

# CREATING A NEED BASED GROUP GUIDANCE PROGRAM FOR THE PARENTS OF INTELLECTUALLY CHALLENGED

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## Abstract

*Guidance, as one of the branches of applied psychology, enables or assists the individual to solve educational, vocational and psychological problems. The objectives of the study were: to identify areas of guidance for the trainable intellectually disabled individuals; to establish the parents' perspective on working with their wards under training for learning vocational skills on behavioural as well skill aspects, and to tabulate guidance schedule after the above have been identified and links established between areas, perspective and workability. 50 intellectually challenged individuals and their 50 corresponding parents (mothers) were selected; the wards were undergoing vocational training. Chronologically they were all above 16 years from Chandigarh and surrounding areas only. The tools included self developed information sheet about IQ, age and the family history. Observation schedules were used at the institutions they were being trained under and further, individually at home. Inputs were added from significant others.. The inputs from parents and from stakeholders definitely have a scope for policy and day to day programs to be included.*

Keywords: intellectually challenged, trainable mentally retarded individuals, guidance schedule

## Introduction

Guidance, as one of the branches of applied psychology, enables or assists the individual to solve educational, vocational and psychological problems. The study here is in context of special population based on intellectual limitations. The work has been done in bringing them to a functionally literate level and then to train them on doable skills after the relevant screening is done and feasibility established. The movement of the parents of intellectually disabled has resulted in three important gains. Traditionally, these were under the term mental retardation. The article uses the term only for technical reference, and further deals with the development characteristics, potential for education and training, and social and vocational adequacy. The guidance for parent training began by involving parents in the educational curriculum of their children followed by other early education programmes. Some evidences came in which it was indicated that parents' attitude, verbal behaviour, social responsiveness, participation with the mentally retarded individuals and the aspect of home environment improves as a consequence of parents' participation in early intervention. Therefore, guidance is also required for the parents of intellectually retarded. Every institutional assisted program allows specific programs based on identifying special needs. Aggarwal (2007) suggested career conferences for special children be organized to gather inputs from various researchers working in the area.

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Individuals with intellectual limitations can learn new skills, but they develop more slowly than those with average intelligence and adaptive skills. There are different degrees of retardation, ranging from mild to profound. A person's level of intellectual retardation can be defined by their intelligence (IQ), or by the types and amount of support they need. According to American Association on Mental Retardation (1992), mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average general intellectual functioning existing concurrently with related limitations. Banik and Mishra (1997) stated mental deficiency be a condition of sub normal mental development present at birth or during early childhood and characterized mainly by limited intelligence and social inadequacy. According to Stedman's Medical Dictionary (2001), mental retardation means a sub-normal intellectual development or functioning that is the result of congenital causes, brain injury or disease and is characterized by any of various deficiencies, ranging from impaired learning ability to social and vocational inadequacy. According to Sahu (2002), mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the development periods. Thus, mental retardation refers to the significantly sub-average general intellectual functioning of an individual, which results in mal-adapted behaviour, low sociability and dependency on others even to fulfill their basic needs.

For a scientific diagnosis of mental retardation, therefore, there are four approaches, namely, a medical examination by the doctor to ascertain the exact line of medical treatment needed, a psychological or psychometric examination to assess intelligence and other abilities or aptitudes, report from the school attended on history and on other achievements and then establishing practical method for further training or for remedial treatment.

Specific Characteristics of Trainable Mentally Retarded Individuals include dependence on parents, though they can be trained according to the necessities of life, lack of speech, verbal expression, are trainable but not educable; there is a marked delay in development; they understand the spoken words, protect themselves against danger and perform routine tasks under supervision, can develop some language and some habits, and cannot be taught much by way of reading or writing, counting money. There is delay that is noted in feeding, dressing, washing and in acquiring control over bodily functions, their speech is very limited, they are slow in motor co-ordination and they learn to talk and carry on a simple conversation.

Functional development of people with mental retardation shows that adults with mild retardation can attain literacy, self-help skills, good speech and semi-skilled work, adults with moderate retardation can attain literacy, self-help skills, domestic speech, unskilled work with or without supervision, and that adults with severe retardation can acquire self-help skills, minimum speech and assisted household chores.

