MENTAL HANDICAP

A handbook for people working with children with communication difficulties

United Nations Children's Fund
New York

Rehabilitation Unit
World Health Organization
Geneva

Rehabilitation Unit
Ministry of Health, Zimbabwe
In the last section we looked at goal planning.

In this section we are going to look at the communication difficulties of children with mental handicap and developmental delay.

By the end of this section you should be able to
- identify children who have communication difficulties caused by mental handicap and developmental delay
- understand the causes of mental handicap
- assess and make suitable goal plans
- advise parents of children with mental handicap and be able to answer their questions
- understand the importance of gesture and how to help children to develop use of gesture as a means of communication
- help parents of children with difficult behaviour caused by mental handicap.
I remember the day when I was told that Chipo had Downs Syndrome and that she would be slow in her learning and would never be quite like other children of her age. My husband and I were both very worried—we asked ourselves Why us, why now after having 8 normal children, why one like this?” It was very hard for us to accept Chipo. We felt hurt and we used to compare her with our neighbours’ children. We used to long to have a normal child. Eventually, though, I realised that I just had to accept the situation I found myself in, and cope with it. Chipo was my responsibility and I couldn’t run away from that. I know I must love her and try to teach her.

As soon as I realised that my child was not like other children I knew that I would have to do all I could to help him. It’s been a struggle for me, but now I can say that it’s been worth it. One of my main concerns for Kennedy was to find a pre-school for him, and eventually I found a place that would take him for two days each week. Then my worry was to find a school that could help him. This was difficult, and I had to keep on going to rehabilitation departments and education departments until I was promised a place for Kennedy at a special school. Now I am happy because Kennedy goes off to school each day, just as my other children do!

By the time Taurayi was 6 years old, I felt desperate. Every day I had to look after him by myself, but I was struggling—I just didn’t know what to do. Taurayi could not look after himself and I had to be with him all the time—he didn’t seem to know what he was doing. He would be moving about all the time and getting himself into all sorts of difficulties with my neighbours! Eventually, a friend of mine told me about the rehabilitation department and I went there with Taurayi. That was 18 months ago now and I cannot believe how much Taurayi has changed in that time. Now he can feed himself and he helps in bathing and dressing. He is able to communicate in his own way and by using gesture he can tell me when he wants to go to the toilet. Although I got ideas from the rehabilitation department I know that Taurayi wouldn’t have made so much progress if I hadn’t really decided to teach him at home. I feel proud when I think of how I have helped him!

I was shocked and upset when I realised that Vimbai would never be like other children. For a long time I just cried about it. But with time my feelings have changed and I have come to love Vimbai just as I love my other children. Yes, she is different from other children but she still brings much joy to our family and everyone loves her for who she is!
About mental handicap...

• When a child is slow in her mental development and does not learn skills as quickly as other children of her age, we say she has a mental handicap.

• A child who is mentally handicapped will have difficulties with
  — learning
  — understanding
  — and possibly, behaviour.

• There are different degrees of mental handicap. Some children may be only slightly delayed in their development and have mild difficulties with learning, while other children may be severely delayed in their development and have severe difficulty learning even a most basic skill.

• However severe a child’s difficulty with learning might be, we must remember that every child can learn something if she is given appropriate help.

• There is another group of children whom we call “developmentally delayed” who are also delayed in their development. But we do not say that they are mentally handicapped because their delay in development is very mild and is not permanent. With time, a child who is developmentally delayed will catch up with other children of the same age. (See page 4 for more details about developmental delay.)

• Some children have other difficulties in addition to their mental handicap. For example, a child might be mentally handicapped and have a hearing impairment. Or she might have a physical disability as well as a mental handicap. With these children, we must think about what their main difficulty is and give them help in that area.

• Some children who are mentally handicapped also have associated difficulties with behaviour.

• It is very important that a child who is mentally handicapped receives help from as early an age as possible. Her potential for learning will be greater if she is given help from a young age.
• Children who are mentally handicapped often have difficulties in all areas of their development. They may be slower to learn to sit, walk, run, catch and throw, and slower to learn self-help skills such as bathing and dressing. Later on, their difficulties with communication and with school skills such as reading and writing, become more apparent.

• Because a mentally handicapped child is slow to learn, we must plan our goals for him in very small steps. We must also be consistent and patient in our approach towards him. Learning is difficult for him and he needs all the encouragement he can get!

If a child with a mental handicap is never going to get better, is it really worth us spending time with him?

Yes! Now remember what we've said - Mental handicap cannot be cured so in that respect a child will not "get better". But, a child with a mental handicap can learn new skills, and in that respect we can say that he will "get better". So, a child needs all the help he can get in order to learn and to reach his full potential. This is a basic human right.

On page 2 you mentioned "developmental delay". What exactly do you mean by this?

Oh yes! Thank you for reminding me. Turn over and I will explain more about "developmental delay"...
"Developmental delay" is the term we use when a child is mildly delayed in all areas of development, but will eventually catch up with other children of her age.

Fine! But why are you talking about developmental delay in a section that is actually about mental handicap?

Well, a child who has a mental handicap also has delayed development, but the difference is that their delay is great and the child will never be like other children of the same age. Remember we said that a developmentally delayed child will eventually be like other children of the same age.

Take a look at the table below; it might help you to understand the difference between developmental delay and mental handicap.

Let me explain...

**A child with developmental delay...**
- has mild delay, equal in all areas
- follows normal pattern of development
- does not usually have associated difficulties
- will be able to attend school like other children
- is not permanently disabled
- will eventually catch up with others of her age

**A child with mental handicap...**
- has more severe delay with some areas more affected than others
- follows unusual pattern of development, for example, may have motor skills at appropriate age level, but attention skills of a much younger child
- often has other difficulties, for example, difficulties with behaviour, or self care
- is not likely to be able to attend an ordinary school, and may need special education
- is permanently disabled
- will not catch up with other children of her age

| Slower to develop | but...starts to catch up. | No permanent disability. | Much slower to develop. | lags behind and... | will never catch up. |
Ah! Now I understand. But tell me, when should we start to help children who are developmentally delayed and what are our aims?

It is important that we give these children help as soon as possible. The earlier we start to help them, the more quickly they can catch up with others of their age.

**With these children our aims are:**

- to give parents support
- to give parents advice on how to stimulate their child
- to help the child to reach his age level in all areas of development
- to monitor the child’s progress carefully and ensure that he is improving steadily.

**How to help a child who has a developmental delay**

Children who are developmentally delayed and have a delay in their communication skills need to have a communication assessment and goal plan completed for them, just like any other child who has a communication difficulty.

Be sure to turn now to Sections 2 and 3 for ideas on how to do this.
General Ideas......

- **Stimulation**
  All children need stimulation, but these children need more stimulation than others. The best times for stimulating your child are during everyday situations and during play. Look at Section 10 and Section 9 for ideas.
  
- **Involve all family members in helping the child**
  The most important and valuable people for helping a child are the family members. It is they who know her and are with her everyday in natural situations. Be sure to involve all family members in helping the child.

- **Provide opportunities for communication**
  A child must have a need to communicate. If we do everything for her and give her food without asking her, she will not bother to try and ask for herself. It is important to provide a child with opportunities to communicate.
  
- **Provide opportunities for children and parents to meet together in groups**
  It is the parents of disabled children who are most able to advise and support each other. It is important that we provide opportunities where parents can meet and talk together and where their children can play together in a relaxed situation. See Section 11 for ideas on how to run groups for children and parents.

So remember - for more advice on helping children who are developmentally delayed turn to sections 9, 10 and 11. Now, let's think more about children who are mentally handicapped and what we can hope for with them.
What can we realistically expect of a mentally handicapped child?

Remember! A disabled child must be helped to achieve as much as he possibly can. If we expect more of him, he is likely to achieve more. If we expect less of him, he is likely to achieve less. So you see, our expectations are vitally important - make sure yours are positive and realistic.

What a mentally handicapped child can achieve will depend on how much difficulty he has with learning. As we have already said, some children have great difficulty learning and their achievements may be very limited. Other children have less difficulty learning and they can achieve more.

A mentally handicapped child should be able to...

- communicate his needs in some way
- learn to be as independent as possible in activities of bathing, dressing and eating, and in generally caring for himself
- help with domestic activities according to his ability and be appreciated as part of a family and community
- attend his local pre-school, depending on his ability
- have opportunities to mix with other children and with adults in the community
- carry out useful tasks, depending on his ability.

So you see ... a mentally handicapped child's achievements will depend partly on his ability to learn, and partly on the opportunities that are available to him. Some children may be able to attend a special school or class. For other children this will not be possible. But for all of these children, the most valuable opportunities for learning are in the home with their families and friends.

What are our aims?

Our aims are

- to improve all of a child's communication skills
- to recognise and encourage any means of communication
- to give support and guidance to parents
- to help the child to be as independent as possible
- to provide opportunities for mentally handicapped children to mix with other children
- to advise parents on how to deal with their child's difficult behaviour in the home
- to refer children on for other specialist help when needed, for example, pre-school, special school, doctor...
There are many causes of mental handicap. Often the cause is not known but here are the most common causes that are known to us:

- Microcephaly — when a child is born with a small brain.

