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Case Study

Management of intellectual disability

R.Gangil[1]*, Khushboo[2]

ABSTRACT

Mental retardation is a developmental disorder and is associated with significant in intellectual functioning behaviors. They could be managed through medical basic follow up with supportive cares. Efforts are needed to break financial barrier towards ethological investigations, specialized consultations and occupational activities such as attending school. In this "Management of children with Intellectual disability" This document pertains to the case study of intellectual disability. The case was taken from government hospital. Patients were assessed using structured clinical interview for ICD 10 for diagnosis and psychotic co morbidity. From the study the case histories were taken and it was found that 2 case were found to have of severe intellectual disability. The cases the patients were 50% disabled. Their parents got the counselling and also recommend the personal, social and occupational areas.

Keywords: *Intellectual Disability, Case Study, Occupational Area*

Mental Retardation that is also known as intellectual disability is characterized as a below average intelligence or mental ability as well as the lack of skills vital for optimum level of functioning. Individuals with intellectual disability are able to learn new skills but at a slow pace.

The limitations to such a disability are primarily at two major domains they are as follows:

1. Intellectual functioning also known as which is the person's ability to learn, reason solve problems and make decisions.
2. Adaptive behaviour that are the skills that are essential such as interacting with others, taking care of oneself and being able to effectively communicate.
3. The aspect such as the IQ is measured through an IQ test. On an average 100 is considered as an average IQ with a large number of people scoring between 85-115. A person is considered as intellectually disabled if he / she scores an IQ between 70-75.

Signs of Intellectual Disability in children are as follows:

- Rolling over, sitting up, crawling, or walking late.
- Talking late or having trouble with talking.

[1]Student, Amity University, Gwalior, India
[2]Assistant Professor, Amity University, Gwalior, India
*Responding Author

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- Slow to master things like potty training, dressing and feeding himself or herself.
- Difficulty remembering things.
- Inability to connect actions with consequences.
- Behavior problems such as explosive tantrums.
- Difficulty with problem-solving or logical thinking.

Epidemiology

Among children having profound or severe mental retardation other health related issues are even evident. These health issues may be inclusive of mood disorders, motor skills, impairment of vision or hearing and seizures.

The incidence rate of such disability is shown in school age children with more incidence at the age range of 10-14 years. Such a disability is commonly about 1.5 times more among males than females.

Etiology

One factor could be the faulty genes inclined towards conditions like fragile X syndrome and Down syndrome.

Issues at the time of pregnancy or things like say teratogens that can interfere with the healthy fetal development including substance use and others like infections or malnutrition. Problems during the delivery of the baby due to deprivation of Oxygen premature birth.

Injury or illness, infection like whooping cough, meningitis or measles may lead to intellectual disability. Major Head injury, extreme mal nutrient, severe neglect or even abuse.

Diagnosis

The disability can be attributed to several factors or reasons. In children having hearing problems, some neurological disorders and delay in development. Three of the factors for diagnosis of someone having intellectual disability are as follows: interview with the caregiver, observation of the child and testing of adaptive behaviours and intelligence. A child is said to be intellectually disabled if she/he has deficits in both adaptive behaviours and intelligence. If only either one or the other is there the child is diagnosed as intellectually disability. After diagnosis of disability is made, professionals can test the child's particular strength and weakness. This helps the caregivers to help in finding the extent of support child want to have success at home, school and community.

Services available for ID

Many early intervention programs are available for the infant and toddlers. Professional's works in collaboration with their caregivers to plan for service plan or IFSP. Early intervention is inclusive of therapies like physical, family, occupational, speech, family counselling therapy and training with specially developed facilitating device or nutrition services. School age children with such disability are eligible for special learning for free via the public-school system by IDEA- Individual with Disabilities Education Act. Educators and family members work in collaboration to create an Individualized Education Program or IEP which sketches the child's need and their services which they are provided at school. The importance ad role of special education is to make accommodation and variations which are essential to led the child of ID to successfully attend the classroom.

Aid to Intellectual disabled child

1. To get more and more information on Id child so as to better understand them.
2. Motivate such child to their work themselves and at the same give them a positive feedback when they do something novel at the same guide them time to time.
3. Help such children to take part in group activities which groom the child to develop social skills. One even should be in timely touch with child's educator so that the caregivers get a progress of the child at school.
4. And talk with other caregivers of other ID children as they can be good emotional support.

Case study 1:

Name: P **Age:** 20yr
Education: 6th standard **Gender:** Male
Language: Hindi

Background information: the patient had a full-term normal delivery. Birth cry was present. He was achieving milestones on time but after the first seizure attack at the age of 2 years. His development was reported to be slow. His motor functioning was started around the age of 4years, and speech and language was developed at the age of 6years. The patient stammers while speaking, deficit cognitive skills and inadequate adaptive functioning.

