couple got and took time to carry out the assignments. The investigator had observed that JNY had started recognising him and enjoying the attention he received when the investigator was around. This observation encouraged parents. The investigator was expected to suggest some exercise for the grand-father so he obliged by suggesting one. The unit worked consistently for some time thereafter. More assignments got added.

Later the grand-father's health improved and he went back to Bombay. Mr. and Mrs. HY became slightly relaxed, but surprisingly they did not improve much in terms of frequency of carrying out assignments. They were encouraged and worked because they observed that JNY's sitting pattern had improved and tolerance had increased. As he sat for longer periods of time he had become more aware of things around him.

In the period thereafter unfortunately Mr. NY's attention wavered and he stopped carrying out his assignments. On confronting he gave lame excuses in the beginning. Then he mentioned that he was busy with farm work. Other family members reported that chores on his farm were over and that he was obliging his village friends by doing their chores. The investigator expressed his wish that the grand-father had stayed there for ever. He asked the unit if they wished to discontinue their participation. The parents denied and said that they would carry on. For sometime they worked well again.
JNY's changed status particularly in motor skills started becoming obvious to others in the village. They appreciated the change. JNY had started sitting properly, he had also started responding slightly to children who played near him. Mrs. NY felt encouraged. She started keeping JNY clean and made him sit in different places in and outside the house so as to give him more things to look at. The onlookers were uninhibited to report that Mrs. NY worked harder than Mr. NY. He did not disagree. An elderly woman from the neighbourhood commented that perhaps JNY will improve but not Mr. NY.

This turned out to be realistic. As the summer approached JNY fell ill. The assignments were stopped. The investigator instructed them to restart the assignments once JNY was well. But the parents did not restart it ever.

The caretakers' participation in setting goals.

The unit had difficulties coping with all the responsibilities. They often appeared to lose their motivation. They did not suggest any goals hence the investigator had to set goals himself and thus give them the opportunity to see the results of their efforts.

Outcome

The unit's overall performance with the assignment was not very satisfactory. In management assignments they performed better than in the educational assignments. Yet the study seemed to have made considerable impact on the mind of Mrs. NY. It was observed in the change in the disposition of JNY's personal hygiene and dressing.

On behavior progression they showed owing to Mrs. NY's performance - a rate of change of 233.33%. They showed maximum change in Level II i.e., behavior relating to sensitivity in observing the child and reading his behavioral cue and becoming responsive to them.
JNY showed significant improvement in area of Adaptive Behaviour viz. area of Independent functioning. In 1 more area he showed marginal improvement and in remaining 7 areas he showed no change. In Maladaptive Behaviour he showed very significant improvement in 1 area viz withdrawal behaviour. In 3 areas he showed marginal improvement and in the remaining 6 areas he showed no change.

The unit was not particularly anxious about the conclusion of the programme.
UNIT: KRM.
Child: KRM 7 years 2 months Male.
Father: 32 years.
Mother: 28 years.
2 elder siblings.
Complaints regarding:
1) Communication skills—speech and language.
2) General Comprehension.

Previous information:
Mother was twenty-one years old when pregnant. This was her third pregnancy. Mother's health was normal.
The delivery occurred at home after full term was complete. It was normal and reported to be small at the time of birth but the birth-weight could not be ascertained because the delivery occurred at home.
The infant was weak since birth. He was referred to a hospital at Wai when two months old. He was not admitted but received treatment until he was one and a quarter years old. Yet the child remained weak and without any noticeable development in any area. Sometime later he was taken to Bombay and a Pediatrician was consulted.
The exact age when this happened could not be established because the information given by different members of the family differed. The Pediatrician diagnosed him as a case of Hypothyroidism and treated accordingly.

By the age of four years KRM's health improved markedly and he achieved all the appropriate motor skills.

As he was not able to speak, KRM was not admitted into the village School. Hence he spent his day doing nothing that facilitated his learning.

Clinical picture:
At the time of examination KRM appeared as an age-appropriately built boy.
Physically he was like any other boy of seven years.

He had no speech. He has a very expressive face and usually communicated with the help of facial expressions or body gestures.

He showed certain hyperactive tendencies and other maladaptive behaviours.

He lagged behind in most of the adaptive behaviour skills and seemed subaverage in intelligence.

Thus he manifested the following types of disorders:

a) Speech and language disorder.

b) Cognitive disorder.

c) Conductive disorder.

Units' reasons for participating in the study.

The unit was generally aware about the gross difficulties which KRM had. Hence they had not admitted him to the village school. They were not made aware by the pediatrician or local physician that besides medicines some sort of special educational work should be done. In this study they saw that the child could get an opportunity to learn his speech which the medicines had not made possible. Hence they thought of giving it a trial and so participated.

Areas of concern.

The parents expressed the following as the area of concern:

a) Delay in speech and language.

The care-takers.

The pattern of child-caring in this family was one that is commonly found in rural joint-families. The main care-taker was KRM's paternal grand-mother. Like it was for other children in the household, KRM was looked after by the grand-mother. The father and mother left
the children with her and got busy with their vocations and chores. Hence the grandmother played an important role and was included as a parent. Even for scoring on Parent Behavior Progression she was considered as parent.

The grandmother was a widow and in her sixties. Yet she was very agile, alert and active. She was not educated but experience and age had taught her enough. She was perceptive about the events taking place around her. Besides looking after the children she did several household chores from house cleaning to milking the buffaloes if required. Cooking was felt to the daughters-in-law and grown-up girls of the household. She had taken care of KRM right from his first illness at his age of two months. She was very protective towards KRM and had, in away, spoilt him. She did not take the responsibility of carrying out any assignment but coordinated the work well in her own capacity.

Mr. RM was a young rural family-man who was educated up to high-school and had passed his Secondary School Certificate Examination. He had been busy and content with his vocation of farming. He did not have to take any major responsibility to looking after his children because it was a joint-family. Even when KRM was to be taken to Bombay for the Pediatric consultation he seldom went. The grandmother and KRM's elder uncle did that for him. He spoke very little and hence it was often very difficult to judge if he had understood all that was said. But he was intelligent and made little mistakes in carrying out his other responsibilities.

During the period of this study, Mr. RM and his elder brother split the family shares and properties and became independent of each other. Although this meant little difference in the relationship between the two families, a partition wall had been constructed and Mr. RM seemed to have got his own identity.
established. It was after this split that Mr. RM started functioning as head of his household and took a lot of initiative in all the work including that with KRM. He was of course the only one who carried out the assignments from the beginning of the work.

Mrs. RM was almost a non-entity in the household in matters related to KRM. She was not very educated but was smart and intelligent. In keeping with the rural culture she had little voice in regards to KRM and his upbringing while the grand-mother was alive. The investigator had to insist for letting her join the discussion about KRM and his problems. The family had no objection for including her but it was not the usual practice. On her own she always remained on the peri-feri unless asked to join in.

Mr. and Mrs. RM made a very compatible couple. Both being young and healthy did most of the hard farm work together and helped each other commendably as husband and wife. Except for the matters regarding children, particularly KRM, they worked together. The two of them and the grand-mother made a good family. She did not take the responsibility of carrying out any assignments, nor did Mr. RM or grand-mother feel it necessary to involve her in it.

Home and contacts
The unit lived in a large size house in the residential part of the village but away from the village-centre. The village was four kilometers away from Wai. The house opened directly on one of the two big roads of the village. But there hardly used to be any traffic on this road. An occasional tractor or two-wheeler made the sparse vehicular traffic. The interior of the house was typically rural. The grain-silos made but of bamboo and plastered with dung formed the major part of the room where visitors sat.
There always used to be a small crowd of villagers whenever the investigator visited the unit. It was in keeping with the rural culture and no one ever had any objection to such a group remaining present during the proceedings of the visit. The investigator soon got used to this practice and at times also made use of such onlookers for conveying certain facts to the unit.

In all eleven contacts were made. Nine of them were made at the unit's home. The remaining two were made in Wai. Once the investigator met Mr. and Mrs. H. accidentally and used the opportunity for discussing certain issues which they felt inhibited to discuss in the presence of grand-mother. The second time they were seen in Wai was when KRM was brought to the special school for speech and language assessment.

**Work with the Unit**

Total assignments 17: 6 management assignments and 11 educational assignments.

The communication had to be done in very simple terms and repeatedly. The biggest difficulty was that of conveying to them that KRM's inability to speak and comprehend was related to his early physical illness and that his behaviour was a result partly of the illness and partly of the environment. From the parents' viewpoint KRM's illness was completely cured by the medicines given by the Pediatrician. Hence they found it difficult to comprehend what had caused the difficulty in speech and general comprehension. They held the opinion that KRM was perhaps a mute child. The idea of him being a child with mental retardation was very new because they could not properly assimilate the concept of mental retardation. As compared to other children they did not find him any different, except for the speech.
It was slightly easier to convey how factors like grandmother's overprotective attitude, need anticipation which made use of language redundant and unconscious reinforcement of KRM's deviant behaviour, had caused the problems seen in KRM's behaviour. The investigator took help of the onlookers to help the parents understand the relation between these factors.

When the parents were partially convinced about this issue other issues viz. that of absence of structured environmental stimulation, lack of environmental demand on KRM and lack of opportunity given to KRM for learning simple self-help activities, were discussed. The parents seemed to agree hesitantly.

Judging from parents' hesitation and assuming that they had not fully understood the situation it was felt that initially assignments with very concrete techniques and definite results should be suggested. Accordingly first three simple assignments were given.

In the follow-up visit it was observed that Mr. RM had made some efforts and that KRM responded positively to one assignment. However, it was not this positive response which had been the motivating factor. Between the two visits of the investigator the unit had seen the Pediatrician. The investigator had given a note for the Pediatrician through which and through the reports of the parents he was informed about the work. The Pediatrician had fully appreciated the work and had encouraged participation. In fact he had told the parents that the medicines were not required any more. Hence he had reduced the dose and had asked them to gradually stop it.

Mr. RM agreed to add one more assignment. All the assignments suggested were in connection with the speech and language disorder. As indicated by the Pediatrician parents were made aware that KRM's behaviour may
worsen owing to the reducing and eventual stopping of the medicines. They were warned that they should do nothing which could reinforce the new undesired behaviours likely to be shown by KRM. They were told that such a reinforcement may cause management problems in future. But in spite of preparing them they failed to restrain KRM's worsening behaviour. Thereafter the focus of work shifted from speech disorder to conductive disorder. The parents became anxious and wished to consult the Pediatrician and request him to restart the medicines. The investigator had to counsel with them. They understood that there was no reason to continue the medicine which was meant for his physical illness and was not required any more. Instead, they wanted a medicine which would put an end to the deviant behaviours. The investigator did not agree, yet as a symbol of giving them support referred them to the Psychiatrist connected with the study. But they did not consult him.

During that period Mr. RM got busy with the matter of splitting because the elder brother was insistant. As a result KRM's programme got neglected but KRM became quieter.

The parents, particularly the grand-mother observed that KRM's tantrums reduced because he received little attention and no demands were made on him. This made it clear to the unit that the behaviour problem was not as closely related with the stopping of medicine as they had thought. The grand-mother showed interest in learning ways to curb KRM's deviant behaviours. The investigator discussed the matter and showed them some ways. The grand-mother was suggested to visit the special school at Wai where she would see how the teachers handled such behaviours. But she could not actually carry-out any of the ways and suggestions owing to her protective attitude towards KRM and also due to some incidental engagements in the family.
Once the matter of split was settled Mr. RM started all/assignments given earlier. The demands put on KRM in this fresh attempt made him go back to his problem behaviours. Mr. RM found it difficult to accept failure again and so became to punitive with KRM. This ended the possibility of getting any cooperation from KRM. As the summer approached Mr. RM had to get busy with his farm-work and other household responsibilities e.g. attending marriages. Thus ended all the work with KRM.

The care-takers' participation in setting goals

The unit always took time to comprehend the problem and the situation. Therefore all the goals were required to be set by the investigator.

Outcome

The study proved beneficial to the parents than to the child. At least the causes of the problems became apparent to them. This did have some effect on the parents' overall functioning with the child. Even though no concrete change was observed in the child. The unit functioned better in carrying out the educational assignments as compared to their performance with management assignments.

On Behavior Progression the parents showed a rate of change of 104.55%. They showed maximum change in Level IV i.e. in behaviour relating to their awareness of materials, activities and experiences suitable for child's stage of development.