- Brain damage — caused by difficulties during pregnancy or during and after birth, for example, birth asphyxia, meningitis.

- Downs syndrome — mental handicap is a feature of several different syndromes. Downs syndrome is the most common.

You know ... it is useful to know the cause of a child's mental handicap, but it is not essential. Remember, we can help a child whether we know the cause of her difficulty or not, and what is most important is that she receives this help as early as possible.
Mental handicap... questions and answers...

There are a lot of wrong beliefs about mental handicap...

...but now let's answer commonly asked questions and hear the facts.....

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Is it my fault that my child has a mental handicap?</td>
<td>No. It is not your or your husband's fault that your child has a mental handicap. Neither does it have anything to do with traditional spirits. Mental handicap occurs in children all over the world.</td>
</tr>
<tr>
<td>Is there a cure for mental handicap?</td>
<td>No. There is no cure for mental handicap. There are no pills or operations that will get rid of the mental handicap.</td>
</tr>
<tr>
<td>Is mental handicap contagious?</td>
<td>No. Mental handicap is not contagious. It cannot be passed from one person to another because it is not an infection or an illness. People with mental handicap should be encouraged to mix freely with all other people.</td>
</tr>
<tr>
<td>Who can help our child?</td>
<td>Your local rehabilitation workers can give you ideas on how to help your child. But it is you, with the support of your family and the community who can do most to help your child. You are the most important people.</td>
</tr>
</tbody>
</table>
... more questions and answers...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will my child be able to care for herself?</td>
<td>Every child with mental handicap is different. Some have no difficulty learning to look after themselves and they become independent. Others have greater difficulty learning to look after themselves and they may always need help.</td>
</tr>
<tr>
<td>Will my child learn to talk?</td>
<td>For many children with mental handicap learning to talk is very difficult. Some children will learn to talk quite well, but others may never talk very clearly. Children with mental handicap can often learn to communicate well using a combination of speech and gestures.</td>
</tr>
<tr>
<td>Will my child ever be able to go to school?</td>
<td>Again, every child is different, but many children with mental handicap can definitely benefit from attending pre-school. In primary school, a child with mental handicap will probably find it difficult to keep up with the other children. Because of this, it might be necessary for her to attend a special class or a special school.</td>
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<tr>
<td>Will my child be able to work for her living?</td>
<td>It is unusual for people with mental handicap to succeed in finding employment, even though many are capable of holding a job. In the home and community, though, there are many useful jobs that a person can do provided they are given the opportunity.</td>
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</tbody>
</table>

These are some of the questions that people commonly ask. You might have more questions – never be afraid to ask or to find out more about mental handicap.
Can a doctor help a child with mental handicap?

A doctor cannot usually help a child with a mental handicap unless the child has associated medical problems. A common medical problem associated with mental handicap is epilepsy, when a child has fits or convulsions. These children must receive medical help to control their epilepsy.

Children with Downs syndrome often have medical problems as part of the syndrome. They too, should receive medical help for these. Here are the most common medical problems that a child with Downs Syndrome might have, with advice of what to do for each...

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>• Abnormalities of the heart occur in about 50% of children with Downs syndrome</td>
<td>Have your child’s heart checked by the doctor every 3-6 months for the first two years. If your child needs an operation on his heart, be sure to take him for it.</td>
</tr>
<tr>
<td>• Chest infections and pneumonia</td>
<td>If your child has a cough or breathing difficulties, or has symptoms of fever, take him to the clinic straight away.</td>
</tr>
<tr>
<td>• Difficulties with hearing occur in many children with Downs syndrome</td>
<td>If your child has pain or pus in the ears, take him to the clinic straightaway. If you think your child does not hear well, ask your Rehabilitation Technician for advice.</td>
</tr>
<tr>
<td>• Eye infections and/or difficulty with seeing</td>
<td>If your child’s eyes are red and painful take him to the clinic. If you think your child does not see well, ask your Rehabilitation Technician for advice.</td>
</tr>
</tbody>
</table>

Remember! A doctor cannot cure Downs syndrome or other types of mental handicap. Also she cannot usually help with your child’s learning difficulties. It is in this area that rehabilitation workers can help most.
Where will the breakdown in the communication cycle be?

We have already said that communication is one of the main areas of difficulty for a child who has a mental handicap.

Let's look at where the breakdown in the communication cycle will be...

Understanding of verbal and non-verbal messages

Understand the message

1. Hear and see the message
   - Where is the cup?

2. Register what you see and hear
   - What sounds are those?
   - Is it a dog?
   - Is it a person?

3. Recognise what you see and hear
   - ?

4. Recognise the meaning
   - ?

Expression using verbal and non-verbal messages

5. Decide on the response

6. Decide how to send the response

7. Choose symbols
   - Choose sounds and words
   - Choose signs
   - Choose pictures, letters and words

8. Know order of symbols

9. Send the response - monitor and correct it

All children with a mental handicap will have some difficulty with understanding and with expression, but the extent of their difficulty will depend on the severity of the mental handicap...
Now, let’s look at two extremes of the difficulties a child might have.

**A child with mild mental handicap**
- may recognise the meaning of simple words and sentences
- can be helped to understand if the speaker uses words and gestures
- will be able to decide on a simple response, and by words and/or gestures is usually able to send a simple message
- may have difficulty saying out the message.

It is important for the listener to try to understand, and to respond accordingly, so that a communication breakdown is avoided.

**A child with a severe mental handicap**
- can usually see and hear, but may be unable to register what he sees and hears
- does not understand words, but can develop an understanding of tone of voice, facial expression and simple gestures
- will usually respond to situations by using communication in the form of body movements, crying, sounds, eye-movements etc.

It is important for the other person to watch for any sign of communication and to respond immediately, so that some form of communication is maintained.

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So you see — a child needs to develop some means of communication be it words, gestures or body movements. The listener must be alert to any attempts the child makes to communicate, and must respond appropriately and immediately. In this way the communication cycle need not break down, regardless of the severity of the mental handicap.

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To see just how important it is to use all means of communication with a child who is mentally handicapped, turn to the next page...
So you see! It is up to us to adapt our communication so that the communication cycle does not break down.
Because communication is one of the main areas of difficulty for children who have a mental handicap, this is an area in which we need to give them help.

To achieve our long term goal of enabling a mentally handicapped child to communicate in some way, we need to carry out an assessment of the child’s communication skills. In this way, we can plan appropriate short term goals to help the child achieve the long term goal.

ASSSESSMENT

In Section 2 we looked in detail at how to assess a child’s communication skills.

To assess the communication of a mentally handicapped child we must use the form and follow the guidelines described in that section.

On the next pages we will look at typical assessment checklist profiles of

- a child who is developmentally delayed
- a child who is moderately mentally handicapped
- a child who is severely mentally handicapped.

Then we will compare the strengths and needs of these children with children who have other disabilities.

All this information will help us to decide how much difficulty a child has with learning and with communication, and where his main needs are.

Once we have carried out the assessment, we can start to plan appropriate short term goals to meet the child’s needs.
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<th>STAGE</th>
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<td>SPEECH</td>
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<tr>
<td>Does child make cooing and babbling sounds?</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>UNDERSTANDING</td>
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<tr>
<td>Does child understand how basic needs will be met, e.g. crying if hungry or wet?</td>
<td>✔</td>
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<tr>
<td>Does child understand simple instructions when gestures are used?</td>
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<td>Does child follow instructions when gestures are not used, e.g. shows parts of her body?</td>
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<td>GESTURE</td>
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<td>Does child smile, frown, laugh?</td>
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<tr>
<td>Does child reach, hand out towards objects?</td>
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<td>PLAY</td>
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<td>Is child interested in people and objects?</td>
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<td>Will she make eye contact?</td>
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<td>ATTENTION</td>
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<tr>
<td>Does child look at mother/carer when she speaks?</td>
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<tr>
<td>Does child look towards new sounds or things?</td>
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<tr>
<td>LISTENING</td>
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<td>Does child respond to sound and look to where it is coming from?</td>
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<tr>
<td>Does child recognise differences in sounds and their meanings, e.g. dog barking, bus arriving?</td>
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<tr>
<td>TAKING &amp; IMITATION</td>
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<td>Does child take turns in making sounds with mother/carer, i.e. if mother copies child's sounds will she repeat them?</td>
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<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
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<tr>
<td>Can child close lips on a spoon?</td>
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<td>Can child chew food and drink from a cup?</td>
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<td>Can child cooperate in dressing?</td>
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<tr>
<td>GROSS MOTOR</td>
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<tr>
<td>Does child bring hands to mouth?</td>
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<td>Can child crawl?</td>
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<td>Can child sit with support?</td>
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<tr>
<td>Strengths: Gesture, Play, Turntaking and imitation.</td>
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</tbody>
</table>
And what about the assessment checklist profile of a child who is moderately mentally handicapped?

Note! Some mentally handicapped children may also have difficulty hearing, for these children it is usually their mental handicap that is the main cause of their hearing impairment. So for these children concentrating on their hearing skills is more important than concentrating on their hearing loss.

Well, look at the checklist for Peresi below!

