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INTELLECTUAL DISABILITY

A Manual for CBR Workers



**World Health
Organization**

Regional Office for South-East Asia

Mental Health and Substance Abuse
Department of Noncommunicable Diseases and Mental Health
New Delhi
August 2007

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This document has been prepared by Dr Jayanthi Narayan, Former Deputy Director, National Institute for the Mentally Handicapped (NIMH), Manovikasnagar, Secunderabad - 500 009. Andhra Pradesh, India. The views expressed in the document are solely the responsibility of the author. The author acknowledge & the support of Director of NIMH and the secretarial help of Shri A. Venkateswara Rao.

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PREFACE

If a child is born disabled, the initial reaction in most families is that of "gloom and doom". Sometimes there is an attempt to determine why and how this happened or blame someone or something for the tragedy.

In poorer segments of the population in Member Countries of the South-East Asia Region, having a child with intellectual disability is a double tragedy. Not only is the child unable to contribute to the family's resources, instead he/she needs additional caring which further drains the family's meagre resources. Thus, a child with intellectual disability affects not only the family but also society as a whole.

Rehabilitation and integration into the community of persons who are intellectually disabled (particularly those in the early developmental years) is effectively done at home or in a community setting such as the school. This not only minimizes the cost of rehabilitation, but also permits service provision in a familiar and caring environment. There is no justification for institutionalizing such children in large centres as has been done in the past.

However, the fact that children with intellectual disability are cared for at home, does not automatically mean that families can cope with the added stress of having a child with special needs at home without any training, care inputs and help. Very often, families need help in multiple areas of child development, health,

information and social support. Given this support, persons with intellectual disabilities can lead a comfortable, meaningful and, often, an independent life within the family.

This manual on community-based rehabilitation prepared by an expert from the Region provides valuable information on training of community-based rehabilitation workers who, in turn, can train family members on how to care for a person with intellectual disability. More importantly, it also describes ways and means by which better care can be provided to "Heaven's very special child" by their families and others.

Dr. Vijay Chandra

Regional Adviser, Mental Health and Substance Abuse
Regional Office for South-East Asia

About the manual

This manual was prepared to train CBR workers in managing persons with intellectual disability (mental retardation) in the community. It is well known that the main focus in training persons with intellectual disability is on reducing their dependence on care givers and lead them towards independent living to the extent possible. The focus therefore is creating awareness on the potentials of persons with intellectual disability and training them in a systematic manner. This will also help in reducing stress among the caregivers. This manual aims at training the middle level functionaries who in turn will train the grass root level workers, parents, family members and other caregivers to manage and train persons with intellectual disability.

Information is provided in simple language with illustrations. Technical terms have been avoided for the benefit of field workers. However, it is to be noted that the training content is only illustrative and not exhaustive.

The manual in its draft form was field tested in the state of Andhra Pradesh in India where the Government of Andhra Pradesh has a well established system with a project called Indira Kranthi Padham to reach and empower the members of the community through out the State. In the disability area headed by State Project Manager, Community Coordinators in all the districts carry out the task of middle level functionaries and they train the grass root level workers

(Community development workers) and parents. This manual was field tested by conducting a 3 day training programme for the Community Coordinators and a follow up workshop after 3 months to evaluate the impact of the training. The results revealed that the Community Coordinators could train the relevant functionaries in the villages using this manual, translated in the local language (Telugu). The suggestion given by the Community Coordinators have been incorporated in this manual.

It is hoped that the manual is found useful.

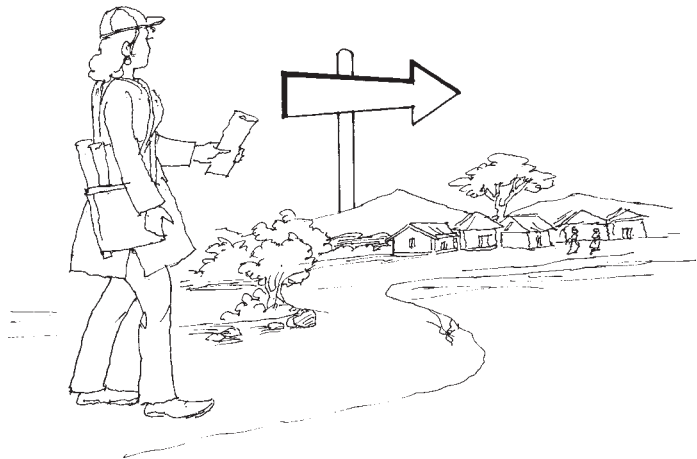
Dr Jayanthi Narayan

INTELLECTUAL DISABILITY



Intellectual disability is a condition found in about two out of every hundred persons. In many parts of the world, this condition is referred to as 'mental retardation' also. Children with intellectual disability can be born in any family - rich or poor, living in urban or rural area, irrespective of gender, caste, creed, race, religion or nation. Therefore, it is important for us to know about them, how to identify them, how to help them to lead independent lives and how to help their families to bring out the best of their potentials.

In urban areas and in big cities, due to relatively better literacy rate, awareness about intellectual disability among people is better when compared to rural, remote areas. As a community based rehabilitation (CBR) worker, it becomes your duty to reach the unreached and provide support to persons with intellectual disability and his family.



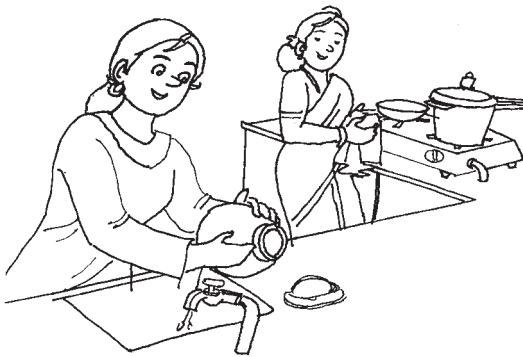


Who are persons with intellectual disability (I.D.)?

Let us look at the stories below. Raja is 10 years old. His mother helps him to brush his teeth, bathe and wear clothes. He only speaks a few words like 'ma, give, no...'



Look at Bhanu's story. She is 20 years old. She looks after herself for basic needs of bathing and dressing but cannot braid her hair or fix hooks or tapes in her dress independently. She helps her mother with washing utensils and dusting house, but not very perfect in the tasks.



She needs to be told repeatedly. If she goes out of the house, she does not know how to return home. She does not speak fluently or maintain conversation.

Joseph is about 9 years. He talks in sentences, needs repeated instructions to carry out tasks, looks after his basic needs independently such as feeding, toileting, brushing, bathing, dressing and grooming. He goes to school and attends class 1. He has been in that class for the past three years and has learnt

to write a few alphabets and numbers without understanding. If given money and told, he can buy one or two things from shop but cannot calculate and get balance.



Ali is 20 years old. Since childhood he is at home, because he needs help for bathing and dressing, he wanders within the village, and most of the times returns home. Sometimes, he gets lost and he is brought home by any villager who sees him. He does

not speak except for a few words and smiles at people when they try to talk to him. He loses money if given to him. Occasionally, he gets fits. His left hand and leg are a little stiff and he drags and walks when he roams about.

Are they different from us?

Yes (1) All of them seem to be having difficulty in carrying out activities that is expected of their age. (2) You notice that the degree of their dependence however varies. (3) Another feature you see is that all of them have these features described as being there ***since their childhood.***

Therefore, to call a person mentally retarded, he has to essentially have these three features in him: ***below average*** intelligence, ***difficulty in age appropriate functioning and should have been so, since childhood (below 18 years).***

Performance difficulties

Due to the limited mental ability, persons with intellectual disability face a number of performance difficulties. As you are aware, our brain is responsible for commanding our body to function appropriately. Therefore, even if we have our eyes, ears, limbs and other organs intact, if the brain is not capable of instructing the organs to carry out activities, the body will be inadequately and inefficiently utilized.

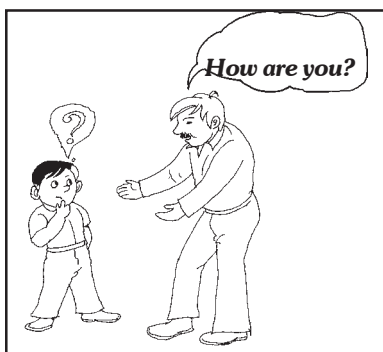


The mental faculty is responsible for functions such as **thinking, reasoning, memory, problem solving and decision making** which are crucial for effective and successful living in the society. These functions known as cognitive functions are also limited in a person with intellectual disability.

Some of the typical performance difficulties are as follows:

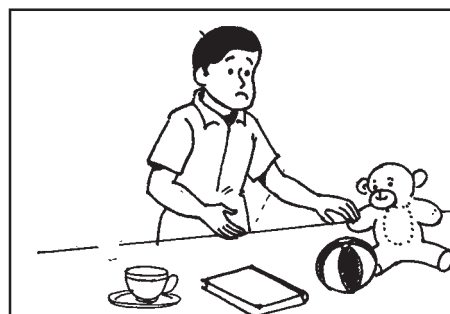
The extent of effective and independent functioning of a person with intellectual disability will largely depend on the extent of damage to the brain and therefore, the degree of intellectual disability, classified as mild, moderate, severe and profound levels.

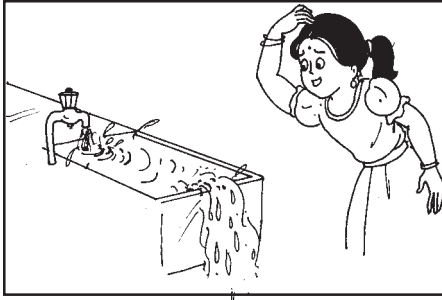
Typical performance difficulties



Inability to communicate well

Difficulty in Paying attention





Difficulty in Problem solving



Difficulty in Use of abstractions



Difficulty in Understanding cause-effect.



Poor memory



Impulsivity

Clumsy/awkward movements



Inability to generalize



Following verbal instructions

Depending on the degree of retardation, the persons with mental retardation exhibit performance difficulties. All may not have all the characteristics shown above. Some of them may have many of the characteristics, most of them may have some of the characteristics, exhibited in varying degrees. It is very important for us to understand these characteristics to plan suitable training programmes.

Degree

The internationally widely used terminology for intellectual disability is mental retardation, and the degree includes mild, moderate, severe and profound levels. The degree or severity is determined by administering certain psychological and intellectual assessment procedures.

As a CBR workers, it becomes your duty to train all individuals with intellectual disability irrespective of age and severity levels.

Note: Whatever is the classification and label, do not forget that he is a human being like any of us. He has the same needs like us. He has the same rights. Give him opportunities to express needs, to explore environment and to learn to be independent

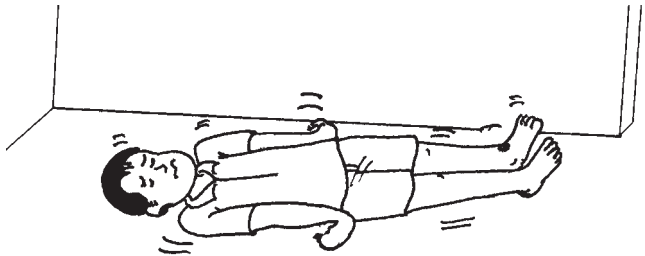
The functional difficulties in persons with intellectual disability range from total dependence including feeding and toileting (profound level), to holding occupation which are routine and repetitive in nature - like laundering, mopping, office boys, farming, cattle grazing, specific task in aquaculture and poultry and so on (mild level).

Associated conditions

Many persons with intellectual disabilities look like any one of us. But some of them have certain specific visible features and associated conditions that require attention for planning for training. Some such problems are epilepsy, hyperactivity, cerebral palsy, sensory impairment, and autism. As seen earlier, many of them have poor language and communication development. In fact, many parents perceive the lack of speech as the first indicator causing concern.

Epilepsy

A large number of persons with mental retardation have epileptic fits. It may range from mild absence seizures (momentary unconsciousness) to full blown fits where you find them having stiff/pulling hands and legs, frothing in mouth and sometimes urinating. Do not try to hold them when they have fits. Loosen clothes, turn to side. Get medical attention.