KRM's performance was not impressive. In 6 out of 9 areas of Adaptive Behaviour he showed no change. In 2 areas he showed only marginal improvement. In the remaining 1 area viz. Independent functioning he showed significant improvement. In Maladaptive Behaviour his overall performance indicated deterioration. He showed no
change in 4 out of 10 areas. In 2 areas he showed marginal improvement and in 1 area viz. Eccentric habits he showed remarkable improvement. In the remaining 3 areas viz. Violent behaviour, Psychological disturbances and Rebellious behaviour he showed significant deterioration.

Although the parents did not derive any benefit particularly in the area of their concern viz. speech and language development, they developed a positive impression about the study. They felt that the child benefitted slightly in other areas. But as for themselves or others they were certain that the study had been stimulating and hence beneficial. They did not feel that the information given to them by the investigator was difficult to understand. They accepted that they responded slowly during communication but that was not owing to difficulty in understanding the investigator but because they did not fully agree with him at times. They wished that the study had continued. Alternatively they suggested that the investigator should open a special class for children like KRM in the village itself. They were willing to help in doing so.
UNIT : VMW
Child : VMW 7 years 6 months Male
Father : 35 years
Mother : 30 years
2 elder siblings
Complaint regarding : 1) General development - arrested development.

Previous information
The mother was twenty-two years old when pregnant. This was her third pregnancy, Mother's health was normal.
The delivery occurred at the hospital after full term was complete. It was normal and reportedly without any complication.

VMW grew like a normal child till his age of four and a half years. As a toddler he had fallen in a water-well near the house and had been unconscious then for a couple of days.

At the age of four and a half years VMW had measles and hence was hospitalized at Panchgani which is closer to the village than Wai. At that time he contacted the virus of a very rare neurotropic infection. That disease had caused the complete arrest of his development in all aspects. He was taken to Bombay for consultation where his diagnosis was established. The family was advised to return to the village because the child would soon die. Hence for some two and a half years VMW had been in the house in a completely dependent stage.

Clinical picture
At the time of examination VMW appeared to be a thin boy with age-appropriate height.

He always remained in a semi-conscious state of consciousness. The extensor tone was predominant all over the body. He was lying in nearly opisthotonus posture with fists tightly clenched and feet planter-flexed.
The tendon jerks were exaggerated. Some postural reflexes of very early infancy could be elicited.

During the examination VMW showed no signs or clinical findings which could indicate any sign of the child having potentials to learn. It was reported that VMW could open and close his eyes and that he had horizontal nystagmus. It was also reported that he could take away the sheet drawn over his legs by making leg movements and that he responded to his name by making a throaty sound. These functions were reported to have reoccurred since only about two months prior to the examination.

The condition of the child was severe and indicated that he should not be assessed with the help of Adaptive Behavior Scale. Yet he was marked on it because no other tool was available in the research. He thus, very obviously appeared as most severely subaverage in intelligence.

Thus he manifested disorders of all possible developmental functions.

Unit's reasons for participating in the study

The entire household was aware of the fact that VMW's condition was irreversible because the experts in Bombay had said so. One of the cousins who attended the college at Wai felt that even though it was irreversible, the family must take advantage of this study because it was free and required the work to be done at home itself. Upon the cousin's insistence the unit participated in the study.

Areas of concern

VMW's condition was so severe that the parents felt concerned not for the arrested development of skills. Their main concern was the management of VMW in such a way that it hurt him least and caused no pain or discomfort to him.
The care-takers

The unit lived as a joint family. There were several members in the household and all of them were involved in the care of VMW in some way or the other. The three prominently responsible members were VMW's elder paternal uncle, his wife and VMW's own mother. His father lived in Bombay where he worked as a mill-worker. Hence he was not available for any work at home.

The paternal uncle was a man in his early fifties. He was a farmer. He was the eldest member of the household and hence carried the responsibility of every thing that happened in the house. He was a simple person and was very affectionate. He showed true concern for VMW and his comforts.

His wife, a woman in her late forties was very much like himself. She too was a warm person and was quiet and composed. She cared for VMW as if he was her own child. VMW's own mother had a secondary role to play, being a younger member of the household. She was never left out of any discussion concerning VMW. She was very obedient to the two elder relatives of VMW.

Although all these three main care-takers were not much educated they were rather wise as persons. They understood well whatever the investigator said. They could also understand each other's emotions very well. There was complete unanimity over the chief concern. These three persons were well assisted by younger women of the house in carrying out routine tasks of feeding or cleaning VMW.

Home and contacts

The unit lived in a large-sized house near the village-centre. This village was ten kilometers away from Wai. It was situated much out of the way and just at the
foot of the Panchgani hill. It had only one access road and that was a kutch mud-road. Only two buses came and left the village everyday. No other vehicular traffic was usual in that village. The house was having several rooms but the place where visitors sat and where VMW was kept during the day time was the osari. There was an open front-yard with a water-well.

There were always onlookers when the investigator visited the unit. The case of VMW's condition was known in the entire village having a population of only 1200. The relationship between the villagers was very close hence the presence of the onlookers was not considered as any encroachment on privacy.

The onlookers did not cause any disturbance. The only difficulty was that almost every time someone from the onlookers would approach the investigator and request him to prescribe medicines for some of their health problems. They thought that the investigator was the medical officer of the area. On a couple of occasion the investigator had to oblige such persons by giving some advice. These 'consultations' took place at the end of the visits.

In all four contacts were made. All the four contacts were made at the unit's home.

Work with the Unit

Total assignments 2 : 2 management assignments and 0 educational assignments.

The investigator had never come across such a child before. In his clinical practice the investigator had assessed and worked with very profoundly retarded children but had never dealt with one who lived in a semi-conscious stage of consciousness. The papers shown by the parents
indicated VMW to be a case of Subacute Sclerosing Panencephalitis. This was a very rare condition. The investigator had done the screening, registration, contract and initial assessment in the same visit because the village was out of the way and it was not very convenient to visit very often. The condition being a rare one the investigator was not sure whether he should reject the referral as one falling outside the conditions causing mental retardation.

The investigator shared his difficulty with the caretakers. He told the parents that he would have to read about it and then think of working out any programme. The parents agreed without any hesitation. On reading about the condition the investigator was very surprised to realize that VMW had survived an established fatal condition. In this condition the brain is eaten out and the patient does not live for longer than a few weeks or months. He reported his findings to the parents, but they did not seem to be surprised. They honestly stated that the Neurosurgeon who had seen VMW should be consulted again so that the investigator could decide whether to start any programme. It was decided that the investigator should write to the Neurosurgeon and if he indicated a need to see VMW then further decisions should be taken. The investigator suggested only one general management assignment regarding care of VMW's personal hygiene so as to prevent the occurrence of any bed-sores.

The Neurosurgeon promptly send his reply to the investigator's detailed letter. The surgeon also expressed surprise over the fact that VMW was alive after nearly three years of such an illness. He had explained how any recovery was almost impossible in that condition.
It could be inferred from the letter that there would not be any particular advantage in transporting VMW all the way to Bombay in that condition.

The contents of the letter were communicated to the parents. The family was given the assignment of taking the decision whether they would like to take VMW to Bombay. The care-takers decided against taking VMW to Bombay, but they were hesitant to convey this decision to the investigator. The cousin, who was the resource person, felt that the unit should do whatever possible to make use of the investigator. On listening to the arguments the investigator himself cast his opinion against travelling to Bombay. He made the cousin realize that transporting VMW in such a condition would perhaps cause pain and discomfort to him. The investigator himself recommended that the idea regarding any work should be suspended until the final assessment. If any recovery was evident at the time of final assessment, the investigator assured, assignments would be programmed even if the study concluded.

At the final assessment VMW showed no change.

The care-takers' participation in setting goals

There was not much that was done. The first goal that of the management assignment regarding prevention of bed-sores was set by the investigator. The second goal was an outcome of the parents' attitude.

Outcome

There was absolutely no benefit which the unit drew from the study. No change was observed either in the care-takers or child on Parent Behavior Progression or Adaptive Behavior Scale respectively.
The parents opinions on the study could not be collected as the uncle and father were not present at the time of final assessment.

The work was indeed of benefit to the investigator who learnt about the condition in details. He also got the opportunity to see the pattern of rural group's functioning.
UNIT : P.B.S.
Child : P.B.S 3 years 9 months Female.
Father : 34 years.
Mother : 26 years.
2 younger siblings.
Complaints regarding : 1) Movement Skills-Sitting
  2) Speech
  3) Inability to take care of self.

Previous information
Mother was eighteen years old when pregnant. This was her first pregnancy. Mother's health was normal.
The delivery occurred at home after the full term was complete. It was normal and reportedly without any complication.
The infant was weak at the time of birth. Being a home-delivery birth-weight was not recorded. The approximate birth-weight reported suggests that P.B.S. must have been premature by weight at the time of birth.
P.B.S. had severe vomiting on the tenth day. She seemed to have got dehydrated and was therefore hospitalized. She remained sick and ill thereafter. Delayed milestones became apparent when P.B.S. became seven months old. She was given brain-stimulant drugs until the age of two years without much direct effect.
At age two years P.B.S. was taken to an Orthopaedic Surgeon in Pune, but the parents reportedly received no guidance. From age two and a half years to three years P.B.S. received a course in acupuncture locally in Wai. This too had no beneficial effect.
At age five and a half years P.B.S. was assessed by the investigator. On his advice she was admitted to the newly opened special school in Wai. After attending the school for about six months, she was withdrawn owing to mother's poor health.
Clinical Picture

At the time of examination P.B.S. appeared as a skinny but tall child.

She manifested most of the characteristics of Spastic Diplegic viz. slight spasticity in muscles of Lower limbs, exaggerated knee-jerk and ankleclonus, low muscle power in Lower limb, abdominal and back-extensor muscles, faulty postures, and resultant contractures.

Her motor development was arrested. She could sit with trunk-support. If there was nothing to lean against she supported the trunk by means of extended arms (lateral extension). She ambulates in the same manner i.e., she hitches on her buttocks while supporting the trunk with extended arms. But such hitching is very rarely done. She has an aversion to bearing weight on legs. Hence she neither stands nor walks, but if forced to she can do so. Her grasp was poor in terms of strength but was good in terms of pattern.

No deformities had developed by then. But owing to poor trunk muscles and resultant faulty postures she was likely develop Kyphosis?

P.B.S. had hearing-loss. Consequently her language development was arrested and she had no speech. But she tried to communicate through gestures.

Over the years certain behavioural habits had got established. Therefore P.B.S. had become very stubborn and showed a few maladaptive behaviours.

The motor disability, the speech and hearing disorder and inappropriate handling of P.B.S.'s interaction with environment had led to a poor performance in Adaptive Behaviour. But although she gave an impression of being mentally retarded, she may not in reality have a subaverage intelligence.
Thus she manifested the following types of disorders:

a. Movement disorder.
b. Speech and language disorder.
c. Conductive disorder.
d. Cognitive disorder.

Unit's reasons for participating in the study

When P.B.S. was five and a half years and was admitted into the special school, the parents had realised that money and time had been wasted until then on medical remedies. They strongly desired to take advantage of the special school. Unfortunately they had to withdraw P.B.S. from the school because Mrs. BS. could not take the strain of transporting P.B.S. to and from the school. Mrs. BS. suffers from a heart-valve condition. Hence when years later, the parents learnt that the investigator would provide guidance for work at home they eagerly participated in the study.

Areas of Concern

The parents expressed the following as the areas of concern:

a. Motor development-inability to stand and walk.
b. Independent functioning-Poor self-help skills.

care-takers

Mr. and Mrs. BS. were known to the investigator since P.B.S. was first assessed by him at the age of five and a half years. Mrs. BS.'s heart-valve condition was the centre-point around which relationship within the family revolved. If Mrs. BS was unwell, Mr. BS had to do more work. P.S.B.'s behaviour would become worst as there occurred change in routine, and the other two siblings would get neglected. If Mrs. BS was well things would run smoothly. The unit lived as a nuclear family. Owing to the condition Mrs. BS. was not supposed to strain herself more in terms of physical work. Hence the father had to, even normally perform some heavy household tasks e.g. storing water etc. - perhaps against his own free will.
Mr. B.S. is a man who is "twice beaten otherwise.

While he was just about to cope with the circumstances of the wife's heart-valve condition, he was confronted by another liability that of his disabled daughter. Therefore his emotional stability was always at stress. He had then developed his defence mechanisms in order to cope with the situation.

