

INNOVATIVE PRACTICES IN THE FIELD OF MENTALLY SPECIAL SCHOOL CHILDRENS AND ROLE OF PARENTS

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Abstract

All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator, in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normal schools, severe in special schools/ remedial schools, drop outs who have problems in availing benefits of normal schools can join open schools. All the children with learning disabilities alone are first managed in the normal schools. Open and special schools also offer vocational courses also for children with disabilities. The child with mental retardation has special needs in addition to the regular needs of all children, and parents can find themselves over whelmed by various medical, care giving, financial and educational responsibilities. Government of India, "The National Policy on Mental Handicap", has emphasized the importance of home-based care with parents as partners in the care process. The present paper focused on the study of teaching strategies and learning materials for mentally retired children with prime objectives are (i) To understand importance and innovative best practices for mentally special school children's (ii) To discuss the role of teacher in the mentally special school children's.

Key Words: Teaching strategies, learning materials, mentally retired children



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Introduction:

Someone with intellectual disability has limitations in two areas. These areas are: Intellectual functioning. Also known as IQ, this refers to a person's ability to learn, reason, make decisions, and solve problems and second area is Adaptive behaviors. These are skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.

IQ (intelligence quotient) is measured by an IQ test. The average IQ is 100, with the majority of people scoring between 85 and 115. A person is considered intellectually disabled if they have an IQ of less than 70 to 75. To measure a child's adaptive behaviors, a specialist will observe the child's skills and compare them to other children of the same age. Things that may be observed include how well the child can feed or dress themselves; how well the child is able to communicate with and

understand others; and how the child interacts with family, friends, and other children of the same age. Intellectual disability is thought to affect about 1% of the population. Of those affected, 85% have mild intellectual disability. This means they are just a little slower than average to learn new information or skills. With the right support, most will be able to live independently as adults.

Intellectual disability in children:

There are many different signs of intellectual disability in children. Signs may appear during infancy, or they may not be noticeable until a child reaches school age. It often depends on the severity of the disability. Some of the most common signs of intellectual disability are:

- ✓ Rolling over, sitting up, crawling, or walking late
- ✓ Talking late or having trouble with talking
- ✓ Slow to master things like potty training, dressing, and feeding themselves
- ✓ Difficulty remembering things
- ✓ Inability to connect actions with consequences
- ✓ Behavior problems such as explosive tantrums
- ✓ Difficulty with problem-solving or logical thinking

In children with severe or profound intellectual disability, there may be other health problems as well. These problems may include seizures, mood disorders (anxiety, autism, etc.), motor skills impairment, vision problems, or hearing problems.

Important and Innovative Programs

“Innovation” refers to something new or different in approaches – techniques, methods which are introduced to deal with the situation or condition which is to be managed so as to bring about required changes. Some of the important innovative programs in the field of mental retardation are:

- Yoga and its effects on the child with mental retardation.
- Community Based Rehabilitation in the community.
- Augmentative Intervention, the catalysts.

OBJECTIVES OF THE STUDY:

The present paper focused on the study of teaching strategies and learning materials for mentally retarded children with prime objectives are

- (i) To understand importance and innovative best practices for mentally special school children’s
- (ii) To discuss the role of teacher in the mentally special school children’s.

INNOVATIVE PRACTICES

Children with learning disabilities show greater learning when techniques like task analysis, peer teaching, cooperative learning, learning corners and multisensory approach are used. The following innovative practices would be helpful to both the parents and teachers when trying to teach such children

Yoga and Meditation-

Yoga is known for its time tested legacy in health care which includes prevention and treatment of ailments. Definitions Yoga is bringing two things together to unite (V. S. Apte, 1979). It causes the movements in the mind to come together and helps one achieve the fullest of his capabilities (Desikachar, 1982)

Yoga, practised regularly and systematically, helps in focusing attention on the activity that is being performed, in achieving higher levels of performance by exploiting one's potential fully and in relying on one's abilities, making one healthy, and having better relationship with others. The Yoga Mandiram (1977) has introduced yoga in a joint research project with Vijay Human Services, Chennai, a service organization, for persons with mental retardation.

Yoga for Persons with Mental Retardation •

The person should maintain a certain amount of steadiness in the posture without much effort or tension, "sthira" (Desikachar, 1982). • Comfort and steadiness in a posture is attained through undistracted concentration of the mind on posture. • The practice of asana is coordinated through regulated breathing, that is, through pranayama.

Community Based Rehabilitation Program (CBR)

CBR is a solution to the available inadequate services to fulfill the needs of persons with mental retardation, especially in the rural areas.

Definition–CBR (World Health Organisation)

As defined by the WHO, CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and handicapped persons themselves, their families and their community as a whole.