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</tr>
<tr>
<td>Does child make cooing and babbling sounds?</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>Does child repeat sounds and babble tunefully?</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Does child use sounds with meaning and some recognisable words?</td>
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</tr>
<tr>
<td>Uses sounds with meaning only</td>
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<td>X</td>
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<tr>
<td>UNDERSTANDING</td>
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</tr>
<tr>
<td>Does child understand how basic needs will be met, e.g. crying is hungry or wet?</td>
<td>✓</td>
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<tr>
<td>Does child understand simple language like other children of her age?</td>
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<tr>
<td>GESTURE</td>
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<td></td>
</tr>
<tr>
<td>Does child smile, frown, laugh?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child reach hand out towards objects?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child point to objects or people that she is interested in?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child link gestures with a situation, e.g. waves &quot;bye bye&quot;, claps &quot;thank you&quot;?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child use gesture to get other people to do things for her, e.g. points to cup when she wants a drink?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is child interested in people and objects?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will she make eye contact?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child explore/ play with objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does she look for hidden objects?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child like simple pretend play, e.g. putting spoon in cup pretending to feed herself?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child build with bricks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child copy simple domestic activities?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child look at mother/carer when she speaks?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child look towards new sounds or things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can child attend to simple tasks and not be distracted by new sounds or things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child attend for longer periods to more difficult tasks, e.g. building bricks, pretend play?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISTENING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child respond to sound and look to where it is coming from?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child recognise differences in sounds and their meanings, e.g. dog barking, bus arriving?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Does child listen when mother/carer speaks to her?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child listen more carefully to speech?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Does she try to imitate words?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TURNTAKING &amp; IMITATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child take turns in making sounds with mother/carer, i.e. If mother copies child's sounds will she repeat them?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child repeat her own sounds in a playful way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child imitate adult's actions and sounds?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does she want adult to take turns in her game?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can child close lips on a spoon?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Does she take food to her mouth?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child chew food and drink from a cup?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Does child feed herself?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child cooperate in dressing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child take off simple clothes?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is she starting toilet training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS MOTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child bring hands to mouth?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can child walk?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can child run?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRENGTHS: Gesture. Play.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Note: Some severely mentally handicapped children may look just like other children and have the same motor ability, but their mental handicap means that they have severe difficulty learning all other skills. They have the mind of a much younger child.

And now look at the checklist of Taurayi - he is severely mentally handicapped.

### STAGE

<table>
<thead>
<tr>
<th>AGE</th>
<th>0-6 months</th>
<th>6-12 months</th>
<th>12-18 months</th>
<th>1½ -3 years</th>
<th>3-5 years</th>
<th>6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child make cooing and babbling sounds?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child make some sounds, but not really babbling?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERSTANDING</td>
<td>Does child understand how basic needs will be met, e.g. crying if hungry or wet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child smile, frown, laugh?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child reach out towards objects?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GESTURE</td>
<td>Does child point to objects or people that she is interested in?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child link gestures with situations, e.g. waves &quot;bye bye&quot;, claps &quot;thank you&quot;?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAY</td>
<td>Is child interested in people and objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child play with objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will she make eye contact?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENTION</td>
<td>Does child look at mother/carer when she speaks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child look towards new sounds or things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISTENING</td>
<td>Does child respond to sound and look to where it is coming from?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, but only turns briefly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child recognise differences in sounds and their meanings, e.g. dog barking, bus arriving?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURNTAKING &amp; IMITATION</td>
<td>Does child take turns in making sounds with mother/carer, i.e. if mother copies child's sounds will she repeat them?</td>
<td></td>
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<tr>
<td>Does child repeat her own sounds in a playful way?</td>
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<tr>
<td>Does child imitate adult's actions and sounds?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child want adult to talk turn in her games?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
<td>Can child close lips on a spoon?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child chew food and drink from a cup?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child cooperate in dressing?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS MOTOR</td>
<td>Does child bring hands to midline?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does child sit with support?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths: \[\text{Gross motor} \]

Needs: All areas, but mainly attention.
And before we go on to goal planning...

Let's summarize and compare the abilities of a child who has a mental handicap or a developmental delay with those of children who have other disabilities.

Checking your assessment profile against the column below will help you to decide whether the main problem for the child you have assessed is mental handicap or developmental delay. If the profile obviously does not match up with either column, think again!

<table>
<thead>
<tr>
<th>Mental Handicap</th>
<th>Developmental Delay</th>
<th>Cerebral Palsy</th>
<th>Hearing Impairment</th>
<th>Multiple Disability</th>
<th>Special Difficulties with Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td>Mildly severely affected</td>
<td>Mildly severely affected</td>
<td>Severe</td>
<td>Severe</td>
<td>Severe affected</td>
</tr>
<tr>
<td>Understanding</td>
<td>Mildly severely affected</td>
<td>Mildly severe</td>
<td>Severe</td>
<td>Severe</td>
<td>Severe affected</td>
</tr>
<tr>
<td>Gesture</td>
<td>Easier than average</td>
<td>May be earlier than speech</td>
<td>Easier than average</td>
<td>Severe</td>
<td>Severe affected</td>
</tr>
<tr>
<td>Play</td>
<td>Like that of a younger child</td>
<td>May be affected in several areas</td>
<td>Other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
<tr>
<td>Attention</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
<tr>
<td>Listening</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
<tr>
<td>Turntaking &amp; imitation</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
<tr>
<td>Activities of daily living</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>Like other children of same age</td>
<td>Like other children of same age</td>
<td>Like other children of same age</td>
<td>Severe</td>
<td>Like other children of same age</td>
</tr>
</tbody>
</table>

DEVELOPMENTAL DELAY | MENTAL HANDICAP

Speech
Mildly delayed
Mildly severely affected

Understanding
Mildly delayed
Mildly severely affected

Gesture
Mildly delayed
Easier than speech

Play
Mildly delayed
Like that of a younger child

Attention
Mildly delayed
Often severely affected

Listening
Mildly delayed
Affect by difficulties with attention

Turntaking & imitation
Mildly delayed
Often severely affected

Activities of daily living
Mildly delayed
Slower to learn everyday skills

Gross motor
Mildly delayed
Mildly severely affected

So you see, as we've said before, a child who is developmentally delayed will be slightly behind in all his communication skills, but remember, he will eventually catch up with his peers.

A child who is mentally handicapped will be more seriously behind and will be slower to learn communication skills. He will never catch up with his peers.
GOAL PLANNING

We looked at the general principles of goal planning in Section 3. Look back to that section now and refresh your memory about how to do a goal plan.

Now, for more ideas on goal planning specifically for a child who is mentally handicapped, read on...

First of all we need to think about where the child has most difficulty. From there we can think about our short term goals and plan activities to achieve them.

But we must always remember that every developmentally delayed child and every mentally handicapped child is different and their needs will be different. We are just using Memory, Peresi and Taurayi as examples ...

- **Memory's main areas of need** are understanding, speech, attention, listening and activities of daily living.

- **Peresi's main areas of need** are understanding, attention, listening, turntaking and activities of daily living.

- **Taurayi has severe difficulty in all areas.**

For each of these children we need to have a long term goal, and short term goals to achieve this. Our long term goal for each of these children is to improve their communication by giving help in the areas in which they have most difficulty. These are the areas given above. Then we need to come up with short term goals and appropriate activities to meet these areas of need. Read on ...
Now hang on, I have a question for you! Each of these children has difficulties in several areas, so how do we know which areas to concentrate on first?

Well... remember in section 3 we talked about how the communication house can help us prioritise our long-term goals. The house reminds us which communication skills should be built up first, and which skills can be built up later. Remember, the foundation comes first, then the bricks, then the roof, and lastly the paint.

Now, let's think about Taurayi; he has difficulty in all areas of the communication house...

...but if we look at the house we can see that attention, listening, imitation and turntaking are the basic communication skills, so it is these that we should concentrate on first with Taurayi - the other communication skills can come later, once the foundation of the house has been built. Now, think for yourself - which areas will we concentrate on with Memory, and with Feresi?

Ah! So what you're saying is that if a child has many areas of need we should concentrate first on establishing the basic communication skills, before moving on to the later skills. Is that right?

You've got it! - and what's more, very often when we are working on the basic communication skills we also see an improvement in the later skills even though we are not concentrating on those! Another important thing to remember is that a child's needs change over time, and we must always be prepared to change our goal plans accordingly.
We have said that our long term goal for Memory, who is developmentally delayed, is to improve understanding, speech, attention, listening and activities of daily living. We will concentrate first on improving her attention and listening skills and her understanding.

For Peresi, who is moderately mentally handicapped, our goal is to improve understanding, attention, listening, turntaking and activities of daily living. With him, we will concentrate first on helping his attention, listening and turntaking skills.

For Taurayi, who is severely mentally handicapped, and has difficulty in all areas, we aim to improve the basic skills of attention, listening, imitation and turntaking.

Note! These children may need help with their gross motor skills and activities of daily living but in this handbook we will just be looking at their communication needs.

- Now we need to look at how the communication goals can be achieved.
- First of all, we need to think about our short term goals.
- Next we need to think of activities that will help us achieve these goals.