His first defence was 'denial'. Instead of mentioning much about P.B.S.'s poor development in motor and speech & language areas, he always used to highlight how she fell short in her self-help skills in which she was dependent on the motor skills development. He seemed to deny the fact that P.B.S.'s inability to move about normally or speak normally is a major problem.

Mr. B.S's second defence mechanism was 'blaming others'. He believed and hence tried to convey it to others that P.B.S.'s problems, especially the behavioural ones were exaggerated due to improper handling not by himself, but by the mother and siblings.

The third defence mechanism was over-compensation. Having perceived himself as a failure in family life, Mr. B.S. tried to excel in his office-work. He spent more time in his office and believed that his work was appreciated. Similarly he worked for and helped those from his village. He even went out of the way to help would friends and relatives from his village. He believed that those whom he helped will support him in crisis.

Mrs. B.S. had been bearing the brunt of her husband's behaviour. She had been constantly apprehensive about her husband getting angry due to any shortcoming from her side. This shortcoming could be in relation to the house, P.B.S.'s handling, and management or the hospitality extended to the many friends, relatives and acquaintance from his village. Coincidently their village was very close to Wai. Mrs. BS usually avoid arguments with Mr. BS. But when needed she stated the plain
truth of the situation to him without caring about the consequence. Although their behaviour with each other was far from suggesting good husband-wife relationship they cared for each other all the more. As known from the earlier acquaintance with them Mr. B.S. is possessive of Mrs. B.S. and hence suspects her relationship with other men. This was partly owing to his poor self-image. But is in a way indicative of his love and affection for her.

Mr. B.S. had been clearly partisan to P.B.S and this had always been resented by Mrs. B.S. and the two younger siblings of P.B.S.

Some times it appeared that the parents were mentally and physically not prepared to participate in the study. Their commitment could never be established. They certainly were not hard-workers in the context of implementing the program. They were not comparable in terms of educational qualification. The father had studied past the S.S.C, but was not a graduate. The mother had received only primary education. But both had no difficulty in understanding whatever was shared. Their main problem was that they did not get down to implement whatever was suggested.

Home and contacts

The unit lived in a small-sized single-room in an area remote from the town-centre of Nai town and almost on the outskirts of it. It was even away from the main-road. The locality was very unclean and the stink of dry-fish filled in the air almost all the time. This was because the people of the area were of a caste which consumed more fish. The unit did not belong to this caste but they had no option because the rents of the houses in other localities were too high.

There were no distractions from the neighbours. But almost every time there would be some visitor at home if the father was at home. Sometimes this became a hindrance because then the investigator could not ask questions which would be confronting to Mr. or Mrs. B.S. It was also
observed that Mrs. B.S. would be more silent on such occasions.

In all seven contacts were made. Between the last two contacts Mr. B.S. was called at the special school for some discussion. But owing to miscommunication Mrs. B.S. came instead. Her visit was not scheduled hence is not included as a contact. This visit was helpful because in the absence of Mr. B.S. talked a great deal and expressed many of her feelings. All the other contacts were made by visiting the family at their home.

Work with the Unit.

Total assignments 23; 5 management assignments and 18 educational assignments.

The work with this Unit started off on a very positive note because according to the parents they were going to do the most out of the opportunity which had come in the form of the study. When the initial assessment concluded it became apparent that much work would have to be done to prepare the parents for work. It became a pattern from then on to include counselling as an essential part of the communication.

By this counselling Mr. B.S.'s first two defences were made evident to him in the beginning itself. He accepted that these were his defences. He did not mind thus being exposed in front of his wife. While accepting the defences he explained why he used them. But when it was clear to him that these defences were not necessary and that he can cope with the situation by another positive and constructive way he agreed to give up these defences.

The parents seemed to fully understand, when explained, how some behaviours of P.B.S. which were perhaps suitable at an early age, or which were reinforced owing to ignorance and incorrect notions were now becoming problem behaviours.
The assignments scheduled in the beginning were simple. Yet, until the fourth contact the parents did not work at all. The following three reasons were given at each contact for this to have occurred:

1) Mother's poor health or father busy with office-work.
2) P.B.S.'s non-cooperative attitude.
3) Their inability to remember the assignments.

They had often been suggested to maintain a note book so that they did not forget either the assignments procedure or its frequency etc. But Mr. and Mrs. B.S. had not accepted the suggestion.

In the fourth contact however, the investigator had decided to confront the parents irrespective of the presence of any other visitor or acquaintance. During this confrontation it became apparent that none of the above reasons was true. The mother used to spend considerable time in pursuing her hobbies and also in gossiping. Similarly father's hoax regarding overwork at the office was also exposed because the visitor present in the house during the fourth contact was Mr. B.S.'s boss. He pointed out that Mr. B.S. had to overwork not because he was efficient or because he could do more work. In fact Mr. B.S. was less efficient and disorganised in his work and hence took longer time to complete it.

In the consequent contact the positive effect of the confrontation was noted. A few important assignments pending to be carried out since beginning had been carried out. Mrs. B.S.'s share was bigger in this good performance. She had done her assignments. Mr. B.S. fell short of the expectation which he had made for himself. But he admitted his short-coming with an open mind.

Management assignments were mostly the responsibility of Mrs. B.S. and she did them well. Educational assignments were mainly Mr. B.S.'s responsibility and in them the unit performed poorly.

As a part of the study, P.B.S. was referred to the...
The Audiologist reported that she had a Partial Hearing Loss of sensory-neural nature. The loss was profound in the left ear.

The tempo observed in the fifth contact turned out to be short-lived. The parents once again went back on their commitments. But the investigator did not get opportunity to even discuss the matter with them. They used to postpone fixing the date of visit thus avoiding any contact and confrontation therein. It was during this phase of the study that Mr. B.S. was invited to come to the special. But instead Mrs. B.S. came. Eventually at school the time of conclusion of work the family was requested to give time only for an assessment, the final one. They agreed for this.

The caretakers' participation in setting goals.

Though much of the study was used for providing support and counselling to the parents, there was a phase in the study-when for a brief period the unit functioned very well. During this time they participated even in the process of setting goals of two assignments. Later this all stopped once again.

With a background of differences between parental attitudes it was imperative to see the effect of the study on the parents. Their performance in management assignments was just average. But their performance in educational assignments was very low. In Behavior Progression they showed a rate of change of 147.06%. The maximum change was in level IV.

P.B.S. showed no major improvement in her Adaptive Behaviour. There were changes in Maladaptive Behaviours. In it no change was observed in 6 of the 10 areas. In 1 area viz, Violent and Destructive Behaviour she deteriorated. She showed major improvement in the area of Psychological disturbances. In two other areas viz, Antisocial behaviour and Rebellious behaviour she showed marginal improvement.
The parents derived great support and also the required "tail-twisting" from the study. They were apologetic for having done nothing during the study. They repeatedly and earnestly pleaded that they should be given an extension of at least one month during which they would carry out the assignments.
UNIT: SJG
Child: SJJG 8 years 10 months. Male.
Father: 32 years.
Mother: 27 years.
1 elder sibling.
Complaint regarding: 1) Learning skills—Poor schooling.

Previous information
The mother was nineteen years old when pregnant. This was her second pregnancy. Mother had become very weak during pregnancy.

Other than the above information no other details about SJG's birth and development could be obtained. The mother had left the husband and family and gone back to her parent's house when SJG was hardly a year old. Thereafter SJG was looked after only physically by the father and a paternal aunt who herself had left her husband and family and came back to live with her parents. The father, the aunt and the grand-parents could not provide much information about SJG's childhood.

Clinical Picture
At the time of examination SJG appeared to be a thinly built but age-appropriately tall boy.

Physically he did not have any clinical abnormality.

He had good speech but his language was not developed age-appropriately.

He was restless and very mischievous. He was also very stubborn and did not obey his father at all.

He lagged behind in Adaptive Behavior skills and seemed moderately subaverage in intelligence.

Thus he manifested the following types of disorders:
   a) Conductive disorder.
   b) Language disorder.
   c) Cognitive disorder.
Unit's reasons for participating in the study.

The unit mainly the father was much aware that bringing up SJG was a big responsibility. SJG was admitted to the school but Mr. JG as well as the teachers at the village-school knew well that SJG could not learn much in a normal school. He was allowed to be in the school only with the view of preventing him from roaming about in the village. It was the village-teacher who recommended that the unit should take part in the study so that some solutions to the learning difficulties of SJG could be found. Hence the father participated.

Areas of concern.

The father expressed the following as the areas of concern;

a) Cognitive development-inability to learn basic academic skills.

b) Psycho-social development - poor interaction with others.

The care-takers.

The unit lived as a joint-family. But the situation was that Mr. JG's parents were old and not much interested in the care of his children. Hence the elder sibling of SJG, once who normal, was sent to live with Mr. JG's uncle in another village in the taluka. The paternal aunt who had left her husband and children was much prejudiced against SJG's mother who, according to her, was mentally retarded. She was not of much positive help in the care of SJG at his age of eight years. Thus Mr. JG was the real and only care-taker.

Mr. JG himself had some minimal neurological condition owing to which he appeared to have facial palsy. He was slow in speech. His condition and social circumstances had made a mark on him. He had become frail and although thirty-two years old he appeared to be more than fifty years old. He appeared to be dull but educated up to high school and was intelligent. He had no choice but to work hard on his farm. He often spent nights in a shed.
at his farm. SJG was taken with him on such occasions. He seemed to be leading a very lonely life. He participated in the study with enthusiasm but could not keep it up for very long.

Home and contact.
The unit lived in a large-sized house in the middle of the village and very close to the village centre. This village was four kilometers away from Wai. It could not be made out how many rooms the house had. The visitors were received in a large hall at the entrance of the house. The hall was also the cow-shed and grain-stores. The place was not a very clean one.

There was no disturbance either from the neighbours or from the other members of the family. Only on one occasion there was a visitor at the house. He was helpful in a way because he supported whatever the investigator said and illustrated the facts very well. In all nine contacts were made. Seven of these were made at the village school. The remaining one was made when SJG was brought to the special school at Wai for Psychiatric consultation.

Work with the Unit.
Total assignments 8: 6 management assignments and 2 educational assignments.

Communication was done at the village school. The investigator had felt that Mr. JG would find it difficult to follow the communication. Hence it was arranged in the presence of village school teacher. But communication was not difficult as expected. Mr. JG understood very well how poor stimulation during infancy and early childhood had led to a condition wherein developments in all the areas had got affected. Mr. JG could very well connect the link between various causes and different effects. For example how the language development had been poor owing to facts viz. (1) the mother not being
there to speak to the child (2) the brother not being there to provide for imitation, (3) the other family not speaking much with him and (4) Mr. JG's own speech disorder due to which he engaged little in conversation. He admitted that due to various emotional pressures he had pampered SJG.

Mr. JG himself expressed a doubt if he could qualify to be a good tutor considering the overall situation. As his doubt was valid it was decided to see if the aunt would carry out the assignments. When she agreed, some educational assignments were given to her and management assignments were given to Mr. JG. In the follow-up visit it was observed that SJG had responded to one management assignment very well. But in the rest of the assignments no efforts were made. Mr. JG accepted that he had not carried out the other assignments. The aunt did not accept. On the contrary she spoke vehemently against everyone i.e. SJG, Mr. JG, his wife, her own parents and also her husband whom she had left. The investigator thanked her for her cooperation and requested her to discontinue her assignments.

For a couple of visits thereafter the picture remained the same i.e. Mr. JG reporting that he had not carried out his assignments. He was told to bring SJG for psychiatric consultation at the special school at Wai.

The Psychiatrist diagnosed SJG as a case of primary mental retardation.

After Mr. JG saw the special school during his visit, he expressed that he wished to send SJG to the special school. The investigator agreed to the proposal, but Mr. JG could not arrange for the transport and was also hesitant. Ultimately SJG did not get admitted to the special school. Unfortunately at home too Mr. JG did not carry out any assignment.
The care-takers participation in setting goals.

The father did have his limitations in carrying out the assignments but he had fully understood the formulation of the problem. Hence he could contribute to the selection of assignment by suggesting goals. Often the goals were unrealistic, nevertheless he did make efforts to suggest. About fifty percent of the goals set were from those suggested by him.

Outcome

The study was not particularly beneficial to the unit. Father, inspite of his physical, emotional and social limitations, had to bear the responsibility of the work. It was inevitable that he found it difficult. He fared equally in his performances with both types assignments.

