

Review Of Research

Abstract:-

Education has been considered a multifaceted process, aiming at developing innate capacities of the individuals. These capacities are found to be unique in all individuals, thus require variety of considerations during teaching learning process. This uniqueness may be due to any aspect of personality i.e. physical, mental, emotional, social or moral aspects.

Keywords:

Adapting Teaching Strategies , Moderate Intellectual Disability , Developing Adaptive Skills.

CHALLENGES IN ADAPTING TEACHING STRATEGIES FOR CHILDREN WITH MODERATE INTELLECTUAL DISABILITY FOR DEVELOPING ADAPTIVE SKILLS



Kamakshi Agnihotri¹ and Siddhi Sood²

¹Reader, School of Education, D.A.V.V., Indore.

²Assistant Professor , Shri Gujarati Samaj B.Ed. College, Indore.

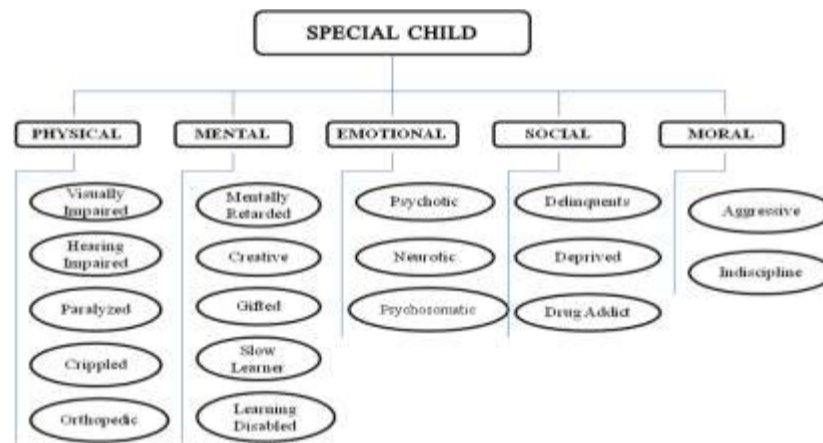
INTRODUCTION

Another question regarding the uniqueness is related to the existence of these traits in the individual. If all these traits of the personality exist in balanced form, the individual acts as a normal being. But due to some genetic, environment and other factors, somehow any one or two aspects of an individual, when become weak or disturbed, such individual seems to be deviant from the normal and are known as ‘Exceptional’ or ‘Special’ in today’s perspective and such a child becomes ‘Special Child’.

A special or an exceptional child is the one who seems to be different in some way from the normal or average child. The term ‘Special Child’ includes those with uniqueness related to physical disabilities, sensory impairments, learning disabilities, cultural diversions, traumatic brain injury, intellectual disability, emotional disturbances, giftedness/talent and creativity.

Special children form a heterogeneous group encompassing a variety of exceptionalities with varying degrees. Based on this heterogeneity, these may be classified into some broad categories viz. physical, mental, emotional, social, and moral (figure 1.1).

Figure 1.1
Classification of Special Child



Among all the above categories of classification of special child, one is Mental Retardation, which determines the weakness of mental capacities and capabilities of an individual. However, according to American Association on Intellectual and Developmental Disabilities (AAIDD), the word mental retardation is to be replaced with intellectual disability.

1.1.1. CONCEPT OF INTELLECTUAL DISABILITY

Intellectual Disability refers to significantly sub average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period. This refers to three components, all of which must be present in order to diagnose Intellectual Disability correctly:

- (a) a learning deficit which is general in nature, differing from specific learning disorders such as dyslexia and which is significant in severity (IQ below 70);
- (b) Impairments in adaptive behavior which include, among others, deficits in communication, self care and mobility; and
- (c) a learning disorder which is recognized during the development or growing years, generally considered earlier than 18 years of age.

