



Attitude and self confidence among the mothers of intellectually challenged

Does it act as a buffer to their vocational performance?

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The study was done on select sample of 100 trainable intellectually challenged individuals and their corresponding 100 mothers from tri-city of Chandigarh. They were further divided equally into control and experimental groups. Attitude and self confidence level of the mother was measured using standardized tools, and psychomotor vocational performance of the special sample under training was assessed by a tool developed for the purpose. Pre-and-post design was followed by giving vocational guidance and counselling through individual and group sessions. Parent groups were used for the purpose. There was found significant improvement in all the variables indicating new possibilities and suggestions for the education, training and care of the intellectually challenged. Key words: Intellectually challenged, attitude, self-confidence, intervention, pre-and-post design.

1. Introduction

Guidance enables the individual to solve educational, vocational and psychological problems. Vocational guidance helps the individual in choosing an occupation, preparing for it, to get a suitable job and to progress in it. Intellectual challenges involve overlapping psychological, educational and social aspects of human functioning and behaviour. The movement of the parents has resulted in intellectual challenges becoming more acceptable by creating public awareness on right to happiness, get treated and helping it rise above stereotyped notion of such children to live a life of perpetual custody. Evidence came in indicating that parents' attitude, verbal behaviour, social responsiveness, participation with the intellectually challenged individuals and the aspect of home environment improves as a consequence of parents' participation in early intervention.

According to Stedman's Medical Dictionary (2001), mental retardation means a sub-normal intellectual development or functioning that is the result of congenital causes, brain injury or disease and is characterized by any of various deficiencies, ranging from impaired learning ability to social and vocational inadequacy. According to Sahu (2002), mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the development periods. Mild mental retardation is much more common than severe mental retardation, accounting for 65 to 75% of all cases with mental retardation. In other words, in a village of 1000 people, of the 20 who will have mental retardation, about 15 will have mild mental retardation and about five will have more severe forms.

Trainable intellectually challenged: Society in general, has recognized the importance of education of trainable intellectually challenged individuals as they cannot manage themselves or their affairs though they can be trained to care for their own bodily needs. They can learn to do some simple routine jobs under supervisions, but they cannot be self-supporting. They need care and control in the home or in an institution throughout life, as they are always dependent on others for their physical and other needs.

Functional development of people with intellectual challenges include adults with mild retardation can attain literacy, self-help skills, good speech and semi-skilled work, adults with moderate retardation can attain literacy, self-help skills, domestic work, unskilled work with or without supervision, and adults with severe retardation can acquire self-help skills, minimum speech and assisted household chores.

Role of the Parents: The parents have an important role to play in the whole process of growth and education of their intellectually challenged child. The education of the trainable intellectually challenged individuals requires some specific characteristics in parents, like having special training in their education, sympathetic attitude, working in cooperation with teachers and others associated closely in day to day life, be mentally healthy and should seek guidance to help their special child/ward for better adjustment in life instead of wanting them to achieve what they could not.



The major purpose of vocational guidance is to develop his/her basic skills towards systematic manner, optimize abilities, and work cooperatively. The relevant potentialities of the different subjects can be tapped for developing the required psycho-motor performance and relevant information to the chosen occupational division that leads to enhancement in performance during training/employment.

Family guidance is concerned with an identity crisis or alienation caused by singular decisions on behalf of their wards and other related problems and aims at release of tensions and building up of harmonious relations. The counselor here uses the group as well as individualized counseling techniques to realize his/her goals. The major effort is towards increasing communication leading to better understanding and appreciation of the individual members of the family. The parents when assisted, to realize that the skills they acquire are easy to transmit; which will potentially have a snow ball effect by transferring his/her skills to other children and parents.

Skinner (1990) defined attitude as a developmental state of organismic valence, created by psycho-biological processes, exerting a motivational influence upon the individual's responsive behaviour in situations directly and indirectly related.

Confidence is a positive attitude of oneself towards one's self concept. Basavanna (1975) identified self-confidence as an aspect of self-concept which refers to an individual's perceived ability to act effectively in a situation to overcome obstacles and to get things go all right. A self-confident person perceives himself to be socially competent, emotionally mature, intellectually adequate, successful, satisfied, decisive, optimistic, independent, self-reliant, self-assured, forward-moving and fairly assertive and having leadership qualities.

