

**A PILOT STUDY ON THE
PSYCHOLOGICAL ASSESSMENT OF MENTALLY
RETARDED CHILDREN AND THEIR FAMILIES**

Thesis

**Submitted for the partial fulfilment
of Master Degree in Pediatrics**

By

**NADIA ABDALLA ISKANDAR
(M.B. , B. ch.)**

Supervised by

Professor Dr. MONA ABD- EL - KADER SALEM

Assistant Professor of Pediatrics

Professor Dr. M. ANWAR EL ETRIBI

**Assistant Professor of Neurology
and Psychiatry**

Faculty of Medicine , Ain Shams University

1986

ACKNOWLEDGMENT

I am greatly indebted to Dr. Mona Salem, Ass. Prof. of Pediatrics, Faculty of Medicine, Ain-Shams University for the precious time she devoted to the supervision of this study. Her generous advice, guidance and unlimited support brought this work to good term.

I wish to express also my deep gratitude to my supervisor Dr. M. Anwar El Etribi, Ass. Prof. of Neurology and Psychiatry, Faculty of Medicine, Ain-Shams University, whose enthusiasm, valuable opinions and appreciated material greatly encouraged me during this work.

I am also extremely grateful to Dr. Rafik Yassa, Head of the Psychiatry Department, Matareya Teaching Hospital, and to the Administrative Board of the Right to Live Association, in particular to Miss Nadia Adib, for their cooperation and their unfailing encouragement to pursue the research.

I also convey my thanks to Psychologist Fatheya Mahmoud for her help in the psychological assessment of the children, to Engineer Yousri Fanous for his great help in the statistical analysis of the study,



to Dr. Mounir Nassif who kindly provided me with several references from U.S.A. and to Mrs. Mary Issa for the neatness of her typing.

Last, but not least, my cordial thanks go to the parents and children of Matareya Teaching Hospital and of the Right to Live Association who acquiesced to be interviewed and to answer questions covering their private life for the purpose of the research.

CONTENTS

	Page
EPILOGUE	
1 - INTRODUCTION AND AIM OF THE WORK.....	1
2 - REVIEW OF LITERATURE :	
- Definition of Mental Retardation	5
- Incidence of Mental Retardation	7
- Levels of Mental Retardation and Associated Features	7
- Etiology of Mental Handicap	10
- Diagnosis of Mental Retardation	46
- Behavioral and Emotional Problems of the Mentally Handicapped Child	58
- Behavioral and Emotional Problems of Parents with a Mentally Handicapped Child	67
3 - MATERIAL AND METHODS	72
4 - RESULTS	78
5 - DISCUSSION	100
6 - RECOMMENDATIONS	116
7 - SUMMARY AND CONCLUSION	118
8 - REFERENCES	121
ARABIC SUMMARY	

EPILOGUE

A blue rose.

Have you ever seen

A blue rose ?

There are white roses

And pink roses

And yellow roses,

And of course

Lots of red roses.

But blue ?...

It would be rare

And different and beautiful

Jenny, the mentally handicapped child, is different too.

And so, in a way,

She is like a blue rose.

(Klein, 1974)

INTRODUCTION & AIM OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Mental retardation may be viewed as a medical, psychological, or educational problem, but in its final analysis, it is primarily a social problem. This explains the fact that throughout history the attitude towards the mentally retarded often reflected the general attitudes of a given people or a given culture. (Cytryn and Lourie, 1968)

The laws of Sparta and Ancient Rome included provisions for extermination of severely retarded children in infancy, a practice revived recently during the infamous Nazi regime.

In medieval Europe and during the Reformation, the mentally retarded were at best tolerated as jesters and freaks of nature and at worst considered to be evil creatures, in alliance with the devil. In contrast, Asian religious leaders such as Confucius in China advocated humane treatment of the mentally retarded in their teachings.

The new humanistic attitudes paved the way for the begining of a new era of more protection for and more interest in these exceptional children.

In the middle of the nineteenth Century, Guggenbühl in Switzerland made mental retardation a respectable field of medicine and educational endeavour and established special institutions for the mentally retarded throughout the civilized world. This field of medicine had also its ups and downs: From the great enthusiasm of Guggenbühl for total cure, followed by frustrating results, came vocational rather than scholastic aspects of training of these handicapped children.