1.1.2. CLASSIFICATION OF INTELLECTUAL DISABILITY

The classification of Intellectual Disability can be done on the following basis as shown in table 1.1:

Table 1.1
Educational and Psychological Classification of CWID

EDUCATIONAL		PSYCHOLOGICAL		
		WECHSLER		STANFORD BINET
TYPE	IQ	TYPE	IQ	IQ
EMR*	60-85	Mild	55-69	52-67
TMR**	30-59	Moderate	40-54	36-51
Custodian	Below 30	Severe	25-39	20-35
		Profound	Below 25	20-35

*EMR- Educable Intellectually Disabled **TMR- Trainable Intellectually Disabled.

The different categories of children with intellectual disability possess variety of characteristics which demands need based adapting teaching strategies.

1.1.3. ADAPTING TEACHING STRATEGIES

Special education draws heavily on learning theory to help children achieve a level of constructive behavior. The special training problems that children with Intellectual Disability have thus require special teaching strategies. Some useful strategies for teaching children with Intellectual Disability are following:

Scaffolding

In scaffolding, the teacher models the expected behavior and then guides the student through the early stages of understanding. As the student understanding increases, the teacher gradually withdraws aid. The goal is to help the student internalize the knowledge and operate independently.

Reciprocal Teaching

In reciprocal teaching strategy, as in scaffolding, the teacher models how to carry out the activities successfully. The students then imitate the teaching style while the teacher plays the role of the student. In this way, students become active players in a role, which they find enjoyable. This strategy works by using the combination of questioning, clarifying, summarizing and predicting.

Cooperative Learning

Cooperative learning or team-assisted individualization is another effective teaching strategy for children with Intellectual Disability in which emphasis has switched from a focus on one-on-one instruction to the importance of student participation. In cooperative learning, the teacher gives a task to a small group of students (usually 4-6), who are expected to complete the task by working cooperatively with one another. Although the group members are expected to work cooperatively so as to learn how to interact with peers, most advocates of cooperative learning insist that the students be evaluated individually.

Individualized Instruction

Individualized Instruction implies that each child is allowed to proceed at his or her own pace of learning according to his or her own unique growth pattern. The instructions, thus given to the child must have the consideration of individualization, which not only means the individual instruction but also the instructions as per the need of that child.

Differentiated Instruction

Differentiated instruction implies that each teacher adjusts the level of difficulty of tasks fit to the level of development of the child with Intellectual Disability. It is helpful in the teaching and training of skills of functional academics (conceptual skills), social skills, family living skills, self-care, community skills and vocational adjustments.

The various strategies aimed at internalizing certain skills in children with intellectual disability. These skills are related to the various aspects of the environment of the child that affects the adjustment process in the society.

1.2.0. RATIONALE:

A number of researches had been conducted in the field of Intellectually Disabled people, and their education and training.

Braam and Poling (1983) studied the development of intra-verbal behaviour in Intellectually Disabled individuals through the transfer of stimulus control procedures: classification of verbal responses. Singh and Winton (1983) did an investigation on the social skills training with institutionalized severely and profoundly Intellectually Disabled persons. Schalock and others (1984) studied the effects of different training environments on the acquisition of community living skills. Aeschleman and Gedig (1985) did an investigation on teaching banking skills to mildly Intellectually Disabled adolescents. Bliss (1985) studied the development of persuasive strategies by Children with intellectual disability. Dharap (1986) did an investigation into the problems of the education of the Children with intellectual disability. Smith (1986) studied the inter personal problem-solving skills of retarded and non-retarded children. Wildman and others (1986) experimented on group conversational skills training and social validation with Intellectually Disabled individuals. Khader and Rama (1988) designed a reading readiness programme for educable Children with intellectual disability. Dhar and Lidhoo (1989) used behaviour modification approach to design instruction for educable children with Intellectual Disability. Malhotra (1990) studied the temperament characteristics of Children with intellectual disability. Narayan (1990) studied the