Continue medication as per medical advice. Discontinuing even one dose can adversely affect the person with fits. There are certain superstitious practices in some parts of the globe like branding on forehead or giving iron in hand to stop fits, which do not help in reducing or controlling fits. Educate the public on this.

Hyperactivity



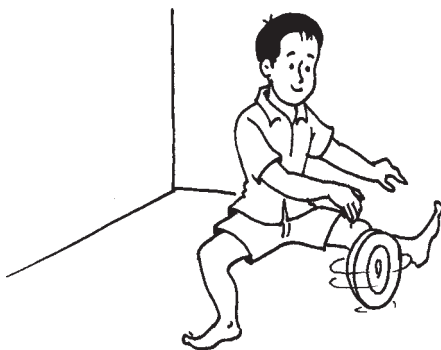
Many children with mental retardation do not stay at one place and engage in an activity. They are found to be always moving, leaving tasks incomplete, and even involve in dangerous activities without thinking (jumping from heights, playing with match box, pulling and pushing objects, insert nail in electric plug point). With structured activity scheduling, and sometimes with medication this problem can be reduced.

Cerebral palsy

This is a condition where, along with mental retardation, the child will have his limbs and other movement related functions affected. This is a non-progressive condition and is caused by damage to the brain. Though not all children with cerebral palsy are mentally retarded, a considerable number are found to have mental retardation. There are exclusive service facilities for persons with cerebral palsy. These persons are found to have poor coordination of limbs - depending on the extent of damage, one or more limbs and speech are affected.



Autism



This is a condition where a person has impaired, social and communication skills and restricted behaviour. He has difficulty relating and adapting to the social world. About 70% of persons with autism spectrum disorders are mentally retarded.

Sensory impairments

Some children with mental retardation have additional disabilities such as difficulty to see and/or hear. Though a small number of persons are thus affected, with such sensory impairments and mental retardation, it is essential that they are trained to use their remaining senses to learn to live independently.



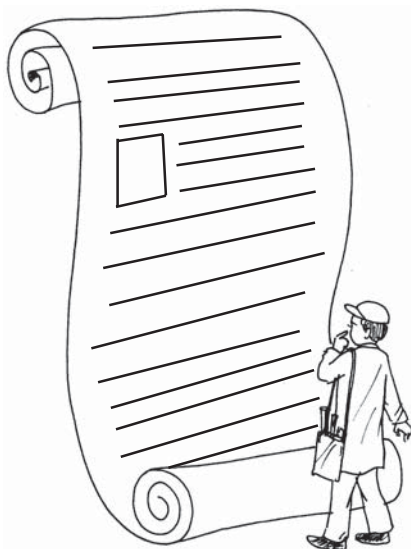
Other conditions

Some of the persons with mental retardation have specific physical features, due to organic and metabolic reasons. Some have big head (hydrocephalus) because of fluid accumulation in head, some have small head (microcephaly) and some have specific physical features such as in Down's syndrome which is due to a chromosomal abnormality. There are also a few other conditions with specific physical features.



How to identify?

Persons with mental retardation do not always have a physical abnormality. Many of them look like any one of us. This leads to confusion and misconceptions. In ancient times, they were called as evil spirits and were feared. People killed or abandoned them. In some places they were used as objects of amusement, as their behaviour is found laughable, in some places they were called divine - God child. Many even today are confused and call them 'mad'. They are also called 'dumb' as many of them do not speak well.



Unlike blindness or deafness or locomotor disabilities, intellectual disability is less visible. Therefore, you have to take a little extra effort to identify them.

One easy way of doing is to find out whether his activities are appropriate to that of his peer group (persons of his age) in that given locality. Follow the steps given below:



1. Find out the age of the person suspected to be having mental retardation.
2. Find out what people of his age who are not mentally retarded do in that locality.
3. You will get a list of tasks.
4. Now look for the ones our target person is unable to perform.

5. Analyze it. This difference may range from tasks like inability to cope with academics in school, to inability to look after self in terms of self-feeding and so on.
6. You will find that gross differences are easier to find out as the affected individuals will be very much dependent on others. The finer differences are seen in persons with mild mental retardation who look like any of us but have difficulties in activities involving thinking, problem solving, decision making, money management and so on.
7. Do not worry about label or degree of retardation. Think of '**what the difficulty is**' and 'How I can help him to function independently in **his** environment'.

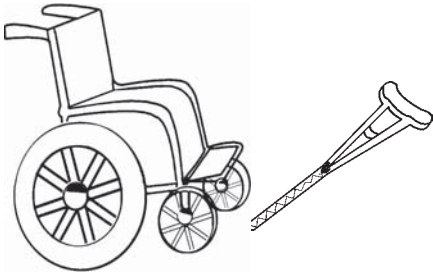
***Note:** In many countries, persons with disabilities have certain benefits and concessions provided by the Government. For this, degree of retardation may be necessary and there will be specific agencies like government hospitals who will certify them. Refer and guide the family to avail the facility.*

For training, look for his strengths and needs and then plan.



What help to get before training?

If the person has any problems needing medical attention such as epilepsy, he should first be referred for medical help.

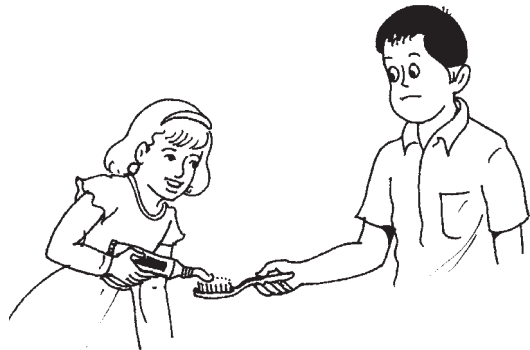


Some may have associated problems in mobility, which may call for assistive devices such as calipers or wheel chair. Either commercially available ones or locally made ones must be used to prevent further deformities and to enhance ease and comfort in mobility.



Remember, the affected person knows what 'feels' best for him. Take his opinion while arranging for his aids and appliances.

Involve the family members in all stages of training. Even a small child can be a trainer for certain activities. For instance, a young brother/sister brushing teeth along with a retarded person helps as a model for persons with intellectual disability to see and imitate.....Therefore, consider every family member as a potential trainer and take advantage of the opportunities.



Note : Many persons with Intellectual Disability can be helped to overcome performance difficulties. Following pages have some tips for helping them in day-to-day activities.

Note that these are only illustrative and not exhaustive. Use your creativity, imagination and common sense to help them function independently.



Activities for very young children (Early Intervention)

By early intervention, a child suspected to have a disability or a developmental delay can be helped, further damage can be arrested and appropriate services can reach the child without any delay. As babies in need of intervention are very young, and still dependent on parents, it is important that the service delivery system is flexible.



Remember, the mother of the child is not only the mother of the child in need of intervention, but also a wife, mother of other children, daughter-in-law and has so many other roles demanding her attention. This would have to be seriously considered and alternatives found. One alternative is accepting her varied roles and providing support, by involving other family members.



The total family should feel the responsibility for the child with special needs. Therefore, you should focus on training the **family members**. **Home based intervention is ideally suited for this purpose.**

Some times, children will have additional disabilities such as epileptic fits, or other deformities or defects by birth, requiring medical support. In such cases, **center based intervention** will be essential as expert support is available in developmental centers.



Given below are some tips for training:

 **Difficulty seen : Does not hold neck.**

 **Try this!**



Have the child lying on his stomach on your lap. Place bright toys beside you and make sound so that he moves his neck to look at it. Gradually extend his neck a little beyond your lap and raise your lap so that he balances and holds his neck.

Hold the child vertically against your shoulders with your one hand at the back of his neck and the other on his lower back and the child facing behind you with his chin resting on your shoulder. Let some one show a bright rattle, balloon or a toy in front of his face. Gradually move the toy after getting his attention so that he moves his neck to track the toy with eyes.



Placing him on his stomach in cloth swings (used in rural areas) with his neck extended outside the swing and someone showing him moving toys will also help in neck holding or reaching for objects.



Difficulty seen : Does not sit by self.

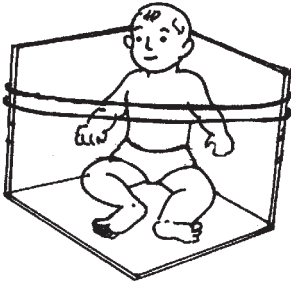


Try this!

Initially seat him on your lap and later in the corner of the room.



Note : Use material available at home to stimulate the child. Train the parents and family members to constantly involve themselves in interacting with the child which enhances social skills.



Old cardboard cartons of television or other appliances of that size can be used for training in sitting. Cut them diagonally to make corner seats and reinforce with rope around it so that they do not break.

Corner seats can be made also by vertically cutting the plastic buckets/pails and strengthening it.



Think of innovative ideas using locally available materials, which are inexpensive.

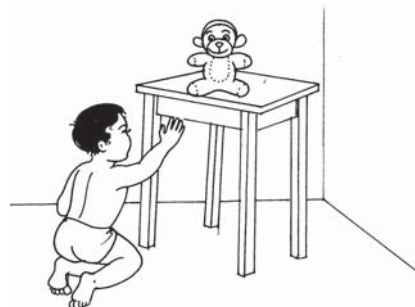


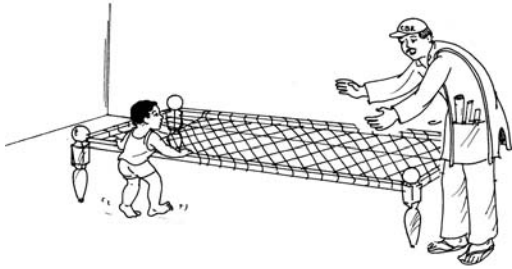
Difficulty seen : Does not walk.



Try this!

To make him stand from sitting position, place his favourite toy on a low bench out of reach for him at sitting position but visible. Tempt him to get it. Help him to pull up to standing. Gradually move the toy, until he stands. Allow him to take the toy once he stands.





Make the child stand at one end of the room holding a bench, cot or a rod. Call the child from a distance to come to you.

If the child has motor deformities, get professional help for therapeutic activities.



Difficulty seen : Does not pick up and handle objects

Children learn to pick up larger objects with whole hand first and then learn to pick with fingers. Therefore, the initial objects to hold should be a little large. This is also safe if he places in mouth as the child cannot swallow.



Try this!



Allow him to gain competency in holding large objects first with both hands, then single hand and thirdly transfer from one hand to another.



Grasping and releasing of objects can be trained by asking/telling him 'take' (grasp) and 'give me' (release) with your hands extended. Do it with a number of objects.



A sponge in a water tub (for older children) can be fun for grasp-release activity.

Language-social activities

Since birth, the child indicates his personal needs/discomforts such as hunger, pain or staying wet by the social expression - crying. Mother understands and helps the child. As he grows, the mother makes out the differences in the cry based on needs - 'hungry', 'pain in stomach', 'lift me up', 'I am wet', each has a particular 'cry' called 'differential cry' indicating personal needs. Social interaction begins with expression of personal needs.

Here are some activities that will enhance language and social skills. These are representative and not exhaustive. You may add more.

 **Difficulty seen : Does not talk/respond.**

 **Try this!**

Talk to the child while feeding, dressing, bathing and other routine activities.

When he smiles, coos and babbles, show response.

While bathing and dressing, talk to him relevantly - tell him for instance, 'show your hand', 'show your leg'.





Play games by covering your face and telling him 'find me'. Allow him to take off the cloth to show your face. Laugh and show happiness. This helps him in learning self-awareness. Put the cloth on his face and ask 'where is'. Let him take the cloth and expose his face and laugh.

Introduce the names/relationships of family members gradually. Ask him 'where is Papa', 'go to Grandpa' and such phrases so that he recognizes family members.



Encourage 'pretend play' of animals, birds, transports.....



Speak naturally to the child. Use gestures along with speech. Always call him by name and make sure he reacts, by either a smile, turning in the direction of calling or stopping his activity.