Parents are concerned about his inability to count properly, which he does while running the general store with his father.

Chief complaints:

- Duration from childhood:
- Poor adaptive behavioral skills
- Poor fine motor skills
- Poor academic achievement
- Marked social and emotional development
- Poor daily living activities

Test administered: Psychological testing has been done by using tools:

1. Gesell drawing test (GDT)
2. Developmental Screening Test (DST)
3. Vineland Social Maturity Scale (VSMS).
4. WAPIS

Impression: On the basis of testing scores of patient;
IQ=55
"Mild Mental Retardation with behavioral symptoms"
50% disability

Suggestions:

1. Behavioral modification using the principles of positive and negative reinforcement.
2. Rehabilitation in personal, social and occupational areas.
3. Parental counseling is extremely important to lessen the stress.
4. Adequate treatment of psychological and behavioral problems.
5. Medication for hyperactive behavioral symptoms.

Case study 2

Name: M **Age:** 15yr
Education: Nil **Gender:** Male
Language: Hindi

Background information: During pregnancy at 9th month mother fell down in pond, normal delivery at 10month during birth hypoxia occurred, baby cried after 30min., found blood clotting in parietal lobe. Developmental milestones were delayed, started sitting at 3yr, language developed at 9yr with short sentences, walking at 7yr, deficit cognitive skills and inadequate adaptive functioning.

Chief complaints:

- Poor speech articulation & comprehension
- Increased sleep & breaking objects
- Poor cognitive development since birth
- Hyperactivity & poor attention and concentration

Test administered: Psychological testing has been done by using tools:

1. Developmental Screening Test (DST)
2. Vineland Social Maturity Scale (VSMS)
3. Seguin Form Board Test (SFBT)
4. Bhatia Battery

Impression: On the basis of testing scores of patients;
IQ=52
"Mild Mental Retardation with behavioral symptoms"
50% disability

Suggestions

1. Behavioral modification using the principles of positive and negative reinforcement.
2. Rehabilitation in personal, social and occupational areas.
3. Parental counseling is extremely important to lessen the stress.
4. Adequate treatment of psychological and behavioral problems.
5. Medication for hyperactive behavioral symptom.

Case Study 3

Name: S **Age**: 25yr
Education: Nill **Gender:** Male
Language: Hindi

Background details: Normal delivery at 9month birth cry absent, admitted in NICU for 24hr's, at the age of 6month seizures attack started after a high fever, developmental milestones were delayed, started sitting at the age of 4yr, language not developed yet, motor functioning deficit, walking at 7yr, deficit cognitive skills and inadequate adaptive functioning.

Chief complaints:

Duration from childhood:

- Marked difficulties in cognitive developmental areas
- Poor speech articulation
- Poor fine motor skills development

- Bowel & Bladder control absent
- Poor activities of daily living

Test administered: Psychological testing has been done by using tools:

1. Gesell drawing test (GDT)
2. Developmental Screening Test (DST)
3. Vineland Social Maturity Scale (VSMS)

Impression: Overall psychological evaluation reveals:
IQ=20
"Profound mental retardation"
100% disability

Suggestions:

1. Parental counseling is extremely important to lessen the stress.
2. Institutionalization and residential care.

Case study 4
Name: P **Age**: 12yr
Education: Nil **Gender**: Female
Language: Hindi
Background information: the client had a normal delivery at 9-month, birth cry present. As reported by the informants, around 8 months of age the child had viral fever and mother gave him 1/4th dose of Paracetamol, after which child's condition got worst. He was admitted to a childcare nursing home for 2 days. After recovery from fever, her developmental progress slowed down resulting in developmental delays. The child started sitting around the age of 5 years. His language was developed at the age of 7 years. Motor functioning and walking started after 9 years, deficit cognitive skills and inadequate adaptive functioning.

Chief complaints:
Duration from childhood:

- Poor speech articulation
- Poor in daily living activities
- Poor adaptive behavior
- Deficit in memory skills

Test administered: Psychological testing has been done by using tools:

1. Developmental Screening Test (DST)
2. Vineland Social Maturity Scale (VSMS)
3. Bhatia Battery

Impression: On the basis of testing scores of patients;
IQ=45
"Moderate Mental Retardation"
75% disability

Suggestions

1. Self-care skills using Behavioral Techniques
2. Special education using Individual Educational Plan

3. Psycho education of family in general and specific to government schemes and policies related to intellectual disability.
4. Disability certificate.

