The present review paper considers the possibility and feasibility of creating a ‘Common Education Program’ for Special Schools of Mental Retarded Children. The model covers family, society, and social organization to educate the mentally challenged child, which was proved by empirical studies to be important in enhancing child’s care, positive attitude of family and society. The model also suggests their role in enabling MC Child to use maximum of his cognitive abilities and to develop learning abilities, self-concepts, self-adjustment, and self-confidence of M.R. children. The model has considered effectiveness of Media & E-services, parental counselling, psychological intervention and services of social worker as a tool of 'Common Education Program' to educate MR children and making people/family members aware.

Today there are so many programs concerning education and development of mentally challenged children. Among them Individual Education Program is quite successful because it covers school and family together to manage the psycho-social problems of mentally retarded (Kupper, 2000). Another popular aspect of

* Research Scholar, Department of Psychology, M.D. University, Rohtak-124001, (Haryana),
** Lecturer, Department of Psychology, Ch. Charan Singh University, Meerut-250005 (U.P.)
mentally retarded education is Special Education which refers to specially designed instructions, at no cost to the parents, to meet the unique needs of a child with a disability, including instructions conducted in the classroom and other settings. Special education is often thought of as a vehicle through which children and youth who have disabilities are guaranteed to receive within public education instruction that is specifically designed to help them to reach their learning potential (Friend, 2006).

But there is a dearth of such a program in which teachers, parents, society, social workers and community itself take equal part in the enhancement of child's psycho-social and cognitive development. Because, at an early age of development parents and family need to give support and guidance to the child but one can't exclude the greater role of community/society to optimize the child with skills and adjustment and normal development. As the society (peer group, school, neighbourhood in which the child lives) also play an important role in the development of child's self confidence, self regard and positive view towards himself (Bronfenbrenner, 2000, Harkness & Super, 2002, Levinthal & Brooks-Gunn, 2004 and McLoyd, 2000).

This is the fact that, one can provide variety of corrective and supportive services, sophisticated tools, methods of teaching, expert's guidance, instructions to the parents with an aim to enable a child to cope with daily stresses. But how would it be possible to give better learning to the MR Child when limited cognitive abilities are engaged in self identity and fighting to him self with questions, such as, Who am I? Where am I? and Why am I?

World Health Organization considered that besides providing the right kind of support and services, such as health care, early intervention, education, vocational training, and so on. It guides that mentally retarded children can be cared by bringing about positive changes in societal awareness, attitudes and beliefs about this condition.
Mental Retardation

Mentally retarded are the people who are having Intelligence Quotient less than 70-75 and who fail to display the level of skill at daily living communication and other tasks that are normally expected from those of their own age group (AAMR, 2002). This section of society is the sizeable chunk of the population. The perceptions of their own short-comings as well as the treatment they receive from the society compel them to lead an isolated life with a limited sphere of movement. Those limitations might be due to various reasons such as disability, low-income, poverty, lack of resources, culture and will power as well (AAMR, 1992).

According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are three criteria before a person is considered to have a developmental disability: an Intelligence Quotient below 70, significant limitations in two or more areas of adaptive behaviour (i.e., ability to function at age level in an ordinary environment), and evidence that the actions become apparent in childhood. Mental retardation is generally a life-long condition and it cannot be 'cured' with medical treatment (WHO).

Mental retardation varies in severity. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR), which is the diagnostic standard for mental health care professionals in the United States, classifies four different degrees of mental retardation: Mild (Approximately 85% of MR population with IQ score 50-70 and they can often acquire academic skills up to about the sixth-grade level. They can become fairly self-sufficient and in some cases live independently, with community and social support.), Moderate (About 10% of MR population with IQ score 35-55), Sever (about 3-4% of MR population with IQ score 20-40), and Profound (Approximately 20-25% of MR population with IQ score 1-2). Doctors also suggest one more classification of mental retardation children that is
Borderline (IQ score 70-84 also called slow learners and poor in scholastic performance). These categories are based on the person's level of functioning. The cognitive disability in mentally challenged children has a variety of causes, they may be genetic, biological as well as environmental (Plomin & Spinath, 2004).

**Mental retardation and Psycho-Social Factors**

Being developmental problem, mental retardation is linked with a wide range of biological factors but most cannot be tied to any specific biological causes (Bregman & Holdup, 1991). As a result vast majority of cases, more than 70% are not diagnosed at birth (Scolt & Carran, 1987). The term socio-cultural retardation is sometimes applied to this group of typically mild to moderately retarded individuals, (Landesman Dwyer & Buttefield, 1983). The incidence of more severe forms of retardation is fairly constant in all populations, whereas rates of mild retardation vary considerably from country to country (Crunewold 1979 & Stern & Susser, 1975). Some important factors are given in the coming section.

