

# **Rehabilitation Management of Mentally Retarded Amongst Physically Disabled**

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The one having physical or mental disability, more often than not, becomes a parasite on the family and the community making life a miserable, experience. In the life pattern of developed countries, disabled today have become a productive member of the society and can look back on their life with satisfaction. In contrast, in traditional societies like India, due to low economy conflict with ignorance, the disabled have yet to find a place in the mainstream of social life, away from the usual occupation of begging.

Mental retardation refers to subaverage general intellectual functioning which originates during the development period and is associated with impairment in adaptive behaviour. The mentally retarded from childhood experiences unusual difficulties in learning which affects his capacities for adjustment in day to day living. General intellectual functioning means the results obtained by administration of standardized general intelligence tests for the purpose. The significant subaverage is defined as I.Q. of 70 or below on the standardized scale of intelligence. The adaptive behaviour is defined as the degree with which the individual meets the standards of personal independence and social responsibility in relation to his age and cultural environment. The expectation of adaptive behaviour vary with the chronological age. The deficits in adaptive behaviour may be reflected in the three areas i.e. during infancy and early childhood, during childhood and adolescence and during late adolescence and adulthood.

- (a) During infancy and early childhood in
  - Development of sensory and motor skills
  - communication skills (speech and language)
  - Self help skills
  - socialization.
- (b) During childhood and adolescence in
  - use of basic academic skills to activities of daily life.
  - application of reasoning and judgement in the mastery of environment.
  - use of social skills
- (c) During late adolescence and adulthood in
  - vocational performances and social responsibilities.

## **Classification**

There are various method of classification of mentally retarded like medical, educational and psychological. The medical is based on the aetiology, educational on the current level of functioning of MR and psychological on the level of intelligence. These classification provide an idea of the level at which a mentally retarded person functions in relation to his education, appropriate behaviour and the degree of his independence.

- Educational
  - Educable
  - Trainable
  - Custodial

Psychological	- Mild	(50-70)
	- Moderate	(35-49)
	- Severe	(20-34)
	- Profound	(below 20)

## Multiple Handicapped

A person with more than one of the four handicaps like physical, hearing, visual and mental, is classified under multiple handicap. These cases grow, learn and develop much more slowly as compare to children having one disability. Therefore they required energetic training to perform ADL skills, Cerebral palsy with MR is one of the commonest form of multiple handicap where there is motor disturbances and lack of coordination in movements. It is rather difficult to pinpoint the intensity of each of the handicap in an multiple handicapped person. However proper and accurate assessment of the various handicaps is necessary in such children before a management plan is drawn for them.

## Diagnosis

The detailed information from the parents is needed before making the diagnosis which includes - detailed history about status of health of the mother during pregnancy, nature and type of delivery of the child and associated difficulties if any, postnatal - status of health of child after birth, for example, illness like fever, fits, jaundice, measles, history of similar illness in the family, immunisation etc. Then development assessment is done followed by administration of intelligence tests. The child is assessed on the assessment checklist to find out the current level of functioning.

## Rehabilitation Management Plan

It depends upon the current level of the child and the associated conditions such as epilepsy, hyperkinesia, behaviour problem and sensory handicaps. The plan varies from infant stimulation, training in ADL skills. Further in cases of MR

amongst physically disabled, apart from this, management includes help in posture, locomotion, problematic behaviours and treatment of medical condition.

**Management Team** : The assessment and management of a case of mental retardation is undertaken by a team consisting of psychiatrist or physical medicine expert, psychologist and a special educationalist. The other members of team included are speech therapist, physio-occupational therapist, social worker and a vocational counsellor. After a thorough assessment, the case is referred to either special school wherever possible, home based training or vocational training.

In overall management, there is very significant role of counsellor to help the parents in understanding and accepting the child's problem. This requires a life long adjustment. In order to assist the parents in dealing effectively with the situation, counselling for behaviour modification is essential, as a part of the whole rehabilitation management plan. The focus of counselling depends upon the individual needs and requirement of the mentally retarded and his family.

**Parent Counselling** : the parent counselling is done as given below;

- (1) To provide information regarding the condition of the mentally retarded child. The counsellor should explain child's condition in simple words to the parents and give enough trial. Further information regarding management of his associated medical problem and other disabilities must be made available to the parents. The false hopes should be avoided.
- (2) Development of correct attitudes towards their handicapped child.

Usually parents have wrong beliefs, ideas and thoughts regarding causes and treatment of their disabled child. They blame each other for

being responsible for the birth of such child due to lack of awareness. Parents tend to believe that the child would become normal in due course of time. Hence counsellor should give correct information on the nature, causes and treatment of mentally retarded child.

- Attitude of over protection, rejection should be changed so that the child can be helped to learn proper and reasonable training.
- Some of the parents have the feeling of guilt that they are responsible for their child's condition. The parents should be explained that it is generally due to causes over which parents have no direct control.
- Creation of awareness in parents regarding their role on training mentally retarded child.
- Usually when parents bring the child for assessment they tend to believe that the whole management will be taken care of by the staff working for mentally retarded. Here again counsellor plays a very effective role in educating the parents about their role in training the child.
- Parents also feel that training of such child requires specialized skills and they may not be able to train their child. Parents should be explained that training of child does not need special or complex skills and the child can learn with repeated training in simple ways.
- Parent groups meeting having parents of mentally retarded children who have been already helped with the parents of earlier identified children, will be purposeful for proper interaction among themselves.
- Parents should be helped to learn the skills of training and then they should be demonstrated how their training has helped the child to learn the few skills, so that parents can have a feeling of achievement.

## **Community Awareness :**

The society should be made aware of the need to recognize the mentally retarded persons and give enough care to make them as independent as possible. The various modalities of communication for reaching out to the community should be utilized. The vocational counsellor should tap the resources available in the rural community and try to intergrate the mentally retarded persons both physically and socially into the community to the extent possible regardless of the degree of retardation. Thus a dedicated involvement of a counsellor is essential in making society aware of problems of the mentally retarded persons and to make the community work towards normalizing them.

## **Vocational Training & Work Placement :**

The rehabilitation management aims for social and occupational adjustment in adulthood. Proper and need based guidance is essential for appropriate vocational training and work placement. It is necessary to see his willingness for the work, before he is given a job. A simple checklist to assess the individual's readiness includes degree of independence in ADL, social skills, reaction to superiors, work ability, behaviour and health status.

The various types of work are available according to the resources in the community and the ability of the mentally retarded person. In rural areas, he can be involved in farming, bees keeping, poultry, dairy and other simple service jobs. In the urban areas, he can be involved as attendant, helpers for semiskilled or unskilled jobs.

The vocational guidance counsellor should make a proper analysis of the job as well as suitability of the retarded person to fit in before placing the person. Satisfactory job placement will be possible only if the job requirement and the concerned retarded person's ability are matched.

The proper and periodical follow-up is necessary after job placement of the mentally retarded person. They are more successful in jobs which requires simple repetitive operations than those where they have to make decisions or change the activities.

The mentally retarded can be gainfully placed in the work in three situations i.e. self employment, sheltered employment and open employment depending upon his level of retardation, aptitude, resources in the family and community.

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