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Vocational Training and Education of Mentally Retarded Individuals, is based on an understanding of these factors and on willingness too. They need repetitive kinds of activities (Agrawal, 2007). They are capable of deriving benefit from education, though they differ from that of normal children. The educational programme for the trainable mentally retarded emphasizes physical, psychological and social rather than intellectual skills. Self-sufficiency and independence are stressed so that the burden which they impose on their parents and on the community is minimized.

**Role of the Parents:** The education of the trainable mentally retarded individuals requires some specific characteristics in parents which include that the parent/caretaker must have special training in the education of mentally retarded children, have empathetic attitude towards the trainable mentally retarded individuals, should work in cooperation with teachers and others associated closely in day to day life, should be mentally healthy and resourceful, should seek guidance to help their mentally retarded child/ward for better adjustment in life and vocation, should protect, support, encourage and keep their ward motivated and interested in the chosen vocation and should help the child psychologically and physically to improve so as to enhance performance in daily life.

### **Objectives**

To identify areas of guidance for the trainable intellectually disabled individuals.

To establish the parents' perspective on working with their wards under training for learning vocational skills on behavioural as well skill aspects.

To tabulate a guidance module after the above have been identified and links established between areas, perspective and workability.

### **Sample**

50 intellectually challenged individuals and their 50 corresponding parents (mothers) were selected. They all were familiar with previous classroom experiences and reached a learning readiness in the instruction format having studied in special classes to their best potential. The vocational training level was a second phase of their classroom learning experience. Chronologically they were all above 16 years, 32 percent of them were boys and remaining were girls. The locale was Chandigarh and surrounding areas only.

### **Tools used**

Information sheet was self developed by the author. It reflected the details of each case in terms of IQ and age and the family history.

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Observation schedules were used for each child on behavioural aspects. Observations were done at the institutions, they were being trained under and further, individually at home. Inputs were added from significant others including parents, siblings, trainers and supporting staff.

## **Results and Discussions**

The researcher did informal rapport building with the trainees and the staff after due permissions. The open ended observations were done to understand the behaviour and the learning process of the trainees, It was observed that the cases in the sample had certain common behavioural issues that were hindering their conduct and that showed how they are different from the normal population. These were to do with the following:

- Odd Behaviour

- Aggressive/Destructive Behaviour

- Stressful and Anxious Behaviour

- Display of Fear and Depressive Behaviour

- Emotionally Unstable Behaviour

- Insecure and Compulsive Behaviour

- Withdrawal and Alienated Behaviour

- Behaviour Related to Physical Well-being and Conduct Disorder

Observations at the training centre also established the need to focus on certain physical parameters. These were:

Motor variable including Weight and Strength - Arm Strength and Abdominal Strength; and on Agility

Psycho-motor Vocational Performance was also observed on the training aspects depending on the training they were under (carpentry, book binding, candle making, baking, caning of chairs, candle making).

Observations and group meetings were held with the parents of the trainees. It was found that the parents had issues on areas that were further in need of study. These were to have better understanding of their marital adjustment and the care taking roles of their special wards. In specific, group meetings with mothers were done and discussions were done on global issues regarding their wards' phase of training and how to make it progressive. Participative suggestions were taken from the staff that spent lot of time with them and offered care giving too. The mannerisms of the special individuals under study were taken

note of.

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The following Group Guidance Schedule was evolved out of the observations made and linking it with theoretical understanding of the relevant concepts as discussed.

**GROUP GUIDANCE SCHEDULE FOR VOCATIONAL GUIDANCE FOR MOTHERS OF MENTALLY RETARDED INDIVIDUALS (DURATION 35-45 MINUTES)**

S. No.	Group Guidance Steps	Duration (approx.)	Activities
1	Explaining the purpose	2 minutes	Initiate the group guidance session by briefly explaining the purpose of meeting of the counsellor i.e. vocational guidance to the mothers of mentally retarded individuals for management of their wards during vocational training.
2.	Brainstorming and clarifying options	4 minutes	Work out a list of all the possible job options open to their wards and help the mothers to clarify the job option for action.
3.	Familiarizing with the rules	4 minutes	<p>Subjects to be familiarized with the following rules :</p> <ol style="list-style-type: none"> <li>1. Group guidance is a cooperative job. Work together to help each other in understanding of how to solve problems relating to vocation and vocational training of the mentally retarded individuals.</li> <li>2. Look at problems of mentally retarded individuals faced during their vocational training.</li> <li>3. Try to listen to others and mentally retarded individuals patiently.</li> <li>4. Stick to topic, do not get side tracked.</li> <li>5. Speak freely whenever anyone has something to say related to vocation and problems of one's mentally retarded ward.</li> </ol>