Psycho-motor activity is a term used for both verbal and non-verbal behaviour including reaction time, speed on movement, flow up speech, involuntary movements, handwriting, skills involving hand and body movements and the like. Thus, psycho-motor performance means performing or executing an activity using mind and bodily movements towards fulfilling a task. It can involve responses to stimuli, and use of body tone, movements and speech.

According to UNESCO report (1978), a satisfying relationship between the mother and her retarded child during first few years of life played a vital role in her feeling of security which left an impact on her adjustment in their day-to-day life. Mothers were reported to have negative attitude and seek sympathy and pity (Buss, 1978) and undergo frustration (Bhattacharya, 1978). Sigel (1986) recommended imparting knowledge about the process of child development to influence the way parents understood the behaviour of the children to enhance their confidence and the way they interacted with their children .

Heckhausen and Schulz (1995) gave two general modalities of coping among mothers of retarded individuals i.e., activities directed to the outer world in order to improve one's situation and to achieve one's goals (primary control or assimilative processes); and activities directed inwards to protect one's motivational system, self-confidence and self-concept against losses in life (secondary control or accommodative processes). A child's daily interactions with care givers, including shared pretend play, humour, negotiation of conflict, enforcement of behavioural standards and conversations with family members provided children with a natural laboratory to learn about the social world that made the mother socially and emotionally secure and competent, and more confident in life (Thompson, 1998).

(Sharma,1988; Purnima, 1990) mentioned recurrent crisis in the lives of parents of special children and different pressures faced at different stages of life, Dyson (1991) provided strong evidence that family-stress was related to the care of a child with special needs in middle class families having special children. Handen (1998) felt that most extensive and common interventions for treating intellectual development are educational and guidance services. Kamalam (1999) recommended incorporating adequate contents of intellectual challenges and related motor, physical and psychological aspects in the training curriculum, Gosch(2001) shared the difficulty of others on accepting the challenged child, and Juyal (2002) indicated that the attitude of parents of mentally handicapped children differed in respect of acceptance, permissiveness and domination of their children.

Children with intellectual challenges showed better emotional adjustment at home when accepted by their parents and had lesser behavioural problems. Gupta and Jain (2002) revealed that less educated parents of intellectually challenged children and those belonging to low-income groups and rural areas had a significantly high proportion of problems because of adjustment, related problems and more stressed. Weiss (2002) indicated significant group differences among displaying behavioural problems among mothers of autistic, intellectually challenged and typically developing children in ratings of depression, anxiety, somatic complaints and burnout. Lotan (2007) gave a review that persons with mental retardation are at risk because of life of inactivity that can result in a multitude of medical problems.

How far has the interventions been successful?

The National Policy on Education (NPE, 1986) and its modification (1992) emphasized that intellectually challenged individuals should be provided with equal educational opportunities as others with the aim of developing in them the self-confidence, courage and integrating them into the mainstream of community as equal partners.



Seligman (1994), Herr and Cramer (1996) and Brown and Brooks (1996) recommended literature be developed so that vocational psychology is incorporated too. It may be more useful to focus on research-oriented subfields (reflecting the activities and interests of vocational psychological researchers) rather than on vocational theories per se (reflecting the theories of theorists). Many of these theories were likely to apply to both vocational psychology and career counseling for the advantage of the subjects. The functions of guidance as laid out by the Adult Educational Guidance Initiative of Scotland (AEGIS) (1995) include providing information, helping people interpret information and make choices, find out what they want and need and work out various ways of meeting their wants and needs, helping people's ability to choose opportunities appropriate to their personal, educational and vocational development, providing learning experience to help people gain the skills needed to make decisions and transitions, and supporting people in dealing with educational institutions or employment agencies, in a way that encourages them to do it by themselves another time.

Guidance as stated above is an impartial, holistic, client-centered service which works primarily with individuals who use the service of their own free will. The importance of such guidance for lifelong learning has been recognized to varying extents, in a number of documents. National Advisory Council for Education and Training Targets (NACETI) (1997) pointed out that it was important for people to do the right learning, to get them where they wanted to go making career education and guidance vital for people of all ages.