The medical discoveries of inborn errors of metabolism, genetic principles, obstetrics improved techniques, etc... were among other factors that opened new exciting vistas in the field of mental retardation for the medical researcher and clinician alike.

The same occurred at the social and governmental levels: Governmental support, more favorable public opinion and research opportunities keep attracting an increasing number of physicians and paramedical personnel to the field of mental handicap. (Cytryn & Lourie , 1968)

When a mentally retarded child is born in a family, he is usually received with a mixture of feelings of sorrow, grief, revulsion, horror and resignation, which are the result of the long History of Man with such mentally handicapped children.

These feelings have to be changed with civilization since a mentally handicapped child is above all a CHILD, but with special needs, just like a blue rose, which is rare but is as pretty and charming as any other rose.

The mentally disabled children and their families face many problems. More and more interest has been given recently to these children in Egypt as it has been given all over the world.

Mental retardation per se may lead to psychological troubles to both the mentally retarded person and his parents. These troubles, however may be minimized by fulfilling the child's needs for love, security and guidance.

Many of the mentally retarded have additional motor and cognitive disabilities which may add to the difficulties of training and rehabilitation.

It is our belief that, in every case of mental retardation, we should assess the various problems facing the handicapped child in order to be able to plan for him an efficient training program.

Because of the special care needed by these children in view of the different problems they face, we planned for this preliminary work in a trial to help both the

child and his parents.

The aim of the present work is to study :

- The emotional and behavioral problems of mentally retarded children and their parents.
- The effect of special education and training on the emotions and behavior of these children.

REVIEW OF LITERATURE

DEFINITION OF MENTAL RETARDATION

.....

Mental retardation has been defined by the American Association on Mental Deficiency (AAMD) as:

" Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period " (Martin, 1982)

To understand the AAMD definition, it is necessary to break it into the most important parts and to define each one.

- Significantly Subaverage General Intellectual Functioning

Mental retardation should be considered in any child who performs two standard deviations below the mean for his or her age on a standard psychometric examination measuring intelligence. (Taft, 1983)

- Deficits in Adaptive Behavior

Adaptive behavior has been defined as the "effectiveness of the individual in adapting to the natural and social demands of his environment". (Robinson and Robinson, 1965) Because the responsibilities vary for different age levels, the deficits in adaptive behavior will also vary:

For the infant and young child up to six years, deficits in skills of self-help, speech, language, sensory-motor, and socialization are of primary concern.

Children of school age apply skills learned through group activities and basic education and use appropriate judgment. (Grossman, 1973)

Difficulties in these skills represent possible problems in adaptive behavior and are one of the indicators for mental retardation. Deficits in adaptive behavior may be related to deficiencies in any one or a combination of these areas. (Copeland et al., 1976)

- Retardation during the Developmental Period

Development is concerned with the growth and maturation of a person. The developmental period includes the time from conception to 18 years of age. Persons considered to be retarded have had some interruption in their development either before birth, at birth, during the period after birth, or possibly a combination of several developmental stages. (Copeland et al., 1976)

INCIDENCE OF MENTAL RETARDATION

It is important to recognize that almost 3% of any " normal " population falls two standard deviations below the mean on any intelligence test. (Taft, 1983)

LEVELS OF MENTAL RETARDATION AND ASSOCIATED FEATURES

The intelligence quotient (I.Q.), is the ratio of mental age to chronologic age, multiplied by 100.
(Taft, 1983).

Kenny and Clemens, (1980) and Taft, (1983) have classified mental retardation as follows:

1. Borderline (I.Q. 68 - 82): Children with I.Q. above 69 are not retarded, strictly speaking, but are vulnerable to educational problems, they are usually able to function adequately in slow sections of regular classes. Most achieve independant social and vocational adjustment.
2. Mild (I.Q. 52 - 67): The majority of mildly retarded are not identified until they reach school. Their major handicap is in academic learning. The mildly retarded child is more like a normal child than he is like a moderately retarded child.