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Chapter 1 : Mental Disorders | DisabilitySecrets

Get this from a library! The social behaviors of integrated mentally handicapped children at play. [Teresa Fagan].

An intellectual disability occurs before age 18 and is characterized by significant limitations in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills AAIDD, Mild cognitive limitation describes individuals who may have been diagnosed with an intellectual disability at some time in their lives. Their eligibility for service varies from state to state, because they do not qualify for services based on having an intellectual disability. The right to marry and raise children have long been recognized as fundamental under the Constitution of the United States. While these rights apply to parents with intellectual disability, their parental rights are sometimes terminated solely upon the determination that a parent has an intellectual disability. Other supports provided through government programs or non-profit agencies are also scarce in most communities. Parents who have intellectual disability may be closely scrutinized for any sign or symptom of abuse or neglect to their children. Parents live in fear of having their children taken away. Many others are not identified as having an intellectual disability and try to hide their disability, depriving themselves of any opportunity for accommodations. For those parents whose children have been taken from them, the reunification plan usually requires parents to attend counseling sessions and parenting classes that are not cognitively adapted, which dooms most to failure. Contrary to what many people think, people with intellectual disability can be good parents. Field and Sanchez suggest that the ability of a parent to provide adequate child care cannot be predicted on the basis of intelligence alone. As with parents without disabilities, the ability to parent successfully depends on a wide range of factors. Grayson reviewed studies attempting to identify factors contributing to successful parenting. Services must include long-term, ongoing supports because the needs of children change and parenting skills must change as children mature. Services must consider the special learning needs of the parent. Learning must occur in the home, be repetitive, use demonstration and use resources that require little or no reading. Services must assist parents in becoming part of their community. What Kinds of Supports Are Needed? Examples of supports that help parents provide appropriate care and stimulation to their children include: Grandparents, aunts and uncles, friends and other family members often provide a lot of the help and support. However, the family may not even qualify for case management services, which means someone needs to be creative in helping the family find positive environments and help for the child. How Are These Supports Provided? Several service approaches have been shown to be effective individually and in combination in supporting parents and teaching parenting skills. In-home programs provide an opportunity to model and teach parenting skills in the setting where parents will use them. This makes the skill easier for the parents to learn. The service providers can provide appropriate supports focusing on nutrition, cleanliness, safety issues and other issues related to the home. Parenting groups can instruct families meeting together on such topics as discipline techniques, child development, health and safety issues and decision-making skills. Studies show that parents consistently gain skills in this type of instruction. They are most successful when the class is followed by home visiting. This allows parents to practice in the home what they have learned in class under the support and observation of their instructor. Center-based programs provide a variety of services to parents and children at a program site. They can provide services to the parent and the child jointly and separately at the same site. They are most effective when supplemented with in-home training. They typically offer a variety of services and instruction such as parenting skills, cooking, financial management, etc. Shared parenting provides full-time support when the parent and child live in foster care together. Half of these adults had intellectual disability themselves. Their experiences in leaving school to adult life were similar to other people from the same social class and neighborhoods. Most of them maintained a valued relationship with their families. Definition, Classification, and Systems of Supports, 11th Edition. Parents with cognitive limitations: What do we know about providing support? Growing up with parents who have learning difficulties. Equal Treatment for People

with Mental Retardation: Having and Raising Children. Parents with mental retardation. Virginia Child Protection Newsletter. Providing services to parents with intellectual disability: Parent needs and service constraints. Journal of Intellectual and Developmental Disability, 22 1 , Position Statement on Sexuality.