Play is one of the best forms of encouraging language development. Use a number of forms of play.

Initiating Schooling

For the first few days, let the parent take the child to the pre-school for an hour or two, stay with him and bring him back. Gradually, as toilet control is achieved, he can be in the school for a longer time without the parent staying along. Visit the school, work with the child, and train the teacher to assist the child.

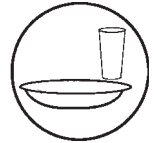


ACTIVITIES FOR OLDER CHILDREN

Personal skills

Personal skills include those activities required to take care of self in day-to-day situations including self-feeding, toileting, bathing, brushing, dressing and so on. Here are some tips to train.....

Self feeding



Difficulty seen: Does not chew the food, swallows when fed.



Try this!



Take a long vegetable such as carrot. Dip the narrow end of the carrot in the child's favourite sauce or jam or such other preparation. Open his mouth (help him physically by gently pressing the cheeks, if he does not follow command).

Place the carrot at the back teeth (chewing teeth) on right side between top and bottom row. When he tries to bring teeth together, he will taste his favourite food. He will try to do it again.

Slowly move to the left side. Repeat until he understands that biting gives a good taste.

As he starts doing this, gradually place other boiled vegetables in the mouth which are easily chewable.

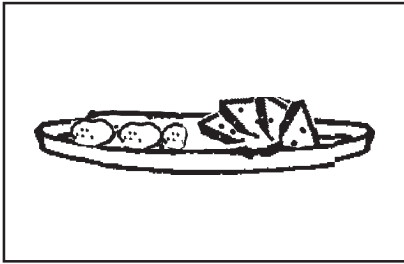
Gradually he will master chewing all foods.



Remember variety is the spice of life!

Some families use spoons/forks for eating, while some use fingers.

Finger feeding

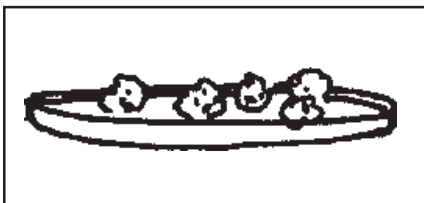


Place in the plate, chunks or pieces of food item such as boiled pieces of potato/bread pieces/any non-sticky items.

Stand behind the child - hold his right hand with your right hand and help him to pick a piece.

Allow him to direct towards mouth, bending simultaneously so that the distance between plate and face is reduced. This prevents spilling of food.

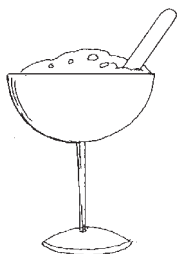
Gradually remove your hand and help only if needed.



As he masters picking up non-sticky food, introduce mixed rice made into little balls given in a plate. Repeat procedure, as shown above.

Finally, teach mixing by serving rice first and the gravy over it.





Spoon feeding

Some food items like ice-cream needs spoons even for those who are used to finger feeding.

Begin training with suitable food item in a cup as it is deep. After he learns, introduce plate.

Initially you hold the cup firmly on the table/mat so that it does not move.



Increase quantity gradually.

Train using cups/glass with single handle or no handle.

Have the learner scoop with spoon.



Remember to instruct him to bend while placing food in mouth.

As he masters, introduce plate.

Plates which have rims slightly raised and turned inward are good as scooping becomes easy without spilling.



When spoon handling is perfected, remove your hand holding the plate. Let him manage.



Remember to reward him when he succeeds, "a smile"..... "a good job done" gesture and so on.

 **Difficulty seen : Spills while drinking from cup/glass.**

 **Try this!**

Follow the sequence:



Use unbreakable double handled cups.

Initially use cups that can be closed with the sipper.



Give only mouthful in open cups.
Increase quantity gradually.



Train using cups/glass with single handle or no handle.



Toileting

 **Difficulty seen : Does not indicate toilet need. Wets anywhere and remains so until attended to.**




 **Try this!**

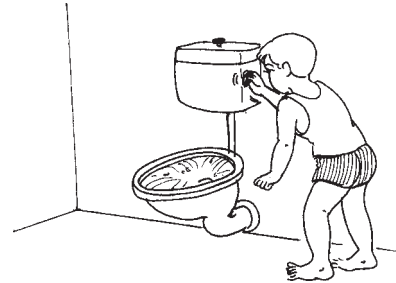


Find out the approximate timings of urination by the child in a day. You will find that there are certain associated activities preceding/following toileting. Say, urinating on waking up from sleep, 10-15 minutes after drinking milk/liquids and so on.

Identify three such consistent timings in a day. Example: 1. On waking up in the morning, 2. around 11.30 a.m. or about 10 to 15 minutes after intake of fluid, 3. about 3.30 - 4.30 p.m. or 10 to 15 minutes after tea/milk in the afternoon or 4. before going to bed in the night.

 **Remember:** Consistency in urination in 15 minutes time range everyday is important for selection of time for training.

At the selected time, make him sit on potty. When he urinates, help him to flush the toilet and give a gesture of appreciation - smile, pat on the back, good words.....



Remember: to use the same words for indicating urination and same toilet during training. As days pass, he will go to that place and start using it.



During the rest of the day when he is dry, touch his back and say 'good! You are staying dry!' This will not only make him feel good, but also act as a reminder to use the toilet when needed.

You will soon find that he learns to use the right gesture to indicate the need and will go the right place.



Difficulty seen : Does not know to wash after toileting.

In many Asian countries, left hand is used to clean the relevant body part after toileting, while the right hand would pour water from a pitcher/mug. Two hand coordination with each having a different activity is relatively difficult of persons with mental retardation. Using toilet paper is relatively easy.



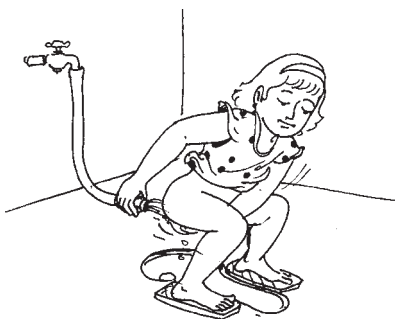
Try this!

First train the left hand of the child. You (mother) pour water and let him clean the body part with left hand. If needed, place your left hand below his left hand and direct his movements.



Gradually reduce your left hand support. Allow him to do on his own.

When he has mastered the task of left hand, introduce the activity for right hand - pouring water.



If he has difficulty after continued trials, connect a tube to the tap or drum from which the water is used. Let him hold the tube with right hand and wash with left hand.

If it is a western toilet, fixing a jet at the back of toilet seat helps in washing with ease.



 **Difficulty seen : Does not have sense of shame. Undresses in front of others. Does not close toilet door.**

This is a problem faced by many families where the young person with intellectual disability is treated like a child and therefore not **taught** privacy in childhood. When he physically grows into an adolescent the problem is perceived with seriousness.

 **Try this!**

SHOW him that every one who uses the toilet closes the door. Encourage him to do so.

If he is afraid, be with him initially with door closed and let him unzip only after closing door.



Next, stand outside the door but keep telling him that you are there.



Gradually encourage him to use the toilet alone with the door closed - Unzip/undress - use - clean self - flush - dress/zip and open door.

Tooth Brushing



 **Difficulty seen:** *Swallows paste. Does not spit foam.*

 **Try this!**



Take water in your mouth as he watches. Gargle and spit. Let him watch. It is his turn to imitate. If possible have more children joining this activity. Idea is, allow the child to **see how to spit**. Remember, that this activity is done only at wash area. Or else, it may lead to the problem behaviour of 'spitting everywhere' requiring efforts for correction.

Do this activity after meals to gargle mouth. Once he has learnt, encourage during tooth brushing. He may initially swallow paste or say 'tu tu' as if spitting. In course of time, he will learn.



Use of tasty tooth paste may lead to swallowing paste. Bitter ones like 'neem' paste helps in encouraging spitting in some children .

Use warm water, let him sip, place your hand on his neck gesturing to bend down and say 'spit'. Use a mirror in front while tooth brushing.



 **Difficulty seen : Does not brush well.**

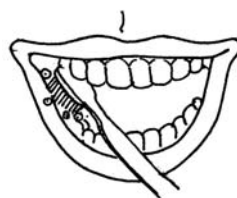
 **Try this!**



Have the child's teeth together and lips parted.

Follow the sequence given below.

Gradually fade help.



- | | |
|------------------------------|-------------------------|
| 1. Front teeth. | 6. Top left. |
| 2. Left side. | 7. Top right. |
| 3. Right side. | 8. Bottom right inside. |
| 4. Open mouth - bottom left. | 9. Bottom left inside. |
| 5. Bottom right. | 10. Top right inside. |
| | 11. Top left inside. |

Bathing

 **Difficulty seen: When he pours water over the shoulder, does not wet his back.**



 **Try this!**



In many countries, having a pail of water and using a mug/pitcher to pour water over shoulders to wet the body is the practice. Children with intellectual disabilities tend to wet the front of the body but not the back. The water when poured over the shoulder, falls away from the body.

Simply, help the child to bend a little forward while pouring water over the shoulder. By this, the water will fall on the back.

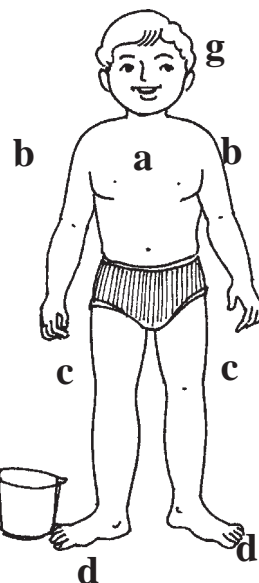
 **Difficulty seen : Does not apply soap properly.**

 **Try this!**

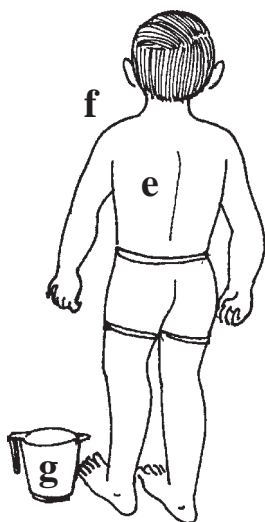
While teaching application of soap follow the sequence.

1. Areas he can see:

- a. Stomach, chest.
- b. Left arm, right arm.
- c. Hip, Left leg, right leg (left/right as preferred).
- d. Feet, toes (left/right).

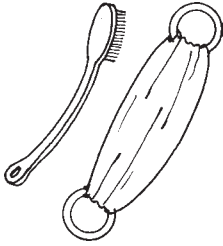


After he has mastered scrubbing these parts without your help, teach other areas in the following sequence.



2. Areas he cannot see

- e. Back.
- f. Neck.
- g. Keep a mugful of water touching the foot, close eyes and apply on face.



Wash face with the water at foot, open eyes and pour water over the body.

Note: To scrub the back, if hands do not reach, use a cloth with ring at the end or a brush on which the soap can be applied and used.



Difficulty seen: *Does not wash hair well.*



Try this!

Help her to bend down. Wet hair.

Keep mugful of water touching the foot.

Take soap/shampoo in hand. Close eyes, apply on scalp and move gradually to tip of the hair (if long hair).



You help initially with your hand on top of his/hers.

Pour water to wash face and let her open eyes and start rinsing hair.

Wipe and wrap with towel (if long hair).



Difficulty seen: No sense of shame. Does not close door to undress/ bathe.



See-Section on toileting

Dressing



Difficulty seen : Does not identify front-back or inside out in garments.



Try this!



In every garment worn on top of the body (gown, shirt, banian.....) fix a small strip (1" x ½ ") of cloth at the inside top back.

For garments worn at the hip (pant, shorts, skirt) fix similar small strip at inside back at waist.



All strips should be of same colour.

Instruct him that this strip should **always** be at inside back (neck/hip as the case may be) touching the body.

Note: If the person with intellectual disability can identify the brand tag which is usually in the place as mentioned above, sensitize him to that tag.



Difficulty seen : Wearing shirt/shorts.



Try this

Always begin with half sleeve shirt and shorts while training.