Facilitating Community Participation

Community may participate (through providing manpower, facilities, logistics support and funds) and may involve itself actively in understanding the problems, feasibility of the proposal for implementation and using primary care services for prevention and protection.

Integrated Child Development Scheme (ICDS)

Health workers, urban and rural, who are given periodical inputs in health care, in early detection and identification and referrals to the health workers, nutrition, growth monitoring, and child guidance, visit the ICDS Centres regularly to implement the scheme developed by the Government of India with funding from international organizations.

Adult Leisure and Learning Program (ALLP)

An earlier survey conducted in Delhi in 1980 by the Federation for the Welfare of the Mentally Retarded, observed that persons who had received systematic schooling up to adult years were not
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directed to engage themselves in any productive or meaningful occupations. With their active participation, an improvement in the quality of life, particularly in the years after completion of school life was noticed. The young adults participate in very structured and activity-oriented recreational and learning activities, such as, story telling, playing games, learning simple cooking, visiting post offices, banks, etc., which leads to greater participation in community and family life.

Foster Care

Home Foster Care Home is a special home for children with mental retardation who require accommodation and special care. Almost all the States have initiated establishment of foster homes for their practicality and traditional approach.

Augmentative Interventions

Apart from special education, other augmentative interventions, given to persons with mental retardation, are mentioned below.

Chanting Vedic chanting practiced by persons with mental retardation has shown positive effects in articulatory movements of the lips, the tongue, and in matching the pitch in sound production (Sriram, Germany).

Dance Therapy

Rhythm, facial expressions, body language, are the different facets of dance in which training can be given. Music as an accompaniment adds to the therapeutic effects

Dance promotes the spacio-motor perception and bilateral movements; it provides follow up to balancing skills, posture corrections and other fine and gross motor skills required in performing daily living activities. As a medium of expression through facial expressions, symbols (mudras) and body language, dance has facilitated acquisition of effective communication skills and social interaction (Jyotsna Buch, Chennai and Tripura Kashyap, Bangalore).

Instrumental Music

Many music band teams have been formed by children with mental retardation all over the country. Instruments, both string and wind, and the modern day keyboard have also been introduced in special schools. Training to play on these instruments facilitates sensory motor stimulation, finger dexterity, fine motor skills, and breathing.

Role of the Parents:

No one is prepared to be the parent of a handicapped child. The parent(s) primarily learn about their child through an experience of family living, and the professionals working with these parents must focus on their experiences which are unique in every individual case. Although parents may share common problems and reactions; the combinations of possible reactions, the intensity of the reactions,

and the duration of the reactions are some factors that necessitate that each family be considered individually.

Parental adjustment may consist of any or all the following stages:

- ✓ Awareness of the problem
- ✓ Recognition of the problem
- ✓ Search for a cause
- ✓ Search for a cure, and
- ✓ Acceptance of the child

The parents should bear the following in mind:

- ✓ Foster feelings of self- esteem in your child.
- ✓ Do not compare the performance of their child with other siblings.
- ✓ All children have strengths and competencies, and these strengths must be identified and reinforced.
- ✓ Parents who convey hope provide a major force in helping children overcome adversity and become resilient.
- ✓ Parents can help children develop a sense of responsibility and contribution to their family, and the ward in general.
- ✓ Parents can provide opportunities for their child to make choices and decisions, and promote self-discipline.
- ✓ Parents can help the children deal effectively with their mistakes and failures.
- ✓ If possible, parents should attend training programmers along with the community.

References

- Brust JD, Leonard BJ, Sielaff BH. Maternal time and the care of disabled children. Public Health Nurs. 1992 Sep;9(3):177-84.*
- Gathwala.G, Gupta. S. family burden in Mentally Handicapped children. Indian Journal of community medicine 2004;vol 24No.4.*
- Booth CL, Kelly JF. Child care and employment in relation to infants' disabilities and risk factors. American Journal of Mental Retardation. 1999;March; 104(2):117-30.*
- Marji Erickson Warfield. Employment, Parenting, and Well-Being Among Mothers of Children With Disabilities Retardation2000;Vol. 39, No. 4, pp.297–309.*
- Warfield ME. Employment, parenting, and well-being among mothers of children with disabilities. Ment Retard. 2001*

Samuel Bauman. Parents of children with mental retardation: coping mechanisms and support needs. Dissertation submitted to the Faculty of the Graduate School of the University of Maryland, College Park in partial fulfillment of the requirements for the degree of Doctor of Philosophy 2004

ZUK GH. The religious factor and the role of guilt in parental acceptance of the retarded child. Am J MentDefic. 1959 Jul;64(1):139-47.