Introduction:

In all over world that prevalence of Mental Retardation and increasing ratio than previous years are more challenging in medical field. Identification of the retarded child among from normal children is more difficult in child hood. Treatment and special training are varied from every individual but no one concern the importance for this individual care. Through very early intervention within 2- 4 years individual with MR who has taken proper multi level therapy and one to one teaching will be promoted as near normal.

In our organization, professionals who share and spend more time with this children and the trainers who follow the instructions of chief practitioner and the parents also following the instructions for the improvement of their children. Here we work with team spirit and we could achieve the improvement level even up to 90 - 95%. Our vidial group mainly focuses for one to one teaching every individual to promote independent life.

Definition:

Mental retardation is a state of developmental deficit, beginning in childhood, that results in significant limitation of intellect or cognition and poor adaptation to the demands of everyday life.

Signs and symptoms

Children with mental retardation may also exhibit some or all of the following characteristics:

- Developmental delay in motor mile stones and cognitive skills
- Delayed in Urine and Toilet Indication
- Delays in oral language development
- Deficits in memory skills
- Difficulty learning social rules
- Difficulty with problem solving skills

- Delays in the development of adaptive behaviors such as self-help or self-care skills
- Lack of social inhibitors

Causes

Among children, the cause is unknown for one-third to one-half of cases. Down syndrome, velocariofacial syndrome, and fetal alcohol syndrome are the three most common inborn causes. The most common causes are:

- Genetic conditions. Sometimes disability is caused by abnormal genes inherited from parents. Eg :- Down syndrome,
- Problems during pregnancy. Eg:- an infection like rubella during pregnancy may also have a baby with mental disability.
- Problems at birth. If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have developmental disability due to brain damage.
- Exposure to certain types of disease or toxins. Diseases like whooping cough, measles, or meningitis can cause mental disability if medical care is delayed or inadequate. Exposure to poisons like lead or mercury may also affect mental ability.
- Iodine deficiency eg. Cretinism with MR
- Malnutrition

Diagnosis

According to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), three criteria must be met for a diagnosis of mental retardation: an IQ below 70, significant limitations in two or more areas of adaptive behavior (as measured by an adaptive behavior rating scale, i.e. communication, self-help skills, interpersonal skills, and more), and evidence that the limitations became apparent before the age of 18.

It is formally diagnosed by professional assessment of *intelligence* and *adaptive behavior*.

The following ranges, based on Standard Scores of intelligence tests, reflect the categories of the American Association of Mental Retardation, the Diagnostic and Statistical Manual of Mental Disorders-IV-TR, and the International Classification of Diseases-10:

Class	IQ
Profound mental retardation	Below 20
Severe mental retardation	20–34
Moderate mental retardation	35–49
Mild mental retardation	50–69
Borderline intellectual functioning	70–84

Since the diagnosis is not based only on IQ scores, but must also take into consideration a person's adaptive functioning, the diagnosis is not made rigidly. It encompasses intellectual scores, adaptive functioning scores from an adaptive behavior rating scale based on descriptions of known abilities provided by someone familiar with the person, and also the observations of the assessment examiner who is able to find out directly from the person what he or she can understand, communicate, and the like.

Significant limitations in two or more areas of adaptive behavior

There are many adaptive behavior scales, and accurate assessment of the quality of someone's adaptive behavior requires clinical judgment as well. Certain skills are important to adaptive behavior, such as:

- Daily living skills, such as getting dressed, using the bathroom, and feeding oneself
- Communication skills, such as understanding what is said and being able to answer
- Social skills with peers, family members, spouses, adults, and others

MANAGEMENT

The overall goals of management of intellectual disability (ID) are to strengthen areas of reduced function and to prevent or minimize further cognitive deterioration. Interventions should begin early and be sustained. Goals should be appropriate and achievable.

In our Organization using **Multi Level Therapy** with full time engagement by one to one teaching will be more effective and successful prognosis for them. If we intervened very earlier with proper management there is possible to promote them as near normal with maximum control of their signs and symptoms. It related to the severity and age of the individual.

If individual with MR who has taken treatment in adolescents they will be promoting as controllable and training stage. We won't expect them for as near normal. In the teen years, an emphasis should be placed on vocational goals, including social adaptation.