After inserting one hand in the shirt, (say, right hand), if he has difficulty locating left sleeve, tell him to bend a little to the left. The hanging shirt at the back will fall to left, making it easy to locate sleeve.



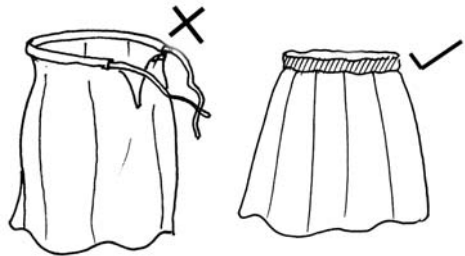


For shorts, after making sure zip is in the front, initially let him sit, insert legs then stand up holding shorts on either side and pull up.

 **Difficulty seen : Fixing buttons, tapes, hooks.**

 **Try this!**

Replace tapes with elastic at waist, for shoes (for shoe lace) and sash use velcro.



Try fixing large buttons with a little loose button holes in the garment while training. Let the button be raised from the cloth where it is fixed. Let him wear the garment and button these big buttons. As a trainer, you may carry such shirts with you to demonstrate dressing training.

When he masters buttoning, allow him to try on his own clothes with regular size buttons. Do not use button frames or dolls. They create right/left confusion in a person with intellectual disability.



If he cannot learn buttoning, fix button on the front of the shirt and fix Velcro or press button on the inside. By this, the look of the shirt will be the same with button with easy fastening.

☹️ **Difficulty seen : Cannot manage during menstruation.**

😊 **Try this!**

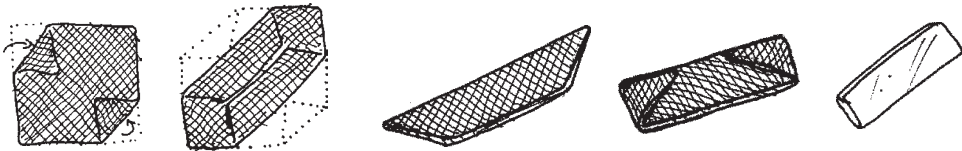
Use well fitting synthetic (nylon) panties exclusively during menstruation (as they are easy to wash. For rest of the month, use cotton panties).



If family cannot afford commercially available 'peel and stick' napkins, use cotton and gauze. (cut cotton 3"x6" wrap with gauze).

In the pantie bottom inside, fix two elastic strips into which the cotton can be inserted.

If family cannot afford cotton also, fold cloth as shown below and insert in the elastic as shown.



While changing, help the girl to maintain privacy as discussed earlier.

Help her to remove the stained pad, roll and put in a paper bag and put in trash can wash pantie and dry. (If reusable cloth - help to wash with hot water and soap) and wear another one.





FUNCTIONAL ACADEMICS


Functional literacy

 **Difficulty seen : Does not read and write inspite of sending to school for years.**


 **Try this!**

Due to the limited mental ability, abstract concepts and symbols are not easily learnt by a person with intellectual disability. Therefore, after trying if he is found to be not coping with academics, restrict yourself to teaching him **'functional academics'**. That is, academics needed in daily routine activities. This may include reading name and address of self, making shopping list, identifying bus number, vital sign boards (stop, go, hospital, toilet) and so on. This is functional literacy.

 **Try this!**

Show a whole word with picture (cup).  **CUP**

 **BOAT**
CUP **CUP**

Give him the written word cup and one other word (boat). **BOAT**
 **CUP**

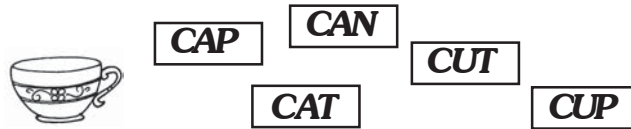
Let him match the right word to picture.

Remove the word cup from the picture and let him place the correct word.

Add more words - cup, boat, ball, mat..... let him match.



Give similar words and let him match.



When he masters, let him write and spell c - u - p. Cup.

Repeat a number of times.



Let him first trace, then copy and finally write on his own.

Gradually add new words.

Note: Always start with familiar functional nouns with respective pictures, then action words - drink, run, sleep, throw, come, sit....

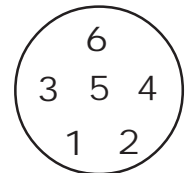
Finally teach sentences.

Whatever is the language, follow the above sequence.

 **Remember** not to begin teaching with alphabets as they are abstract.
 Nouns are concrete. Move from concrete to abstract for ease in learning.

Functional Numeracy

 **Difficulty seen : Does not do maths.**



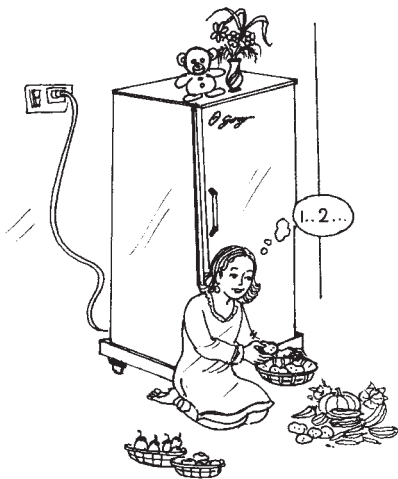
Just as functional literacy, teach only such arithmetic needed for daily living - counting, measuring, time, money, shopping..... This is called functional numeracy.

 **Try this!**



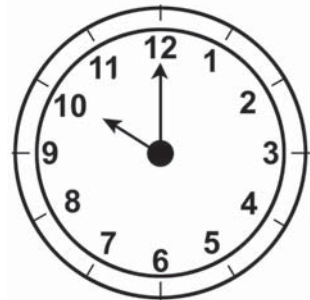
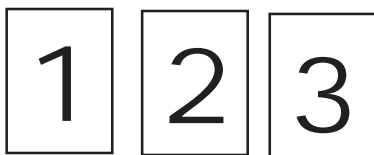
Let the child help in various activities at home. At every opportunity. Let him count. For instance, setting table for 5 people - let him keep 5 plates, 5 spoons, 5 glasses, 5 cups and so on..... counting.

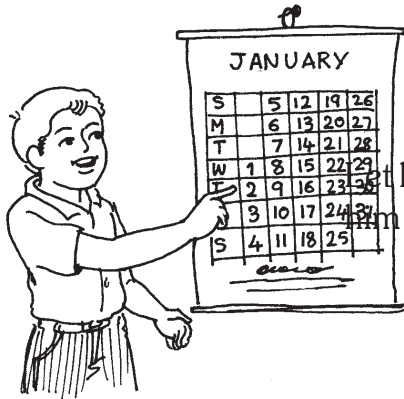
Folding dry clothes - 'count, how many are papa's', 'how many are mama's'
'how many in all'



When you buy vegetables, let him sort and put them away in baskets or refrigerator. Encourage him to count the number of potatoes, tomatoes....

As a next step, for each number, give him the number card to match. For one potato, keep number card '1' and so on.





Show the numbers on calendar and clock dial. Let him identify. Then let him write. Initially allow him to master upto 10.

Introduce addition. To 2 spoons, 3 more are added' 'how many in all'.



- Similarly taking away – out of 7 bananas, 3 were rotten, how many were good.....?

- Let him experience first with objects and then do on paper.
- As he masters upto 10 including addition and subtraction, introduce eleven – 10 in a bundle and 1 and so on.

Make maths as functional and utility oriented as possible.

Reading Time

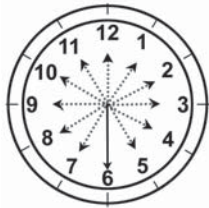
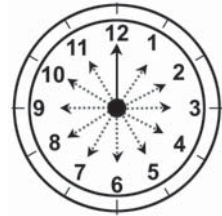
 **Difficulty seen : Does not read time.**

 **Try this!**



Make sure he recognizes numbers upto 12 and points to long and short arm. Initially use only clock with numbers on it.

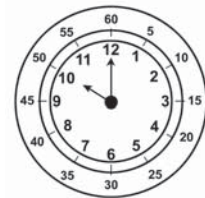
Keep long arm at 12. Move short arm. Say 'the number it points is the time. Example 4 o' clock when short arm is at 4'. Continue on all numbers with long arm at 12 constant.



Shift long arm at 6 and say short arm number and 30 minutes. Example 4.30. Keep checking him for long arm at 12 and 6 so that he does not forget.

As he masters move long arm to 3 and then 9.

If he can learn, teach long arm at 1, 2, etc. If needed fix a temporary cardboard ring with 5, 10, 15.... (multiples of 5 marked) to the outside of the clock. Tell him to read outer number for long arm and inner number for short arm



If he cannot learn at all, provide him digital watch and teach reading. Tell him, the number on the left of the dot is hour and right of the dot is minutes. This is enough. He will read time to the minute!

Do not bother much on telling him about how many seconds make a minute and so on. He should read time and associate to activities. If he achieves this, it is enough. Tell him the second hand is there to tell him whether his watch is functioning or stopped!!

Note: What is important is associating suitable activities to the time of the day and carrying out appropriately.

Money



Difficulty seen : Cannot handle money.



Try this!





As early as possible in the life of the person with intellectual disability, introduce money. That is, show him that every material we acquire is ***in exchange for money***. Let him watch when you give money and buy him a toy. Take him to shops, restaurants, entertainment..... Let him watch you pay and get product or service. Money for bus ticket, money for petrol for car..... whatever. As a young child, this is enough. Do not worry on teaching 'how much' we spend on each occasion.

As he grows older, allow him to exchange money with object. Begin with whole amount within Rs.10 and later the changes. As he learns numbers, teach money value also. As a next step, help him to identify denominations and match to price tags on objects.



Rs.10-00

Let him match price tag to money on a number of items.


Sensitize him to the fact that the number on the right of the . (dot) is change and the number to the left of the dot is rupee (or equivalent currency).



After he matches, introduce addition.

Bread	Rs.5.00
Banana	Rs.2.00
Total	Rs.7.00

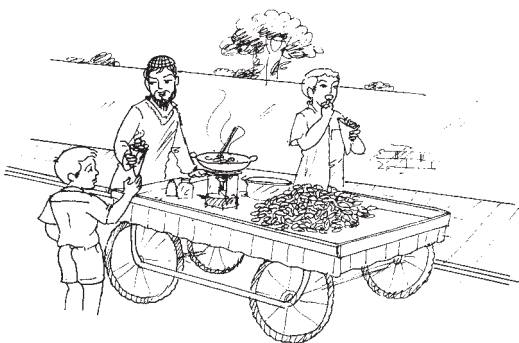
When he masters, introduce getting balance. 'If paid Rs.10.00 and Rs.7.00 is to be paid what should the shopkeeper return?'

 **Remember** to first work on whole numbers within 10 without involving changes. Only when he is comfortable, introduce changes and numbers beyond 10.

If the child cannot learn addition/subtraction, introduce calculator after he has learnt to read price tag and match. Give him simple calculator with basic operations only, with large keys.



Show him that money is kept safely and is the most essential thing for living.



Show him that one **gets** money by working and earning. Better the work more the money.

Note: If he is an adolescent, orient him on the kind of work he can do to earn money

Measurement



Difficulty seen : Does not understand measurement and quantities.

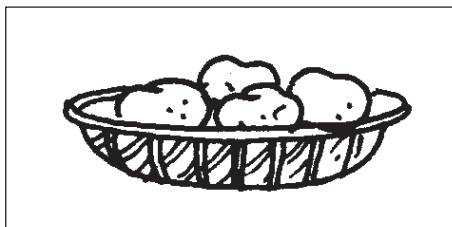


Try This!

Quantities are needed for domestic activities – measure water, sugar, tea and milk for making tea or proportion of rice and water to cook rice.

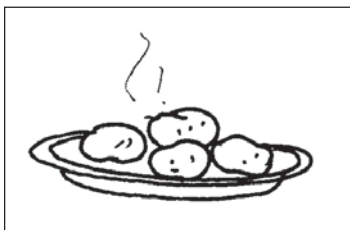
Make picture recipe book. Show for instance, to make a potato dish. Try recipe as follows.