Chapter 2 : Games for Mentally Challenged People | Healthy Living

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Through play, children learn social skills such as sharing, cooperation and turn-taking. Social language is learned, self-esteem is built, and friendships are formed during recreational activities with peers. Play encourages cognitive enrichment, emotional growth, and influences personality development. It offers a means of exploring various societal roles and rules, and provides time to practice finding solutions to problems. Creativity and imagination are fostered through play. For typically developing children, engaging in pleasurable, imaginative and socially interactive activity is a natural part of life. In contrast, many children with autism spectrum disorders do not play in a manner that is beneficial to development. Skill deficits and interfering problem behaviors often inhibit productive play in children with autism spectrum disorders; consequently, this crucial aspect of development should be a target for early intervention. This article will discuss IPG and Floor Time, and will examine research that has investigated the efficacy of these models. Play Characteristics of Children with Autism Spectrum Disorders Wolfberg defines play as an activity that is pleasurable, intrinsically motivated, flexible, non-literal, voluntary, and involves active engagement. In contrast, children with autism spectrum disorders often engage in inflexible, repetitive play patterns and may not exhibit symbolic or pretend behavior. Individuals with this disorder tend to view the world as concrete and literal; consequently, they may have difficulty with abstract concepts and imaginative behavior. Children with autism spectrum disorders may also display deficits in sequencing and motor planning. As a result of these deficits, they may not develop play scripts or understand the scripts of other children. Play in children with autism spectrum disorders is often solitary. Several factors contribute to the lack of social play. First, individuals with autism have communication deficits. They may not understand the language or social cues of peers, or have the ability to express their feelings effectively with others. Second, children with autism spectrum disorders may not understand that others have their own unique thoughts and feelings. This lack of understanding limits reciprocity in relationships. Third, it is common for individuals with this disability to have restricted and unusual interests, so they may be resistant to explore new play themes with others. Finally, peers may exclude children with autism spectrum disorders or may not understand how to effectively engage them in play. In summary, factors inhibiting social play in children with autism spectrum disorders include the following: In addition to addressing skill deficits, the IPG model also emphasizes developing the intrinsic desire to play. Integrated play groups contain guides, expert players, and novice players. Guides are adults who have training in IPG and experience working with individuals with autism spectrum disorders. The play group guides use various methods of assessment to determine how to best coordinate play activities to maximize the social and cognitive development of the participants. The expert players are socially competent peers, and the novice players include children with autism spectrum disorders at any level of functioning. The groups are comprised of three to five children with a higher ratio of expert to novice players. The IPG model is based on the concept of guided participation. The guide adjusts the amount of support given during the play group sessions according to the needs of the children, and builds on the interests and abilities of the group members. Initially, the guide directs the play activity. As the children become more capable of creating play themes, initiating interactions and setting up play events, the guide fades support until no direct guidance is provided. Transitions are often challenging for children with autism. Consistency in schedule and routine are important components of the IPG model because they help participants anticipate future events. The same groups meet regularly in natural settings, two to three times a week for minutes. Opening and closing rituals are utilized and visual cues provide additional support. Materials such as constructive and sociodramatic toys are selected to encourage interaction and imaginative play. Wolfberg and Schuler examined the efficacy of the IPG model. The researchers were interested in determining if the model would increase the functional and symbolic use of objects and social play of individuals with autism. In addition, they investigated whether