Occupational Therapy

Occupational Therapy and Sensory Integration Therapy

Occupational therapists design and assist in promoting development of play skills, modifying classroom materials and routines to improve attention and organization, and providing prevocational training. Traditional occupational therapy often is provided to promote development of self-care skills (eg, dressing, manipulating fasteners, using utensils, personal hygiene) and academic skills (eg, cutting with scissors, writing). Sensory integration (SI) therapy often is used alone or as part of a broader program of occupational therapy for children with MR. The goal of SI therapy is not to teach specific skills or behaviors but to remediate deficits in neurologic processing and integration of sensory information to allow the child to interact with the environment in a more adaptive fashion. Following methods are widely used to improve the expected prognosis,

(a) Applied Behavior Analysis

Applied behavior analysis (ABA) is the process of applying interventions that are based on the principles of learning to systematically change behavior and to demonstrate that the interventions used are responsible for the observable improvement in behavior. ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations.

(b) Structured Teaching

The TEACCH method emphasizes structure and has come to be called "structured teaching." Important elements of structured teaching include organization of the physical environment, predictable sequence of activities, visual schedules, routines with flexibility, structured work/activity systems, and visually structured activities (full time engagement with one to one teaching).

(c) Developmental Models
Developmental models have design approaches to address the deficits. The Denver model, for example, is based largely on remediating key deficits in imitation, emotion sharing, theory of mind, and social perception by using play, interpersonal relationships, and activities to foster symbolic thought and teach the power of communication.

(d) Speech Communication Method (Speech and Language Therapy)
A variety of approaches like speech communication method have been reported to be effective in producing gains in communication skills in children with MR. It may vary that individual's problem.

Guidelines for Parents of Children with Mental Retardation

Do not feel guilty: Most parents find it hard to believe and accept a diagnosis of mental retardation. Let guilt that you may have inadvertently caused the retardation not adds to the burden of management. You may harm yourself, and your child may not get the care he deserves.

Do not overprotect your child: Overprotection may unwittingly interfere with his growth and development.

Say to yourself: 'This child needed me and nobody else'. Accept that God gave you your child because he knew you would look after him like no one else.

Be rational: Don't fall prey to misguided advice and the promise of quick cures. Be guided by your doctor.

Do not ignore your spouse and your other child(ren): Since your special child needs a lot of attention, your husband and other children may start feeling neglected. An understanding husband will respect your feelings and will support you, but you must not forget that he is also human and that your other children also need you.

Involve your other children in the care of the special child: No parent lives forever and your child may outlive you.

Education and training are vital: Let your child start getting help from

experts in the field as soon as possible. Early intervention can make a lot of difference in the ultimate outcome.

A team of experts will first try to find the possible cause of the MR and then plan the management of your child. They will also discuss the ultimate prognosis and answer any queries that you have about the possibility of your future children getting affected.

Consider getting your child admitted to a school for normal children: After taking training and treatment in special training center for 2 – 3 years proportional with their age and the severity that Let the team of experts decide if your child should be admitted to a school for normal children.

Do attend to the general health of the child: Make sure your child gets a nourishing diet, proper exercise, enough sleep and a friendly environment. Avoid foods that will make him fat. Also make sure that he gets proper dental care. Some of these children may not chew their food well and extra sugar may cause caries of the teeth, as well as add to his weight.

Drugs are often not helpful: There is no 'brain tonic' that helps these children. However, the experts may prescribe some drug(s) for tackling certain specific problems.

Prefer home care to care in an institution:

More and more people are coming to realise that special children are better looked after at home rather than in an institution. However, situations can arise when parents find it impossible to cope with a severely retarded child and institutionalised care may become necessary.

Fear of Sexual Abuse

If you have a female child with MR, be extra careful about the possibility of the child being sexually abused. Avoid leaving the child alone with people who may take advantage of her handicap. Discuss the issues of contraception and menstruation with your doctor.

Discuss with family members and the doctor about whether getting the child's uterus removed is an option, to save her the problem of menstruation and to avoid the danger of an unwanted pregnancy. Take a well-considered decision. Your daughter may need the operation, but parents who feel

capable of managing their daughter may decide against it.

Genetic Counselling
In some cases of MR, there is a possibility that the next child may have a similar condition. Discuss this with your doctor. Sometimes, the help of a genetic counsellor is needed in such cases.

Prognosis

If we intervened very earlier with proper management there is possible to promote them as near normal. Many individuals with Mental Retardation, particularly those with mild or moderate levels of MR, are often ultimately able to live independently within the community. The likelihood of an adult with MR being able to live independently can be enhanced by having such individuals attend special schools or by placing them into special education classrooms as children. If true independent living is not an option for some individuals, other semi-independent living situations are available, including group housing.

Note: Without taking proper treatment and early intervention, children with more severe cases of mental retardation who are not able to live independently can be challenged to learn, grow, and develop to the best of their ability.

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