Case study 5

Name: L.K **Age:** 07 year
Sex: Female **Education:** Nil
Occupation: Nil **Language Spoken:** Nil
Referral Purpose: IQ assessment
Presenting complaints:

- Poor speech comprehension and articulation
- Marked motor impairment
- Epileptic seizures

Informant: Mother
Background information:
The client's mother had prenatal difficulties while pregnancy. She was ill and was seeking medication but no further information about the illness and the recovery are available. The client had one month late, normal delivery at a hospital, the birth cry was absent. The client was kept under observation for 3 days. She later got an "infection" (no further information available) and was shifted to NICU and recovered after 20 days. The developmental milestones were delayed according to the informant. The client could not balance her head. She could not sit or stand/walk by herself. She is dependent upon others on her activities of daily living. Her speech sound developed around few months back but she is unable to speak words. Informant added about the two episodes of seizure, which is started around 2 months back.

Test administered:

1. Gesell drawing test (GDT)
2. Developmental Screening Test (DST)
3. Vineland Social Maturity Scale (VSMS).

Behavioural observation: The child was lying comfortably in the relative's lap. She was not able to balance her head on own. When support is given to balance head, she was making eye to eye contact. She smiled back to the clinician. She was making elementary sounds for communication. She seemed to be involved in herself often.

Test Findings:
IQ= 28
Impression: Severe level of intellectual developmental delay with cerebral palsy and seizures
Disability: 90%

Conclusion/Suggestion: The client is having multiple disabilities. She is eligible for the welfare measures provided by the government for people with disabilities. She requires constant adult supervision and training. Her motor abilities are markedly impaired. IQ assessment can be repeated after an appropriate interval for further evaluation**.**

DISCUSSION

The result shows the severity of ID suggest the services which are provided for children the same amount of service should be provide to family so that they can help their children more effectively as well as the quality of life can be enhance. According to Bhatia et al. (2015) studied to find out the burden assessment and psychiatric morbidity of the caregiver of the persons with intellectual disability in which 39 % of the caregiver had a high burden score, 46 % perceived mild to moderate burden severity and 15 % perceived no to mild burden, mild to moderate depressive symptoms were present in 23% and 16 % had a severe to extremely severe depressive symptoms. Mild to moderate anxiety symptoms were evident in 19 % of caregiver and a further 19 % had severe to extremely severe anxiety symptoms. Researcher concluded, if they will get the routine assessment of burden will help to reduce their burden and thus them care for their children more appropriate and efficiently. Another recent research conducted by Ganjiwale, Ganjiwale, Sharma and Mishra (2016) on Quality of life and coping strategies of caregivers of children with physical and mental disabilities asses through WHO quality of life, in which social relationship domain was observed to be best and in environmental domain had lower score. The main coping style used by the caregiver was active emotional coping. Only teachers can't easy for teachers to understand the psychology of every child without any help of parents or caretaker. We also need to support intellectual disability in their training and therapy session. It is important that patient do not excluded from fundamental rights. Specially trained mental health nurses can provide a great deal of valuable information as they engage with the patient. They are also excellent resources for verifying medication and therapeutic intervention. We have to bring out changes in our education system. As in - school should organize workshop for making more awareness among the people. School should organize program in which they can show documentaries and talk show where they can talk about how others should can be cooperating with the intellectual disability child. Through which we can make people aware more.

CONCLUSION

After, the implementation of the persons with Disabilities ACT (PWD), 1995 Mental retardation has been recognized as a disability with an identity of its own. Previously, it clubbed with the mental illness. Now, there are many tests by which we can do screening of the child who are having intellectual disability also people got more aware. In this report i have attempted to bring out some points about how the people are nowadays and how we can also manage the Intellectual disabled people, getting aware about this intellectual disability which shows a positive sign for the future. Early detection is not only improving the child to learn new skill but also prevents the development of low self-esteem and behavior problems that further interfere with their ability. Without early screening of the ward, the potential to develop the need to have a normal, successful life as an adult can be greatly reduced. Children with ID are eligible for special education for free through the public-school system which is mandated by the Individual with Disabilities Education Act (IDEA). Parents and educators work together to create an Individualized Education Program or IEP, which outline the need of child and services they receive at school.

Child managed treatment given by:

1. Behavioral modification,
2. Play therapy also
3. Psychopharmacology (If Comorbidity is present)
4. Also suggest school
5. Psycho education,
6. Do counselling of parents

Parents also have to play the role of therapist because child will always need that care throughout the life. Also, they try to make them understand how they feel and what are circumstances they goes do support them where they should.

Some children also have co morbid with ID like ADHD, they got treated by medication recommended by the psychiatrist. Individual with the disability embrace their routine and work whole heartily and often do it better than other people. For them their routine and work are a form of therapy that helps them to deal with their disability.

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Conflict of Interest

The author declared no conflict of interest.

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