qualitative improvements in play skills would generalize to different settings. The researchers conducted three play groups in a public school setting for 30 minutes two times a week for four months. Each group contained two novice players and three expert players. Data were collected on three of the novice players with autism. The results indicated that all participants with autism engaged in a greater percentage of functional and symbolic toy use and social play after the IPG intervention. Parent and teacher interviews revealed that qualitative play improvements were evident in a variety of settings. This research is promising; however, the results are somewhat limited by the small sample size and lack of a control group. More research should be conducted on the IPG model. The Floor Time model focuses on developing relationships and affect. Greenspan explains that although affective engagement such as showing pleasure, sharing emotions, and reciprocating interactions is secondary to the primary symptoms of autism e. Greenspan believes that through affective interaction, children with autism will concurrently experience cognitive and emotional growth. Floor Time is child directed and adult supported. It provides an opportunity to transform perseverative play into more meaningful and developmentally beneficial behavior, and works to expand the play themes of children with autism spectrum disorders. At the same time, it is designed to help the child develop relationships with others. Floor Time involves five steps: It is crucial that the adult does not use Floor Time as a time to teach a particular skill. It is also important to remember that the child is the leader of the activity. Floor Time can be used to change perseverative behavior. Then the adult may place a block perpendicular and start the line going in a different direction. If a child has very limited play themes, it may be helpful to use sensory toys e. Greenspan and Wieder reviewed the charts of children diagnosed with autism spectrum disorders, and found that most children who received Floor Time intervention for at least two years made significant improvement in all areas of development. All children in the study received two to five hours of Floor Time interaction at home in addition to comprehensive services such as speech therapy, occupational therapy, and special or general education services. These children made affective improvements and gains in gestural communication, but they still evidenced significant delays in symbolic language and play. The results of the chart analysis are impressive, but should be interpreted with caution. Due to sample limitations, the results only apply to the children used in the study. More research needs to be conducted with a larger and more diverse population, and by researchers other than the creators of Floor Time. In addition, a controlled scientific study would provide more definitive information on the efficacy of Floor Time intervention. However, the results of the chart review indicate that some children with autism are capable of symbolic thought, and they can make significant improvements in social relationships and affect. Play is a voluntary activity and is differentiated from social skills training in which specific skills are systematically taught. In the IPG and Floor Time models, skills are learned indirectly through guidance and interactions with others. The primary advantage of both models is that they allow children with autism spectrum disorders the opportunity to explore relationships with others on their own terms without the imposition of adult demands. One disadvantage of the IPG model is that it requires regular participation from at least two typically developing peers, an appropriate setting, and trained guides to facilitate the group. This may be difficult to organize without the cooperation of a school or community group. Some disadvantages of the Floor Time model are that it does not address social interaction with peers, and there is little information on generalization of skills to other situations and settings. More research on the efficacy of IPG and Floor Time needs to be conducted by individuals who have not been involved in the development of the models. Although a few limitations exist, both intervention strategies have merit and deserve further investigation. As with any intervention, individual differences and desired outcomes need to be considered when deciding what method to use and progress needs to be regularly evaluated. Summary Through play, children learn a variety of skills that are fundamental to development. Many children with autism spectrum disorders have skill deficits and interfering problem behaviors that hinder developmentally beneficial play. Integrated Play Groups and Floor Time are two early intervention strategies that aim to improve qualitative play skills in young children with autism spectrum disorders. In both models, direct instruction is not provided; rather, adults provide support to child initiated interactions. The research

available supports the effectiveness of the IPG and Floor Time models; however, inadequate samples and other methodological issues limit the utility of the studies. Early intervention efforts typically focus on the development of communication skills, social skills training, and the reduction of problem behaviors through direct instruction. Often a child with an autism spectrum disorder has a day filled with constant demands from adults, which when compared to the expectations placed on typically developing children, seems unnatural and developmentally inappropriate. It is proposed that skill deficits addressed through child directed and adult supported play become a standard component of early intervention practice. Suggested Readings and Websites Greenspan, S. The Child with Special Needs: Encouraging Intellectual and Emotional Growth. Developmental patterns and outcomes in infants and children with disorders in relating and communicating: Play and Imagination in Children with Autism. Teachers College Press - Columbia University. Strategies to Enhance Communication and Socialization pp. A model for promoting the social and cognitive dimensions of play in children with autism. Journal of Autism and Developmental Disorders, 23, An examination of play intervention strategies for children with autism spectrum disorders. The Reporter, 6 3 , , Bloomington, IN irca indiana.

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Chapter 3 : Intermediate Care Facilities for Individuals with Mental Retardation - Wikipedia

A study with young mentally handicapped children (Wasson & Watkinson,) employed a multiple-probe design across behaviors (see Figure 3). The dependent measures included performance of three.