**Society:** It is quite evident through the study that severity of disability may be the consequence of social rejection (Rees, Spreen, & Harnadek, 1991), parental carelessness (Booth & Booth, 1997), distorted self-concept (Jahoda, Markova and Cattermole, 1988), and discrepancy between people's expectations and a child's academic performance (Naperstek, 1995). But the researches also reveal that support and care by family and society may lead to be a successful earner of the family, though the person may be mentally challenged, (Tucker & Fox, 1995).

The condition of mildly retarded people of the republic China is unknown, where intellectually slow individuals tend to be more productively engaged and integrated into extended family networks (Landesman & Butterfield, 1983). Thus, cultural factors alter not only the social conditions that predispose some individuals to retardation but also the people's view and response to mental
retardation. Studies reveal that retarded children are deficient in meta-cognition, the knowledge of what strategies to apply, when to apply them, and how to display them in new situations, so that new specific knowledge can be gained and different problems are mastered. Therefore, the societies where mental disabilities are taken care, the family and society had equal involvement in psycho-social and cognitive development (schooling) of child, (Grolnick, Benjet, Kurowski, & Apostoleris, 1997).

**Stimulating Environment:** Psychologists viewed that deprivation of environment produced the emotional frustration in child to produce. Carson; Butcher & Coleman (1988), suggested that when a child is deprived of love, affection and care of his/her parents, it might lead to emotional problems in child. Many well-conducted research studies have clearly shown that detecting mental retardation at an early stage and providing a loving and stimulating environment helps these children to develop better and prevents many complications (Healy, 1995). Some studies done in western culture reveal that a favourable environment may improve a child's performance even if the inherited influences on the child's IQ are negative while the effects of harmful environmental influences cannot be always corrected (Humphreys, 1984).

**Parents:** The Most of the Retarded children fail to gain adequate parental attention, acceptance, care etc. due to lack of appropriate responses, skills, emotional expression and adjustment in the environment. Attachment theories viewed that first positive expression from the child reward the parent to have positive attitude and behavior towards the child but un-rewarded parents may fail to show positive attitudes to child, which in turn may limit caring, attention and normal intellectual stimulation, which, restrict child's mental growth. Studies reveals that low test scores are linked with poverty, poor schooling, inadequate nutrition, lack of social approval and acceptance and health care (Humphreys & Davey, 1988, Weinberg, 1989).
In India a large number of people are uneducated, economically backward and even unhealthier. They may be fulfilling basic human needs but lacking awareness, adequate exposure to new information and shortness of emotional flexibility to accept abnormality. On the majority of issues (personal/social) they are biased, self-centered, rigid and stereotyped. As a result the parents and society of such a piece of population fail to create an enriching environment for their developing children's social, emotional, cognitive and moral development (Cohen, 1997, Frank & Arlene, 1992).

**Mental Retardation in India**

When it comes to Mental Retardation population of India, most often irrespective of cast, age, education and socio-economic status, people feel helpless and express child's abnormality as God's punishment. They perceive mental retarded children as helpless, unable, useless, and rejected peace of the real pace of lifestyle. Their emotional reactions, attentive care, attitude and treatment are also not in favor of these children. Negative feedback from society, rejection from peer group, unconscious behavioral discrimination by parents and inappropriate care and over-expectations leads mentally challenged children to be vulnerable to mal-adjustment and emotionally suppressed (Manetti, Schneider & Siperstein, 2001, Lange, 1995 and Bloom, 1996).

Unlike bright children mentally challenged children fail to generate an enriching environment for them to take advantage of that environment and develop self-confidence, positive self-concept and progressive view to him. Schiff *et al.* (1978) have found that I.Q. of scores of adopted children were an average of 14 points higher than those of siblings who remained with the biological parents in a poorer, less enriching end. (Angoff, 1989) found that environmental influences are greater at younger age Heber (1970) found that when a child develop in such a socio-cultural family
where intellectual excitation and economic status limits, the children of such an environment may come to be mentally retarded. Therefore, family and society equally seems to be responsible for elaborating psychological and cognitive disability in the child (Chakrabarti & Fombonne, 2001). In the present chapter Common Educational Program is being discussed to deal with the problems of mental retardation.

**Common Educational Program**

'Common Educational Program' refers to an educational program in which the child, parents, child's school, community/society, health care centers and NGOs working in the concerned area take equal part in the program to enhance the coping capabilities and cognitive abilities/space of the MR child as well as the parents, society, teachers and social workers could develop valuable insights and information about the strengths and unique needs of MR children and ideas for enhancing child's education.

**Concept of E- Services**

The E-Services is the application of Information-Technology in the processes of providing information, making aware and fulfilling information quest related to day- to-day problems (Health). Functioning of E-services to ensure the highest standard of services to the people by providing instant access to desired information, and communicating with the various specialists, health centers and organizations (government and non-government) wherever and whenever they need it.