The work must have some impact on him. On Behaviour Progression he showed a rate of change of 183.89% which is very close to the mean rate of change (175.19%). He showed maximum change in Level V i.e. behaviour relating to initiation of activities based on principles internalized from own experience or those suggested or modeled for him.

SJG's benefits were minimal. In Adaptive Behavior he showed no change in 7 of the 9 areas. In 1 area he showed marginal improvement. Significant improvement had occurred only in 1 area viz. Independent functioning. In Maladaptive Behavior he remained unchanged in 6 areas, in 3 areas he showed marginal improvement. In 1 area viz. Violent behaviour he showed marginal deterioration.

The father appreciated the study mainly because he made his limitations clear. He was, as a result, arranging for SJG to be habilitated away from him like in the case of the elder son.
UNIT: PDV
Child: PDV 9 years 1 month Male.
Father: 38 years
Mother: 25 years.
3 younger siblings.
Complaint regarding: 1) Psycho-social skills—
inability to do his own personal daily chores without supervision, coaxing or forcing. Also, aggressive behaviour towards siblings and some strange behaviours.

Previous information
Mother was sixteen years old when pregnant. This was her first pregnancy. Mother's health was normal.
The delivery occurred at home after the full-term was complete. The labour was slightly prolonged and required assistance. Otherwise, it was reportedly without complications.
When the infant was five days old he had high fever. This was allegedly caused by an infection of the umbilical cord. The cord had been severed by a non-sterile blade. He had to be hospitalized. The illness lasted for over a month. During then he also had febrile convulsions which have never re-occurred since his recovery.
The milestones were severely delayed perhaps owing to the illness. He started sitting when one and a half years old, hitching on buttocks when two years old, walking when six years old and talking soon thereafter.
At the age of six years he was taken to Bombay and a Pediatrician was consulted. He was diagnosed as a case of Cerebral Poliomyelitis. He was prescribed corrective shoes which he used sparingly.
Although more than six years of age, he was not admitted into the village school because at six he had difficulty with walking and could not talk then. He also had poor toilet sense and hence control.

Clinical picture

At the time of examination PDY appeared to be a thinly built boy of age-appropriate height. He was slightly unclean compared to other members of the family and was not properly dressed.

Physically he did not have any clinical abnormality except the bilateral convergent squint in his eyes. He had the habit of looking from the corner of his eyes.

There was no hard or soft neurological sign except that his speech was very slow and unclear to those outside his family.

The strange behaviours reported by the parents were observed to be behaviours indicating some autistic traits which are often found in children with mild mental retardation viz., obsession about holding very small objects in the hands, playing with strings, playing with his own spit, hiding things or throwing them in the well and looking from the corner of the eyes. All of these were not autistic traits. Whereas the first four behaviours could be understood as those with emotional problem as their base, the last one was an indication of some visual difficulty.

He was reported to be very stubborn at times and also to be very aggressive towards his siblings. He did not mix with other children.

He lagged behind in the Adaptive Behaviour skills and seemed to be mildly subaverage in intelligence.
Thus he manifested the following types of disorders:

a) Conductive disorder.
b) Sensory-perceptual disorder.
c) Cognitive disorder.
d) Speech and language disorder.

The Unit's reasons for participation in the study

The father was aware of the fact that PDY had some difficulties owing to which his development was getting affected. He had been unable to receive proper guidance in that regard. Moreover, in the village he was unable to get the right type of service. Hence when the opportunity to receive guidance and service was available at the doorstep he was too willing to participate in it.

Areas of concern

The parents expressed the following as the areas of concern:

a) Psycho-social development = maladaptive behaviours reported earlier as 'strange'.
b) Cognitive development = inability to learn academic work.

The care-takers

The unit lived as a joint family. The situation was that Mr. DY's parents were not alive and his elder brothers had been living in Bombay. They visited the village during holidays. The cousins of Mr. DY lived in an adjacent house. Within Mr. DY's family house only his family and some dependent relatives lived together.

Mrs. DY was a small, frail person. She was educated up to standard five but was not particularly smart and intelligent. She seemed to have had very little understanding about PDY's problems. To her he was a
child full of problems. She easily gave in to his stubbornness and behaved as a helpless spectator when he became aggressive towards his siblings. She was unable to restrain PDY in any manner. She was hence having difficulty in relating very positively with him.

In contrast, Mr. DV was a smart, hard-working, rural family man. He had passed his Secondary School Certificate examination and had wished to study further but he had to look after the farming, his own as well as that of his brothers. He was very perceptive and committed to the work undertaken. It was he who carried out most of the assignments.

Mr. and Mrs. DV related well with each other. Their communication used to be soft and unlike that between other rural couples where the husband spoke mostly in loud voice and interrogative tone and the wife naively agreed to the husband's opinion. Generally Mr. DV was very observant and could report on most of the things about PDY himself. Occasionally he required his wife to add more information. The couple should mutual respect for each other.

Home and contacts

The unit lived in a large-sized house on the outskirts of the village. This village was four kilometers away from Wai. It was not a farm-house but was adjacent to the fields belonging to some other family. The house had a small front-yard with a wall built around it. But there was no roof hence the yard was well illuminated. The well in which PDY threw things was outside the house. There were number of rooms but the place where visitors sat was the Osari.
There never were any disturbances from any neighbours. Mr. DY used to have some friends but they usually left him alone during the visits of the investigator. Thus there used to be no disturbances.

In all nine contacts were made. Eight of them were made at the unit's home. The remaining one was made at Wai when Mr. DY had come to see the Special School.

**Work with the Unit**

Total assignments 19; 11 management assignments and 8 educational assignments.

During the assessment the parents realized that PDY was not really as handicapped as they had assumed. They came to know that he could do a lot more on his own than that observed before. This realization made them happy and more ready for paying attention to the communication. In adaptive behavior skills, the parents fully agreed that PDY had learnt almost age-appropriately. Whatever he had not learnt was partly owing to his not getting opportunity to learn. Partly it was because of his mental retardation. The parents agreed to correct their opinions and to give him more chance to learn.

The parents were more eager to know what had caused the maladaptive behaviours. The investigator cautiously shared his formulation of the problem. The element of caution was required because the formulation was slightly complex and had potentials to make the parents feel very guilty. The crux of the problem was that no attention to PDY's visual problems and hence he had no opportunety to overcome his handicap occurring due to the physical problems. As a result he developed deviant behaviours. The parents had initially reinforced the pattern of behaviours and when they had
got established, the parents subjected him to severe physical reprimands which made him emotionally unstable. Thus he, with his under-developed intelligence, worked out a pattern of behaviours which provided him with emotional security (hoarding things and holding small objects) as well as a feeling of self-esteem (bullying younger siblings).

The father understood the formulation very well. The mother seemed to accept it only because the husband did so. The parents maintained this understanding very well through out the work. Hence they maintained their level of motivation, enthusiasm and commitment.

It was observed that sometimes there was over-enthusiasm and at other times there was the rural-lethargy in carrying out the assignments but the motivation and commitment did not waver. They carried out all the assignments although not always with the same frequency or in the same manner as instructed. PDY responded well in almost all assignments. He learnt quite a few things in independent functioning. He was referred to the Ophthalmologist.

The Ophthalmologist diagnosed him as a case of myopic vision. His power was estimated as - 3 and corrective glasses were prescribed. After starting the use of corrective glasses PDY started functioning still better. His self-esteem got a positive boost. Even then he did not completely give up his deviant ways to maintain his esteem. This was perhaps because the mother and the siblings could not adapt themselves quickly and correctly to his changed behaviours. PDY started living more clean and well dressed. He also started attending the village school by special arrangement.
The care-takers' participation in setting goals

The father was intelligent and perceptive about PDY's difficulties. He was much relieved to observe that PDY was not as handicapped as the two other boys from the same village also participating in the study. He was committed to work. Though initially he seemed to have a dependent attitude towards the investigator as far as setting the goals was concerned, eventually he started participating more. Some of the goals he independently set for a few management assignments were very effective.

Outcome

The unit's overall performance with the assignments was satisfactory. The performance in both the types of assignments was more or less the same.

The study had certainly been beneficial to them. The feeling that their child was better than the other mentally retarded children in the village was certainly gratifying to them. On Behavior Progression they showed a rate of change of 300% which is the third best in the rates shown by all the parents. They showed maximum change in Level IV i.e. behaviours relating to their awareness of materials, activities and experience suitable for child's stage of development. They also showed commendable change in Level V.

PDY benefited most because of the work done towards correcting his Maladaptive Behaviours. This was most helpful in boosting the self-esteem of this boy whose intelligence was marginally subaverage. In the Maladaptive Behaviours he showed significant improvement in 2 of the 10 areas viz. Antisocial behaviours and Eccentric habits. There was marginal
improvement in 4 areas and no change in the remaining 4 areas. In Adaptive Behaviour skills he showed significant improvement in 3 of the 9 areas viz. Independent functioning, Self-direction and Socialization. There was marginal improvement in 4 areas and no change in the remaining 2 areas.

The parents were very happy with the study. They wished that the study had continued. Alternatively, they joined the unit KRM in suggesting that a special class be opened in the village school where they would give all the help required.
UNIT: SVG
Child: SVG 9 years 11 months Female
Father: 48 years
Mother: 42 years
1 elder sibling
Complaints regarding: 1) Movement skills - sitting
2) Self-help skills - feeding
3) Cognitive skills - letters, numbers

Previous information:
Mother was thirty-two years old when pregnant. This was her third pregnancy. Mother's health was normal.
The delivery occurred at the hospital, after full term was complete. It was normal and reportedly without any complication.

Immediately after birth the mother realized that SVG was a disabled child. Mrs. VG's second child, who was nearly ten years old at that time, had been a child with Spastic Quadriplegic Cerebral Palsy since birth. Thus Mrs. VG soon recognized that SVG too was a disabled child.
The diagnosis of Spastic Quadriplegic Cerebral Palsy was soon established.

As a consequence of neurological damage, SVG's development in all the areas was affected. Her motor development was delayed and whatever development occurred did so in an atypical manner characteristic of the diagnosis. She did not, however, develop any major physical illness in early childhood. But after the age of three years she started falling ill frequently.

When SVG was six years old the investigator had assessed her. A programme of physical therapy had been offered then. The parents carried out the programme for sometime but found it difficult because they also had to attend to their other disabled child who was totally dependent. About the same time SVG was admitted to the special school which had just opened at Sai. After a few months the parents withdrew SVG from there too.
Clinical Picture

At the time of examination SVG appeared to be a skinny short child. She was completely non-ambulatory.

She showed most of the signs which are characteristic of Spastic Quadriplegic Cerebral Palsy viz. severe spasticity in all antigravity muscles (more in lower limbs), Adductor Spasm at hip-joints contractures at the knee and ankle, shoulder, elbow and wrist joints arrested motor development resulting into poor postures, open jaw, drooling and spastic speech.

She was completely non ambulatory. She could be made to lie prone wherein she took the body weight on her flexed elbows and keep neck, trunk and lower-limbs extended. She could also be made to sit wherein she required full back-support. In this position her shoulders remained retracted and the lower-limbs extended and crossed whether she sat on a bed or on a chair. She could not sit for longer than forty-five minutes. She could not stand. When made to, she was able to roll from prone to supine position. With great efforts she was able to creep on elbows through a very short-distance.

She had horizontal nystagmus.

Her grasp was primitive, cylindrical and with a weak grip. Pincer grip was very poor. Her left hand was more functional.

She had more or less a fixed expression on face. It was reported that she felt very uncomfortable if the expression sustained too long. This was probably due to muscle fatigue caused by spasticity.

She had become exceedingly ritualistic and seemed to be terrified to change her routine of the day especially if she were to be at home. The extent to which she had become ritualistic was certainly a maladaptive behaviour.
which caused considerable pain to herself and her parents. She also had some other psychological disturbances e.g. denial of disability and ideas of grandeur.

Her motor disorder and psychological disturbances seemed to overshadow her intellectual capacity and hence the adaptive behaviour. She is reported to have had a good intellectual functioning but presently she appeared subaverage in intelligence.

Thus she manifested the following types of disorders:

a) Movement disorder.
b) Speech and communication disorder.
c) Intellectual disorder.
d) Conductive disorder.

Unit's reasons for participating in the study.

The parents' strength had been fully drawn when young because of the second child who was disabled. Since her age of ten years up to her death at the age of seventeen the parents had to cope with SVG as well as her sister. After the sibling's death they observed that SVG's condition had started deteriorating and her abilities declining.

