

Vocational Training on Behavioural Skills in Mild Intellectually Disabled Person: An Empirical Study



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Abstract

The need of the present study is to realize that the process of social development of intellectually disabled person has to take into account the needs, interests and viewpoints of both parents and their educators alike; and looking at the situation of the family, and society to which individual belongs. Than specific programmes were formulated and organized to mainstream IDP into economic activities. It helps in planning, designing, executing and pursuing long-term policies for vocational training of intellectually disabled persons in various areas having self employability; thereby increasing their participation in economic & social development of the country. The study also helps in identification of various vocational skill training areas.

Keywords: Vocational Training, Behavioural Skills, Intellectually Disabled Person

Introduction

The vocational training programmes are providing by various institutions to acquaint students in a specialized area. The student gets employment in the related area and connects in the main stream of the growth and development of the county. In this study Vocational training is training for a specific career of special children, excluding the professions. It focuses on ground level practical applications of skills learned which is not directly related with theory or traditional academic skills. It is a hands-on training. Here researcher has reviewed the vocational training programmes for general students and for special students. For special children the vocational training programmes are prepared individualized. There are twenty one types of disabilities identified and government of India tried to connect them with the main stream of education and employment. (Right for Person with Disabilities Act 2016).

The types of disabilities which earlier recognized and connected with the main stream have been increased from existing 7 to 21 and the Central Government had added more types of disabilities. The 21 disabilities are given below:-

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Hemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf blindness
20. Acid Attack victim
21. Parkinson's disease

Out of these disabilities it has been observed that for mental retardation (Intellectual Disability) type of children the individualized vocational

training programme is required. Here are the few researches reviewed which reflects that the different efforts has been done for Intellectually Disabled children to make them stand on its own feet Although they can work under normal persons supervision.

Aim of the Study

The study on Vocational Training on Behavioural Skills in Intellectually Disabled Person is an empirical study which is very much essential to provide a place to Intellectually Disabled Person in the main stream. Several intellectually disabled person experience difficulties with regard to obtaining suitable vocational training and continued assistance. It also helps in understanding the special educators to know the fact that the behavior, healthcare and rehabilitation welfare system should create a multidisciplinary coordinated system for the improvement of vocational rehabilitation services amongst intellectually disabled person. Because intellectually disabled person have multiple healthcare needs, healthcare policies and guideline should reorganize the proper healthcare system to make it respond appropriately and safety to their needs. There is few major tools evidence which suggests that various early rehabilitation interventions may be feasible for person with mild intellectual disabilities.

Albin, J.M. et.al (1994), finds that most rehabilitation organizations are adding supported employment to their existing array of services, rather than pursuing total changeover from facility-based to community-based employment support.

Das, H. (2011) indicated that the vocational rehabilitation and community based vocational rehabilitation for persons with intellectual impairment and associated disabilities are extremely pitiable in our country. Less than 5% of the adult population with MR is under any structured model of vocational rehabilitation. A very few sheltered workshops and work centers and a negligibly few are scattered examples of open, supported, self-employment options are available. The study evaluated the prevalent curriculum i.e. MDPS, FACP, BASIC-MR, BASAL-MR, CAPP, AAPEP-R etc. in relation to the skill requirement across the models of employment i.e. self employment, open, supported and sheltered. The analysis indicated the curriculum though had pre-vocational skills incorporated, however, failed to relate closely to the models of vocational rehabilitation. As in current context only sheltered workshops in urban area and very few individuals are productively employed in rural area; the curriculum at school level needs major revision. Lack of transition from class to class, class to prevocational and prevocational to vocational; is highly evident in the study.

Gilson, S.F. (1998), reports the results of a 10-year effort to chart the growth of supported employment in areas such as the number and disability profile of participants, consumer outcomes, funding mechanisms, and program expenditures. The costs and outcomes for supported employment and sheltered employment are also compared. Strategies are presented to expand the utilization of supported employment and thereby increase employment

opportunities available for persons with the most significant disabilities.

Gliner, J.A. Sample, P. (1996), shows statistically significant improvement for those who received the community life options intervention, although the subjective assessments and case study methods revealed change in quality of life among some participants. The discussion focused on the strengths and weaknesses of each method of evaluation and assessment of the impact of the intervention.