Contact Social Skills Activities for Adults with Developmental Disabilities Feelings of alienation, social withdrawal, and plummeting self-esteem can result from the simple lack of basic social skills. The simple act of introducing them to the concepts of common courtesy, good manners, and how to act as a friend does more than just make them well-roundedâ€”it gives them the opportunity to make friends, develop a healthy social network, and enjoy a more rewarding life. Help them gain important self-confidence by teaching proper everyday social behavior. Bad social behavior can cause embarrassment, humiliation, and loss of self-confidence. It helps to act out situations and potential conversations with them. This simple truth makes practicing conversations a no-brainer! Teach them how to be approachable: What makes someone approachable? A smile, nice posture, clean, well-kept clothes, a good attitude, etc. Once you have a friendship you want to keep it, right? A good friend is caring, truthful, and fun to be around. This clip is from our PeopleSmart series. Use lessons about appropriate interactions with others to encourage social success. This concept is applied to occasions such as manners at school, in public, during greetings, and when conversing with others. Illustrate classic right and wrong ways to interact with others that are humorous yet informative. Teach them about healthy relationships and healthy sexual behavior. Adults with cognitive disabilities have sexual feelings and needs just like everyone else. In order to educate everyone to be healthy, we need to accept the fact that most of the time sex is a natural and healthy thing. In discussing subjects surrounding sex and relationships, parents and teachers should start by explaining that everyone has sexual thoughts and feelings. Although this topic has the potential to cause some awkwardness or embarrassment, educating adults with disabilities about their sexual health and sexual relationships is crucial to helping them lead fulfilling lives. We all want the love and joy of a romantic relationship, and adults with developmental disabilities are not exempt from those same desires. Start with talking about dating skills: Just like learning the rules of friendship, the rules of healthy relationships require both parties to be caring, kind, loving, and honest. What does dating look like in their individual situation? Just sitting down to share a meal, watch a movie, or talk about your favorite things with your significant other can be meaningful and fun. Give them a concrete definition of a consensual relationship: Romantic relationships are ONLY appropriate if each person wants to be dating the other. Touch is only appropriate if both people want to touch, and emphasize that if any type of touch ever feels inappropriate or wrong, they should tell a trusted adult.

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Chapter 4 : NCCP | Social-emotional Development in Early Childhood

Education and Training of the Mentally Retarded, v18 n3 p Oct The social behaviors of seven handicapped and five nonhandicapped preschool children in an integrated classroom were monitored during free play.

As a homeschooling mom, she enjoys writing about education, child development and family issues. Martinez also enjoys researching and writing about subjects she loves: A young girl looking up at her mother while working in a coloring book. This modern attitude shift is due to a better understanding of what defines intellectual disability, and what does not. Video of the Day Identification Mentally disabled children are unable to fulfill their intellectual potential, and have mental capacities that lag behind those of their peers. Intellectual disability has many different causes, degrees, variables and facets, and identifying it is more of a process of classification than a diagnosis of a disease. Intellectual disability also has a wide spectrum. At one end, there are mildly disabled people with such a high learning capacity that they are often no longer identified as intellectually disabled once they reach adulthood. At the other end, there are people so intellectually disabled that they can only learn the most basic skills. Classification According to the University of Illinois Extension, there are three common classifications of people with intellectual disability. Mildly disabled individuals have a mental age of 8 to They are considered educable, meaning that they are capable of mastering some academic concepts. Moderately disabled individuals have a mental age of 5 to 8, and are considered "trainable," but not capable of learning academic subjects. Severely intellectually disabled people have a very limited capacity to learn. Many are institutionalized and require lifelong care. Characteristics intellectually disabled children are slow to learn, slow to process thought and have an impaired adaptive ability. They may also be slow in their physical development. The American Academy of Child and Adolescent Psychology states that, to be diagnosed as intellectually disabled, a child has to have both a significantly low IQ and serious difficulties functioning in his day-to-day life. According to Mark Dombeck, Ph. Emotional and Behavioral Characteristics Most intellectually disabled children are aware that they are not as intellectually adept as their peers. This knowledge can lead to self-esteem issues, as well as emotional and behavioral problems. Younger children may be withdrawn or anxious, or they may exhibit angry or attention-seeking outbursts. Teenagers may exhibit signs of depression. Misconceptions The University of Illinois Extension states that intellectually disabled children often have accompanying physical problems, such as vision or hearing deficiencies, epilepsy or speech impairment. Although these problems are often associated with intellectual disability, they are not indicators of disability in and of themselves. According to Dombeck, there are no personality traits common to all intellectually disabled people. Characteristics like stubbornness and a low tolerance for frustration are often associated with intellectual disability. However, many intellectually disabled children are happy and passive. Like children with average mental abilities, intellectually disabled children have a broad range of personality types, and respond to challenges in their own unique ways. People often believe that intellectually challenged children lack the capacity to learn. However, most mentally challenged children can actually learn a great deal, and can even expect to live moderately independent lives in adulthood.