Das, Pillay and Diwakar (2001) said the vocational guidance impact could be seen in effort, attitude towards work, ability to get along with others in class, taking directions in class, appropriate behaviour on the job, ability to accept supervision of the instructor, attention span and ability to complete a job, ability to accept boredom and repetition on the job, quality of work produced, overall performance and grade average. Gawali (2003) administered Family Needs Schedule on the parents of intellectually challenged children followed by intervention process useful for rehabilitation of intellectually challenged children through videotapes. He found a positive impact of such interventions on the rehabilitation of intellectually challenged children. Nystul (2003) pointed that through guidance and counseling can focus on training select target behaviour (such as self-help skills, cognitive, language, socialization, motor etc.) and work during the rest of the week. They receive professional guidance in structuring the individual educational programme for their children. This ultimately generates a group feeling among parents with minimum professional help. Some strategies to promote education among intellectually challenged children include special education, integrated education and community-based rehabilitation programmes which include home-based early intervention programme such as portage rural-based District Rehabilitation Centre Scheme, vocational training and self-help groups. Intervention through self-help groups' programme cares and provides training and education to all levels of intellectually challenged individuals according to their individual rehabilitation plans. Parents are involved directly in the training and education of their intellectually challenged children.

Steps suggested to integrate mental health into systems of childcare, education and other key systems include: (1) Effective training for teachers and child care workers in social and emotional development; (2) Effective training for mental health professionals in evidence-based prevention practices; (3) Information for consumers on effective preventive models; and (4) Removing the disincentives in insurance systems for prevention activities so that healthcare professionals, especially primary care providers and others in the community will have incentives to provide early mental health preventive services.

According to Kaur (2007) mother also have needs for looking after their mentally challenged child, such as personal safety, development of basic behavioural skills and care giving needs, autonomy in making choices for design making, intellectual stimulation and creative opportunities. The needs of the mothers of mentally challenged children, their psychological and physical health well being, and feeling of burnout and frustration should be met with friendly approach that may reduce their level of stress. Mukherjee, Kaushik, Mukherjee and Kumar (2007) pointed on mainstreaming parents and special children's reassurance through peer support groups in which disabled persons can learn from each other and from people with disabilities who have been successful in securing jobs. Training the special teachers as Joneja (2008) pointed that teacher trainer must become more sensitive to the emerging demands from the school system and be encouraging, supportive and human facilitator in teaching-learning situation to enable the learners to discover their talents, realize their physical, motor and intellectual potentialities, to deal with day to day problems related to educational, vocational, personal and social needs. A pedagogic medium for acquiring knowledge in various subjects/fields, developing values and learning multiple skills were emphasized so as to make productive work.

2. Objectives

- To study the attitude of parents (mothers only) of intellectually challenged individuals and to examine the effect of vocational guidance to their parents (mothers only) on their attitude.
- To study the self-confidence of parents (mothers only) of intellectually challenged individuals and to examine the effect of vocational guidance to their parents (mothers only) on their self-confidence.



- To study the psycho-motor vocational performance of the intellectually challenged individuals and to examine the effect of vocational guidance to their parents (mothers only) on psycho-motor vocational performance of intellectually challenged individuals.

It is limited to only 100 trainable mentally challenged individuals (Borderline cases identified by administering intelligence test), 50 each in control and experimental groups, of 16 to 30 years of age from Chandigarh and surrounding areas only.

Hypothesis:

- There would be a significant change in attitude of the mothers of intellectually challenged individuals.
- There would be a significant change in self-confidence of mothers of intellectually challenged individuals.
- There would be a significant improvement in the psycho-motor vocational performance of the intellectually challenged individuals.

3. Methodology

Pre-and-post experimental design was followed with two groups - experimental group- to whom vocational guidance (group and individual guidance) was given. Group guidance of the mothers was done by holding small group sessions; individual guidance was provided through personal contacts as per schedules prepared for vocational guidance for mothers of intellectually challenged individuals. The mothers of the other group (control group) were not given any such vocational guidance. Two sets of readings were taken for both the groups, pre- and post-intervention.