(4 potatoes)



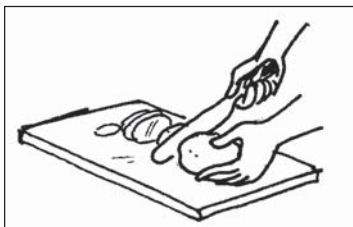
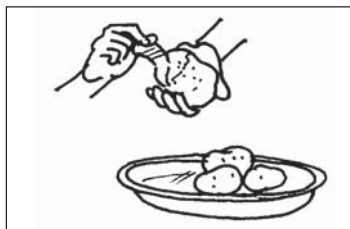
Wash.
(cut to half if potatoes are large)
Add water enough to cover the potatoes

Put on the stove. Light the stove.
Cook for 20 minutes (If he does not know to read time, use a clock with both arm at 12 and instruct to switch off fire when long arm comes to 4) cool.

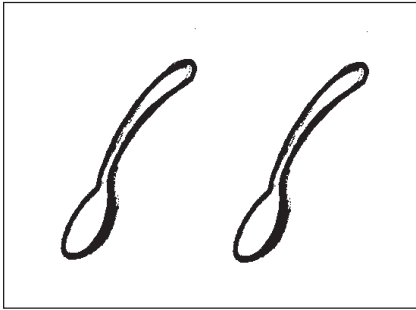


Take potatoes on a plate.

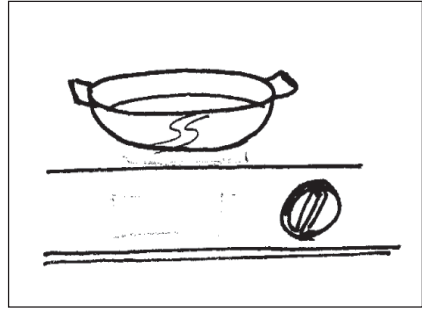
Peel.



Cut to pieces.



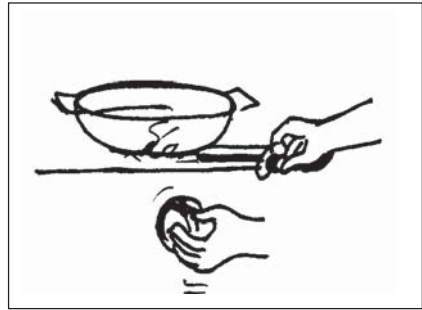
Fry pan on stove.



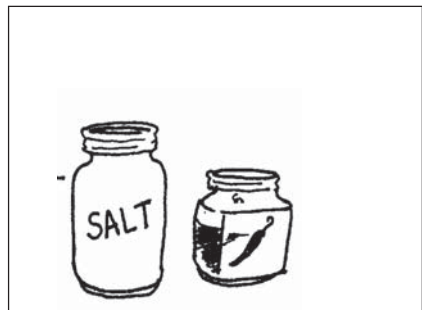
Oil (2 spoons).

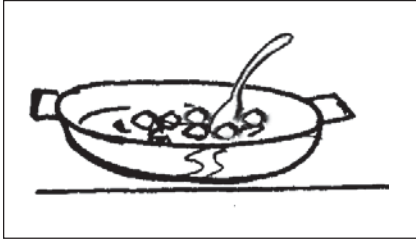


Light stove.



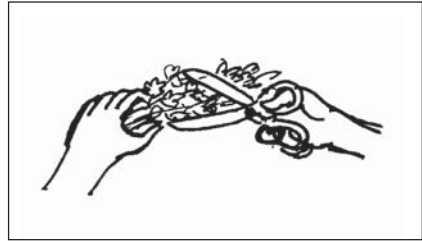
Keep the fire low.
Add potato.





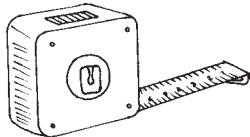
Mix, with a big spoon-Better if wooden Switch off fire

Wash and Cut Coriander leaves (3-4)



Add.
Mix well.
Serve.

Note: Here if you see every quantity is shown in picture for the person with intellectual disability. Similarly do for other recepies.



Suppose you want him to measure distances and he cannot read a metre tape, use a rope. For instance, planting saplings at every one metre distance. Take a long rope, make a knot or a colour mark at every metre length and fix on the ground. Let him mark the knots for digging.



Remember to use your imagination based on the situation and need.

The idea here is converting **abstract** concepts to simple **concrete** items and activities.

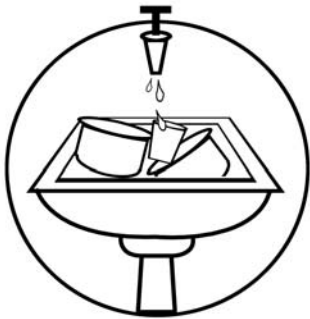
We shall see some more such adaptations later



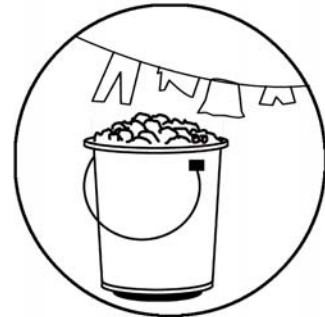
DOMESTIC ACTIVITIES

Involve persons with intellectual disability in domestic activities right from young age. Begin with simple tasks like dusting, clearing trash in trash can, peeling boiled potatoes, stacking washed steel cups and glasses in their places in rows and so on. Appreciate him for every right performance. As he grows, increase difficulty level in domestic activities.

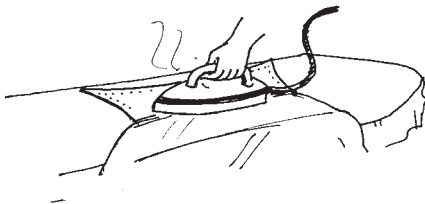
Most common domestic activities that a person with intellectual disability can do are those which are routine, repetitive and do not require high level of thinking and problem solving. This may include:



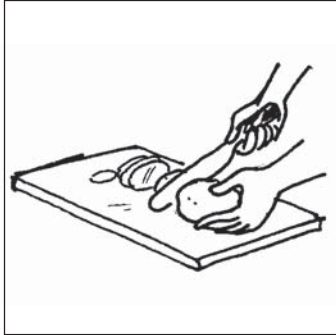
Washing utensils



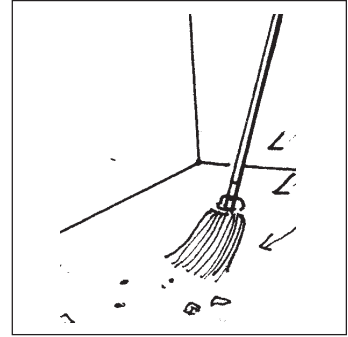
Washing clothes



Ironing clothes



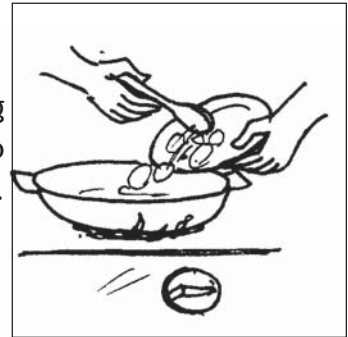
Cutting vegetables



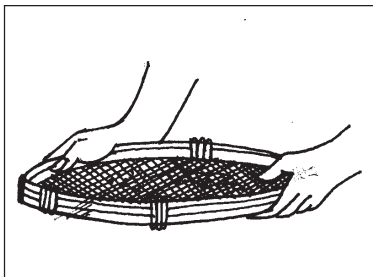
Brooming and mopping



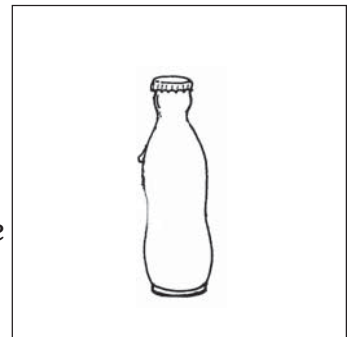
Shopping (with an adult)



Basic simple cooking
(making salad, boiling rice, making sandwich and so on).



Cleaning foodgrains



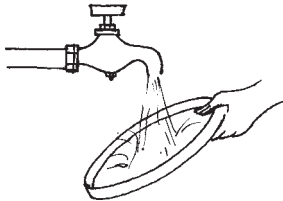
Filling water in bottles for fridge

You may add more to this. Remember, the activity should be routine and repetitive not requiring problem solving skills.

Some tips now!

☹️ **Difficulty seen : Does not wash utensils very clean.**

😊 **Try this!**

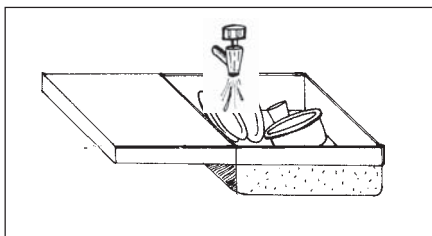
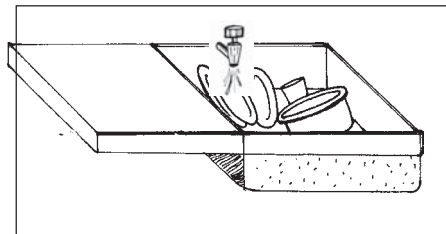


Begin teaching with unbreakable plate, glass and spoon that he uses. Let him wash after each meal. Show him the sequence – 1. rinse, 2. apply detergent and scrub, 3. rinse, 4. place in draining place, 5. wipe.

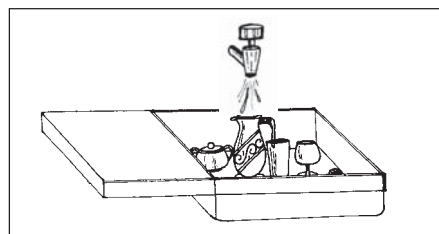


Rinsing is easy if there is a tap. If pitcher is used for water, initially you pour water as he rinses. As he masters rinsing, allow him to pour water and clean or dip in water and clean.

Gradually add other utensils.



Teach him to soak the ones with sticky food items.



Finally let him wash fragile glass items after mastering washing.

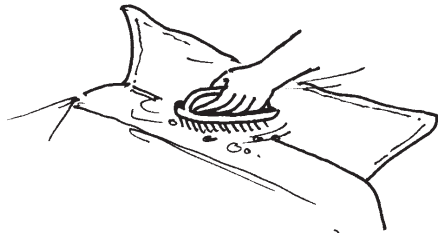


Difficulty seen : Does not wash clothes well. Dirt remains. Is in a hurry to finish.



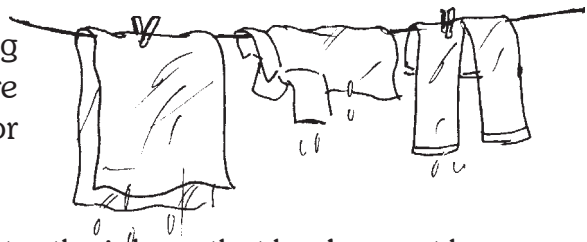
Try this!

Begin with his/her own small clothes. Rinse – soap – scrub – rinse, or in quarter bucket warm water – add soap powder – foam – soak – scrub – rinse – whichever is the practice at home.



The key point is showing where the likely dirt is before he soaks. Example, collar/cuff of shirts, back of pant/skirt. Make sure that he scrubs those places after soaking.

Show him squeezing and drying with clips fixed, which incidentally are very good activities enhancing motor coordination.



Initially, be with him until he completes the job, so that he does not hurry up. Gradually fade help.



Remember to appreciate and thank him if he washes others' clothes.

