



PREFACE

Dear Readers,

Thank you for the overwhelming response to our previous newsletter. In this issue, we have explored Mental Retardation, a condition that refers to sub average intellectual development and limitation in present functioning. In India, 3 out of every 100 children are diagnosed with MR. 'Inclusive Education' is a welcome initiative where very soon we may have children with MR studying in regular schools. A child with MR can do well in school but is likely to need individualized help.

With this issue, we hope to generate a basic understanding and awareness about 'Mental Retardation'. In the 'Idea' Section, we have included suggestions for teachers to handle 'MR' in school. Although there is no cure for this, but with appropriate support and teaching, most individuals can learn to do many things.

Enjoy Reading!

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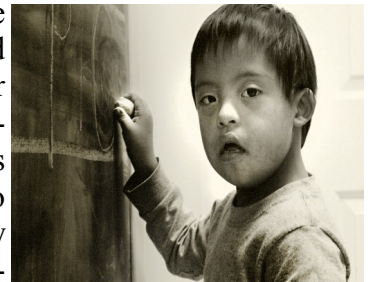
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Revealing Secrets of Mental Retardation

Is the child not able to cope up with study? Does the child have difficulty to communicate? Does the child like to be in isolation? Many of these are evident for children having a deficit physically or mentally. People with intellectual disabilities are often not seen as full citizens of society. Intellectual disability (ID), also called intellectual developmental disability (IDD), general learning disability, or mental retardation (MR), is a generalized neuro-developmental disorder characterized by significantly impaired intellectual and adaptive functioning.



Mental retardation (MR) is a condition diagnosed before age 18, usually in infancy or prior to birth, that includes below-average general intellectual function, and a lack of the skills necessary for daily living. Intelligence level as determined by individual standard assessment is below 70, and the ability to adapt to the demands of normal life is impaired. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5)*, characterizes intellectual disability (intellectual developmental disorder) by deficits in general mental abilities, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience. The deficits result in impairments to adaptive functioning, such that the individual fails to meet standards of personal independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning and personal independence at home or in community settings.

RECOGNISING MENTALLY RETARDED (MR) CHILDREN

The **signs and symptoms** of intellectual disability are all behavioural. Most people with intellectual disability do not look like they are afflicted with such, especially if the disability is caused by environmental factors such as malnutrition or lead poisoning



Children with intellectual disability may learn to sit up, to crawl, or to walk later than other children, or they may learn to talk later. Both adults and children with intellectual disability may also exhibit some or all of the following characteristics:

- Delays in oral language development
- Deficits in memory skills
- Difficulty learning social rules

Revealing Secrets of Mental Retardation



Difficulty with problem solving skills

Delays in the development of adaptive behaviours such as self-help or self-care skills.

Lack of social inhibitors.

Word Power

Isolophobia - The fear of being alone, or in solitude.

People that have isolophobia have a feeling of impending danger unless someone is nearby.

One can get isolophobia from traumatic events that have occurred in your childhood. You can also get it if you stay somewhere alone for a long time.

Isolophobia can cause you to stay in bad situations just because you don't want to be alone. You may stay in bad relationships because you don't want to be alone.

One of the ways to completely rid of isolophobia is self hypnosis. One can take drugs and medications, yet there is doubt about the effectiveness.

POSSIBLE CAUSES OF MR

The causes of MR can be grouped from most to least common as follows:

Alterations in embryonic development, such as those caused by chromosomal abnormalities (like Down Syndrome, Fragile X syndrome, Trisomy X syndrome) or fetal exposure to drugs or toxins.

Environmental deprivation (like low socio economic status, cultural deprivation, inadequate caretakers) and other mental disorders, such as autism.

Problems of pregnancy, prenatal period (like infection, endocrine disorder, placental dysfunction) and the prenatal period, such as fetal malnutrition, birth asphyxia, prematurity hypoxia, infection, trauma, or prematurity.

Hereditary abnormalities, such as inborn errors of metabolism (like Phenylketoneuria, Galactosemia) or chromosomal aberrations.

Medical conditions of infancy or childhood, such as central nervous system (CNS) infection or trauma, or lead poisoning.

CLASSIFYING MR

IQ CLASSIFICATION as per DSM-IV, 4th Edition, APA, 1994

Borderline Intellectual Functioning	IQ 71-84
Mild Mental Retardation	IQ 50-55 to approximately 70
Moderate Retardation	IQ 35-40 to 50-55
Severe Mental Retardation	IQ 20-25 to 35-40
Profound Mental Retardation	IQ below 20 or 25

In the society while dealing with mentally retarded individuals we should avoid stereotyping them as "eternal children". Children with mental retardation should be treated and spoken to in the same fashion as other children. Even many children with mental retardation can read and write, do not assume that a child with mental retardation lacks academic skills. Provide opportunities for children with limited academic skills to contribute verbally, and take what they have to say seriously. Children with mental retardation can understand directions with patient. Use clear language that is concise and to the point. Speak directly to the person with mental retardation. Also, allow individual to communicate his/her requirements .