effectiveness of an adult and peer models on the learning and retention of performance skills in children with Intellectual Disability. Dashti (1995) studied relative effectiveness of training technique to bring out behavioral changes among Intellectually Disabled. Pillai (1995) carried out a research on the effect of Individualized Training Programme on communication skills and certain associated variables in the Intellectual Disability. Mann (2000) conducted a study on development of educational package for Children with intellectual disability. Choudhary (2003) conducted a research entitled acquisition of pre-numeracy skills in moderate Intellectual Disability. Cohen and Companions (2006) studied the early intensive behavioral treatment for the Early Intensive Behavioral Treatment for Intellectual Disability, the replication of the UCLA Model in a community setting. Kumar and others (2009) studied the social development of children with Intellectual Disability. Rathore (2009) did an investigation to study the effect of developed activities on motor development of Children with intellectual disability belonging to low socio-economic status. Choudhary (2010) studied the effectiveness of activities on home living skills for Children with intellectual disability of 10-12 years in terms of performance of selected skills. Aslam and others (2011) studied that disability is a great problem not only for child but also for family.

From the analysis of the trends of researches in the field of intellectual disability, it can be concluded that the most of the researches were related to the education and training of children with intellectual disability. These children are separated from the normal when IQ is found to be less than 70, have slower rate of physical development, show delayed speech and language development, lack emotional and social skills that are necessary for vocational, community and classroom adjustment. They, lack in adaptive behavior.

Adaptive behavior is the capability of the individuals to take care of themselves and to relate to the others. Children with intellectual disability lack adaptive behaviors (at least two) like communication, self-care, social, community use, leisure, work, home living, health & safety, functional academics and self-direction.

There are various strategies and techniques for the development of weak adaptive behaviours in children with intellectual disability, which proved to be effective. However, during the developmental process, the trainer faces many challenges, as the target group possesses variety of unique characteristics. This research paper attempts to draw a scenario of the challenges faced during the training in adaptive skills to children with moderate intellectual disability.

1.2.0. STATEMENT OF PROBLEM

The problem has been stated as-
Challenges in Adapting Teaching Strategies for Children with Moderate Intellectual Disability for Developing Adaptive Skills

1.3.0. OBJECTIVE

The objective of the present study was to analyze the challenges faced during adapting teaching strategies for children with moderate intellectual disability for developing adaptive skills.

1.4.0. METHODOLOGY

The methodology followed for the present study was following:

1.4.1. Sample:

The sample was selected through purposive sampling technique. Twelve children with moderate intellectual disability of age group 9-14, were chosen from two special schools of Indore city. The details include:

S.No.	Name of the School	Sample Size
1.	Gandhi Bal Bhawan, Indore	8
2.	Premanchal, Indore	4

1.4.2. Tools

The tools used to conduct the present study are mentioned below:
Observation table for developed teaching strategies, case Study, observation table for each and every unit of sample and the following teaching materials:

The following materials were used to educate and train the children with intellectual disability in the present study- Flash Cards, Models, Real Objects and Wooden Blocks

1.4.3. Procedure of data collection

With the approval of the Head of the Department, School of Education, Devi Ahilya

Vishwavidyalaya and acceptance by the schools selected for the research work, the procedure of data collection was initiated. With the help of the in charge, the sample of 12 Children with intellectual disability with IQ range 40-55 was drawn. The subjects were pre tested on every strategy to be used for treatment. Criteria for evaluation included 'Five Trial' base, which means how many correct responses were given by the child out of five trials. The complete procedure could be seen under two phases: Activity-Plan and Daily Reporting. Ten Activity Plans was used herein to determine the procedure followed for the data collection. Among these ten plan outs, five reflected the procedure which was used for the combination of Reciprocal teaching and Cooperative learning, and other five reflecting the procedure of teaching through Individualized Instruction and Differentiated Instruction; on five concepts of fruits, vegetable, flowers, vehicles and dress-up.

In activity plan phase the whole procedure was decided and in daily reporting the real experiences of the experimenter was reported. During the experiment, many challenges were faced.

1.4.4. Analysis of Challenges Faced During Experiment

The combinations of different teaching strategies for the education and training of children with moderate intellectual disability were used in the present study. The first combination used was of Reciprocal Teaching and Cooperative Learning. This combination was applied on a group of six children with moderate intellectual disability and of 09-14 age groups. Another combination was of Individualized Instruction and Differentiated Instruction, which was applied on another group of six children with moderate intellectual disability. The study proved that this combination was effective in terms of the development of certain skills among the selected children. But, during the experiment many challenges were faced in implementation of the developed strategies.