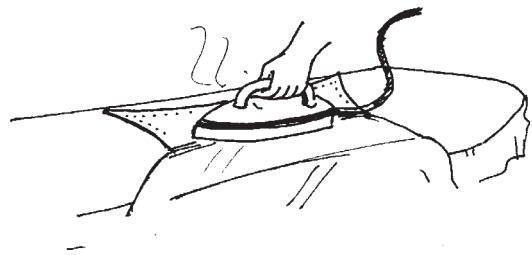


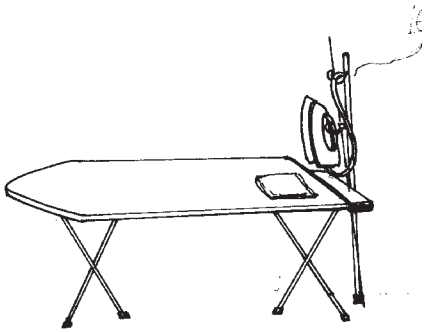
Difficulty seen : While ironing, burns clothes. Hurts self.



Try this!

In the sequence of ironing, begin with such places which will not show if burnt. For instance, inside back of collar fold in a shirt. After adjusting heat, tell him to try there first. Even if burnt, it goes into the fold. Similarly, inside hem or inside waist line of pant/skirt is the right place to start. Tell him to stop if it changes colour/burns.





Stand behind him and help him with right posture and movements of iron. This will prevent getting hurt. Gradually fade help.

Fix a groove for the wire to pass through. Fix a hook to hang iron when not in use (see illustration).

Brooming and Mopping

☹ **Difficulty seen : Not clean. Litter remains.**

😊 **Try this!**

💡
😊 **Remember brooming is done walking forward. Mopping is done walking backwards.**

First teach brooming from the corner of the room - a room relatively less crowded with objects.



Broom the room moving forward with trash in front. Collect in trash tray.



After perfecting brooming, teach mopping by walking backward with mop on floor in sweeping motion. Be behind the student and help when he leaves dry patches.

Gradually let him/her do in room with objects.

Cutting Vegetables

☹️ *Difficulty seen : Not able to cut.*



😊 *Try this!*



Begin with simple peeling like onions, boiled potato, shelling peas, any task that does not need peeler or knife.

Next, introduce use of peeler on long vegetables - carrot, cucumber, radish. Hold vegetable in left hand - top to bottom peeling with peeler in right hand.



As he masters, train on round vegetable like potato, raw mango and so on.

For use of knife, follow the sequence in vegetable as shown below.





- slice carrot, cucumber, lady's finger, radish, beans. Hold with left hand and slice uniformly with right hand.



- Cut cube-brinjal (egg plant), potato.



- Shred onions, cabbage - needs more skill in holding.

- Peel, cut and remove seeds - pumpkin, papaya, etc.

Note: The idea is, while teaching, begin with such vegetables so that you move from easy to difficult. Remember the task difficulty is gradually increased so as to let him learn.



Occupational Skills

Any gainful occupation by a person with disability leads to economic rehabilitation. It can be directly carrying out the task or helping family members to carry out the tasks, which lead towards generating income for the family. The challenge is use of locally available resources and having a market demand or income generating capacity.

Note: Economic rehabilitation is *not* providing a disabled person salaried employment only.

What are the tasks suitable for persons with intellectual disability?

They learn when trained systematically.

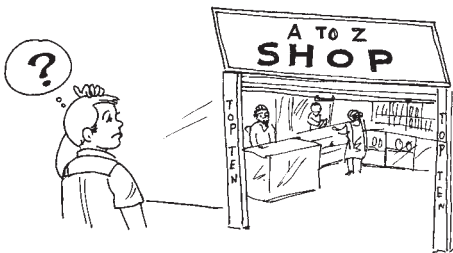
They perform repetitive tasks effectively, which are routine, without day-to-day variation.



They perform well in situations that are non-threatening to them.

They are comfortable when the situation does not demand problem solving everyday.

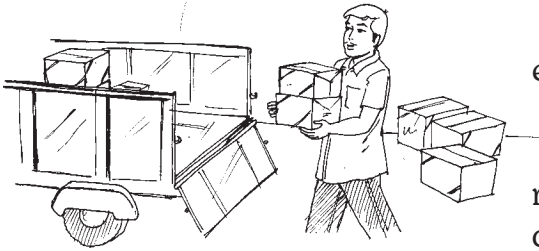
They carry out tasks with sincerity (most of them do not know to cheat).



Once learnt, they carry out the given job without supervision.



They do not give lame excuses and escape responsibilities.



Many young men with mental retardation carry out manual jobs demanding physical strength efficiently without getting tired.



Difficulty seen : Decision on selection of trade.



Try this!

Selection of job will depend on the locality in which he lives, the socio, economic, cultural nature of the community and the demand for the job. Select the trade carefully.

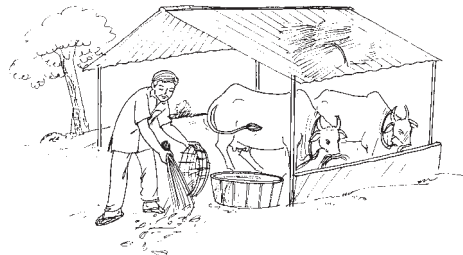
After selection, chalk out:

1. Job skills
2. Job related skills
3. Episodic skills

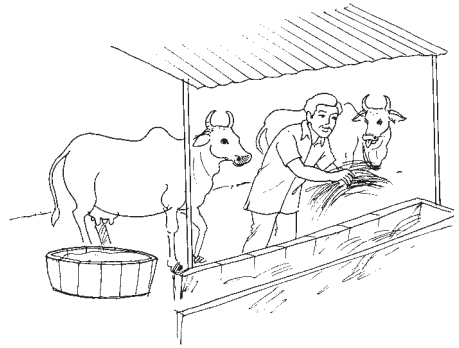
Let us look at the example. Consider the job of ***dairy farming***, where you wish to engage a person with mental retardation as a ***helper***. What are the tasks he has to perform?

a) Job tasks :

Cleaning the shed.



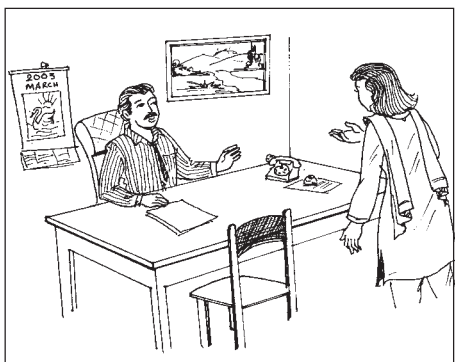
Mixing cattle feed/grazing cattle.



Distributing milk and Reporting to the supervisor.

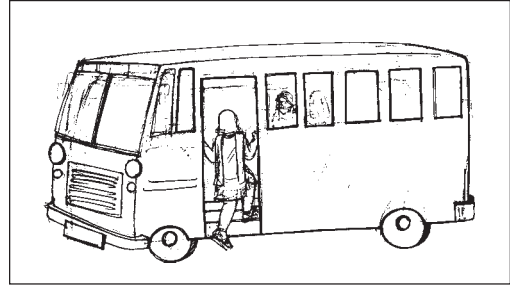
b) Job related skills

Interacting/communicating with supervisor, punctuality - coming to work on time

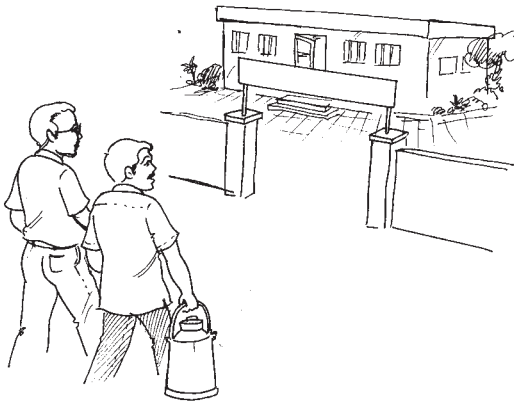


Reporting to supervisor if any cow looks sick, informing when the stock of feed is exhausted and has to be bought.

Travel skills from home to work place



c) episodic skills



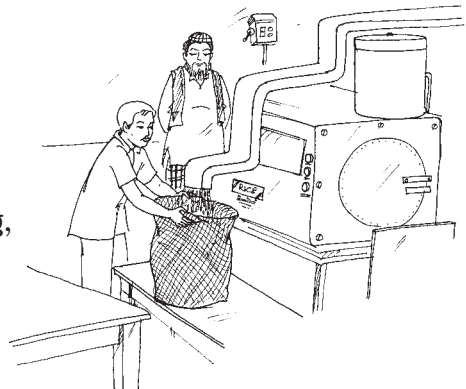
Going to market with supervisor whenever asked to - to buy feed or sell milk carrying out job other than dairy related if told by the supervisor (under supervision - such as lifting transforming sacks of manure/grains)

After listing the tasks like this in three categories, sequence the job tasks, i.e., what should be done first, what is easy to do and how the other tasks should be ordered. Train your student in one task at a time.

What are some suitable jobs for persons with intellectual disability?

Try the list below!

Work in rice mill (processing, dehusking, puffing). Helper in printing press.

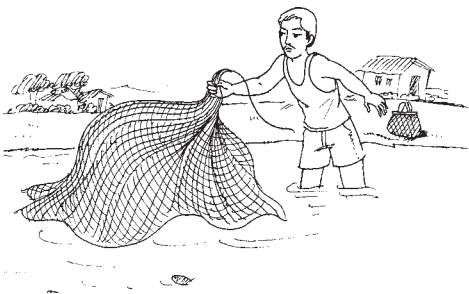
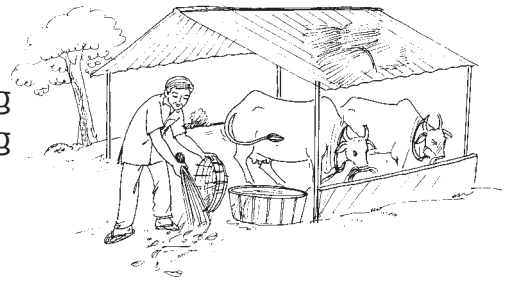




Weaving (once loom has been fitted and organized, routine weaving).

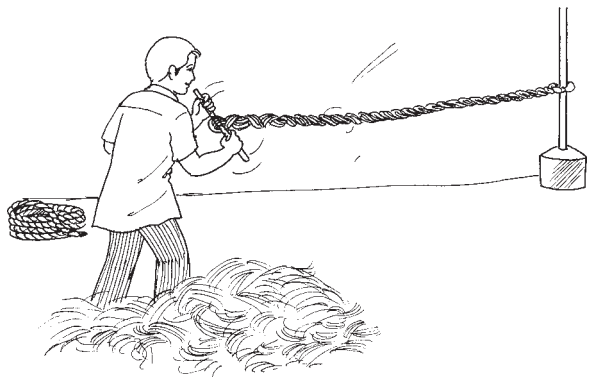
Agricultural farming (cleaning weeds, directing water, driving away birds and animals).

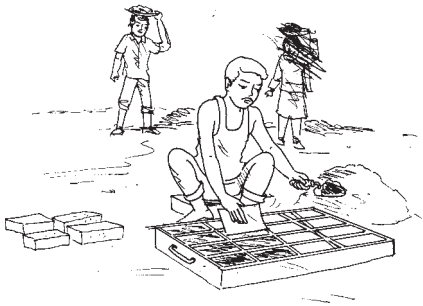
Dairy farming (cleaning shed, grazing cattle, distributing milk to customers, feeding fodder, making cowdung cakes).



Fish processing (drying fish, cleaning fish, support in fishing, rowing boat).

Rope making and coir products (in many sea coasts - a major income generating job requiring routine work).





Brick making (putting in moulds, keeping in and removing from kiln, stacking)

Papad, pickle making (help the maker as required - running errands).

Vegetable plucking, cleaning, selling.

Help in carpentry, blacksmithy, petty shops, pottery.

You may add more to this list.



Note: Keep in mind that ability of your trainee and the job should be carefully matched.



Difficulty seen : What to do with those who cannot be employed?



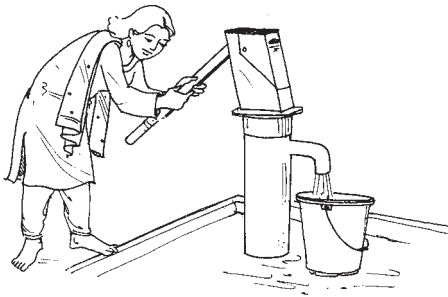
Try this!