To do this, use the relevant ideas shown on the activity pages in section 3 of this handbook...

...and look on the next three pages for examples of goal plans for Memory, Peresi and Taurai ...
Here is an example of a goal plan for Memory. Remember she is developmentally delayed.

**Aims**

**Long term goal:** To improve • attention • listening • understanding

<table>
<thead>
<tr>
<th>Short term goals</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For Memory to concentrate when she is spoken to.</td>
<td>- Ask Memory to fetch things around the home, e.g.; &quot;Memory, I need a cup.&quot;; &quot;Memory, get your shoes.&quot;; &quot;Memory, take the bread to Dad.&quot;; Praise her when she tries.</td>
<td>Parents and other family members.</td>
</tr>
<tr>
<td>2. For Memory to concentrate and to listen during a play activity.</td>
<td>- Help Memory to build a tower of blocks or tins. Show her how to wait for you to say &quot;go.&quot; before she can knock the tower down.</td>
<td></td>
</tr>
<tr>
<td>3. For Memory to understand more familiar words.</td>
<td>- When you are washing and dressing Memory talk to her about what you are doing. - Show her different things and name them, e.g.; &quot;Water; Splash the water!&quot;; &quot;Wash Memory's leg;&quot; &quot;Hold the soap. That's it - soap!&quot; etc.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>- Let Memory help you in the house, with cooking, sweeping, washing dishes etc. Always talk to her about what you are doing and about what she is doing.</td>
<td></td>
</tr>
</tbody>
</table>

**Follow up appointment date?**

28/9/92 - Rehab. dept.

**Name of interviewer:** J. Schonau

**Date:** 28/9/92

This is a goal plan for Memory. But remember! Every child is different and will need their own individual goal plan according to their needs. These needs will change over time, so our goal plans must also change.
Now here is Peresi’s goal plan. He is **moderately mentally handicapped**.

## Aims

**Long term goal:** To improve • attention • listening • turntaking

<table>
<thead>
<tr>
<th>Short term goals</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For Peresi concentrate on one play activity for a period of time.</td>
<td>- Take a pot, dish, spoon, doll and some water and sand. Show Peresi how to make &quot;sadza&quot;, how to cook it, and how to feed it to the doll. Talk about what you are doing and make it fun!</td>
<td>Older Sister.</td>
</tr>
<tr>
<td>2. For Peresi to listen and watch more carefully.</td>
<td>- Sit down with Peresi. Touch different parts of your body and name each part as you touch it. Help Peresi to copy your actions and to listen to the names.</td>
<td>Older sister.</td>
</tr>
<tr>
<td>3. For Peresi to listen more carefully.</td>
<td>- Give Peresi choices of things to eat and things to play with. Show him the choices. Ask him, &quot;do you want jam or peanut butter?&quot;; &quot;do you want the car or the doll?&quot; Give him what he chooses.</td>
<td>Mother.</td>
</tr>
<tr>
<td>4. For Peresi to be more aware of taking turns.</td>
<td>- Take an empty tin and some stones. Take turns posting the stones into the tin. Say &quot;it's my turn,&quot; then &quot;it's your turn.&quot;</td>
<td>Brother.</td>
</tr>
</tbody>
</table>

Follow up appointment date? **12/7/92.** Immunisation point.

Name of interviewer **T. Chikutu**. Date **6/6/92**.

---

This is Peresi’s goal plan. As we have said, every child is different, so make your own individual goal plans for the children you are helping!
And finally here is Taurayi's goal plan. He is severely mentally handicapped.

Aims

**Long term goal:** To improve attention, listening, imitation, and turn-taking.

**Short term goals**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>For Taurayi to look at your face when you talk to him.</td>
<td>Play “peek-a-boo”, uncovering your face. Say “goodbye” and “hello” with a bright voice and face as you cover and uncover.</td>
<td>All family members</td>
</tr>
<tr>
<td>2.</td>
<td>For Taurayi to listen more to voice.</td>
<td>When Taurai makes a sound, copy it, as if you are talking to him. Have a “conversation” with him by copying his sounds.</td>
<td>Mother</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Hold Taurai close to you. Sing to him and move him gently in time with the rhythm.</td>
<td>Mother / Older sister</td>
</tr>
<tr>
<td>4.</td>
<td>For Taurayi to take turns in very simple games.</td>
<td>Play a game of tickling Taurai. When he laughs, tickle him again. Carry on taking turns tickling and laughing.</td>
<td>Older sister</td>
</tr>
</tbody>
</table>

Follow up appointment date?  
Mt. Darwin rehab dept.  
23/10/92

Name of interviewer: Mary Chirato  
Date: 18/9/92

Remember! The most important opportunities for learning occur during play and during everyday situations. Turn to sections 9 and 10 for more ideas.

Have you ever thought about organising a workshop for children who are mentally handicapped and their parents? Turn to section II for ideas.
- As well as a child’s individual goal plan it is most important that we remember that our day to day approach to a mentally handicapped child is what can help her most.
- If we use our communication skills well, she will learn to communicate in her own way.

Look carefully at the following ideas.

**How to talk to a mentally handicapped child...**

<table>
<thead>
<tr>
<th>Talk to the child about things happening around her.</th>
<th>Look! We're cooking sadza and vegetables.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get down to the child’s level and face her when you talk.</td>
<td>Listen, Tendai...</td>
</tr>
<tr>
<td>Before you talk to the child get her attention by tapping her and calling her name. Make sure she is looking at you when you talk.</td>
<td>Tendai!</td>
</tr>
<tr>
<td>Use gestures when you are talking. Encourage the child to use gestures.</td>
<td>&quot;I'm tired&quot; &quot;I want food&quot;</td>
</tr>
<tr>
<td>Make sure you show the child what ever it is you are talking about.</td>
<td>&quot;I'm thirsty&quot; &quot;Baby's sleeping&quot;</td>
</tr>
<tr>
<td>Do you want to wear your red shirt?</td>
<td>Look over here for more ideas...</td>
</tr>
</tbody>
</table>
Point out things of interest to the child. Talk to him about it.

Encourage the child to make sounds by singing and playing games with sounds. Praise him when he makes a sound.

Use facial expression when you talk to help the child understand what you are saying.

Notice any attempts the child makes to communicate and always respond to them.

Use everyday words and short sentences. Stress the most important words.

Try to remember all the above points whenever you are communicating with a mentally handicapped child.

We mentioned the use of gesture with children who have a mental handicap. This is so important that we are going to spend the next few pages explaining more about it...
# USING GESTURE

## What are gestures?
- We all use gestures as part of communication. A gesture is a movement of the hands, body and face that has meaning.
- Gestures can be used to send messages — for example, clapping to say “thank you”; waving to say “good bye”.
- Any body movement can be called a gesture as long as another person understands its meaning.

## Why should we use gestures with a mentally handicapped child?
- Many children with mental handicap have difficulty learning to use words, and because of this, communication can be difficult for them.
- Gestures are often easier for a child to see, understand and remember.
- By using gestures, with speech, we can communicate more easily with a mentally handicapped child, and the child will also want to try and communicate with us using speech and gestures. Gestures will help her talk!

By using gestures we can make a spoken message clearer and easier to understand.

Try this activity to see for yourself just how important the use of gestures is...

1. Give a person a spoken instruction in a language that you know they do not understand. Use words only — do not use gestures.
2. How does the person respond?
3. This time give the person the same spoken instruction but use gestures **as well as words** to get your message across.
4. Does the person understand your message this time?

... so you see, using gestures together with words makes expression more effective, and understanding easier!
<table>
<thead>
<tr>
<th>When should we use gestures?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We should start to use gestures with speech right from when the child is very young.</td>
</tr>
<tr>
<td>• He will learn to understand and to use gestures by seeing people around him using them.</td>
</tr>
<tr>
<td>• Everyone who comes into contact with the child should use gestures whenever they talk to the child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can we teach a child to use gesture?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When a child is young, the best way to teach him is simply by talking to him using speech with gestures in natural, everyday situations. When we are bathing him, talk to him, and use gesture. When we are dressing him, when we are preparing sadza, talk to him and use gesture!</td>
</tr>
<tr>
<td>• Remember just as these are the best situations for teaching a child words, they are also the best for teaching a child gestures! For more information turn this page.</td>
</tr>
</tbody>
</table>

Now hang on! What's the difference between the sign language that a hearing impaired child uses, and the gestures that you are saying should be used with a mentally handicapped child?

That's a very good question! Remember — sign language is a complex language in its own right. It has rules and regulations just as a spoken language has. Sign language is the mother tongue of hearing impaired people. Gestures, on the other hand, are not a formal language system. They are symbols that we all use to some extent to make our spoken messages clearer, but they do not follow any rules and regulations.
O.K. I understand what you mean by "gestures" now, and I can see that by using them along with spoken language we can really help a mentally handicapped child to understand more easily and to express themselves more effectively. But now I am wondering... how does a child learn to use gestures?

In fact, how a child learns to use gestures is similar to the way in which she learns to use words. We talk about that in section 10. But let's now think about how a child learns to understand and to use gestures. Read on...