The present model considers the possibility of the use of E-services in enhancing the social and parental awareness regarding mental retardation in order to enhance their attitude, attention, acceptance and child's well-being. Through E-services one can serve people with instant information regarding Mental Disorder from different health centers through Telephone, Pamphlets,
Computers (Internet) or different means of information Technology placed in each experimental village.

The objectives E-services

1. Better reach of information at the remote areas, resulting in better awareness about Mental Retardation to make the parents flexible to ask for help.
2. Limiting troubles of the parents related to parenting, career, education and social adjustment.
3. Developing a platform for the people to interact with specialists and other organizations to gather instant information on requirement resulting in craving interest in the parents.

National and International Research of the proposed Model Status.

The present Model has emphasized on the psychosocial and cognitive development and adjustment of the mentally retarded children, which is the challenge for any country. Every country have more or less significant number of mentally challenged children affecting its gross intelligence, economic advancement and social solidarity due to discrimination in population (The Arc, 2001). People feel a problem to be more affective when there is a limited awareness in the population. If people are aware about the causes, prevention, solution of a problem that can be accepted and resolved easily and the level of individual regard can be developed in reference to mentally retarded children.

Today people are advancing through electronic media and communication. Internet has reached the village of not only India but all over the world. Televisions, coloured printing, telephone, newspapers and broadband surfing not a miracle for today's villagers. People Villagers have started to take benefits of media and electronic means of communication, then why the health be left free of such benefits? Taking this view in mind, the present
model has also considered the e-service for awareness to people relating directly or indirectly to mentally retarded children.

Therefore, there is a need to develop an educational program for mentally retarded children so that the factors which affect the child's cognitive or mental functioning could be controlled. Review of literature indicates that enhancement in the environmental factors (family and socio-cultural factors) affects the child intelligence and overall development; therefore, the results of such a program would favor the mentally retarded children successfully (harris, 1998, Greenfield, 1998, Plomin & Spinath, 2004). Because, through this program investigator is trying enable the MR Child to use maximum of his/her limited cognitive and adjustment capacities.

**Objectives of the Model**

To consider the possibility and feasibility of creating a 'Common Education Program' for 'Special Schools' of Mental Retarded Children with the help of Social awareness, Parental counselling and E-services.

In line with the above major objective following sub-objectives of the Common Education Program may also be identified.

A. To develop a model of 'common education program' for Special Schools which covers family, society, and organization (members of health centers and serving NGOs of concerned area of M.R. child to help the in education of M.R child.

B. To develop a model, that reveal the possibility of enhancing care, positive attitude and acceptance of M.R Child in the family and the society.

C. To develop a Model for schools to enable the child to use maximum of his cognitive abilities and to develop self-concept, self-adjustment, and self-confidence in the M.R. child.

D. To develop the effectiveness of social awareness, parental counselling, and Media & E-services as a tool for
psychological intervention and 'Common Education Program' to help the child in education and making people/family members aware about mental retardation.

Expected Outcomes

Though, the model considers wide range of services in educating child, but the literature given in the introduction and empirical studies indicate that parents, society, schools and child's environment play an important role in Child's development (Campbell & Ramey, 1993, Martinez & Others, 2004, Vaughn, Bos & Schumm, 2003). Thus, the implement of model may assumed to be successful in helping child to ensure a bread earner for his/her family. According to this Model following services may be provided at schools:

- Schools should have a well developed/decorated 'Mental Retardation Information Center' with a team of a Psychologist, Social worker, Experts and Volunteers, who would function in collaboration with teachers, parents, society, Health centers, and local organization working in that area. The purpose is to give quality socio-psychological services to MR Child and their family members and to the members of society with whom the child is staying.

- These centers would provided with the pamphlets and pasted information related to MR, computer, web-service, and telephone. The information would be regarding onset, symptoms, cause, treatment, prevention, care, occupation, schools & rehabilitation centers and related service centers as well as information regarding M.R child's competencies, abilities, needs and so forth.

- At least one professional would be trained to give any information at any time (in working hours) to the parents/society or child. The experts would be called for counselling, training and demonstration.
In case any problem is unsolved then they can contact other specialist through phone but in future the same information can be collected through experts in web computers.

See the Figure-1 has the pictorial representation of the proposed model of 'Common Education Program' for MR Children.

CONCLUSION

The proposed model considers the possibility and feasibility of creating a 'Common Education Program' for 'Special Schools' of Mentally Challenged Children with the help of Social awareness,
Parental counselling and E-services. The Purpose of the model is to involve teachers, parents, community/society and members of NGOs together to look closely at the unique needs and abilities of mentally retarded child and make a change in their own attitude, attention, care, and acceptance for child. The model proposes that besides special education of the child, social awareness, parental counselling and e-services could be effective tools to enable the child to use maximum of his/her cognitive abilities.

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