Most of the persons with severe mental retardation cannot be thus engaged. As a CBR worker, it is your responsibility to see that such persons with severe mental retardation and therefore non-employable are also kept occupied and productive. This involves providing them opportunities to carry out tasks at home.



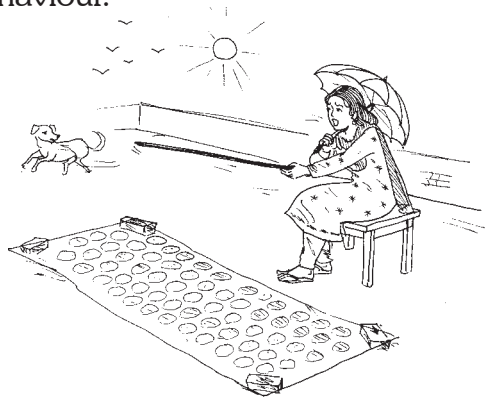
Sensitize the parents on tasks they **can** perform.

Note: Involving in productive activities reduces problems behaviours.



For instance, the person who beats self, can be engaged in manually pumping water from well or watering plants. Appreciation and reward, following his watering plants, will increase watering behaviour, and reduce self-injurious behaviour.

At home engaging in domestic activities (as listed earlier), driving away birds and animals while drying salted fish or other food products stacking utensils in order and such other domestic activities will reduce workload of family members and keep the person with intellectual disability busy and productive.



Remember.....

- to consider the avenues and options when you plan on job training and placement.
- to assess not only the strengths of the affected person, but also that of his family members and the community.
- to find out the interests of the person with mental retardation.
- to teach simple steps first and gradually focus on difficult ones as he achieves.
- to engage the person in suitable household activities if he cannot be employed. Do not allow them to idle.
- not to consider any one as 'useless' or 'hopeless'.



Social Skills

A major challenge in training person with intellectual disability is helping them to acquire appropriate social skills.

We have seen that they have difficulty in adjusting to change. Social situations constantly keep changing posing problems of adjustment to persons with intellectual disability.

Note : Some of the social situations are ***predictable***. Example, visit to gurudwara/temple/church/mosque to follow specific rituals. Some are ***not predictable*** - accident, sickness or death of family members.

To help them.....

List predictable social situations they may have to face.

Visitors at home.

Visit to place of worship.

Attending festivals/ceremonies.

Participating in group activities.

Attending to phone calls.

Any other.

First train him in the social graces expected for known situations. Let him greet others using the correct gesture, expressing gratitude by saying thank you, waiting for turn, saying sorry suitably..... and so on.





Also tell him to report when abused or exploited. There are occasions when persons with intellectual disability are used for illegal purposes such as boot legging, drug trafficking, or prostitution. Sensitize them to such activities and tell them to report immediately or **shout loudly** if they feel uncomfortable with anyone. This will alarm others and they will help him.

Sensitize the community about his limitations so that he is treated well.

Do not isolate and lock him up. Instead, encourage family members to expose him to social situations.

Be a link between him, family and community in involving him in social activities.

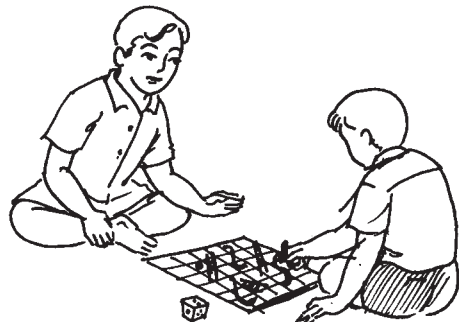


Recreational Activities

All of us have some time to ourselves. We like to do things, we like and relax..... watching TV, playing games, drawing, painting, sewing, listening to music... .. anything that we enjoy.



A person with intellectual disability generally has difficulty in deciding what he wants to do and how to relax. He needs help. Many activities we do in leisure involve other friends or family members. Think of games - indoor and outdoor - a person with intellectual disability may want to participate. He may not understand rules of the game. Try to simplify rules or get him an understanding partner.



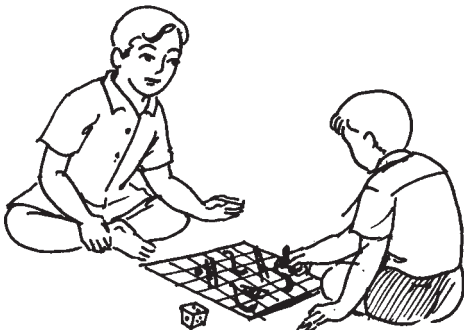
Outdoor Games

Select and involve him in games having least or no rules - throwing ball, skipping using ropes, hide and seek, treasure hunt, musical chair and so on.



Indoor Games

Games like snake and ladder, find the pair (from among many objects), Chinese checker and such games will hold his interest.



Drawing and painting

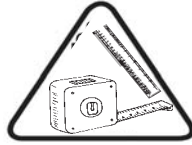
Begin with simple painting. Allow him to have freehand and let him use his imagination. Encourage him. Painting such as blow painting, finger painting, hand painting and thread painting are easy to do and the outcome is beautiful.





Music and dance are known to be having therapeutic effect. Encourage listening to music. Encourage singing and dancing. Many persons with intellectual disabilities have a good sense of rhythm. Encourage them to learn playing an instrument. Let them participate in social functions and perform.

Leisure and recreation activities are very relaxing and help reducing problem behaviours remarkably in person with intellectual disability. Provide them opportunities and allow them to express their talents.

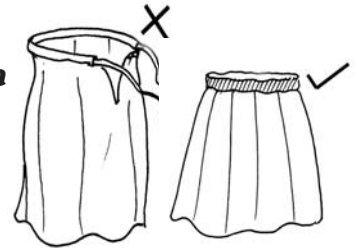


Indigenous Adaptations

To compensate for their intellectual disabilities, certain items of daily use can be adapted or modified and made simple. Let us see some of them.

 **Difficulty seen : Cannot button or unbutton**

 **Try this!**



Where tape are used, replace with elastic.

As shown earlier, under the button, fix small velcro strips.

Let the child wear the shirt and press the velcro. Allow the button on the outside to stay as it is as no one will make out velcro inside.

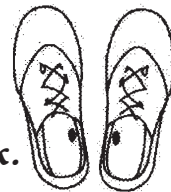
 **Difficulty seen : Does not know right and left in shoe or slipper.**

 **Try this!**

Fix a dot on the inside sole of the each slipper. See picture. Instruct the student to see whether the dots are next to each other before slipping the feet.



In the shoe, let the dots be in the inside of the sole. See picture.



 **Difficulty seen : Does not read time on a clock.**

 **Try this!**



If he knows to read numbers, teach using digital clock. Instruct him that the number on the right of the dot is minutes and the number on the left is hour. He will now read time perfectly to the minute.

 **Difficulty seen : Does not read. Hence cannot do shopping.**

 **Try this!**

Make shopping list with small pictures of the items to be bought, stick in it the brand name and weight. Let him match and pick up.


 **Difficulty seen : Cannot weigh.**

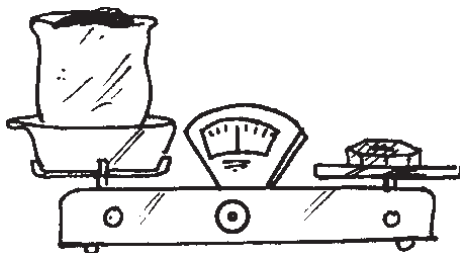
 **Try this!**

Convert the weight to volume. Measure in a tin exactly a kilo of the product (say rice) cut the top of the tin to the size.



Paint picture of rice grain and 1 kg. on the tin for identification. Let him be taught to flatten the top of the tin after filling and put in cover.

 **Remember to make one tin each for each grain, as weight and volume differ among products. Paint the picture of grain and weight for identification.**



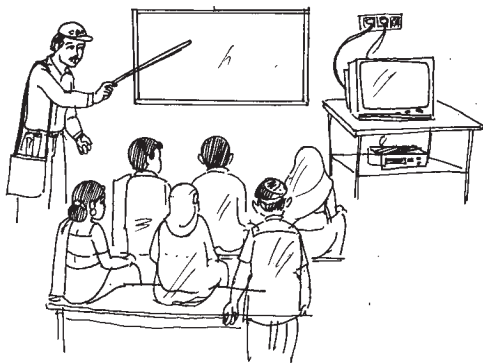
An electronic weighing machine that has colour indicators for 'add' and 'remove' as shown in picture also is very effective. The weighing machine may show 'red light' for add more grain' blue light for 'remove grain' and 'green light for perfect weight.

A number of items can be thus adapted. Use your imagination and locally available materials. A person with intellectual disability will be helped by this effort to be independent.



Linkages

A CBR worker has the responsibility of creating awareness among people about their rights, possibilities of improving their quality of life in general and inclusion of persons with disabilities in their mission. You can help in formation of self-help groups to advocate collectively to receive facilities and services for themselves and their disabled counterparts. Self-help groups are voluntary groups of people that function with the aim to achieve collective goals of the group.



Educate them on mental retardation.

Guide parents to get help.





Involve a number of parents as members.

Identify a common place to meet periodically.

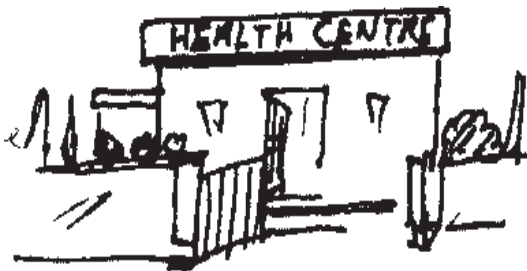


As they learn to take initiative, support them, encourage them, appreciate them. As they get stable and stronger, fade your help.

Note: Self-help groups help parents to feel that they are not alone with a retarded child, there are others and together they can work for the betterment of the life of person with intellectual disabilities.

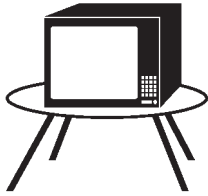


Remember to continue updating them on the latest government schemes, trends and such other relevant details so that they benefit from the information.



Every village generally has a primary health centre (PHCs) and a primary school. An arrangement can be made by which the therapists from the district head quarters are available at PHCs periodically.

A mobile team of therapists may visit villages periodically with prior planning and assist the CBR workers. The job of the therapist is to assist the home visitor/CBR worker by directly demonstrating how to carry out the therapy for a given person in need.



Video tapes of various therapies made available to CBR worker is another very useful method of enhancing his skills.

Where and how does a CBR worker carry out his tasks?

He visits homes of mentally retarded persons, he visits schools and/or he collects them at a central place in the village and imparts training. Let us see each of these settings.

Centre based training

This is a form of home training where the persons with mental retardation can be brought to a central place like a community hall. As a CBR worker you can form groups of them with similar age and needs and demonstrate the training. By this, the caregivers learn by imitation. In your absence they may discuss with each other and clarify their concerns if any.



Primary schools



The teachers are an active group of trainers. Interact with them before you take efforts to get all children with disabilities in schools. Then visit the schools regularly and follow up. Assist the teacher with positioning of the child in class.

In her co-curricular activities, help her to include music and movement activities. Let other non-disabled children carry out

activities along with the retarded child. If the teacher is trained initially, she will learn the skills and utilize them for other retarded children in the years to come.

Itinerant training (home based training)

This is a process where you as a CBR worker will go to the homes of retarded persons and train the caregivers. When incorporated into activities, therapies become very interesting and rewarding. Use the materials available at home to train.





Mobilising Resources

You need not be an 'expert' to help people with disabilities. First, look at them as people like anyone of us - having basic needs, feelings, emotions, ambitions. They too deserve to lead lives with dignity like us. Therefore, just be yourself. Treat them like anyone else. Treat them like the way you like to be treated. You will soon find that you are helping them and they are happy in your company. You will gain confidence to give the right support to their disability simply by looking at the need and the challenge. Have you heard the Bumble bee story? Well, according to scientists the bumble bee's body is too heavy and its wings too small. Therefore, aerodynamically, it cannot fly. Perhaps, it keeps flying because it does not know aerodynamics!! The key to success is be yourself, respect other human beings, help them so that they lead dignified life.