LEARNING GESTURES IN EVERYDAY SITUATIONS

Everyday situations in the home, such as bathing, dressing, mealtimes and household activities, are the best times for learning about gestures. It is at these times that gestures can be used in a natural and meaningful way. Also, these situations occur every day and sometimes more than once a day, so the gestures and situations are repeated often and become familiar to the child.

Remember
Whenever we talk about "using gesture" we mean using gestures and spoken words together. We should never just use gestures on their own.
Which gestures should we use?

- There are no set gestures that should be used with a child. This means that parents should be helped to think of their own gestures to use with their child.
- Once the parents have decided on certain gestures to use, every member of their family and community should be told so that everyone uses the same gesture with the child.
- Whenever possible, a gesture should look like the object or the action it represents.

For example:

```
cup  

house

sleep

come here
```

- Teach the child gestures that will be useful to him and that will reflect his needs, for example, toilet, food, drink, happy, sad etc.
- To begin with choose 5 gestures to teach the child. Use other gestures when communicating with the child, but stress the 5 you have chosen. Once the child has learnt these first 5 gestures, choose 5 more to teach him. Continue to concentrate on teaching 5 gestures at a time.

How does a child learn gestures?

For a child to truly learn and understand a gesture she must see it being used in a meaningful situation.

She needs to...

- see the gesture being used with the spoken word
- see the object to which it is referring
- see the object being used
- hold the object
- use the object
- feel the object
- experience the situation/object regularly.

Note!

Before you start to teach gestures, assess the child's ability to use his arms and his hands. His ability in this area will effect how well he will be able to use gestures as a means of expression.
There are 3 steps involved in learning gestures:

<table>
<thead>
<tr>
<th>Step</th>
<th>The child...</th>
<th>The adult...</th>
<th>Remember!</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Understand the meaning</strong>&lt;br&gt;• sees the gesture being used in many different situations&lt;br&gt;• links the gesture she sees to its meaning&lt;br&gt;• starts to understand the gesture</td>
<td>• stresses the gesture and uses it in many different situations&lt;br&gt;• repeats the gesture and clearly links it to its meaning&lt;br&gt;• consistently uses the same gesture for a particular object</td>
<td>• the child does not need to make the gesture&lt;br&gt;• the child should be actively involved in the situation&lt;br&gt;• be patient - this stage can take a long time.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Copying the adult</strong>&lt;br&gt;• tries to copy the gesture she sees in the situation&lt;br&gt;• is encouraged by the adult’s response&lt;br&gt;• keeps trying!</td>
<td>• moulds the child’s hand to form the gesture&lt;br&gt;• gives the child time to try the gesture for herself&lt;br&gt;• praises any attempt the child makes&lt;br&gt;• continues to use the gesture in context</td>
<td>wait patiently for the child - you can help her but you cannot force her to use a gesture&lt;br&gt;• give the child lots of practice at this step&lt;br&gt;• do not rush the child on to the next step</td>
</tr>
<tr>
<td>3</td>
<td><strong>Using the gesture meaningfully</strong>&lt;br&gt;• thinks what meaning she wants to express&lt;br&gt;• remembers the gesture for this meaning&lt;br&gt;• remembers how to make the gesture</td>
<td>• keeps the same activity going to give the child time to think and to use the gesture&lt;br&gt;• praises and accepts any attempt the child makes to use the gesture in a meaningful situation</td>
<td>• do not move on too soon to new activities and to new gestures.&lt;br&gt;• always show the child by your example, how to use gestures.</td>
</tr>
</tbody>
</table>

To see just how important it is that a child progresses through these steps when learning a new gesture, compare the two situations below...

- **X**
  - Do this...
  - Come on! Do this!

- **✓**
  - Look! It's a cup!
  - Dad's got a big cup
Here are some examples of the gestures you might use during everyday situations...

**Bathing**
- Wash
- Tub
- Face
- Soap

**Dressing**
- Shirt
- Hat
- Trouser
- Shoes

**Mealtimes**
- Bread
- Sadza
- Eat
- Hungry

**Household activities**
- Cook
- Sweep
- Wash
- Iron

These are only some examples of the words and gestures you would use. Think of all the other words that would be useful in different everyday situations, and make up your own gesture to go with the words.

**You** can do it!
On the previous pages we have talked about how everyday situations can be used to teach a child communication skills, including using gestures. (Also look at Section 10.)

But we must not forget that many children with a mental handicap also have difficulty learning the skills of self-help, and we need to be able to give suggestions in this area, too. Let's look at this in more detail now...

**Teaching self-help skills**

- It is very important that mentally handicapped children learn to do as much for themselves as they can.
- Our aim is for them to become as independent as possible in all self-help skills.
- Although at first this might need the family to spend more time with the child, in the long term it will make life for all of them much easier if the child learns to do things for herself.
- It will also increase the child's self-esteem.
- Here are some guidelines to help a child learn to be more independent in the areas of bathing, dressing, eating — Use them!

1. Sit behind the child. Hold her hands and guide her movements with your hands. This is called "hand over hand".

2. Do the activities with the child in the same way every day. She will learn by repetition, so be patient and be consistent!

3. Show the child what you want her to do and then help her to copy you.

4. Always talk to the child about what she is doing. This will help her understanding.

5. When the child has done well, or if she has tried hard, praise her. Show her with your face and your words that you are pleased with her.

6. Give the child help when she needs it, but don't help her too much. She needs to learn to do as much as she can for herself.
It is very important that a child learns to look after his own toilet needs. Here are some ideas to help you teach him.

• Take the child to the toilet at the same time each day, for example after each mealtime.

• Watch carefully for any sign a child might give to show that he wants to go to the toilet. Be sure to take him immediately.

• Use “hand over hand” to help the child remove his pants.

• If the child uses the toilet, show him what he has done and praise him.

• Use “hand over hand” to help the child put his pants back on.

Remember — be patient! be consistent!

It is because these activities take place regularly each day that they are ideal times to teach a child about communication and language. But remember! It is how we talk to a child that is most important. When we talk to a child we should be sure to:

• get down to the same level as the child and ensure he is listening.
• make the activities enjoyable for the child.
• talk about what the child is doing.
• use gestures and speech.
• speak slowly and clearly — but naturally.
• use simple language — everyday words and simple sentences.
PEOPLE
WITH DOWNS SYNDROME
SPEAK OUT

“My name is Sheila and I live in Highfields in a small house with my mother and sister. I went to Ruvimbo, a school where there were many other children like myself. I enjoyed my time there and made friends. When it was time to leave school, the staff at Ruvimbo offered me a job as a cook. Now I am permanently employed there. In this way I am able to pay my rent and help towards other expenses at home. I go to work by bus. The drivers know me, and often let me on first. I really enjoy my work and hope to carry on for a long time in this job. I never have any trouble making friends. My best friends are Netsai and Chidiya. I also have a boyfriend in Bulawayo, but I do not want to get married. If a man asked me to marry him, I’d say no! I don’t really want to have children. I like my life as it is and I am happy with my home and my work.”

“My name is Tapfuma. I am 17 years old and I have Downs syndrome. I am the sixth born of eight children. I live in Glen Norah in Harare with my father and my elder brother and sister. My mother is in the rural areas in Chiota. I go to Chiota for the school holidays. I really like to go there to see my mother and to help with the farming and looking after the cattle. I stay in Harare during the school term so that I can go to school. I go to Ruvimbo, which is a Zimcare school. I am in Grade 6 and number work and writing are my favourite subjects. We are also taught how to sew at school and when I leave I would like to find work as a tailor. I like staying in Harare because this means I can attend school. At home I help my father by going to the shops to get groceries and I help in the garden where I grow vegetables. I also enjoy watching television and spending time with my friends at home. I enjoy having friends and I have many of them. But there are some people who think it is funny to talk to me and they only talk to me for a joke. This makes me upset and angry, and I tell them so. I have a girlfriend who also lives in Glen Norah. Yes, one day I would like to get married.”
Important points to remember about mental handicap

- There are many different causes of mental handicap. Downs syndrome is one cause, but very often we do not know the cause of a child's mental handicap.

- There are different degrees of mental handicap. Some children have only mild difficulties with learning, while others have severe difficulties.

- Children who are mentally handicapped may have difficulties in all areas of their development, and they may have particular difficulty with communication.

- All children with a mental handicap can learn something if they are given the right opportunities and help.

- Children with a mental handicap should be given help with learning from as early an age as possible.

- Children who have more severe difficulties with learning may be very slow to learn new skills. For these children, in particular, we need to plan in very small steps.

- It is vitally important that a child with a mental handicap is taught to be as independent as possible.

- Everyday situations in the home, such as bathing, dressing, mealtimes and domestic work, are the best times for teaching a mentally handicapped child new skills.

- Some children who are severely mentally handicapped may also have severe difficulties with behaviour.
It is quite common to find that a person who has a mental handicap also has difficulties with behaviour.

In fact, about one in four children who have severe difficulties with learning will also have severe difficulties with behaviour. So it is an area in which we need to be able to give parents help.

Some children have only mild difficulties with behaviour, while other children have severe difficulty, with much of their behaviour being clearly unacceptable.

We must also remember, though, that what one family sees as unacceptable behaviour, might be all right with another family. Different families can live with different types of behaviour!