Chapter 5 : The Arc | Parents with Intellectual Disability

An analysis of developmentally integrated and segregated free play settings and the generalization of newly-acquired social behaviors of socially withdrawn preschoolers. Behavioral Assessment, 7, -

Working in the area of: Autism, Learning disability The organisation trains autistic children in basic living skills. It provides special education to autistic children in addition to training and counselling parents. It is an autism resource centre and conducts workshops and seminars. Intellectual impairment It is a school and hostel for children with intellectual impairment. In addition, it provides counselling and clinical services to disabled individuals and their parents. It conducts seminars, workshops and home based training programmes for its members. Vocational training is also provided. Intellectual impairment and orthopaedic disability It is a therapeutic centre for the mentally and physically disabled in the age groups years. It provides services like physiotherapy, special education and management of behavioural problems for its members in addition to running a diploma course in special education for the mentally challenged. Intellectual impairment The organisation conducts early intervention, assessment and evaluation for intellectual retardation. It also has a vocational centre, special school, day school, residential facility and a hostel. It provides counselling, therapy in addition to a home based programme. Intellectual impairment The centre provides vocational training, rehabilitation and computer training and special education for the intellectually impaired children. Intellectual impairment The society runs co-educational day school for intellectually impaired children. Other facilities available are speech therapy, psychological guidance; vocational training craft, yoga, chalk making, music. Intellectual and hearing impairment It offers academic intervention for hearing impaired children in the age group of years in addition to skill development programmes for the intellectually impaired mentally retarded. Recreational activities, vocational training, community awareness programmes and therapeutic intervention are also provided. Intellectual impairment It has a day boarding school, rehabilitation centre and a diagnostic clinic. It also provides speech therapy and physiotherapy facilities. Vocational training, sports and drama classes are given. Marg, New Delhi Phone number: Intellectual impairment, visual impairment, hearing impairment It is an organisation which provides sport facilities for children with hearing impairment and speech disorders. It is also residential school for intellectually and visually impaired children. Mentally ill The organisation provides custodial care to mentally ill abandoned people under the Juvenile Justice Act. Male children are taken from years and female children from years. Cerebral palsy, Neuro-muscular disorders, Multiple disabilities The organisation provides special education and assessment techniques for various disabilities. Vocational training is provided in addiiton to rural and urban community based rehabilitation. It is also involved in raising awareness anad creating publicity on disability related issues. It also participates in legislation and advocacy for the same. In addition, it provides support for inclusive education. Mental illness The organisation creates social awareness in the area of mental illness. It conducts programmes and vocational training for mentally ill people with the aim of socio-economic rehabilitation. It also has an occupational centre for the mentally ill. Special education is imparted for the development of mentally ill individuals. Hearing impairment, intellectual retardation The organisation provides special education for hearing impaired children and those with intellectual impairment in the age group of years. It also has facilities for speech therapy and children are taught to lip read. Intellectual impairment The organisation aims at integrating intellectually sub-normal children into the academic and social thread of the society. Unto this end it provides vocational training, job placement and rehabilitation facilities to children. Marriage counselling and para-medical services are also provided. Intellectual impairment The organisation provides special education to children with intellectual deficits. It also provides medical and other supportive therapy. Vocational training is given to the children with a view to future employment. The organisation also has a library of books, audio and video cassettes. Multiple disabilities It is a coeducational primary day school for the intellectually disabled and children with speech and behavioural problems in the age group years. Speech therapy, occupational

therapy, physiotherapy, diagnosis, vocational training accountancy are provided. The organisation provides a day care centre with vocational training, intervention, counselling and occupational therapy, for the children. New Delhi Phone number: The centre caters to all disabilities and provides primary inclusive education to children. It also provides physical, occupational and speech therapy to children with various disabilities in the age group of years. Intellectual impairment, learning disability It is co-educational primary school for slow learners and those with intellectual retardation. It also provides education for disadvantaged children of low income groups. In addition, facilities for early intervention, speech therapy, physiotherapy and counselling are provided. This school aims at providing individualised education to suit the needs of an individual child according to age and intellectual ability. Intellectual impairment The organisation provides vocational training for rehabilitation, parent training and counselling services. Intellectual impairment The centre is a coeducational day school for intellectually imapired individuals in the age group of years. In addition, occupational therapy, speech therapy and vocational training pen refills, files, envelopes, electronic assembly work, tailoring, greeting cards, gift wrappers is provided. Intellectual impairment The organisation provides vocational training to intellectually challenged people above the age of 16 years. Learning disability It is a high school for slow learners in the I. Q range points. Integration of the students in main-stream classes is also done.