			6. Have trust in other members of the group.
			7. Do not feel that one has to come to group solutions or agreement. The purpose of group is to explore problems relating to vocation and problems faced by mentally retarded individuals during training together.
			8. Let others know that they are not alone in what they feel; if one has experienced the same feelings/ problems, tell them.
4.	Clarifying and developing plan of action	4 minutes	Help the mothers of mentally retarded individuals to clarify the problems for action and also assist them to think possible consequences of their action.
5.	Eliciting the problems of mentally retarded individuals faced by the mothers	7 minutes	Make mothers feel free to express vocational problems of their mentally retarded children. Help the parents by accepting and facilitating to express their problems relating to vocational training of their mentally retarded wards and causing other problems.
6.	Guiding the mothers of mentally retarded individuals by using information / content related to vocational management	7 minutes	Explain the following (A) Quick tips (B) Steps to be followed Define the problems of mentally retarded individuals Make concerted effort to avoid the problems of mentally retarded individuals Add miscellaneous information to the problems of mentally retarded individuals.
7.	Facilitating assertion	5 minutes	Help the mothers of mentally retarded individuals to carry out the plan of action to avoid problems they have identified and to improve psycho-motor performance needed during vocational training.



Check whether the help program for parents has been successful or not and decide on further action. Whether action has been successful or not, it may be useful to recycle through the help program. Suggest convenient time for further contacts.		8.Evaluation program for parents	2 minutes	
9. Recycling process			3 minutes	
Arranging for further contacts		10.	3 minutes	
Referring on				
11. Discuss with the mother on the type of help needed from others in the family. Fade out the visit by leaving the door open for further contacts.			2 minutes	
12. Terminating contact			2 minutes	

This was then tried and applied to the parents once every fortnight for three months and effective changes in the output of the sample under study were found in their performance levels. The developed table was validated on content from the experts in the special education, in human development and in counselling and the final content is based on the suggestions incorporated on the basis of all the above.

### Conclusions and way forward

The major purpose of vocational guidance in the context of the present study is to further help the intellectually challenged to develop and optimize his/her basic skills which are important to create awareness for successful work and perform on the job earnestly in a neat and systematic manner in co-operation with others and so on. The relevant potentialities of the different subjects can be tapped for developing the required psycho-motor performance and relevant information to the chosen occupational division that leads to enhancement in performance during training/employment.

The affective bonds among the members in the family and a concern for each other facilitates the process of counselling. Family relations are broadly of two types - the parent-child relations and the husband-wife relations. When the members of the family are disunited, tension, distress and misery are the natural outcomes. The family counsellor should help find ways and means of reducing, if not eliminating, the strife, mutual distrust and ill-will among the members of the family (Mukherjee, 2008).

The parent-child relationship comes under stresses and strains for very simple reasons. Each family has its own ethics and provides to its member a philosophy of life which is communicated through non-verbal and informal means (Sheshadri, Verma &

Pershad,

1983). Many a time parents forget that mentally retarded children/wards cannot be judged from their own standards of morality, decency or culture and be unrealistic in their demands which cause frustration to both.

Parents' guidance deals with the area of parent-child relationships concerning the dimension of dependence-independence. Most parents are deeply concerned about the well-being of their children/wards and are afraid that if left to themselves, they may harm themselves (Rimmer, Heller & Valerio, 2004). Hence they become over-protective.

The presumption that they know what is best for their children/ward can lead to conflicts. Parents' guidance is aimed at helping parents become sensitive to the possible adverse effect of their behaviour on their children/wards.

The defensive reactions of the parent can be surmounted by persuading the parent to talk. His inhibitions can be overcome if the parent is made to feel that the counsellor will be helping in the resolution of his ward's problems. Parents can share their ward's personality problems to resolve blocks in his training.

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