When working with children with behaviour difficulties we have to acknowledge that it is the family who need to identify for themselves precisely what is difficult about their child’s behaviour.

Our role is in deciding whether something can or cannot be done to help the child’s behaviour.

It is important to remember that we cannot always change a child’s behaviour, but we can provide support and guidance to the family, and in so doing, make living with the child more tolerable.

Living with a child who has severe difficulties with behaviour can be very stressful for a family and for a community. We must be careful not to blame a family, or judge them for the way they handle their child’s behaviour. It is important that we try our best to understand the situation that a family is facing.
Here are some types of behaviour that are often difficult for a family to cope with.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical aggression</td>
<td>hitting, kicking, biting others</td>
</tr>
<tr>
<td>doing damage to objects</td>
<td>tearing clothes, breaking furniture, plates, other objects</td>
</tr>
<tr>
<td>excessive activity</td>
<td>always walking or running around, unable to concentrate on one activity</td>
</tr>
<tr>
<td>self injury</td>
<td>hitting or biting himself</td>
</tr>
<tr>
<td>attention seeking</td>
<td>always demanding the attention of another person or behaving badly to get attention</td>
</tr>
<tr>
<td>making excessive noise</td>
<td>screaming, shouting, whining, groaning</td>
</tr>
<tr>
<td>temper tantrums</td>
<td>getting very upset because of not getting his own way</td>
</tr>
<tr>
<td>repetitive behaviour</td>
<td>doing a movement over and over again — flapping hands, rocking body, hitting head</td>
</tr>
<tr>
<td>unpleasant habits</td>
<td>spitting, going to the toilet in public places</td>
</tr>
<tr>
<td>disturbances of sleep</td>
<td>not going to sleep at night, walking about, making noise</td>
</tr>
</tbody>
</table>

Note! The types of behaviour described above are just the most common difficulties faced by parents. But we must remember that every child is different and will do different things to upset his parents. It is up to us to find out exactly what it is about their child's behaviour that the parents find difficult.
Causes of difficulties with behaviour

Let's look at why a child with a mental handicap may have difficulties with behaviour ...

- Sometimes a child shows behaviour difficulties for no particular reason. The behaviour just seems to be part of his handicap.

- A breakdown in communication may cause behaviour difficulties. Because a child with a mental handicap has difficulties with understanding and with expressing herself, he may become frustrated and may not understand how she should behave. The people around her may then get angry with her and she in turn, becomes angry and continues the behaviour. In this way, a pattern of difficult behaviour can start.

- Difficulties concentrating on a single activity may cause behaviour difficulties. A child may move rapidly from one activity to another rather than concentrating on a single activity. This results in the child becoming restless and overactive.

- A dislike of social or physical contact may result when a child does not understand about people, or about social interaction. This may cause unusual patterns of behaviour developing, particularly temper tantrums and repetitive behaviour.

- Behaviour which is inappropriate for the age of the child, will cause difficulties. For example, temper tantrums are acceptable in a child of 3 years old, but not in a child of 10 years; a baby of six months may play with and smear faeces, but it becomes difficult when a 4 year old child does this.

- Lack of stimulation or boredom may cause a child to seek stimulation through inappropriate behaviour, for example, playing with faeces, screaming, rocking, self-injury.

- Seeking attention, may cause difficult behaviour. A child may learn that she can get her parents’ attention by doing a certain thing. Even if this attention is in the form of the parents being angry with her, the child will repeat that action to ensure that she gets the attention she is looking for.
### Assessing difficult behaviour

<table>
<thead>
<tr>
<th><strong>Why do we need to assess a child’s behaviour?</strong></th>
<th><strong>Well, we have already agreed that we need to give advice to parents of children who have difficult behaviour. This means that we need to draw up a goal plan for them. To be able to do this we need to have some understanding of the difficulties faced by the parents. And we need to get to know the child. With this assessment information we can give appropriate help to the parents and child.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What do we need to find out in an assessment?</strong></td>
<td><strong>We are going to look in detail at the information we need to find out in an assessment just now. Basically though, we need to find out what the parents see as their child’s main problem. Also we need to find out what the child can and cannot do so that we can be sure to set realistic goals for him.</strong></td>
</tr>
<tr>
<td><strong>How can we find out the information we need?</strong></td>
<td><strong>We can do this by getting to know the parents and child. We need to listen to what the parents have to say and to ask them certain questions. It is also important that we spend time interacting with the child. For more details, look at page 42.</strong></td>
</tr>
</tbody>
</table>
In an assessment, there is certain information we need to find out, but we must be careful not to overwhelm the parents with questions. What is most important is to take time to build up a relationship with the family and child. By doing this we can begin to understand their situation and the difficulties they face. Over the page we will look more specifically at the information we need to find out. But first, let’s think about how to approach the family so as to build up a relationship with them ...

How to build up a relationship

with the family and with the child

- Make sure that you have plenty of time to spend with the family, and that you are not thinking of something else.
- Listen first to what the family wants to talk about. Only later, start to ask about what you want to know.
- It is good to try to talk to as many of the family members as possible, but often it is only the mother who is available.
- Be sensitive to what is going on within the family. Do not ask questions which are likely to upset and don’t press too hard for information.
- Try not to criticise the family too quickly even though they may be handling their situation in a way that you feel is wrong. Try your best to understand things from their point of view.
- Show the family that you are interested in them and that you care. Let them know that you think their problems are important and that you want to help.
- Building up trust between yourself and the family is absolutely essential.

- As well as talking with the parents, spend time interacting with the child.
- Make sure that you are feeling calm and undistracted.
- Make sure the area in which you choose to play is quiet and free of distractions.
- Choose an activity which the parents say the child likes.
- Introduce yourself to the child. Encourage her to look at you, but do not force her.
- Smile, and talk calmly and reassuringly.
- Do not force yourself on the child. If she moves away and looks frightened, you should also move away and give the child time. While you are waiting, get on with the activity on your own.
- Do not make sudden movements which are hard for the child to understand, as this may disturb her.
- If the child is failing in the activity, change it slightly to help her succeed.
- Try to emphasize what the child can do, rather than what she has difficulty with.
Let's now look at the information we need to gather in our assessment ...

- Before you meet the parents, read through all the questions below, so that you know what you are looking out for when you are talking to them, and you can guide the conversation.
- Much of this information can be obtained from listening to the parents and from interacting with the child. You may need to ask more specifically about some information if it does not come out in your conversation.
- As you talk with the parents, make brief notes. But make sure that your main attention is on the parents and not on your note-taking. Be sure to listen to all that they are saying.

<table>
<thead>
<tr>
<th>Assessment for a child who has difficult behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History of the child’s behaviour difficulties</strong></td>
</tr>
<tr>
<td>• What are the main difficulties?</td>
</tr>
<tr>
<td>• How and when did they start?</td>
</tr>
<tr>
<td>• How often do they occur?</td>
</tr>
<tr>
<td>• Have they got better or worse?</td>
</tr>
<tr>
<td>• How have the parents been dealing with them?</td>
</tr>
<tr>
<td>• How does the child respond to them?</td>
</tr>
</tbody>
</table>

| **History of child’s development and health** | |
| • Were there difficulties during pregnancy or at birth? | |
| • What has been unusual about the child’s development from birth to the present? | |
| • Has the child had any illnesses? | |
| • What treatment has been given for illnesses? | |

| **Family and social history** | |
| • What are the family circumstances? (is it large? small? both parents present?) | |
| • Who does the child live with and where? | |
| • Who mainly takes care of the child? | |
| • How do the other family members react to the child? | |
| • Is there anyone in the family who has the same difficulties? | |
| • Have there been any important changes in the family? e.g. change of living-place, death, illness, or loss... | |

| **From your observations** | |
| • Are the parents caring and supportive of each other? | |
| • Have they accepted their child’s handicap? | |
| • Do they have realistic expectations of what the child can achieve? | |
| • Do they understand the cause of their child’s difficulties? | |

continued over the page...
How the child presents at the time of assessment

- Is the child mobile? How?
- Is the child able to use his hands?
- Describe the child’s self-help skills
  - dressing
  - washing
  - feeding
  - toileting
- What jobs is the child able to do round the house?
- What jobs would the parents like the child to do?
- Describe the child’s language skills
  - What things is the child able to understand?
  - How does the child express himself?
  - Does the child use verbal or non-verbal means for understanding and expression?
- Describe the child’s social skills
  - How does the child relate to other people?
  - Who does the child like to be with?
  - Does the child make eye contact?
  - Does the child enjoy physical contact?
  - Does the child try to make contact with other people?
- Describe the child’s play skills
  - How does the child spend his time?
  - How long can the child concentrate on a single activity?
  - What sort of games does the child like?
  - Does the child like to play with other people, or does he prefer to be on his own?
- Describe the child’s behaviour in more detail
  - Does the child have any other unusual behaviour?
  - What brings on this behaviour?
  - How do the parents deal with it?
  - Does the child have a normal sleeping pattern?
  - Does the child have a normal eating pattern?
  - What does the child like?
  - What does the child dislike?
- What is the child good at?