Avoid the term "mental retardation." If you need to speak about a person's disability, people with mental retardation prefer the term "developmental disability" rather than "mental retardation."



Idea – An idea that can change your teaching

Mentoring Mentally Retarded

As a parents or a teachers, the task of educating a mentally challenged child can be daunting. You may face frustrating moments in which you feel you are “getting nowhere”. It is important to know and understand a child's disability and learn to work within its confines, rather than expecting the disability to go away. Learning a child's strengths and helping her compensate for weaknesses will play a important role in fostering success.



Prepare your self- Learn as much as you can about mental retardation. Find out what the student's strengths and interests are, and emphasize them. Prepare a list for students educational goals as well as the service and classroom accommodations he or she is to receive. Talk to specialists in your school (e.g., special educators, counselor), if necessary.

Use visual aids- Lengthy verbal instruction and lectures have limited appeal for almost all students, and are particularly ineffective in teaching a mentally challenged child. advises incorporating plenty of visual stimuli, such as

charts, drawings and models. You can also use charts to track a child's educational or behavioral progress. Be as concrete as possible. Demonstrate what you mean rather than just giving verbal directions. Rather than just relating new information verbally, show a picture.

Use hands-on demonstrations- Mentally challenged children may have difficulty in grasping abstract concepts, so it's best to find ways to engage them in a sensory way. For example, explaining gravity verbally to a mentally challenged child will likely be confusing; instead, give him a book and let him drop it. This type of firsthand, visceral understanding is more likely to be retained.

Use flexibility with tasks or assignments- For example, if you are helping your child with homework and she's struggling, do not become mired in the details. Recommend determining what skill your child is meant to demonstrate with the assignment and adapting the assignment based on her abilities. Learn to work with your child's unique strengths to accomplish tasks, even if your methods are unorthodox.

Teach the student life skills- Such as daily living, social skills, and occupational awareness and exploration, as appropriate. Involve the student in group activities or clubs.

Demonstrate the steps- Break information or tasks down into smaller parts. advises that mentally challenged children can become overwhelmed if too much information is presented to them all at once. Have the student do the steps, one at a time. Provide assistance, as necessary. Give the student immediate feedback. Once the child masters or completes one step, you can move on to the next.

Set your expectations in accordance with the child's disability- For example, suggests that a child with a mild mental disability could be taught to use a recipe, whereas a moderately challenged child might be taught to make a grocery list. A severely disabled child might simply be taught to communicate hunger.

Playful Teaching- Create a play way teaching environment for mentally retarded children. To play with these children is better than just teaching them A,B,C or 1,2,3 because your duty is to bring their brain in balance form.

Use behavior modification techniques- Many of retarded children act out inappropriately or engage in unacceptable behaviors simply because they know they are different and can get away with it. It's important to ignore these behaviors and to reward appropriate behavior with praise and extra privileges.

Motivate mentally retarded children by providing them free gift of books, copies and all necessary things. Mentally retarded children learn from your motivation faster than any normal children.

Dealing with Specific defects in Mentally Retarded Students

- a) Delays in oral language development
Try to more practice them to speak oral language.
- b) Deficits in memory skills
Try to use my remembering tips.
- c) Difficulty learning social rules
Try to repeat again.
- d) Difficulty with problem solving skills
Try to give simplest problem and simplest solution
- e) Delays in the development of adaptive behaviors such as self-help or self-care skills
- f) Lack of social inhibitors
Try to keep your behavior always positive and its effect will definitely be positive on mentally retarded children.

HLS Summer Camp



HLS India organized a **Summer Camp** with a difference. It was a fun filled camp where we cater to psychological and personality development of children. Activities like Brain Gym, Zumba, Non-fire Cooking, Hand and Vegetable Printing, what children thoroughly enjoyed.

**Dreamers are Believers
Believers are Achievers**

Amitabh Mohan



Offering You to Your Self

Our Areas of Services are :-

Training Areas we offer for Educational sector:-

For Teachers:- Psychological, Motivational, Pedagogical issues etc.
For Students:- Psychological/Personality, Motivational, Career issues etc.

For Parents:- Psychological and Parenting issues

For Educational Leaders:- Motivational, Pedagogical, Administrative

Consulting Areas we offer for Educational sector:-

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Counseling Areas we offer for Educational sector:-

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Professional- Career, Life coaching, Work coaching etc.

Personal- Stress, Depression, Marital, Suicidal, Relationship
We also provide HR aids to different corporate.

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We invite our readers to be contributors. Write to us an idea or approach that you have tried and worked for our Idea column.