The challenges faced during the study started right from the establishment of rapport with the children up to the attainment of terminal behaviours. The challenges faced during the study were following:

- ❖ First challenge was to establish rapport with the children selected for the experiment. On the very first day, the children were not feeling comfortable and not giving attention on the instructions given by the researcher. It seemed to be difficult to attract the attention of the group.
- ❖ The children showed hyperactive behaviours especially after food intake. Therefore, keeping their hyperactive behaviour in mind, the schedule of teaching was planned accordingly.
- ❖ The emotional level of few children was high and they were quite sensitive too. An instance happened during the study where a boy pinched a girl (pinching was the problematic behaviour of that boy). The girl got so afraid that by the next time she clearly refused to sit by his side and when it was tried to convince her, she started crying. Observing her fear and cry, she was made to sit with her friend in the group.
- ❖ Another challenge was to keep them concentrated on a particular task. These children have a short attention span (Matta, 2006).
- ❖ Few children among the groups also revealed a slight violent behaviour. One of them has a habit of pinching; other used to slap any companion and run away, while few others show any other kind of abusive behaviour.
- ❖ During the initial teaching sessions, it was noticed that the children were having short memory. Whatever concept was taught to them, they usually won't be able to reply when asked very next day (Rey 1989; Bower, 1994; Heward, 2010).
- ❖ A difficult challenge to face was the speech problem with few children. It was difficult to understand what they want to communicate. After asking for the repetition of the answer at least 2-3 times, it was possible to understand what they wanted to communicate.
- ❖ There were a few children among the group who speak very little and making them participate in the teaching-learning sessions was quite difficult in beginning sessions.

1.5.0. CONCLUSION

Therefore, the analysis of the challenges suggests that while adapting any teaching strategy or technique to train children with intellectual disability, it is necessary to consider a single child, taken as a case, in totality. In other words, due to the differences in the background the challenges mentioned above were usually faced by the researcher or the teacher. However, these challenges help in finding out better methods, approaches, strategies and techniques for the education and training of children with intellectual disability in target adaptive behaviours. Therefore, they can be moved towards the phenomena of rehabilitation, the ultimate aim of the people who put great efforts to help and support the 'Exceptional Children'.

BIBLIOGRAPHY

1. Ainsworth, P. B. (2004). Understanding Intellectual Disability. Jackson, MS: University Press of Mississippi.
2. Baroff, G. S. (1999). Intellectual Disability: Nature, Cause and Management. Philadelphia, PA, USA: Brunner/Mazel- Taylor and Fransis Group.
3. Best, J. W. (2010). Research in Education. New Delhi: PHI Learning Private Limited.