They felt that through this study they could atleast start some work to revive her abilities and make her life enjoyable. Hence they participated.

Areas of concern

The parents expressed the following as the areas of concern:

a) Motor development- losing of motor activities which she could perform before e.g. sitting, feeding and brushing.
b) Cognitive development- forgetting whatever she had learnt before.
c) Psychological development- ritualistic behaviour.

The care-takers

Mr. and Mrs. VG were known to the investigator since SVG was assessed by him earlier.
Mrs. VG is apparently a lady who has suffered a great deal of physical and mental pain because she had to be a mother of two disabled children. She always conveyed a feeling that she was not guided properly during the ten years when she did almost every suggested remedy for her second child. While none of them proved useful and after she gave up doing anything, she gave birth to yet another disabled child. For this third child she did not do as much she had done for the previous one as she accepted the reality and looked after the physical needs of both. Although disappointed because of these events, she sought and obtained some mental replenishment by learning and pursuing household hobbies e.g., cooking and tailoring by self-learning. By the time this study began, she was more than forty years of age and seemed mentally and physically tired. Yet she accepted the idea of participating.

Mr. VG is a highly educated person. He holds a job which gives him enough mental replenishment and hence diversion from the displeasure of having had two disabled children. He too has suffered a great deal, both physically and mentally owing to the responsibility of bringing up the first normal child properly, obtaining treatment for the second child and caring the third one. Although he carefully listened to the information regarding the study and watched how the work proceeded, he himself took no initiative in discussing matters. He did not volunteer to carry out any assignment.

Mr. and Mrs. VG relate very well with each other. They have been each other's support through all the hardships and thus hold high mutual respect. Educationally they were not of the same level but cultural and intellectual compatibility made them develop a very good understanding between them.
Both the parents gave in a lot to SVG's maladaptive behaviour and thus reinforced it knowingly. They were aware of it but seemed to be too tired to work against it. They have a resigned attitude for SVG.

Their approach to the work during the study was one of giving maximum cooperation to the investigator. Mrs. VG sometimes requested to repeat instructions if she did not receive them clearly the first time. She never engaged herself in long deliberations regarding any matter.

Home and contacts

The unit lived in a wada about half a kilometer away from the town centre. The house was middlesized and placed on two floors. Although a wada the settlement was not a compact one. But the structure was such that it offered little environmental stimulation to SVG. She spent most of her time in bed. Before her condition deteriorated she atleast used to be taken to the ground floor for her meals as the kitchen is located there. Presently that too had not been possible. Very seldom did she get an opportunity to go outside the house.

There never was any disturbance from neighbours. Very few and only known visitors seemed to visit them and those who were present on one occasion caused no disturbance to the proceedings.

In all seven contacts were made. All the contacts were made at the unit's home.

Work with the unit

Total assignments 15 : 2 management assignments and 13 educational assignments.

Communication of findings was slightly difficult. The status of physical and motor difficulties and capacities was too well known to the parents. Hence that was not difficult. Emphasis was given by the investigator on
SVG's problematic behaviours and the issue of her matter of SVG not fully using her intellectual capacity. The parents did not seem to be too keen or eager about discussing this aspect also. In fact when communication was being done Mr. VG kept browsing through a newspaper and Mrs. VG continued with her knitting. Mrs. VG listened carefully to the formulation of the causes of behaviour. She agreed with it. Yet she did not take any more interest in the ways suggested to overcome the maladaptive behaviours. They seemed to convey to the investigator that they had no strength left to combat the tantrums SVG got into when confronted. It was not suggested that they should confront her but the parents perceived it so. Hence it was necessary to begin work with educational assignments which would facilitate only the cognitive functions of SVG.

Although the initial assignments were chosen considering how to get SVG's full cooperation, Mrs. VG herself did not put in all her efforts. Their eldest daughter who was normal and grown up kept up Mrs. VG's motivation by reminding her about the assignments. At the time of follow-up visit Mrs. VG realized that SVG had learnt more than what Mrs. VG had expected inspite of the very little efforts which she (Mrs. VG) had put in. This gave a boost to the motivation of both, the child and the mother.

Considering the success in early assignments relating to cognitive development Mrs. VG wished to carryout some assignments which facilitated restoration of motor skills. The investigator held the opinion that SVG's cooperation would be lost because motor-physical exercised would cause her pain and fatigue. Mrs. VG agreed to this argument. Yet inorder to sustain her motivation some assignments in the area of self-help were added. By these some fine motor skills were to receive exercise while 

Ldeteriorating adaptive behaviour including the
rising SVG's self-esteem if she received social praise for doing certain activities e.g. feeding on her own.

In the subsequent contact it became apparent that Mrs. VG fell short of carrying out the assignments properly. Either she forgot what techniques to apply or applied them infrequently and incorrectly. On the other hand SVG's performance indicated that she required a regular workout inorder to sustain her performance. Some of the assignments were explained again afresh to Mrs. VG.

Mrs. VG did accommodate the additional work of more assignments and increased frequency. Hence the number of assignments was increased. Mrs. VG requested for an increase in frequency of visits by the investigator. This was agreed upon.

The agreement about increased follow-up visits did not ever materialize because SVG fell ill. Consequently her health failed, her maladaptive behaviours increased and so Mrs. VG's motivation was seriously affected. The unit could not gather themselves together until the time of final assessment.

The mother was the only person shouldering the entire responsibility of carrying out the assignments. The father did not cause any hindrance to the work at any level but neither did he take over any responsibility by which Mrs. VG's burden, success or failure, got shared. The mother showed a better ability to carryout the educational assignments than the management ones.

The care-takers participation in setting goals.

Mrs. VG was very sceptic about the effect of any work in the beginning. Hence it was essential to let her set the goals of the initial work. She did so and fortunately because her initial goals could be achieved she was able to accept the effectiveness of the assignments. Mrs. VG was one mother who participated very well in setting goals.
She suggested ten out of the ten goals.

The work started on a very sceptical note. Hence what was most required was to help the parents to perceive even the smallest change. This was achieved to an extent. But the turn that the work took after SVG’s illness resulted in Mrs. VC becoming more disappointed than before. On Behaviour Progression they showed a rate of change of only 30.23% — the least amongst those who showed a change. However it must also be noted that their initial score was very high. It was 43 i.e. more than two standard deviations (9.34) from the mean (18.40)

Hence the final score 56 falling within one standard deviation (13.46) of the mean (41.45) is a true indication of how the Progression must have got retarded. They showed maximum change in Level III and Level V i.e. behaviours relating to mutually satisfying with child and relating to internalization of principles experienced or suggested.

SVG showed no change. In only 1 out of 9 areas of Adaptive Behaviour she shows a very marginal change. In Maladaptive Behaviour she showed, no change in 6 areas, marginal improvement in 3 areas and a marginal deterioration in 1 area.

The family gained nothing out of the study except, as reported, mental satisfaction before SVG’s illness stopped the work. But they blamed their own circumstances for it. They wished to continue if the study continued.
UNIT : RHC
Child : RHC 10 years 10 months Male
Father : 35 years.
Mother : 30 years.
1 elder and 1 younger sibling.
Complaints regarding : 1) Learning skills - poor schooling.
                      2) Psychosocial skills - strange behaviours.

Previous information

The mother was twenty years old when pregnant. This was her second pregnancy. Mother's health was normal.

The delivery occurred at home after the full term was complete. It was normal and reportedly without any complication.

RHC's infancy and early childhood was like that of any ordinary child. He was admitted into the village primary school when he became five years old.

He encountered many difficulties at the school. For a child who had naturally learnt all other age-appropriate skills, school-learning became an unsurmountable obstacle. He failed to follow the teacher's instructions and to participate in class activities. He was detained in the first standard. When he failed to learn in the same standard again the teacher started giving him indiscriminate violent physical punishment. He was promoted to the second standard at the end of the year. Yet he had not learnt even the basics of reading, writing and numbers. Schooling became an extremely unpleasant experience for little RHC. In addition to the teacher's beatings he also started getting punishment from the parents. Hence his social behaviour started becoming deviant. Eventually he stopped going to
school. In the beginning he played truant but later he made it clear that he did not want to attend school. For more than a year he spent his day roaming about in the village or nearby fields.

Clinical picture

At the time of examination RHC appeared to be a well built boy of age-appropriate height. Physically he was like any other boy of his age. He showed no clinical signs or neurological dysfunctions.

It was not possible to observe his speech because he did not speak at all during assessment. It was reported that he had good speech and language but that he had started preferring to be as non-verbal as possible. His receptive language seemed to be age-appropriate because it was observed that he reacted, expressionwise or gesturally, to all that was being talked about him. His expressive language could not be assessed.

The strange behaviours reported by the parents were his decision to remain non-verbal, roaming about in the village and fields, doing any work for others and doing it without getting any reward but refusing to do any work of his own household, and having a slightly aggressive relationship with the younger sibling. There were no other specific maladaptive behaviours reported.

On the Adaptive Behavior Scale he indicated a wide scatter in the performance. He was very poor in areas demanding high cognitive ability and very good in areas requiring motor skills and repeated practice. Yet he did not give an impression of being intellectually subaverage.

Thus he manifested the following types of disorders:

a) Cognitive disorders,

b) Conductive disorders.
Unit's reasons for participating in the study

The parents had accepted the fact that RHC would not study in the school. They had stopped forcing him to go to school, but they were worried about the future of the child. The resource person had suggested that by participating in this study they would perhaps get an answer to the questions regarding his deviant behaviour and thus the parents would get to know how to handle the situation they all were into. Hence they participated.

Areas of concern

The parents expressed the following as the areas of concern;

a) Psychosocial development - deviant behaviours.

b) Cognitive development - inability to learn like a normal child.

The care-takers

The unit lived as a joint family. There were two families of five members each living together with three elderly relatives. RHC would receive shelter and support from at least one of the adults in the household at any time. The grand-mother and the wife of paternal uncle pampered RHC the most. Yet the responsibility of RHC's future rested only on the shoulders of his father and mother.

Mr. HC was uneducated. He worked as an apprentice to a carpenter. The joint family owned some land where he joined the others in farming during seasons relevant to farm-work. Though uneducated he was intelligent and could comprehend everything very well. His shortcoming was that he was not assertive in any way. Hence he fell short of either confronting the teacher or other family-members or controlling RHC. He was sincere in his commitment to the work.
Mrs. HC too was uneducated. She was slightly smarter and also assertive than Mr. HC. Her attitude towards RHC and his behaviour was healthy. She disliked whatever was happening yet she did not take any extreme step like overprotecting or overpunishing RHC, knowing well that such an action would make the matter become worse. The financial status of the family was not very good and hence Mrs. HC had to work even on the fields of others for additional earning. Thus she was not able to give enough attention towards RHC’s activities during the day. She along with Mr. HC undertook to carry out all the assignments and they both did the work very well.

Mr. HC and Mrs. HC related with each other very well. They showed mutual respect and had a good understanding between themselves. Generally they did not experience any difficulty in understanding what the investigator said, but if one of them did experience any difficulty the other used to help the spouse in understanding the matter.

Home and contacts

The unit had two houses in the village. This village was three kilometers away from Wa. The family was not wealthy but had maintained the ownership of both the houses which were part of the ancestral property. One of the houses was in the central residential area of the village and was in a compact settlement. This was the main house where the elders lived. The other house was slightly away from the village centre. This was large and had a front-yard with a wall around it and water-well inside it. RHC preferred being in this house more. At both the places there was never any disturbance from neighbours or visitors.
In all seven contacts were made. Five of these were made at the unit’s home. The remaining two were made when the unit had been called at the special school at Wai.

**Work with the Unit**

Total assignments 2: 2 management assignments and 0 educational assignments.

Formulating the educational problem of RHC was not so straightforward. There was no history of any risk factor being present at any stage of his development. He showed no core or soft neurological signs and perceptual deficits. He did not appear to be very low in intelligence. Therefore besides the other forms of assessments included in the methodology, RHC’s assessment included his spending a day participating in the activities of the special school at Wai. His performance was observed there.

Following the additional assessment the parents were told about the findings and the formulation. RHC was present at the time of communication. He had started participating in the conversation by then. The investigator stated that RHC was not a mentally retarded child but was a dull-normal child with specific difficulty with academic subjects; RHC nodded in agreement and spontaneously stated that he felt he was far better than the other children at the special school.