Griffin, D. K. (et.al.) (1996), indicated that there was a significant relationship between self-esteem and job satisfaction for both groups of subjects. In addition to the subjects worked in supported job reported significantly higher levels of job satisfaction. There was also an interaction between place of residence and place of employment when looking at self-esteem; those who lived in a semi-independent home and worked in supported employment employed reported the highest levels of self-esteem. The results were discussed that the social validity of supported-job for persons with mild mental retardation.

Heller, K.W. (1996), found that an admittedly "radical" position with regard to the deficiencies of sheltered work settings as contexts for communication. Communication in general and augmentative communication in particular. As being antithetical to the value system, opportunities, and types of relationships available in sheltered workshops. He finds that both augmentative and alternative communication (AAC) consumers and professionals have become increasingly concerned about the problems faced by persons with severe speech and writing impairments in the area of employment.

Jacobson, J. W. (1996), reviews treatments with utility. Supported workers were found to evidence lower occurrence of behaviors consistent with psychosocial deficits compared to sheltered workers, but both groups had little access to adjustment services. Literature on psychosocial rehabilitation treatment for psychosocial and social skills deficits in people with mental retardation is reviewed. It is concluded that adequate and appropriate assessment and technologies are available. However, actual treatment delivery is probably affected by limited resources, training needs of specialized clinicians in developmental services to improve skills in psychosocial rehabilitation procedures, and changing ideologies that discourage implementation of active, rather than exclusively ecological, rehabilitative practices.

Jacobson, J.W. (1996), concluded that adequate and appropriate assessment and treatment technologies are available. However, actual treatment delivery is probably affected by limited resources, training needs of specialized clinicians in developmental services to improve skills in psychosocial rehabilitation procedure, and changing ideologies that discourage implementation of active, rather than exclusively ecological, rehabilitative practices.

Kirschenbaum, A. (1999) identified that staffs perceived work role, and their needs for support, supervision, and training in the areas of communication, environment adaptation, individual activation and training methods, with regard to learning disabilities and special needs. Conclusions: Care managers should focus upon preparation of staff support programmes to improve the quality and efficiency in this area of care.

McCuller, G.L. et.al.(1990) indicated that the workers in a majority of workshops receive classroom training on some array of social-vocational and job responsibility skills, and that training is conducted primarily by production staff. However, insufficient attention to the transfer or generalization of these skills from the classroom to community job sites would seem to limit the functional value of this training.

Parmenter, T.R. & Knox, M. (1991) indicate that only 42% were in open employment. Those with a moderate or service intellectual disability were generally in sheltered workshops, activity centers or at home. The majority of respondents indicated that work was an important part of their lives, not so much from an economic perspective, but especially as it afforded them a social outlet. The implications of the findings are discussed in the context of the current emphasis upon community-based rather than sheltered employment for people with disabilities.

Rani, U. (2011) finds the need of therapeutic atmosphere conducive to emotional, socio-cultural, physical, and spiritual growth as well as occupational activities that will give them opportunities to learn skills, gain confidence, self-respect and economic gainfulness has to be created. To develop and create innovative programs in the management of intellectually challenged persons, there is need to train and orient social workers, other professionals of allied disciplines on the rehabilitation of the intellectually challenged and to involve a more dynamic community participation in the implementation of its rehabilitation programs and assist the intellectually challenged people to obtain employment thru self-employment, sheltered workshop or open employment.

Rao and Reddy (2002) revealed that in 2001 Census, the number of persons with visual disabilities made up almost half (48.55%) of all persons with disabilities, whereas with hearing disabilities comprised the smallest category at 5.76 percent. Most of the special schools are funded by Government of India. Various services are available across these centers. Vocational Training and employment is major area in the empowerment of persons with intellectual disabilities.

Suresh, A. Santhanam, T. (2010) identifies the generic skills, work traits and aptitude of people with mild and moderate intellectual impairment from regular and special schools. Further, it gives the relationships between the generic skills and the aptitudes, as well as work traits and aptitudes of people with mild and moderate intellectual impairment from different schools. The sample for this study consists of 19 persons with mild intellectual

impairment and 26 with moderate intellectual impairment. Twenty-five persons had studied in regular schools before they started their vocational training, while the other 20 had studied in special schools. They were assessed for generic skills, work traits and aptitude. Analysis of variance (ANOVA), correlation co-efficient, and critical ratio between the co-relations were used on the data to test the hypotheses.