Chapter 6 : Characteristics of Mentally Challenged Children | www.nxgvision.com

Twenty intermediate and 16 primary grade children were administered sociometric questionnaires to determine their social acceptance of three groups of children: normal children, educable mentally handicapped who were integrated into the academic routine of a nongraded school, and educables who.

Many primary care physicians report that they lack the confidence to manage children identified with developmental delay 29 percent of pediatricians and 54 percent of family practitioners. Diagnosis-focused eligibility criteria ignore the research on the strong association between risk and poor child outcomes. Eligibility criteria for assessing developmental delays currently miss many children at risk for emotional problems. Trained providers are often unavailable. There are restrictions on funding services in diverse service settings, and family focused strategies are lacking. Children with greatest needs may be stigmatized. Services lack family, developmentally appropriate and culturally competent focus. Young children with multiple risk factors are more likely to fare poorly in achieving benchmarks for early school success. Behavioral problems among young children are often predictive of later conduct problems, antisocial behaviors, delinquency and serious mental health problems. Promote quality child care settings that support social-emotional development and the mental health of young children. Preschools with access to mental health consultation have lower expulsion rates. Address the lack of trained providers in health, mental health and early care and education settings. A state that required the use of a standardized developmental tool improved screening rates by over 50 percent. Communities and states that use developmentally appropriate diagnostic classification tools like the DCR provide appropriate fiscal supports for early childhood social-emotional development related interventions. Comprehensive assessments were associated with significant increases in the number of young children identified and appropriately served. Use of empirically supported interventions led to positive social, emotional and behavioral health outcomes for young children and their families. Screening for parental depression can help reduce its negative impact on young children. An effective home visiting program that embeds an evidence-based intervention for parents with depression has demonstrated improved outcomes for children and their parents. Mental health consultation is associated with significantly fewer preschool expulsions. The principles of strong effective public policies must support: Empirically supported strategies exist to address the social-emotional needs of young children. See the box on page 11 of the PDF for selected strategies from prevention to treatment. From Neurons to Neighborhoods: The Science of Early Childhood Development. Public Health Reports Child and Youth Services Review Prevalence of Psychopathology in Preschool-age Children. Journal of Child and Adolescent Psychiatric Nursing Economic Deprivation and Early Childhood Development. Archives of General Psychiatry Adaptation in the Context of Childhood Adversities. See Hammen in endnote Two Years in Early Care and Education: Self-Reported Depression in Nonfamilial Caregivers: Early Childhood Research Quarterly 19 2: Department of Health and Human Services. Psychiatric Services 56 8: See Burns in endnote Expulsion Rates in State Prekindergarten Systems. Retrieved February 11, , from http: Incarcerated parents and their children No. Department of Justice, Office of Justice Programs. Issues, Trends, and a Call to Action. Behavioral Disorders 29 3: Developmental and Behavioral Pediatric, 24 6: Office of Special Education. Participants, Services and Outcomes. Variation by Ethnicity and Insurance Status. American Journal of Psychiatry Psychiatric Services 55 5: National Academy for State Health Policy. Psychiatric Services 54 5: National Center for Children in Poverty. Retrieved on April 3, from http: Psychiatric Quarterly 77 2: United States Health and Nutrition: State Choices to Promote Quality. State Early Childhood Profiles. Retrieved September 27, from http: National Center for Children in Poverty in press. Findings from the Condition of Education No. From Age Three to Age Fifteen. How Early Can We Tell? Clinical Pediatrics 43 4: Setting the Stage for Success:

Chapter 7 : Developmentally Disabled Activities - Social & Life Skills

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The social integration (sociometric status) of 22 mainstreamed handicapped high school children was compared with that of their non-handicapped peers. Results indicated that in friendship and work oriented situations the handicapped were less socially accepted than their nonhandicapped peers, more frequently identified as stars, and female.

Chapter 8 : Mentally handicapped children in special schools in Israel: a focus on social behavior.

The children in the integrated special education classes scored significantly higher only an a social play measure taken in an erately mentally handicapped," 43%.

Chapter 9 : Mentally Challenged Children, Education Times

As a part of a needs-assessment study, done in Israeli special schools for the mentally handicapped, social skills and personality characteristics were assessed on the Adaptive Behavior Scale.