There was a consensus over the formulation that RHC’s deviant behaviour was a sequel of his early social experiences at school and that his deviant behaviour and poor school performance were not symptoms of any single illness. On agreeing that creating a conducive and supportive educational environment was not possible in that village it was decided that no work should be undertaken for enhancing RHC’s learning until he himself felt like picking up studies. Thus the assignments suggested were only management assignments.
The parents were engaged throughout the day and the other adults in the household pampered RHC hence it was essential to suggest assignments which basically made him unlearn his deviant behaviours. The assignments also made provision for the deviant behaviour to be replaced by desirable behaviours. The parents carried out the assignments sincerely and correctly. RHC responded very well.

The two assignments themselves had far reaching influence on the behaviour of the unit-members. The parents learnt how to deal with RHC and he himself learnt how to integrate with his family without using the means of provoking them by indulging into deviant behaviours.

The care-takers' participation in setting goals

RHC's problems were not complicated but were too vague to decide where to start the corrective work. Thus at the initial stage the investigator had to suggest the goals himself. Only in two assignments the nature of inter-personal relationship between RHC and other family-members became very positive. Mr. and Mrs. HC started incorporating the required underlying principles for relating positively and supportively with RHC. The changed method became a regular part of their handling RHC and thus no other specific assignments were required to be scheduled.

Outcome

The study was fully beneficial to the unit. The problem of the child had been vague but fortunately the parents had never taken any extreme action against either the problem or its sequels. They started carrying out the assignments without any prejudice against RHC. Hence they were able to understand the problem well and internalize the principles of handling the problems.
On Behavior Progression the parents showed a rate of change of 278.57%. They showed maximum change in Level IV i.e. behavior relating to their awareness of materials, activities and experiences suitable for child's stage of development. They also showed commendable change in Level V and VI.

RHC too benefited well. He showed the best rate of change in Adaptive as well as Maladaptive Behaviors among all the children in the sample. In Adaptive Behavior skills he showed improvement in all 9 areas. In only 2 areas he showed marginal improvement. In the remaining 7 areas viz. Independent functioning, Language development, Self-direction, Socialization, Number & Time, Economic activity and Responsibility he showed significant improvement. In Maladaptive Behavior he showed no change in 5 areas in which he had no problems in the first place. Out of the remaining 5 areas he showed marginal improvement in 2 areas and significant improvement in 5 areas viz. Withdrawal, behaviour, Psychological disturbance and Rebellious behaviour.

The unit was fully pleased with the study and appreciated it very much.
UNIT: NRK
Child: NRK 12 years 4 months Male.
Father: 37 years.
Mother: 33 years.
1 elder sibling.
Complaint regarding:
1) Learning skills - poor in school work.

Previous information
The mother was twenty-one years old when pregnant. This was her second pregnancy. Mother's health was very poor during pregnancy. She suffered from chronic dysentry. The abdominal pains were therefore two-fold and were occurring throughout the pregnancy. Besides the physical complaints there was also some mental disturbance throughout the pregnancy.

The delivery occurred at the hospital after full term was complete. It was normal and reportedly without any complication.

At the age of one and a half months the infant had a fall from a height of about three feet.

NRK had been a sick and weak child since early infancy. During the first two and a half years he used to cry severely especially during night time. This was due to severe colic pains. His milestones were markedly delayed. He started sitting with support at the age of one and a half years, and sitting without support at the age of three and a half years. He learnt walking after the age of four years.

There was a mention of Tuberculous infection in NRK's lungs, when he was about seven years old. During the investigations of that infection, a small anomaly in the structure of cervical spine was detected. Surgery was recommended but parents had rejected the idea.
He was admitted into the village primary school at the age of eight years. Initially he suffered a great deal of stress when the teacher as well as parents failed to realize that he was perhaps mentally underdeveloped. The teacher and parents forced him to learn. They realized after about six to eight months that it was futile forcing him in any manner. He remained in the first standard for a long time. He could not be promoted beyond the third standard, but he was allowed to attend the school lest he roamed about in the village.

Clinical picture

At the time of examination NRK appeared to be very weak and skinny but age appropriately tall.

Physically he was like any other boy of his age except that he was too thin. On clinical examination he showed some soft neurological signs viz. poor body balance, poor body coordination and visual perceptual problems.

His speech was slightly slurred and with substitution which was mainly owing to the disposition of the teeth. His receptive as well as expressive language was age-appropriate.

He was reported to have been very restless, irritable, mischievous, demanding and dependent until one year before the examination. These behaviours were reported to be present even at the time of examination but to a lesser degree. He was observed to be restless and perseverative. He also had the habit of muttering to himself.

He functioned almost age-appropriately in some of the Adaptive Behavior skills. Even then considering his overall performance he appeared to be mildly subaverage in intelligence.
Thus he manifested the following types of disorders;

a) Cognitive disorders.
b) Conductive disorders.

**Unit's reasons for participating in the study**

Both the parents were aware of the fact that NRK's learning problems called for a special approach of work. They had always desired to get NRK admitted into the special school at Wai. Owing to prevailing circumstance they could not do so. Hence when they learnt that this study was initiated by the same people as those at the special school and the work was required to be carried out at home they had no hesitation in participating in the study.

**Areas of concern**

The parents expressed the following as the areas of concern;

a) Cognitive development – inability to learn like a normal child.
b) Self-help skills development – inability to carry out several personal chores on his own initiative.

**The care-takers**

The unit lived as a nuclear family consisting only of two parents and their two sons. As far as the care of NRK was concerned his elder brother joined the parents in sharing some of the tasks especially the assignments in the study.

Mrs K was a trained teacher and worked as one at the village secondary school. She suffered from mental illness. She received treatment from the same Psychiatrist who was connected with the study. She suffered from severe attacks of depression and between the attacks she remained slightly dominating. To the investigator
she appeared to be in a hypomaniac stage most of the time. She seemed to show maximum concern about the requirement of carrying out the assignments but she herself had not undertaken responsibility of a single assignment.

Mr. K was a trained mason. He worked as the employee of the local self-government body. He had to travel all over in the taluka and thus used to be out of the home for most of the time. He was a family-man and loved returning home before dark. He was much concerned about MRK's problems, but his main concern appeared to be his wife's illness. He seemed to be complacent and let his wife dominate the proceedings of the work. He took over a couple of management assignments and carried them out promptly.

The most contributive care-taker was MRK's elder brother. He was a youth of seventeen years who studied in the Polytechnic in the nearby District-place. He used to have his afternoon free and hence he took the responsibility of carrying out the assignments. Unfortunately MRK failed to appreciate the difference between the abilities of the two and related with this brother with an element of sibling rivalry. The mother unknowingly reinforced MRK's behaviour. Thus the elder brother's work became more and more difficult.

The unit members interacted well with each other inspite of the difficulties arising especially due to Mrs. K's mental illness. Owing to their better educational level they understood all that was shared. They were sincere to their commitments and appeared to take trouble but Mrs. K's illness used to come in as a hindrance.

Home and contacts

The unit lived in a small-sized house away from the actual village site, but on the main road which bypassed
This village was thirteen kilometers away from Wai. The house was located on the first floor and had only one household as neighbours.

The neighbours invariably joined in whenever the investigator visited the unit. The relationship between the two families was very close hence the presence of these neighbours was not a disturbance to the unit. It did cause some concern to the investigator in the beginning. After some acquaintance with these neighbours the investigator learnt that they had two daughters who were hard of hearing and with no speech. Providing some guidance to them was inevitable considering that the rural folks functioned informally.

In all eight contacts were made. Seven of them were made at the unit's home. The remaining one was made at the special school at Wai when Mr. K brought NRK for psychiatric consultation.

Work with the unit

Total assignments 13 ; 2 management assignments and 11 educational assignments.

Communication had to be done with great patience. NRK's mental retardation was minimal and hence according to the investigator it was not to be a cause of concern. It was the nature of his educational problem which was the investigator's major concern. NRK had severe visual perceptual deficits owing to which inspite of only a mild mental retardation his skills in the areas of adaptive behaviours had not developed adequately.

It was this difficulty about explaining the perceptual process and dysfunctions in simple terms to the parents. The other difficulty was that three persons with three different temperaments and attitudes received the communication and tried to interpret it in their own way. Hence the communication had to be done with patience.
The mother was a teacher herself and hence could understand to a limited extent the technicalities of the perceptual processes. However, instead of assisting the investigator she argued against the observations and formulation of the problem proposed by the investigator. The father was only interested in knowing whether they had done a mistake by rejecting the recommendation of surgery made by the earlier doctors. The brother seemed to be eager to get on with the remedial work. The investigator satisfied the interests of all the three care-takers and enquired which one of them would take the responsibility of carrying out the assignments. The father expressed his inability in teaching and the mother's mental instability disqualified her. Hence it was decided that the elder brother would carry out the assignments.

In the couple of follow-up visits it was noted that the elder brother worked hard. He had made some very helpful observations regarding NRK's visual perceptual problems. The number of assignments was increased. NRK was referred to the Psychiatrist.

The Psychiatrist diagnosed NRK as a case of primary mental retardation.

At the third follow-up visit it was observed that the elder brother was still carrying out the assignments well and that NRK too had started responding to the work done. Yet, however, NRK had also started showing some rebellious behaviour and was not very cooperative with the elder brother. Hence the brother's motivation and commitment had got slightly shaken. The mother's mental illness had become severe and hence the stasis of relationship within the family was slightly disturbed. A simple behaviour modification assignment was suggested and thus the brother was encouraged to continue with the assignments.
The family then decided to go for a vacation to their native place in the north of Maharashtra. They returned fresh and relaxed. They were much pleased because of the positive remarks made by their relatives in connection with NRK. The family seemed to be content with the status achieved and conveyed to the investigator that they would not carry out any additional assignments. Soon thereafter the final assessment was due and hence the work was not extended further although some new assignments had been contemplated by the investigator.

The caretaker's participation in setting goals

The general atmosphere prevailing in the family at the beginning of the work was not conducive to draw the goals of work from the caretakers. However, after the work started the elder brother made some significant observations due to which some new goals could be set. Thus it can be stated that the care-takers did participate to a limited extent in setting the goals.

Outcome

The work started off well with the elder brother making great efforts. The status of mother's mental illness and her irrational reinforcement of NRK's maladaptive behaviour made a negative effect on the efforts of the brother. The tempo of the work went on declining after some visits owing to the fading motivation of this elder brother. The unit's performance in both type of assignments was mediocre.

In Behavior Progression they showed a rate of change of only 38.24%. They showed maximum change in Level IV i.e., behaviour relating to their awareness of materials, activities and experience suitable for child's stage of development.
NRK's own benefit was also mediocre. In Adaptive Behavior skills he showed no change in 2 of the 9 areas. In 4 areas he showed a marginal improvement. In 3 areas viz. Independent functioning, Language development and Socialization he showed significant improvement. Yet the overall difference was just about the same as the mean difference shown by the sample. In the Maladaptive Behaviors he showed no change in 7 out of 10 areas. In the remaining 3 areas he showed marginal improvement.

The unit especially the father and elder brother fully appreciated the study. They had no complaints against the study but were sorry about the fact that they could not make full use of it, owing to the shortcomings of mother's illness. The mother too appreciated the study but she held the opinion that NRK's problems could not be fully understood by any one.
UNIT I  WK
Child; VVK  13 years 3 months Male.
Father; 52 years.
Mother; 45 years.
3 elder siblings.
Complaint regarding: 1) Cognitive development - poor in school-work.

Previous information
Mother was thirty-two years old when pregnant. This was her fourth pregnancy. Mother's health was normal. The delivery occurred at the hospital after the full-term was complete. It was normal and reportedly without any complication.

The child had no developmental problems, except that the teething problems were severe and much prolonged in comparison with those of his siblings.

At the age of four VVK was admitted into an English-medium school at Wai, thirteen kilometers away from his village. The child used to travel the distance daily by bus. It is reported that he learnt to travel alone at that age. But at the school he showed no capacity of learning anything related to education. The parents withdrew him from the school.

After a period of one and a half year i.e. at the age of six years VVK was admitted into the local village-school. At the end of the academic year it was realized that VVK had not learnt basic reading, writing and numbers. He repeated the class for a couple of years. However, as there was no other alternative the child was sent to the school where the authorities allowed him to sit lest he roamed about in the village.