Table1: (N = 100) Intervention sample of mothers of intellectually challenged

Type of Group	Pre test	Treatment	Post test
Experimental Group (N=50)	Initial Evaluation	Vocational Guidance to parents for 3 months	Subsequent Evaluation
Control Group (N=50)	Initial Evaluation	No Vocational Guidance to parents for 3 months	Subsequent Evaluation

Sample

The research was carried out with permission at the different institutes of Chandigarh and adjoining areas where the vocational training areas (candle making, book binding, chalk making, diya making, shagun-envelope making, file making, carry bag making, paper making and salesmanship for running sale counters etc. Regular parent teacher meetings, problems identified, broad dynamics understood. Of the 100 individuals chosen, their age range was 16 to 30 years who were taking vocational training, having mild to moderate (IQ 35-70) mental retardation as judged on psychological tests and diagnosed as intellectually challenged by the Consulting Psychologist of the institutes. The sample also consisted of 100 parents (mothers) of these intellectually challenged individuals.

Tools used:

Optimistic Pessimistic Attitude Scale by Prashar (1995) to measure Attitude; **Agnihotri's Self Confidence Inventory by Agnihotri (1987)** to measure self-confidence; and **The Psycho-motor Vocational Performance Scale** was developed by the supervisor and research scholar at the beginning of the study following the necessary steps.

Treatment

Treatment i.e., vocational guidance of mothers was administered only to the experimental group. The treatment included vocational guidance (group and individual guidance) for mothers of trainable chosen special individuals. This treatment was given to their mothers three months. Vocational guidance was given - once a group guidance session in small groups of mothers and at least once a month individual guidance session through personal contacts. A total of three sessions (35-45 minutes duration each session of group and individual guidance) were held in three months. The special individuals continued with their vocational training. Some more points considered for guidance of mothers of intellectually challenged individuals were : to have a brainstorming session amongst mothersto develop highly creative solution to the problem, break out of stale and established patterns of thinking and develop new ways of looking at things; to suggest to mothers to reach out to help the chosen special



individuals in trouble while managing his work/training and not to be afraid of one’s physician, a qualified mental health professional or counselor in case the individual shows symptoms of behaviour problems, lethargy or lack of interest but seek help for them; to suggest to mothers to strengthen or maintain good social relationships amongst the chosen individuals and their associates i.e. maintain their emotional reserves; to nurture one’s ties to family and friends: to give more attention to the people who nurture and support the intellectually challenged individuals; to make the mothers realize the need for having positive attitude, to laugh and feel as these aspects of life play an important role in enhancing vocational performance of special individuals; to be realistic, for unrealistic beliefs regarding intellectually challenged individuals can add to anxiety towards reaching work targets, feel poorly adjusted, not to expect the intellectually challenged individuals to like or share their opinion with each other, to help the mother moderate expectations of their own selves and others to be willing to be human; to write about one’s troubles without any substitute for professional consultation, it could help ventilate one’s feelings. A daily session with pen and paper could serve as a good release of problems leading to negative feelings such as anxiety, depression etc. or as an adjunct to psychotherapy. Some people have important insights or they discover solutions to their problems while writing; to get a massage done for the special individuals as it relaxes muscles, eases muscles spasms and pain and maintain one’s balance during extreme negative feelings as these would improve the child’s physical and motor performance; not to expect absolute harmony in one’s relationships as real life involves occasional conflicts. The mothers or care takers can help by working through disengagements than ignoring. This ultimately results in feeling psychologically and physically healthy, to make for recreation especially with their intellectually challenged wards; and to listen to soothing music to minimize feeling of not being capable to meet targets of learning skills for a particular chosen vocation.

4. Results and Discussions

The findings on mothers of intellectually challenged individuals and their own vocational performance have been tabulated as control and experimental groups showing gain scores and t ratios after intervention was given.

Table 2: Frequency distribution of pre- and post-test scores of control group and experimental group for the variable of attitude: total of mothers of intellectually challenged individuals

Class Interval	Mid Point	Control Group				Experimental Group			
		Frequencies		Smoothed Frequencies		Frequencies		Smoothed Frequencies	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
15-17	16	4	1	2.66	0.33	4	0	3.66	0.66
18-20	19	4	0	5.00	2.66	7	2	7.66	2.33
21-23	22	7	7	9.33	7.00	12	5	10.00	7.33
24-26	25	17	14	11.66	10.66	11	15	11.66	10.33
27-29	28	11	11	11.66	14.00	12	11	9.00	14.33
30-32	31	7	17	6.00	9.33	4	17	5.33	9.33