- Summary of the family’s situation:
- Summary of child’s strengths and needs:

Your name: ................................................... Date of assessment: .........
Well... I've spent time talking with the parents and interacting with the child. I feel I have some understanding of the child's behaviour and the difficulties faced by his parents. But what I want to know is, what can I do about it?

Good question! First of all we need to decide with the parents on the goals they want for their child. Be sure they are realistic. Also remember, in goal planning we must look at encouraging positive behaviours at the same time as discouraging unwanted behaviours ...

**Goal planning**

- The parents need to think of **one behaviour they wish to encourage** in the child, and **one behaviour they wish to discourage**.

**To encourage a positive behaviour**

<table>
<thead>
<tr>
<th>the parents need to...</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>- describe the desired behaviour in detail. This will be your long term goal for the child.</td>
<td>- child to take herself to the toilet</td>
</tr>
</tbody>
</table>
| - think of the small steps a child needs to go through to achieve this goal behaviour. These will be your short term goals. | 1 to show awareness of the need to go to the toilet  
2 to give some sign he wants to go  
3 to move towards toilet  
4 to move towards toilet and pull down pants  
5 to go on own to toilet. |
| - think of things that will reward the child and use these whenever the child makes a positive step towards achieving his goal. He will begin to associate his good behaviour with receiving something he likes. | - things the child likes: a hug, a kind word, a smile.  
(Discourage families from using sweet foods as a reward.) |
| - write out a goal plan showing the behaviour the parents want to encourage, how they are going to help the child achieve it and how they are going to reward him. | - See page 48 for an example of a completed goal plan. |
| - keep a detailed record of how the child changes over time. Remember to note down even the smallest change. |         |
To discourage an unwanted behaviour...

**the parents need to...**

- describe in detail the behaviour they want to discourage. To discourage this will be your second long-term goal.

- think of the small steps the child will need to go through before the behaviour can be discouraged.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>• to stop him throwing things at other people.</td>
</tr>
</tbody>
</table>

1. to throw things more gently
2. not to throw things at people
3. to throw things into a box
4. to stop throwing things altogether, except in a game.

- The parents need to think of ways to discourage the behaviour

*Note!* There are different ways of discouraging unwanted behaviour. We should try not to use a sudden smack or extreme punishment. Rather, start off by gently trying to stop the child and only move on to extreme punishment if it is absolutely necessary. For more ideas, look in the box below...

Ways of discouraging unwanted behaviour...

1. Find out what situation starts the behaviour, (e.g. hunger, sudden change in environment, boredom) and then try to **avoid** this situation, or try to **distract** the child before the behaviour begins.

2. If there is no way of avoiding the behaviour, or of distracting the child, try to **ignore** the behaviour when it happens.

3. If the child continues to do the behaviour, even though you have tried to ignore it on several occasions, or if the behaviour has reached a point where you can no longer ignore it then **tell the child off** using a firm voice and severe facial expression. You can also take the object away or remove the child physically from the situation.

4. If you have tried the above steps but the child has not stopped the difficult behaviour it may be necessary to **stop the child** by holding her. If you hold her, do not do it for longer than 5 minutes. Remain calm and do not beat the child.

and now...

- Make a goal plan describing clearly the behaviour the parents wish to discourage and how they hope to do this.

- Keep a detailed record of the child’s change over time. Note down even the smallest change.

For an example of a goal plan for a child with behaviour difficulties look on the next two pages...
Goal plan

Name: Simbai  Age: 6 years  Date: 20th April 1992

(a) Behaviour the parents wish to encourage: to wash his own plate
(b) Behaviour the parents wish to discourage: throwing food

Long term goal: (a) for the child to wash his own plate

Short term goals:
1. for the child to follow when the adult takes the plate to the tap or bowl
2. for the child to go on his own to the tap or bowl
3. for the child to put his plate in the bowl with guidance
4. for the child to go and wash his plate without guidance

How to help the child:
- After every meal take the child to the bowl and let him see others washing their plates.
- Use hand-over-hand to help the child put his plate in the bowl and to wash it. When you are finished, reward him.
- Gradually stop taking the child, but encourage him to follow on his own when you go to wash your plate.
- Guide him a little to wash his dish, but let him do the main part himself. Reward him when he does it.
- Eventually encourage the child to take his plate and wash it on his own. Reward him when he does.

What rewards/encouragements will the parents use?
- Smile at the child
- Praise him in a warm, encouraging voice
- Give him affection, which he likes, for example a hug
- Give one or more of these rewards every time the child takes a step, no matter how small, towards achieving any of the short term goals.

Who is involved?
- Each morning, the aunt who feeds Simba then, will help him.
- At lunch time, Simba’s brother will help him.
- In the evening, either the mother or father will help.
**Long term goal:** (b) to discourage the child from throwing food

**Short term goals:**
1. for the child to eat at least 1 or 2 bites of food, in between throwing the rest
2. for the child to eat at least half of his food, in between throwing the rest
3. for the child to have one meal of the day when no food is thrown
4. for the child to eat all his meals without throwing food

**How to help the child:**
- Try to find out what causes the child to throw his food, and either avoid this situation, or divert his attention from it. For example, if the behaviour seems to be caused by boredom, make sure that the child plays a stimulating game **before** the meal.
- If the behaviour seems to be to get attention, make sure that you give the child lots of attention **before** the meal and before he starts throwing food, and then ignore him if he does throw food.
- If the throwing occurs because the child does not know what to do with his hands, guide his hands gently to put the food to his mouth, using hand-over-hand.
- Reward the child when he puts the food to his mouth, instead of throwing it.

**What other deterrents will be used?**
- First of all, try to ignore the behaviour for as long as possible.
- If the child does not stop throwing the food, tell him off (giving him as little attention as possible) and take the plate of food away from him.

**Who is involved?**
- Simba’s aunt will help him in the morning.
- Simba’s brother will help him at lunch time.
- Simba’s mother or father will help him in the evening.

Remember - This is just an example of a goal plan for Simbai. Other children will have different needs and will need different advice. You will need to use your imagination and your common sense to think of ways to help each child. And don’t forget— the parents themselves are the best people to help you!
As well as a child’s individual goal plan, there are certain general ideas that will benefit all children who have behaviour difficulties.

**General ideas on helping a child with behaviour difficulties**

### DO’S

- **Have realistic goals.** Do not expect the child to do things she will never achieve.

- **Work together as a family.** Involve all the family members in setting goals for the child, and in helping the child to achieve them.

- **Make a definite plan** of what you want to do with the child, and keep records of how she progresses. In this way you will notice the changes.

- **Do not expect the child to change too quickly.** Often, it takes months to see even a small change. Sometimes the child may not change, but it is the parents who change to accept the child more.

### DON’T’S

- **Do not think** that you can change a child’s behaviour in a short time.

- **Do not lose patience.** If you lose your temper, the child will only grow more difficult.

- **Do not scold the child too harshly.** Harsh treatment will only make the child feel inferior.

- **Do not give in to the child’s demands.** If you give in to the child’s demands, she will only become more demanding.

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*continued...*
DO'S

- Be calm with the child. Do not lose your temper as this will only make things worse for both of you.

DON'TS

- When a child does something undesirable, do not hit him. Rather try a series of gentler responses; first try to ignore the behaviour; then warn him gently; then restrain him, or remove the object.

- Try to divert the child's attention from the bad behaviour, by giving him a more positive activity to do. (But be sure that you do not give him food as a diversion, or any other thing that will act as a reward for the bad behaviour.)

- Love and accept the child!

- It may take a long time for the child to change, but don't give up!

Whoever is working with a child with difficult behaviour should try to remember these ideas. And now, let's move on to something else ...
What about running a group for parents with children with difficult behaviour

This is an excellent idea! - Parents of children with severe behaviour difficulties may feel very isolated and may believe that they are the only ones facing such difficulties. By coming together in a group, parents have the opportunity to meet one another for support and to share ideas and experiences.

There are various points to consider when thinking about how to run a group...

<table>
<thead>
<tr>
<th><strong>Who will lead the group?</strong></th>
<th>There should be one or two people who have some experience of helping children with behaviour difficulties. These people will plan the timetable, invite parents and speakers, arrange food and accommodation, and generally take responsibility for running the group.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where should the group be held?</strong></td>
<td>The group should be held in a securely fenced area, with no dangerous equipment, so that the children can play safely and the parents can relax. It is best if parents are in the same area, so they have access to their children.</td>
</tr>
<tr>
<td><strong>How many parents and children should be invited to the group?</strong></td>
<td>These children are very active and often do not understand danger. It takes a lot of effort and supervision to look after them. For this reason, if possible, there should be no more than 12 children, and their parents. To make looking after the children easier you might find it helpful to ask some Red Cross volunteers to join you to care for the children.</td>
</tr>
</tbody>
</table>

continued ..
**What other staff will be needed for the group?**

There are certain times when the mothers will divide into small groups of 3, for discussions. A group helper will be needed to guide each of these groups. So, for 12 mothers, 4 such helpers will be needed. It is also essential that the children are looked after by responsible supervisors. You will need one supervisor for every 2 or 3 children.

**How much time should the group take?**

A group which runs for either 2 or 3 days is the most helpful. There needs to be free time where mothers can relax and talk to each other informally, as well as lectures and group discussions.