Although his difficulties with the academic learning were very severe, VVK learnt all other things age-appropriately.
Clinical picture
At the time of examination W K appeared to be a very thinly built boy of age-appropriate height.
Physically he was like any other boy of thirteen years.
His speech and language was normal.
He appeared slightly restless, but no other maladaptive behaviour was observed or reported.
He lagged slightly behind in Adaptive Behaviours but the poor performance in some particular areas indicates him to be moderately sub-average in intelligence.
Thus he manifested the following disorder:
a) Cognitive disorder.

Unit's reasons for participating in the study
The father had known about the special school at Wai.
He contemplated to approach the school for seeking guidance. But he was hesitant about once again putting the child through the trouble of travelling the distance between Wai and the village for schooling purpose. When he learnt about this study he became much eager to participate in it and thus find out whether the techniques of special education could help his son to learn any academic information. Hence they participated.

Areas of concern
The parents expressed the following as the area of concern:
a) Cognitive development - inability to learn reading, writing and numbers.

The care-takers
The unit lived as a nuclear family but the number of individuals in the family was large. Besides the husband
and wife, all the siblings of VVK, including his eldest sister who was married, lived there. This sister's son too lived there. There were a couple of acquaintances also living with them. All these members, except the sister's child, were elder to VVK. Thus there were many people who took care of VVK, although he did not require all that attention and care.

Mr. VK was a man in his early fifties. He was educated upto standard IX. He was a very industrious and ambitious person although it appeared that most of his ambitions were far from being fully fulfilled. He served with the civic body of a neighbouring village. Besides this job he owned a grinding and pounding unit and also worked as an agent of some South Indian textile unit. He owned a small farm nearby but it was tilled by his tenants and did not provide much cash income. Besides all this, being a priest by caste, he was called for solemnizing marriages and conducting other religious functions in the village. Even then this person's and his family's standard of living was not better than that of any rural lower-middle class family. He was a very disorganized person. He took much interest in participating in this study and enthusiastically to carry out all the assignments.

Mrs. VK was a woman in her mid-forties. She was educated upto standard IV. She too was industrious in her own ways. Her two daughters were grown up and were at home. Thus she was not tied up with cooking. So in the spare-time she worked as a trained village health worker in a neighbouring village - different from that of her husband's. She also worked as an agent for postal small saving schemes. She was basically a kind person but within the home she appeared to be unkind with everybody except VVK. She was indeed the dominant person in the
house. She seemed to be at the 'denial stage' of adjusting with her disabled child, even when he was thirteen years old. She was given a few assignments to carry out.

The manner in which Mr. and Mrs. VK related with each other was far from what can be described as cordial. The causes for that pattern of relationship to be so were perhaps too many but all could never be made known. It was surprising and discouraging to learn later that one of the reasons for discontent between the two was the decision to participate in the study itself.

Home and contacts

The unit lived in a middle-sized house located amidst the central residential area of the village. This village was thirteen kilometers away from Wai. The interior of the house was much clumsy in terms of the arrangements of the rooms, but the rooms were spacious. The rooms looked more disorganized because although spacious, the furniture and accoutrements within, were placed very haphazardly. The house was ill-illuminated in general.

The house was an open-house for acquaintances from the village and beyond. Thus visitors were always present. Sometimes Mr. VK directed them to leave but often he did not. But if their presence became a disturbance then either Mr. or Mrs. VK lost their temper and the visitor had to be requested to leave.

In all eight contacts were made. Seven of them were made at unit's home. The remaining one was made when Mrs. VK brought VVK to the special school at Wai for Psychiatric consultation.
Work with the Unit

Total assignments 13; 2 management assignments and 11 educational assignments.

The communication was delayed until the Psychiatric consultation was over and diagnosis established.

The Psychiatrist diagnosed VVK as a case of mild mental retardation owing to Microcephaly.

The parents showed no difficulty in understanding the communication that was made after the diagnosis.
Neither of them showed any anxiety about knowing the cause of only VVK to have had this condition in the family. The poor prognosis in terms of cognitive development too did not create any anxiety or a thought of rejecting the idea of participating.

A beginning was made by working out assignments which would facilitate VVK's visual perceptual skills. The relationship between the perceptual skills and the cognitive skills was explained in simple terms and then the assignments were suggested. Either or both the parents were asked to carry out these assignments.

During the follow-up visit it was noticed that they had not put in adequate efforts. The mother avoided the truth by talking more about how VVK learnt better from her than from his father. This was true and the father accepted the reality and made it an excuse for not putting in adequate efforts. In order to give their motivation some boost two more assignments were added.

A week after the investigator's visit, VVK slipped and fell into the water well in the back yard. He was habituated to drawing water from the well but somehow slipped in. Fortunately physically he sustained just a few bruises. But emotionally he was upset for some time. The investigator was therefore informed to postpone his visit.
When VWK was reported to have recovered, the investigator visited. Not much work had been done with the help of the previous assignments. Hence in order to create new interest in VWK the earlier assignments were withdrawn and two new assignments were suggested. The goals did not change only the method did.

In the follow-up visit it was observed that the two aids given for carrying out the assignment were either misplaced or mutilated. It was conveyed to the investigator that no work had been done.

In the three subsequent visits the picture remained the same. The investigator realized that their usual hospitality towards him was diminishing and that all the members of the family related strangely with each other.

The matter became clear during the last visit for the final assessment. The fact was that the mother did not ever feel that her child was disabled or that he had any handicap. Even his academic backwardness meant nothing to her and she defended it by maintaining that many children do drop out from school sooner or later.

The diagnosis of mental retardation in her son's case had disturbed her the most. She knew too well what it meant because she herself had referred other such children, from neighbouring villages, to the investigator. Owing to this status of mind she had started opposing the participation in the study. The family had got divided on the issue. The investigator's visits symbolized the beginning of a row over the issue of participation. Hence the picture.
It was not possible to start counselling the mother at that last stage of work. Hence the mother was assured that the investigator would be available at the special school if ever she felt like discussing the matter.

The care-taker's participation in setting goals

The unit could never take off well in the work. All throughout the study their motivation wavered. Hence each time the investigator himself had to set goals for them.

Outcome

The study only created an upheaval within the family. It is possible that this upheaval may have some positive role to play in the distant future. This can be said on observing that in the Behavior Progression the unit showed maximum change in Level VI i.e. behaviours relating to generating wide range of developmentally appropriate activities and experiences in familiar and new situations for the child. On the whole they showed a rate of change of only 82.76%. Their performance in the types of assignments was better in management assignments than in educational assignments.

VVK got no benefit out of the study. His overall change in the Adaptive Behavior skills was only a marginal improvement. He showed significant improvement in 1 area out of the 9 in viz. Independent functioning. In two areas he showed marginal improvement and in 6 areas there was no change. In the Maladaptive Behaviors there was an overall deterioration of the maximum degree amongst the sample. He had marginally improved in only 1 of the 10 areas. In 5 areas there was no change. In the remaining
In 4 areas he showed marginal deterioration. The unit, especially the father, expressed happiness with the study. He felt that it brought to the surface many of their suppressed thoughts. He was certain that the study was beneficial. The mother perhaps was not so certain. She preferred to remain quiet and non-committal.
UNIT : SRD
Child : SRD 16 years 4 months Male.
Father : 35 years.
Mother : 30 years.

2 younger siblings.

Complaints regarding:
1) Learning skills—poor school work.
2) Psycho-social skills—wandering about in village.
3) General comprehension.

Previous information
Mother was about fourteen years old when pregnant. This was her third pregnancy. Mother's health was normal. She reported that foetal movements were dull in SRD's time compared to those of her other children.

The delivery occurred at home after full-term was complete. It was normal and reportedly without any complication.

The child grew and developed appropriately. At two years of age he was shifted to his paternal aunt's house in another village. This was done because his two elder siblings had both died very young without any apparent cause. He remained there until he was five years old. It is reported that he was overprotected and pampered at the aunt's house and was difficult to handle when he returned.

He was admitted to the village primary school. He did not ever like studying. He repeated the first standard for three or four years and then dropped out of the school when he was about nine years old.

Thereafter he was not engaged in any formal education. He himself tried and learnt several skills useful in village life. He was particularly good in managing the cattle. He remained out of the house for most of the
day and returned home only for food and sleep. He remained unclean and avoided taking a bath. He worked for others in the village but never for his own family. Some villagers had made him an addict of tobacco. He did their work for getting tobacco.

Clinical picture
At the time of examination SRD appeared as a thin, undernourished child of thirteen or fourteen years when he was actually over sixteen years of age. He was very untidy and ill-dressed for his age.

Physically he did not have any clinical abnormality except the size of the head. It appeared smaller. He had a slurred and laboured speech. He was shy and stubborn. The family had to persuade him a great deal for talking to the investigator.

He was restless, fidgety and appeared very uncomfortable in the crowd.

He lagged behind in Adaptive Behavior skills and seemed subaverage in intelligence.

Thus he manifested the following types of disorders:
(a) Conductive disorder.
(b) Cognitive disorder.
(c) Speech disorder.

Unit’s reasons for participating in the study
The unit, mainly the mother was aware of her son’s limitations in relation to learning. She was also aware of her family’s limitation regarding means for resolving SRD’s problems. Hence she had let him become what he was. Yet she always aspired to make use of SRD’s skills, whatever they were, for his own family rather than for villagers. She was very anxious about the reality that the villagers exploited and spoiled SRD by giving tobacco in
return of work. She was willing to participate in any programme that was free. Hence she participated.

Areas of concern

The parents, mainly the mother, expressed the following as the areas of concern:

a) Psycho-social development - improper grooming and working.
b) Cognitive development - inability to learn basic facts viz. coins, days of the week.

The care-takers

The unit lived as a joint family. The situation was that Mr. RD's parents were not alive and he had no sibling to share the house or farm. He had to live in the same house with cousins who formed the family of Mr. RD's paternal uncle. Thus even though a number of persons lived under the same roof, the care of Mrs. RD's children was her own problem. Mr. RD's uncle and a cousin who had returned as a widow took some interest in the welfare of the unit and helped them sometimes. The rest did not relate with equal affection.

Mr. RD was almost a non-entity in the unit. He himself was a dull-normal individual. He had a small piece of land as his own farm but he could not do much work as a farmer. The yield was hardly sufficient for the unit's own consumption. He carried out no assignment.

Mrs. RD was the one who shouldered the entire responsibility of the unit's household. She was intelligent and optimistic. She was educated up to standard five. She had accepted the limitations of her husband. She cooked for the family, worked on their own farm and then went to do farm-labour for others so that she could earn some money. She was bold, hard-working and strongly motivated to change the status of her family. She carried out all the assignments single handedly.
The husband and wife did not relate much with each other. In Mrs. RD's view Mr. ED was another SRD but that he was her husband and hence not one to be corrected by the wife.

**Home and Contact**

The unit lived in a large-sized house on the far edge of the village. This village was four kilometers away from Wai. The house had a large front yard. One room each was occupied by the RD unit and Mr. RD's uncle's family. A large hall was commonly used for visitors from both families.

Visitors were seldom there. The family of the grand-uncle - Mr. RD's uncle - was very large with some members living in adjacent houses. Many of them gathered around whenever the investigator visited the unit. In this crowd, of mostly women, there used to be persons of multiple relationship, various ages, different educational levels and varied economical status. Not all were helpful. Most of them were merely onlookers. Amongst the group the grand uncle, the widowed aunt and a grand-aunt were helpful towards Mrs. RD's efforts. The investigator was accompanied by the village-teacher on all occasions of visiting the unit. He had volunteered to function as the resource person. This man who was nearing his fifties had been in the village long enough to know every household. He was very helpful in discouraging women in the crowd from commenting.

In all twelve contacts were made. Ten of these were made at the unit's home. The remaining two were made at the special school at Wai. Mrs. RD wanted to talk about matters which she could not talk in front of others from the household.
Work with the unit

Total assignments 25 - 14 management assignments and 11 educational assignments.

Communicating the findings was difficult owing to two reasons. First of all the mother was too eager to know what needed to be done to change SRD. Hence she was less attentive to the formulation of how the past incidences and SRD's own mental retardation had caused the problems. Secondly the other family-members often interrupted the investigator by adding their own observations and interpretations of SRD's behaviours. They consistently put the blame on Mr. RD's condition and alleged that Mrs. RD was too inactive. The local school-teacher helped in shutting them down by counter-questioning how their children fared in their school work.

Besides assignments for teaching some skills to SRD one management assignment was included in the first set (of assignments) which was aimed at restoring SRD's self-esteem. Mother understood the assignments and carried them out sincerely. The investigator provided certain simple teaching-aids. In the follow-up visit it was observed that SRD was responding well. But in the subsequent visit the picture had changed.