Control Group			Experimental Group		
	Pre	Post		Pre	Post
Mean	24.76	27.04	Mean	23.66	27.04
Median	26.00	27.00	Median	24.00	27.00
S.D.	4.476	3.386	S.D.	4.212	3.044
Skewness	-1.112	-1.018	Skewness	-0.281	-0.411
Kurtosis	1.674	1.758	Kurtosis	-0.787	-0.500

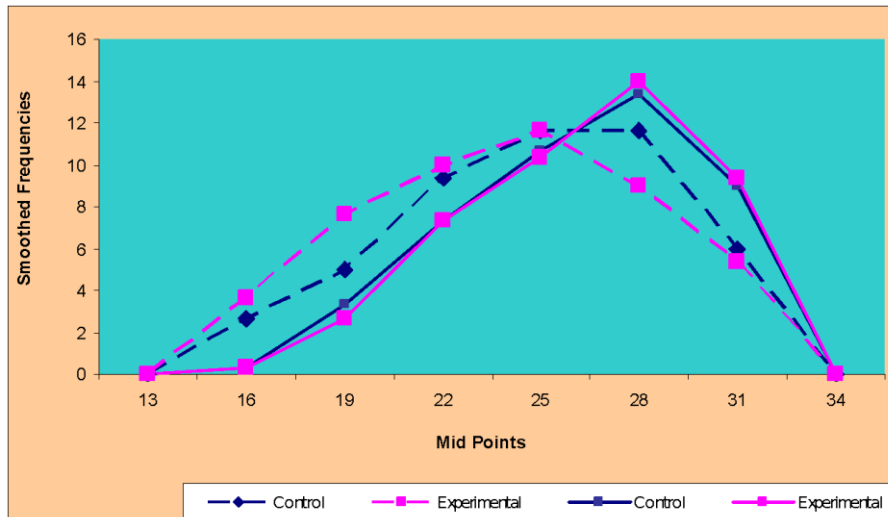


Fig. 1: Frequency distribution of pre- and post-test scores of control and experimental groups on attitude: total of mothers of intellectually challenged individuals

Table - 3: Frequency distribution of pre-and post-test scores of control and experimental groupson self-confidence of intellectually challenged individuals

Class Interval	Mid Point	Control Group				Experimental Group			
		Frequencies		Smoothed Frequencies		Frequencies		Smoothed Frequencies	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
5-11	8	0	0	0.00	0.33	1	12	3.00	8.66
12-18	15	0	1	3.00	4.33	8	14	8.33	10.33
19-25	22	9	11	9.00	10.33	16	5	10.33	10.00
26-32	29	18	19	13.66	14.00	7	11	11.33	7.66
33-39	36	14	12	13.33	12.66	11	7	8.00	6.33
40-46	43	8	7	7.66	6.33	6	1	6.00	2.66
47-53	50	1	0	3.00	2.33	1	0	2.33	0.33

Control Group			Experimental Group		
	Pre	Post		Pre	Post
Mean	32.00	30.32	Mean	27.82	20.68
Median	30.00	29.5	Median	25.50	18.00
S.D.	7.848	7.147	S.D.	9.816	9.865
Skewness	0.242	0.301	Skewness	0.249	0.505
Kurtosis	-0.924	-0.770	Kurtosis	-0.839	-0.763

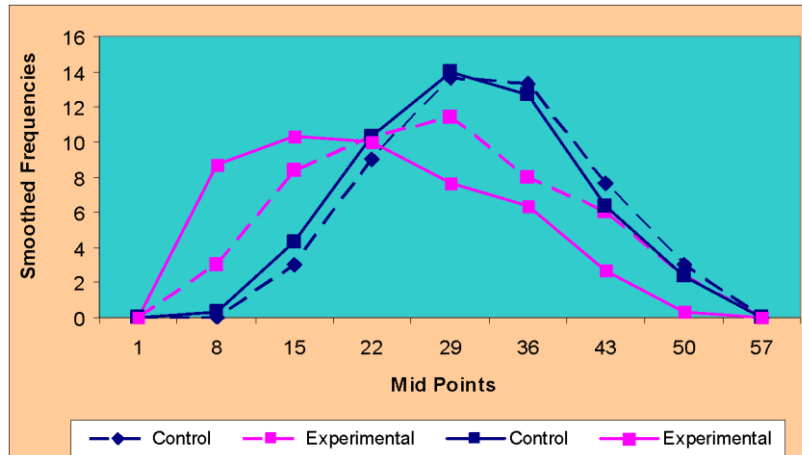


Fig. 2: Frequency distribution of pre- and post-test scores of control and experimental groups for the variable of self-confidence of mothers of intellectually challenged individuals

Table – 4: Mean, median, standard deviation, skewness and kurtosis of pre- and post- test scores on the variables of mothers of intellectually challenged individuals of control and experimental groups, respectively.