To help persons with disabilities, you need to gain the confidence of the community. Develop positive attitudes in them by highlighting the disabled person's abilities and the community's responsibility towards them. **Leadership** and **team building** among the community is a very essential feature of your effort. Involve persons with intellectual disabilities too. Make them contributing members by identifying their strengths.



Remember, joint efforts of ants help them achieve their goal.

Mobilise resources within the community. Talking of resources, what are the various resources?

- money
- human beings
- environment
- persons with intellectual disabilities themselves
- government and non-government agencies



All of us owe responsibility to self, family and community. So does a person with mental retardation.



Remember! Resources are around you. It is your smartness to perceive and utilize to achieve your goal.



For instance, a grand father retired from job at home may be a good human resource to train the child with mental retardation in his family. This in-turn will reduce the burden on parent and increase the feeling of self worth in the grand father for being useful.

Meet the key members in the community like like the village head, local religious head and others who can influence the public as your partnersn and build a team. Help the people to help themselves. Let them form self-help groups.



Know the government and non-government organizations working in that area. Gain their goodwill and establish linkages so as to benefit the persons with intellectual disability.



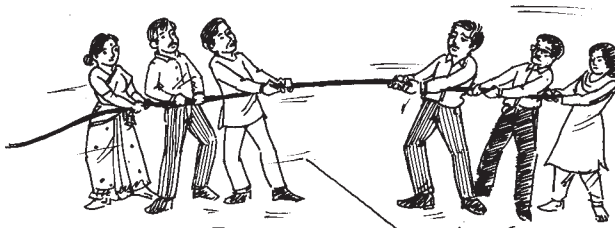
Look for the strengths of everyone in the community and involve them in your efforts.

Appreciate and recognize them.

Help them pool all resources and have a goal oriented utility for the resources.

Make them feel that no one is worthless or useless by giving them opportunities to perform.

Play team building and leadership games with them so that they shake off their inhibition, realize their strengths and goals and establish rapport to work together.



Inculcate the sense of responsibility towards community in every individual right from childhood. Involve the schools for this purpose.

Support to families

When the parents are told that their child is mentally retarded, the first reaction they usually have is **helplessness** 'My whole life is doomed'. Parallely the parent feels **denial** also. 'No, nothing is wrong with my child. Consult another doctor/priest/faith-healer and he would say "all is well"'. On occasions, you will find one parent accepting the problem while the other denies the presence of the condition. In such circumstances, you can help the parents to meet other such parents and form support groups which will give the 'new parents' the feeling of 'I am not alone after all!



When the parents realize the truth, they may feel **shocked**. 'How can it happen to me?' It is very traumatic. You be very patient and show understanding.

Many a time, you will come across parents who are **guilty**. 'What did I do wrong to deserve this..... My karma... my sins....' and countless such other thoughts. One way to help them overcome guilt is to divert them into actions for improving the child, allowing them no time for feeling guilty.



Some parents may have feelings of **uncertainty** especially when the cause of mental retardation in their child is unknown. 'Why has this happened.....?' is a torturing question in parents. Helping them to find professional help is the best thing you can do as it shifts their thinking from 'WHY' to 'WHAT NEXT'.



Note: With the best of resources made available, when cure is not possible, the parent shows **anger**. Anger may be directed upon you too. Understand and help them.

Another major feeling the parents have to cope with is **resentment**. As they are surrounded by families of non-disabled children, the complaints of such parents of non-disabled children seem trivial when compared to their own as their child is always 'different'. Talk to the neighbours and have them accept the child.





Remember, you have chosen to work with persons with mental retardation, whereas, no parent chooses to become a parent of such a child.

Therefore, accept the parents as they are, try to understand them and give emotional support.

Involve the family including siblings and grand parents in the training of the child. When whole family feels the responsibility, blaming each other will be minimized.

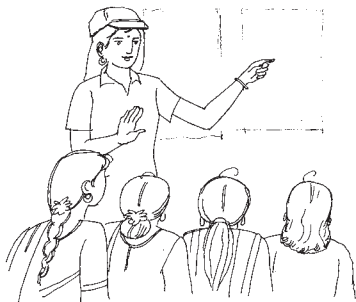
Participation of the community



Constant efforts towards creation of awareness among the community members will naturally lead them towards participating in welfare activities. As such, we have welfare organizations, women's rights groups, adult literacy groups and many other welfare agencies in all communities. All of these can act as agents for change.

Note : First step towards involving community is making them aware. They should be made to understand that it is just by chance that the persons with mental retardation are the way they are. It is the same chance factor because of which we are not retarded. Therefore, every single person has a duty towards them in the society.

Have informal, one-to-one talk, small group conversation and large group addressing to make people understand their role.



Use a lot of charts, posters, visuals and stories to inform and motivate them. Where possible use film strips/videos.

Compose short, simple songs on prevention, early detection, referral and advantages of community participation. Let them sing in chorus and pass on to others.

Appreciate and recognize any one in the community who has helped a family of person with disability in any manner. Social approval and recognition motivates others also to do so.



Narrate success stories. If possible, get the parent himself/herself to talk about it.



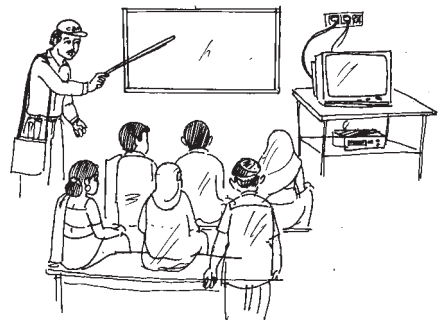
Take efforts to make every person in the community 'feel' that he/she has a responsibility towards the retarded members of their society. You, as a community based worker can really bring the pieces together to make a whole for helping the persons with mental retardation and his family.

Meeting the informational needs

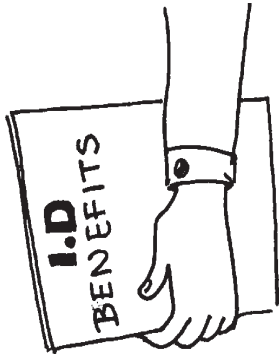


From the time the child is found to be different, ***parents and family*** seek a lot of information - what is wrong, where to get help.....what about education, can he be cured... how far will he be independent...what government supports/benefits are available.....will other children also be affected...can he be left somewhere....who will look after him after parents are dead....and many more.

The ***community*** will also have doubts such as 'is he evil... is he a god child... will he hurt others... is his problem infectious... what causes..... can he be in the same school like other children... can he work and earn... and so on.



Be updated with information on mental retardation thoroughly. When you talk to peers and siblings, come down to their level and clear their doubts through episodes and stories. Be positive, but give no false information that will rise hopes in the family members.



Always carry with you copies of government schemes of benefits and concessions for distribution to the needy parents. Tell them the procedures to get the benefits. Keep yourself abreast with the latest information as the Government keeps bringing out new benefits and schemes for the disabled persons from time to time. Make it a point to keep at least one day in every month for talking to people regarding latest developments and trends.

Take the queries of the people to the professionals or concerned authorities, find answers and inform them promptly, as you may not be aware of everything. If the public and parents develop confidence, you will get their cooperation to work in their community. Get their goodwill and confidence.



TIPS TO THE TRAINERS

CBR workers will have varied and many-a-time only basic education. Therefore, this booklet has been designed in simple language without technical jargons and with as many illustrations as possible. Despite the simplification, the grassroot level (CBR) workers may need a few days training before they venture in the field. The trainers are requested to go through the following pages before training the CBR workers.

Begin the training with introduction.

Try this!

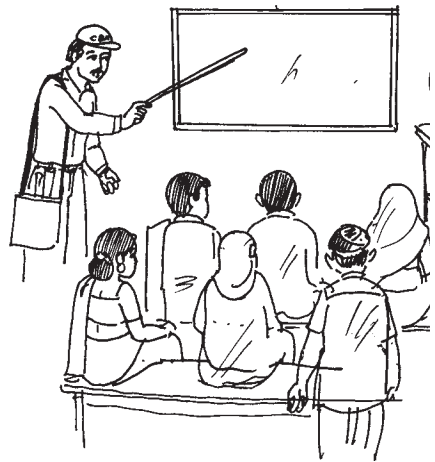
After greeting, tell them “All of you will have 10 minutes now. Talk to your neighbour (including me!) and find out how much ever information possible about him/her. After 10 minutes, each one of you will introduce your neighbour to the group”.

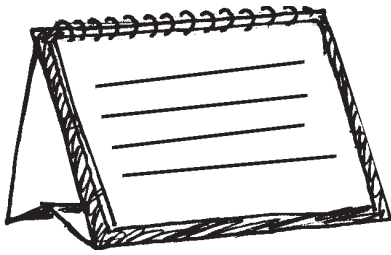
This will help in breaking the ice and establishing rapport in the group. You also be part of the group to learn about one person and let him/her know about you and introduce.

After introduction, tell them illustrative stories describing persons with disabilities (include all disabilities) and ask the group ‘what is wrong with the child?’, ‘why do you think it happened?’, ‘what can be done to him?’ and so on. This will let you know how much they are aware and/or if they have any superstitious beliefs.

Gradually narrow down to intellectual disability. Take support of initial pages of the manual and tell them about intellectual disability. Encourage participation.

If any of them has seen persons with intellectual disabilities, let them describe and others react.





Explain developmental delay. If possible, use flip charts or video films to explain normal and delayed development. If many trainees are mothers, ask them for normal milestones such as 'when does a child normally roll over, sit, stand, walk, talk, etc'. Take lead from there and tell them about delay in children with intellectual disability. By this, they understand better.

Give them exercises. Let them list out what they know about intellectual disability and their performance difficulty.

For every session, after every half or one hour of sitting and listening, have a 15 minutes as movement activities either working in small groups or enacting a situation and so on. This will break monotony and sustain interest of the group.



Maintain the order of life cycle while talking about training tips. Begin with early intervention and go in the order as shown in the booklet.

Tell them on performance difficulty, let them **think** of how to solve. Finally, call one of them to the front and demonstrate how to train. For instance, how to support 'picking up food and directing to mouth'. Demonstrate as many skills as possible by calling volunteers from the group. After you show one, let them come up with more solutions.

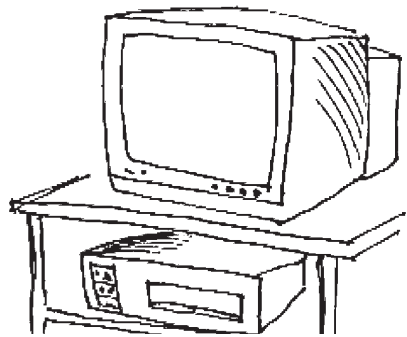
If possible, bring children with intellectual disability and their parents to the training sessions. Select willing parents. In small groups, let the trainees interact and gather information. Later have group discussions on what is wrong, what are the strengths and what can be done.



While talking about community and resource mobilization, give them exercises on group dynamics. Divide them in groups, give the groups a common task and see how each group solves it. Analyze with them: 'which was the best method, who had what strength in each group, how you used it, who had what limitation, how you had overcome and proceeded, What were hurdles' and so on.

These exercises help in understanding communities and suitably planning. Each time, shuffle the groups so that every participant gets a chance to interact with all others.

Every evening, give them homework that needs thinking and finding solution. For instance, narrate lifestyle of a person with intellectual disability, his family and the problem they face - hypothetical situation. Let them come with solutions the next day. Analyze through peer evaluation and evolve best solution.



Use films, video, CD clippings if you have to add to the variety and to sustain interest.

After the training when they go to the community to work, keep in touch with them, follow up and gradually fade support.

Last, but not the least, select the CBR worker as far as possible from the same community where he/she will be working. This will lead to better understanding of people by the CBR worker and better acceptance by the people in the community.

Good Luck!