SRD had broken the teaching-aids. This was perhaps a reaction to Mrs. RD's making some more demands when carrying out the assignments. SRD and Mrs. RD were told how to mend the aids and were asked to continue using them. SRD seemed to have felt guilty about his doing. Soon after the aid was mended he was observed to have called some small children and showed off how much he had learnt from the aids. But learning was disliked by him.
In the subsequent visit it was reported that SRD had gone away when told that the investigator's visit was due. Mrs. RD was apologetic while some women again took the opportunity to blame her.

Mrs. RD was called to the special school at Wal for discussing matters which were difficult to be discussed at home. During the contact at school Mrs. RD reported that other women of her age often discouraged her by their comments whenever she sat down to teach SRD. She also reported that some members of the family even instigated SRD to behave the way he did. She was most concerned about the tobacco issue. She was not worried about SRD consuming tobacco because most of the family members including herself did so. The exploitation worried her. She feared that the villagers would introduce other things like liquor or drug eventually.

The investigator had worked out a plan in consultation with the Psychiatrist connected with the study. He decided to execute it then.

The mother was asked to focus only on management assignments thereafter. One particular assignment was that of mother making the provision for SRD's tobacco and give/him as a reward each time he did a good work for her. Mrs. RD was hesitant about carrying that assignment. The idea of two Behaviour Modification techniques viz. Positive reinforcement and Flooding, which were utilized combinedly in this assignment was explained to Mr. RD. Yet she hesitated. The investigator had to play cunning at that stage. He told her that if she agreed to carry out the assignment he would supply her with tablets that caused aversive feeling towards tobacco. Then she agreed and the investigator gave her a supply of vitamin tablets and suggested a dose of one tablet every two to three hours. The investigator's plan
was to work out a way because of which SRD returned to the house after every few hours so that Mrs. RD or others would at least see him more often during the day.

The trick played beyond even the investigator's expectations. SRD spent more time at home and was regular with his tablets because each time he ate them Mrs. RD gave him a pinch of tobacco as a reward. Gradually she did so even when he listened to her other requests. Mrs. RD thus got him under full control. SRD started taking daily bath on his own, wore age-appropriate dress (full trousers) and started doing household work. His tobacco was gradually cut down.

Mrs. RD took great efforts. She returned home from wherever she was working for giving the tablets. She also boldly confronted the village-youths who were exploiting SRD and begged of them to stop it. They seemed to have obliged her. The tablets and programme was continued until the time of final assessment.

Care-takers' participation in setting goals

The mother was very aware of the reality. She knew why she was participating in the study and was also aware of her own limitation. Hence she could realistically suggest the goals. She suggested more than half of the goals directly or indirectly.

Outcome

The study fulfilled some long-standing aspirations of Mrs. RD. She had to do all the hard-work on her own and against the adverse attitudes of some members of the family. She performed well in the management assignments than in the educational ones. Perhaps if the educational assignments had got resumed she would have performed well in that too.
On Behavior Progression she showed a rate of change of 355.36% - the second best in the sample. She showed maximum change in Level VI i.e. behaviour relating to generating wide range of developmentally appropriate activities and experience in familiar and new situations for the child.

SRD too benefitted much. In the Adaptive Behavior he showed significant improvement in 4 of the 9 areas viz. Independent functioning, Physical development, Self-direction and Socialization. In 2 areas he showed marginal improvement and in the remaining 3 areas he showed no change. In Maladaptive Behavior he showed marginal improvement in 2 areas and no change in the remaining 8 areas.

The unit whole-heartedly appreciated the study. The only displeasure they expressed was that it was not going to continue for ever.
UNIT: VDP
Child: VDP  18 years 7 months  Female
Father: 60 years.
Mother: 33 years.
4 elder step siblings.
Complaint regarding: 1) General development - slow development.

Previous information
Mother was nineteen years old when pregnant. This was her first pregnancy. Mother's health was normal.

The delivery took place at home after full-term was complete. The labour was slightly prolonged but no assistance was required.

The infant was very quiet and almost unresponsive for the first five days.

From the age of two and a half months VDP started getting repeated Respiratory Tract Infections. During such infections she used to get severely dyspnoeic and became excessively thirsty. These infections were often accompanied by ear-discharge. She received medical advice for the same each time she had such infections. This occurred till VDP became about seven years old. Thereafter the attacks became very infrequent and eventually stopped.

All her milestones were delayed. She was therefore never admitted into any school. She spent her day doing nothing in particular.

Clinical picture
At the time of examination VDP appeared to be a well built girl of about fourteen years of age. The mother and step-brothers were not sure about the exact age of VDP at the time of examination. It was later revealed that she was over eighteen years old.
She showed signs which are characteristics of Downs Syndrome viz. mongoloid facial features like slanted eyes, depressed nose-bridge, roundish face, tongue thrust, and physical features like short-stature, wide hands with short fingers. The history of repeated Respiratory Tract Infection too was an indication of Downs Syndrome. VDP was unmistakably an individual with Down Syndrome but had never been diagnosed.

Her speech was slow and with many substitutions. The voice was hoarse. Her language was not developed age-appropriately.

Except for being slightly withdrawn she did not have any other specific maladaptive behaviour. In adaptive behaviour skills she did not perform too well as she was intellectually subaverage.

Thus she manifested the following types of disorders:

a) Cognitive disorder.
b) Conductive disorder.

Unit's reason for participating in the study

Eventhough several doctors had treated VDP for her infections, never did anyone draw the family's attention towards the aspect of mental retardation. The resource person who referred this unit had drawn their attention to it for the first time. He worked as teacher in the special school at Wai. He had also told the family that by participating in this study the family would benefit in terms of knowing how to teach simple academics and household chores to VDP. It was therefore that they participated.

Areas of concern

The parents expressed the following as the areas of concern:

a) Cognitive development - inability to read, write and do number work.

b) Psycho-social development - inability to relate maturedly with others.
The care-takers

VDP was older than eighteen years and she was fairly independent as far as skills required for daily living were concerned. She therefore did not require any adult to provide care as a child does. There were many adults in the house as the family was very large, but it was difficult to identify one or more specific individual or individuals as the primary care-taker or care-takers of VDP.

The mother, Mrs. DP was the second wife of Mr. DP. For several years he had been living in Wai while Mrs. DP lived at the village. She was uneducated and was not sharp or bright either. Being a daughter-in-law and also a second-time wife she appeared to have no particular status in the household. She worked in the house and on the family farm. She expressed her inability to get trained for being a tutor to VDP.

Mr. DP was never present at the village home and hence was not seen anytime during the visits.

Of the four step-brothers, who were themselves only a little younger than their step-mother the investigator could meet only two. The elder step-brother was present at the time of screening and initial assessment. He was never seen again until the final assessment. The younger step-brother used to be available more often. He was active in village-politics and hence presented himself as a conscientious member of the family. It was he who nominated his wife to be the tutor for VDP.

The tutor, who was VDP’s sister-in-law was a young woman. She had got married perhaps only a year before and so was not very closely aquinted with VDP. Being a daughter-in-law she did not have a high status. Despite of her low intelligence VDP had observed this fact and hence she sometimes bullied the tutor sister-in-law by shouting at her or ordering her to carry out household tasks.
Apart from all these members, there was one more person whose contribution was helpful. This was VDP's paternal-aunt. Herself a widow and in her fifties, she had returned to live with her parents several years ago when she was young. She had lived in the house for a very long time and as the eldest member of the household she had some weight to her opinion. She helped VDP's tutor in many ways. The other women in the household used to discourage the tutor when she sat to carry out the assignments. They envied her because after taking on this new responsibility her status in the family had got raised. In such situations the paternal aunt provided support to the tutor. She scolded the other women or took over some of the household chores which the tutor was supposed to have done. She even scolded VDP if she became non-cooperative.

The family did not present itself as a cohesive group at any time. Members once contacted were often not present at the subsequent visit. This happened even with the tutor. Communication between the members was very poor.

Home and contacts

The unit lived in a large ancestral house located near the centre of the village. The village was twelve kilometers away from Waiv. The house had several rooms but the place where visitors sat was the osari. This osari was huge. A third of it was used as stores. Another third was used a work-floor for the women-folk to carry on their work related to the farm. The remaining third was used for receiving visitors.

Each and everytime there used to be some visitors present, because the family was a wealthy, respected and politically active one. These visitors caused a certain disturbance by asking questions directly to VDP or the
tutor. The rural code of conduct prevented the young daughter-in-law from talking a great deal and so she used to be put in an embarrassing situation. The investigator had to then intervene. Although a disturbance, the investigator did not mind it because in it he got a good opportunity to talk about mental retardation and problems related to it to the visitors of a politically active household.

In all eight contacts were made. All of these were made at the unit's home.

Work with the unit

Total assignments 8 : 1 management assignment and 7 educational assignments.

It was extremely important to make a very effective communication. VDP had not been a problem in management for over eighteen years; hence her being a person with retardation or otherwise did not cause any difference to the family. None of the family members were educated beyond school education hence VDP, a girl, not receiving any education too did not mean much to them. There were many persons in the house and at command to do household or farm work. Hence VDP not learning to work did not matter much. So inorder to make a mark by which the family will be motivated to do something, the communication had to include in it something that was extremely new to the family.

For making the communication effective, the investigator painted out to each characteristic of Downs Syndrome present in VDP and asked those who were present to compare those bodily or facial features with their own. They found that the features were not the same. Then they were asked to recall any of their relatives who resembled VDP. They scanned through their memories and responded that none resembled her. Thus VDP's distinctly different identify was highlighted. It was easy to make them realize
that if so many deviant characteristics existed in the same person at one time, then there must be something originally different about VDP, her way of learning and her needs. Thereafter it was very easy to convince them how and why VDP developed so slowly and performed so low.

After listening to the entire communication the younger step brother nominated his wife as the tutor and her nomination was generally accepted. The difficulty was that the tutor-designate was herself not present there because she had gone to her parents for a few days. The family was given one common assignment for the sake of making a beginning.

At the followup visit only VDP and the tutor were present in the house. The others had gone out to the fields. The tutor introduced herself. She had been given some idea about her being nominated as the tutor for VDP. The investigator repeated the communication so as to give the tutor a complete idea. The tutor was good in conversation when she was alone. A little later when some family members returned home the tutor became very inhibited. Some educational assignments were suggested and techniques for carrying them out were demonstrated.

During two subsequent follow up visits it was observed that the work was being done. The major shortcoming however was that the tutor was not very confident in facing VDP because the latter was the husband’s sister and hence had a higher status than her own. Even then the tutor had shown herself as one able to bring about change in VDP. Hence she was given encouragement. Seeing VDP’s response the younger step-brother started contemplating about arranging to send VDP to the special school at Wai.
At the time of the third follow-up visit it was found that no work had been done. The tutor had gone to her parent's place for a long break. It was during this visit that the paternal aunt shared many facts about the household to the investigator which have been stated earlier.

By the time the tutor returned home and resumed her work it was time for the final assessment. Hence no additional assignments were given.

**The care-taker's participation in setting goals**

The initial goal was suggested by the investigator in order to keep with the tempo of the communication. The tutor did not gather confidence to work most effectively with VDP. Thus she never came up to the level of setting any goal herself. Thus all goals were required to be set by the investigator.

**Outcome**

The sister-in-law who was nominated to carry out the assignments did so in a not-so-conducive environment. Yet her efforts were effective and yielded some response. In her educational assignments she scored almost as much as the mean score of the sample. In the single management assignment the score was zero thus indicating that in the assignment for which the cooperation of the other members was required there was complete failure.

In Behavior Progression the unit showed a rate of change of 114.29%. They showed maximum change in Level IV i.e. behaviour relating to their awareness of materials, activities, and experience suitable for the child's stage of development.

VDP did not get any benefit of the work. Her overall rate of change in Adaptive Behavior skills as well as
Maladaptive Behaviours was the least amongst those of others in the sample. In 8 of the 9 areas of Adaptive Behaviour skills she showed no change. In the remaining 1 area she showed only marginal improvement. In Maladaptive Behaviour she showed marginal improvement in 1 of the 10 areas. In another area she showed marginal deterioration. In remaining 8 areas she had no maladaptive behaviour in the first place.

The care-takers were unable to respond to many questions in the questionnaire regarding the study itself. On the whole they were pleased with the study.