Variables	Control Group						Experimental Group					
	N	Mean	Median	SD	Skewness	Kurtosis	N	Mean	Median	SD	Skewness	Kurtosis
ATI1	50	13.60	14.00	2.312	-0.541	0.617	50	12.88	13.00	1.560	0.073	0.061
ATI1PT	50	14.26	14.00	2.088	-0.725	0.911	50	14.84	15.00	1.530	0.494	-0.232
ATI1G	50	0.66	0	0.939	1.207	0.316	50	1.96	2.00	2.060	0.990	0.291
ATI2	50	11.16	11.5	3.272	-0.621	0.114	50	10.78	11.00	3.358	-0.300	-0.864
ATI2PT	50	12.78	13.00	2.757	-0.850	0.416	50	12.20	13.00	3.123	-0.566	-0.501
ATI2G	50	1.62	0	2.563	1.701	2.088	50	1.42	0	2.241	2.109	4.462
ATITOT	50	24.76	26.00	4.466	-1.112	1.674	50	23.66	24.00	4.212	-0.281	-0.787
ATITOTPT	50	27.04	27.00	3.386	-1.018	1.758	50	27.04	27.00	3.044	-0.411	-0.500
ATITOTG	50	2.28	1.00	3.137	1.631	2.374	50	3.38	3.00	3.030	0.937	0.833
SC	50	32.00	30.00	7.848	0.242	-0.924	50	27.82	25.5	9.816	0.249	-0.839
SCPT	50	30.32	29.5	7.147	0.301	-0.770	50	20.68	18.00	9.865	0.505	-0.763
SCG	50	-1.68	-1.00	1.942	-1.222	1.206	50	-7.14	-8.5	5.268	0.615	0.108

Table - 5: t- ratio between mean scores of pre-test of control and experimental groups on variables of mothers of intellectually challenged individuals

Variables	Group	N	Mean	SD	t-value
AT1	Control	50	13.60	2.31	1.825 [#]
	Experimental	50	12.88	1.56	
AT2	Control	50	11.60	3.27	0.573 [#]



	Experimental	50	10.78	3.36	
ATT	Control	50	24.76	4.47	1.267 [#]
	Experimental	50	23.66	4.21	
SC	Control	50	32.00	7.85	2.352*
	Experimental	50	27.82	9.82	
	Experimental	50	119.94	17.81	

[#] not significant *significant at 0.05 level ** significant at 0.01 level

Table-6: Frequency distribution of pre- and post-test scores of control and experimental groups for the variable of psycho-motor vocational performance of intellectually challenged individuals

Class Intervals	Mid Points	Control Group				Experimental Group			
		Frequencies		Smoothed Frequencies		Frequencies		Smoothed Frequencies	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
26-28	27	0	0	0.00	0.00	1	1	0.66	0.33
29-31	30	0	0	0.00	0.00	1	0	2.00	1.00
32-34	33	0	0	8.33	8.00	4	2	7.33	3.00
35-37	36	25	24	16.66	16.66	17	7	16.00	11.66
38-40	39	25	26	16.66	16.66	27	26	14.66	15.00
41-43	42	0	0	8.33	8.66	0	12	9.00	13.33
44-46	45	0	0	0.00	0.00	0	2	0.00	4.66

	Control Group			Experimental Group	
	Pre	Post		Pre	Post
Mean	36.50	36.94	Mean	39.96	39.18
Median	36.50	38.00	Median	38.00	39.5
S.D.	1.515	1.683	S.D.	2.626	3.095
Skewness	0.000	-0.062	Skewness	-1.920	-1.617
Kurtosis	-2.085	-1.639	Kurtosis	5.474	5.519