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**Here is an example of a possible timetable**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome</td>
<td>• Individual assessments and drawing up of goal plans (continued)</td>
<td>• How to communicate with a child with severe mental handicap and behaviour difficulties</td>
</tr>
<tr>
<td>• Introduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outline of timetable</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tea</strong></td>
<td><strong>As above</strong></td>
<td><strong>Group activity about communication</strong></td>
</tr>
<tr>
<td>• Small group discussion and sharing of children’s difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>• Practical bathing, dressing and feeding</td>
<td>• Group revision of individual goal plans</td>
</tr>
<tr>
<td>• Individual assessments and drawing up of goal plans</td>
<td>• Parents evaluation of group</td>
<td>• Give date, time and venue of next group</td>
</tr>
</tbody>
</table>

---

For plenty more information on working in groups, see section II!
Important points to remember about helping children with difficult behaviour

- There are many causes of behaviour difficulties in children with severe mental handicap, and often we do not know the cause.
- Behaviour difficulties are hard to change and there are no easy, “recipe” style answers.
- We must work closely together with both the family and the child, and whatever goals are set must be realistic for both.
- Always talk about the things the child can do, as well as the things she has difficulty with.
- Encourage all members of the child’s family to discuss the child’s difficulties and to agree on how they can best be helped. Everyone must deal with the child in the same way.
- Never set more than two goals at a time. One goal should be a behaviour to encourage. The other goal should be a behaviour to discourage.
- Be sure to establish what things can be used to reward the child, and what things can be used to punish the child.
- It is necessary to draw up two goal plans one describing the behaviour to be encouraged, and one describing the behaviour to be discouraged. For each, we must think carefully about how the goal plan will be carried out, who will be involved, and when and where it will be carried out.
- Be sure to keep a detailed record of the child’s progress and to note down even the smallest changes.
- Change may be very slow, but it is essential that we continue to support and help the family with their child.
- Running groups for parents with children with behaviour difficulties can be a very effective way of helping them.
On the following pages you will find 3 teaching ideas to help you explain the information covered in this section:

- Learning gestures

- Using gesture in everyday situations

- Quiz for teaching self help skills
Learning gestures

This is a set of posters to show the different steps that a child goes through when he learns gestures. It can be used for teaching parents and health workers and anyone interested in finding out more about how children learn gestures. The aim is to show the steps involved in learning gestures and to describe how an adult can help a child to do this (see page 32 of this section).

You will need: scissors, card, pens.

To make the posters:

1 Cut out one strip of card 10 cm x 120 cm.

2 Cut out 3 strips of card each 30 cm x 120 cm.

3 Divide the first strip into 4 pieces and label each piece as shown.

4 Take the next 3 strips of card. Divide each into 4, and label each one as shown.

<table>
<thead>
<tr>
<th>Step</th>
<th>Child</th>
<th>Adult</th>
<th>Remember!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Understanding the meaning.</td>
<td>• Sees the gesture used in many situations. • Begins to understand.</td>
<td>• Repeats the gesture often in different situations.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Copying the adult</td>
<td>• Tries to copy the gesture.</td>
<td>• Give child time. • Praises all attempts.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Using the gesture meaningfully</td>
<td>• Thinks of the gesture • Remembers how to do it • Uses it meaningfully</td>
<td>• Praises child. • Reinforces child's gesture by repeating it.</td>
</tr>
</tbody>
</table>
Before you use this teaching aid be sure that you yourself understand clearly all the steps involved when a child learns a gesture (Look at pages 28-33).

**To use this teaching aid:**
- Explain to the group that there are 3 steps that a child goes through, when he learns a gesture.
- Emphasise that both the adult and the child have important things to do at each step and that there are valuable points to remember. Put up the labels “STEP”, “CHILD”, “ADULT”, and “REMEMBER”.
- Next, go through the role of each person in turn for each step. Stress what the child does, how the adult can help, and the important points to remember. Stick up the relevant labels. Ask the group to give practical examples of how to help a child at each step.

When the display is complete, revise each of the steps again and discuss them. Answer questions. Emphasise again how one cannot force a child to copy gestures, but must help them to understand what the gesture refers to, so they can use it with meaning.
Using gesture in everyday situations

This is an activity to encourage people to think about the different gestures they can use during everyday situations, and how they can help a child to learn these gestures. It can be used with parents and health workers and anyone interested in helping children to learn gestures. The aim of the activity is to give people confidence to think of gestures themselves and practice in teaching them to children (page 33).

You will need: some objects that are used during everyday activities, e.g. soap, towel, bowl, pot, spoon, cloth, broom.

Before doing this activity, be sure you understand all about how children learn gestures. Discuss all this with the group, including the 3 steps involved in learning gestures. Once you are sure that the group understands the background to learning gestures, and their importance for certain children, you can begin the activity.

To do the activity:
1. Divide the class into 4 smaller groups.

2. Group 1 will think of all the different gestures one might use to communicate during bathing.

3. Group 2 will think of all the different gestures to use during dressing.

4. Group 3 will think of gestures for mealtime.

5. Group 4 will think of gestures to use during household activities.

6. Each group in turn can then demonstrate to the whole class, the gestures they have chosen. Discuss, with the groups, the appropriateness of the gestures chosen and how they might be improved in any way.
7 Next, two people from each group, using relevant household objects, give a practical demonstration to the class of how to teach a child some of the gestures chosen by their group. One person can pretend to be a mother or father and another person can pretend to be the child.

8 After each small group has finished, discuss with the whole class, whether the gestures have been taught well, and encourage people to comment on what they have observed.

When the whole activity is finished, go over and discuss the important points about gestures, and answer any questions the class might have.
Quiz for teaching self-help skills

This is a quiz made up of questions asking about teaching self-help skills to a mentally handicapped child. It can be used with parents or with other workers who are involved in helping mentally handicapped children become more independent in self help skills. The aim is to revise the important points to remember about teaching self help skills.

You will need: Props to help with the role play situations, e.g. a skirt, pair of shoes, trousers, soap, a towel, a basin for bathing, a doll, etc.

Before you carry out this quiz, be sure that you yourself know all that is involved in teaching self help skills to a mentally handicapped child (see pages 34 and 35).

To use this teaching idea:

1 Divide the whole group up in to 4 or 5 smaller groups.

2 Label each group — A, B, C, D, E

3 Ask group A the first question on the list. Ask group B the second question; group C the third question, and so on, until all the questions have been asked and answered.

4 After each question has been asked, discuss the group's answer with the whole group. If the answer given by the group is correct reinforce it. If the answer given by the group is not correct, discuss this and put across the correct answer to the whole class.

Note - the list of questions given on the next page are just examples for you. Use them and don't forget to add your own questions to them! Have fun!
Quiz questions

1 Why is it important for a child to be independent in self help skills?
   (Answer: Reduces dependency on other people. Makes caring for the child easier. Increases child’s self esteem.)

2 Who are the best people to teach self help skills?
   (Answer: The people who care for the child.)

3 What do we call the technique we use to help a child learn self help skills? Describe the technique.
   (Answer: Hand over hand. This is when the carer holds the child’s hands and guides their movements.)

4 When you’re teaching your child to bath herself should you sit behind her, or in front of her? Why?
   (Answer: Behind her, so that you can move the child’s arms in a natural way and so that she can experience the feeling of that normal movement.)

5 Should you communicate with your child using only gestures?
   (Answer: No.)

6 Why is it important to talk to your child while you are teaching self help skills?
   (Answer: It’s a natural situation for communication, and for building up understanding and meaningful expression.)

7 Give one hint on how to talk to your child.
   (Answer: Speak slowly and clearly.)

8 Give another hint on how to talk to your child.
   (Answer: Use simple language — common words and simple sentences.)

9 Give another hint on how to talk to your child.
   (Answer: Use gesture and speech.)

10 Give another hint on how to talk to your child.
    (Answer: Get down to same level as the child.)

11 Give another hint on how to talk to your child.
    (Answer: Talk about what the child is doing.)

12 Show us how you would teach your child to bath herself.
    (Answer: Demonstration should show: hand over hand, communication skills, praise, repetition, patience.)

13 Show us how you would teach your child to dress herself.
    (Answer: As 12, above.)

14 Show us how you would teach your child to feed herself.
    (Answer: As 12 & 13, above.)
15 Is it important to praise the child when he tries? Why?
(Answer: Yes, because praise let’s a child know that what he is doing is good, and he is more likely to try to do it again. Being praised helps us all to learn!)

16 Describe stage 1 of how to toilet train a child.
(Answer: Take the child to the toilet at the same time each day, for example after each mealt ime.)

17 Describe stage 2 of how to toilet train a child.
(Answer: Watch carefully for any sign a child might make to show that he wants to go to the toilet. Take him immediately.)

18 Describe stage 3 of how to toilet train a child.
(Answer: Use hand over hand to help the child remove his pants.)

19 Describe stage 4 of how to toilet train a child.
(Answer: If the child uses the toilet praise him and show him what he has done.)

20 Describe stage 5 of how to toilet train a child.
(Answer: Use hand over hand to help the child put his pants back on.)