Wehmeyer (1994) found that there were significant differences in locus of control scores among individuals employed competitively, individuals employed full-time, respondents in sheltered environments, individuals currently unemployed, and all other groups. Individuals' unemployed and employed in sheltered settings perceived themselves as having less control than individuals employed competitively. These results were examined in light of quality of life findings, focusing on the need to include choice and control in programming for people with cognitive and developmental disabilities.

Interpretation of the Study

The above studies are directly related to the person with disabilities and were analyzed and found that most rehabilitation organizations are adding supported employment to their existing array of services, rather than pursuing total changeover from facility-based to community-based employment support. The vocational rehabilitation and community based vocational rehabilitation for persons with intellectual impairment and an associated disability is extremely pitiable in our country. It is less than 5% of the adult population with Mentally Retarded is under any structured model of vocational rehabilitation. A very few sheltered workshops and work centers and a negligibly few are scattered examples of open, supported, self-employment options are available. The study evaluated the prevalent curriculum i.e. MDPS, FACP, BASIC-MR, BASAL-MR, CAPP, AAPEP-R etc. in relation to the skill requirement across the models of employment i.e. self employment, open, supported and sheltered. The analysis indicated the curriculum though had pre-vocational skills incorporated, however, failed to relate closely to the models of vocational rehabilitation. As in current context only sheltered workshops in urban area and very few individuals are productively employed in rural area; the curriculum at school level needs major revision. Lack of transition from class to class, class to prevocational and prevocational to vocational; is highly evident in the study. Strategies are presented to expand the utilization of supported employment and thereby increase employment opportunities available for persons with the most significant disabilities. Some where it has been seen that community life options intervention, although the subjective assessments and case study methods revealed change in quality of life among some participants. It focused on the strengths and weaknesses of each method of evaluation and assessment of the impact of the intervention. In some studies the self-esteem and job satisfaction is at the higher side. There was also an interaction between place of residence and place of employment when

looking at self-esteem; those who lived in a semi-independent home and worked in supported employment employed reported the highest levels of self-esteem. One study shows that supported workers were found to evidence lower occurrence of behaviors consistent with psychosocial deficits compared to sheltered workers, but both groups had little access to adjustment services. Literature on psychosocial rehabilitation treatment for psychosocial and social skills deficits in people with mental retardation is reviewed. It is concluded that adequate and appropriate assessment and technologies are available. However, actual treatment delivery is probably affected by limited resources, training needs of specialized clinicians in developmental services to improve skills in psychosocial rehabilitation procedures, and changing ideologies that discourage implementation of active, rather than exclusively ecological, rehabilitative practices. Studies shows that care managers should focus upon preparation of staff support programmes to improve the quality and efficiency in this area of care. In the year 1990 McCuller indicated that the workers in a majority of workshops receive classroom training on some array of social-vocational and job responsibility skills, and that training is conducted primarily by production staff. However, insufficient attention to the transfer or generalization of these skills from the classroom to community job sites would seem to limit the functional value of this training.

Conclusion

The above study leaves an impression that it is very difficult to connect the mentally retarded person with the main stream and can make the independent. It is an effort to make the busy in some positive activity under the supervision of family members of the employer. Researcher tried to find out the community-based common activity based employment for people with disabilities in the context of Mentally Retarded person. Researcher had decided to provide therapeutic atmosphere conducive to emotional, socio-cultural, physical, and spiritual growth as well as occupational activities that will give them opportunities to learn skills, gain confidence, self-respect and economic gainfulness. To develop and create innovative programs researcher had given a vocational training on Lamination Skill which is very technically handled activity and assist the intellectually challenged people to obtain employment thru self-employment, sheltered workshop or open employment. Vocational Training and employment is major area in the empowerment of persons with intellectual disabilities. It explores the relationships between generic skills and aptitudes, as well as work traits and aptitudes. The more and more researches are required in this field. The findings of the researches must be implemented at ground level.

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