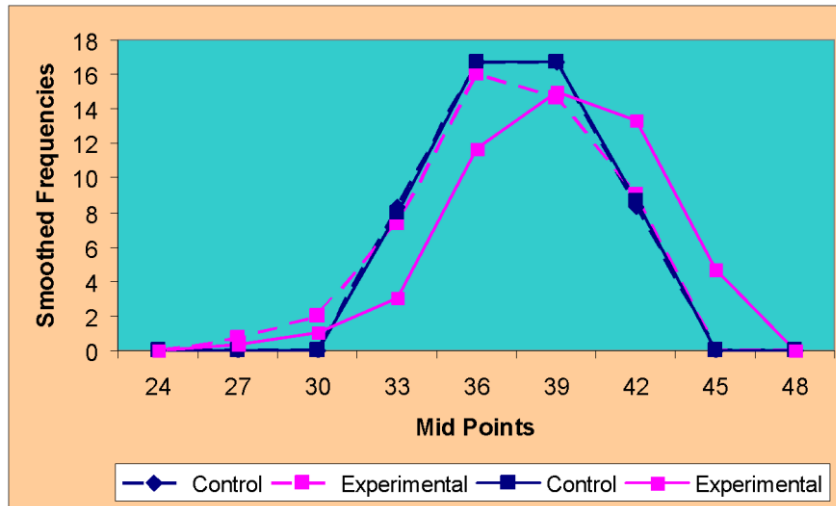


Fig. 3: Frequency distribution of pre- and post-test scores of control and experimental groups for psycho-motor vocational performance of intellectually challenged individuals

Table-7: Mean, median, standard deviation, skewness and kurtosis of pre- test and post- test scores on psychomotor vocational performance of intellectually challenged individuals of control group

Variables	N	Mean	Median	SD	Skewness	Kurtosis
PVP	50	36.50	36.5	1.515	0.000	-2.085
PVPTP	50	36.94	38.00	1.683	-0.062	-1.639
PVPTG	50	0.44	0	0.812	2.344	6.701

Table-8: Mean, median, standard deviation, skewness and kurtosis of pre-test and post test scores on psychomotor vocational performance of intellectually challenged individuals of experimental group

Variables	N	Mean	Median	SD	Skewness	Kurtosis
PVP	50	36.96	38.00	2.626	-1.920	5.474
PVPTP	50	39.18	39.5	3.095	-1.617	5.519
PVPTG	50	2.22	2.00	2.112	0.307	0.398

Table-9: t- ratio between mean scores of pre-tests of control and experimental groups on psychomotor vocational performance of intellectually challenged individuals

Variables	Group	N	Mean	SD	t-value
PVP	Experimental	50	460.30	77.88	-1.073 [#]
	Control	50	36.50	1.52	
	Experimental	50	36.96	2.63	

[#] not significant *significant at 0.05 level ** significant at 0.01 level

It was observed that Mean values increased in post-test of both control and experimental groups; the increase was higher in the experimental group for the variable of vocational performance of intellectually challenged individuals. The intervention on the mothers had gainfully impacted on her attitude and self-confidence to different levels. It had a consequent favourable impact on the vocational performance of the intellectually challenged sample under study in the experimental group.



5. Conclusions

Vocational guidance given to the mothers of intellectually challenged individuals was:

Effective in bringing significant change in their optimistic attitude (they became more optimistic in attitude) and was not effective in bringing significant change in their pessimistic attitude and total attitude. They showed a significant improvement in their optimistic attitude; Effective in bringing significant change in their self-confidence. They showed a significant improvement in their self-confidence (their self-confidence increased); and Effective in bringing a significant improvement in psycho-motor vocational performance of intellectually challenged individuals. (They improved in their psycho-motor vocational performance after the treatment of guidance).

The mothers' guidance did provide cushion and was buffer for the intellectually challenged to undergo the change and be more open to training and have courage to attempt and reattempt, and hence improve.

Educational Implications

The research in this area of special education helps in studying and understanding of various psychological and motor variables of intellectually challenged individuals. It shall help teachers, therapists and trainers for the management of better psycho-motor performance and activities with the treatment of vocational guidance to their parents, especially their mothers/primary caretakers and also lend a path to modify curriculum with the institutions imparting school and training of the special children. The skills during the training are also clarified here to learn from.

The way forward

The present study has been conducted on intellectually challenged individuals in Chandigarh and nearby areas; it can be replicated on intellectually challenged individuals in other cities also, on a larger sample, and be used to develop training modules for counsellors for special children.

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