4. Bhargava, M. (2011). *Exceptional Children: Their Education and Rehabilitation*. Agra: Rakhi Prakashan.
5. Bhatnagar, A. B. (2003). *Educational Psychology*. Meerut: Surya Publication.
6. Buch, M. B. (Ed.). (1991). *Fourth Survey of Research in Education: 1983-88 (Vol. II)*. New Delhi, India: National Council for Education and Research.
7. Choudhary, R. (2003). Acquisition of Pnumeracy Skills in Moderate Intellectually Disabled Learners. *Indian Psychological Review*, 61, pp. 28-33.
8. Choudhary, S. (2010). Effectiveness of Activities on Homeliving Skills for Children with intellectual disability of 10-12 years in terms of Performance of Selected Skills. Unpublished M.Ed Dissertation, DAVV, Indore.
9. Dash, M. (2007). *Education of Exceptional Children*. New Delhi: Atlantic Publishers and Distributers.
10. Gardner, W. I. (2009). *Behaviour Modification in Intellectual Disability: the education and rehabilitation of the Intellectually Disabled adolescent and adult*. Rutgers, New Jersey, USA: Aldine Transaction- A Division of Transaction Publisher.
11. Gargiulo, R. M. (2012). *Special Education in Contemporary Society: An Introduction to Exceptionality*. USA: Sage Publications, Inc.
12. Gary, W. G. (March 2007). *Intellectual Disability: The Dana Guide*. The Dana Guide to Brain Health .
13. Kar, C. (1992). *Exceptional Children: Their Psychology and Education*. New Delhi: Sterling Publishers Private Limited.
14. Kirk, S. A. (2006). *Educating Exceptional Children*. Boston, New York: Houghton Mifflin Company.
15. Kliegman, R. M. (2007). *Nelson Textbook of Pediatrics*. Philadelphia: Saunders Elsevier.
16. Langone, J. (1986). *Teaching Retarded Learners: Curriculum and Methods for Improving Instruction*. Newton, Massachusetts: Allyn and Bacon Inc.
17. Mangal, S. K. (2011). *Educating Exceptional Children: An Introduction to Special Education*. New Delhi: PHI Learning Private Limited.
18. Melmed, S. (2011). *The Pitutary*. London, UK: Academic Press Elsevier Inc.
19. Pal, H. R. (2006). *Advanced Educational Psychology*. New Delhi: Hindi Madhyam Kaaryaanvaya Nidesshalaya, Delhi University.
20. Pal, H. R. (2010). *Vishita Balak*. Bhopal: Madhya Pradesh Hindi Granth Akaddami.
21. Rao, B., & Agarwal, R. (2008). *Education for Disabled Children*. Delhi: Shipra Publications.
22. Rathore, Y. (2009). *Nimna Samajik Arthik Star ke Mandbudhi Balkon ke Gamak Vikas hetu Gatividhiyon ka Nirman Evam Prabhavita ka Adhyayan*. Unpublished M.Ed Dissertation. DAVV, Indore.
23. Silka, V. R. (1997, March 3). *Psychiatric Assessment of the Person with Intellectual Disability*. *Psychiatri Annals* (27).
24. SSA. *Training Module for Resource Teacher for Disable Children*. Department of School Education and Literacy, Government of India. New Delhi: Ministry of Human Resource and Development.
25. Werts, M. G. (2011). *Fundamentals of Special Education*. New Delhi: PHI Learning Private Limited.

WEBLIOGRAPHY

1. Aeschleman, S. R. (1984). Teaching banking skills to mildly Intellectually Disabled adolescents. Retrieved 2012, from Sciverse Science Direct: <http://www.sciencedirect.com/science/journal/02703092/6>
2. Bliss, L. (1985). The development of persuasive strategies by Intellectually Disabled children. Retrieved 2012, from Sciverse Science Direct: <http://www.Sciencedirect.com/science/journal/>
3. Ford, H. (2009). Classroom Learning. Retrieved from education.com: <http://www.education.com/reference/article/norm-referenced-testing/>
4. Ford-Martin, P. A. (n.d.). Intellectual Disability. Retrieved from Encyclopedia of Mental Disorders: <http://www.minddisorder.com/Kau-Nu/Mental-retardation.html>
5. Kaneshira, N. K. (2011, May 01). Intellectual Disability-Causes. Retrieved from Health Guide-The New York Times: <http://www.health.nytimes.com/health/guides/disease/mental-retardation/overview.html>
6. Kumar. (2009, Jan-Jun). Social Development of Children with Intellectual Disability. Retrieved from Industrial Psychiatry Journal: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3016702>
7. Intellectual Disability. (n.d.). Retrieved from RD: <http://www.rightdiagnosis.com/sym/mental-retardation.htm>
8. Psychology of Sensation and Perception. (n.d.). Retrieved from Class Notes: <http://www.alleydog.com/101notes/s&p.html#ixzz1jLU8mSwK>
9. Smith, D. C. (1986). Interpersonal problem-solving skills of retarded and non-retarded children. Retrieved 2012, from Sciverse Science Direct: <http://www.sciencediret.com/science/journal/02703092>