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DESIGNING AND EVALUATING A HOME BASED PROGRAM FOR CHILDREN WITH INTELLECTUAL DISABILITIY WITH PARENTAL INVOLVEMENT

[1]Nadia Sharif, [1]Naseer-ud-deen, [1]Humara Bano
[1]Department of Special Education, University of the Punjab, Lahore
Corresponding Email: nadiaspleducci@gmail.com

ABSTRACT: *An adaptive behavior training program for children with intellectual disabilities and their families were implemented and evaluated in Pakistan.. In evaluating this program, two questions were posed (a) can the program helped the children achieve the goals set by their parents? (b) Can training, provided to the parents through the program, enhance the teaching capacities of the parents? Different instruments were used for the study Adaptive behavior checklist was used to make a profile of the current level of functioning of children. The goal attainment scale assisted parent in monitoring the progress of their children. A questionnaire was used to gather information about the effectiveness of the program. The population consisted of children with intellectual disabilities .A sample of twenty children and their families was drawn from Sahiwal, Punjab, a province of Pakistan. With intellectual disabilities Keeping in view the available resources 20 children with intellectual disabilities and their parents were selected for the study. Home based services were provided to children with developmentally disabilities with the collaboration of their parents at their homes. Training in specific methods and techniques was provided to the parent necessary in the intervention process. Program was implemented for a period of six months. Children achieved three to five goals. Many practice points were identified for parent educators through implementation of this program.*

Key Words: Intervention, Intellectual disabilities, Parental involvement, Behavior Modification, Task Analysis

INTRODUCTION

The principle that a child benefits from an educational program which recognize their individuality is not revolutionary in Islamic thought. The great philosopher and educator, Al-Ghazalialluded to this idea in the fifteenth century. Yet, since our motherland came into being 1947, special education has remained primitive and retained old diagnostic categories. Although the government recognized the importance of developing policies to meet the needs of handicapped children, the policy makers themselves have been handicapped by their views about children with special needs. For example, the 1981 national census included a question asking for information about people with disabilities who fell into the following categories: Blind, deaf and dumb, crippled, mad, half mad and others. These labels are considered as insulting and offensive in contemporary Pakistan culture as they are in North America. Less offensive terminology exists in Urdu to denote the conditions to which they refer **[1]**.

A program which demonstrated the success of individualized instruction for children with developmental delay might help to change the preoccupation with labels currently present among Pakistani education officials. Bringing planners to an awareness of individual differences among exceptional children enhance the work of those planning not only for the special needs of exceptional children. The government of Pakistan takes much interest to enhance the regular education system **[2]**. Special education has never been remained the priority for the stakeholders of education policies because of the lack of limited resources to fulfill the needs of the regular school system.

The government of Pakistan because of its limited economic resources and poor planning cannot hope to increase the special education facilities to a level equal to the needs of the entire disabled population, especially of those living in the villages and remote areas of the country **[3]**. Special education was undertaken by private philanthropic organization form independence 1947 to late seventies. In 1985, government interest in it arose, under the influence of the late president, general Muhammad Zia-ul-Haq. The number of Provincial and Federal Government special education institution grew from 35 in 1980 to 78 in 1988. The number of institutions for hearing impaired, visually impaired, physically handicapped, and mentally retarded children constituted respectively 40 percent,24 percent, 15 percent, and 22 percent of the total of inst4itutions **[2]**.

Government efforts to develop special education services are characterized by planning and building huge disability complexes. One reason for this building is that these disability complexes are highly visible and prestigious. It is politically useful for the government to be able to say to its own people: "See what a very large and impressive provision we have made for the handicapped." These complexes boost confidence of the government officials who are able to show foreign visitors that impressive modern institutions have been erected for disabled people. The efforts of the government of Pakistan regarding provision and expansion of special education are not coping with the modern trends in special education **[5]**.

The purpose of this paper is to derive lessons for stake holders of special education through a demonstration of helpfulness of parent professional collaboration for improvement in existing skills of children with special needs.

Objectives of the study

The objective of the study was to develop, implement and validate an intervention program with parent's involvement of children with intellectual disabilities. And implement an Adaptive Behavior training program for children with intellectual disabilities.

Literature review

Children with intellectual disability demand for specialized supports and training in daily routines **[6]**. Intellectual disability can also be characterized as a deficit in general mental ability that includes cognition; self help skills, social

skills, communication **[7]**. In Islam, acquiring education is compulsory for every person without any discrimination of receivers either he is a man, women, a child or a disabled person. Everyone is equal in the eyes of Allah almighty. There is no discrimination of lame or blind in front of Allah in any case. Islam also focuses on social rights which are without any discrimination of difference of any base; even person who is disabled possesses all those rights which are of a normal human being. Parents are the responsible for the training and education of their children with disabilities. Their success must be compared with their abilities rather than their disabilities. They must be provided with equal opportunities. They should not be compelled from the main stream. The main stakeholders in the education of their children are their parents and families as they know the very inclinations of their children. Parents play a vital role in the upbringing and welfare of their children. Parents are very important to maintain a productive educational program for children with special needs **[8]**. The involvement of parents in intervention program makes their effectiveness more concrete. For the last two decades parent professional relationship in the process of assessment and training of handicapped children is a shift to educational paradigm. This change is supported for its wide ranged benefits by many researches **[8].** Family plays an effective and economical role in the delivery of intervention services **[9]**. Parental involvement is also supported by practical considerations where parents face lack of resource and facilities for their children with handicapping conditions **[10].** In few instances home based services are proven economical as compared to maintain a center and purchase of equipment

Parents feel isolation offers them and stress for the additional demand to cope with the challenges of their handicapped child. But their access to professionals for assistance at their homes offers them a means of support **[11]**. Parents are the main source to collect information about the inclinations of their children. In the family context the involvement of parents in the education of their children is an economical and practical strategy **[11]**. In parent professional relationship both parties work towards the same goals for a child and applying compatible strategies **[12]**. Parents have rights to plan and implement special services for their handicapped children **[12]**.

On recognition of the disability of their child they need a lot of moral and professional support to cope with this situation **[13]**. Parents and community support can boost by involving parents. Best advocates are those who are well informed about the services available for their children **[14]**. The basic requirement of the home based program is a consistent and effective partnership between family and service providers. Parents should intact with the professionals in the process of planning, implementing, monitoring and modifying the training process for children with intellectual disabilities.

Society views developmental disability as a severe disease. The major challenge for persons with developmental disabilities is the unfriendly environmental and negative attitudes of people. The rural society perceives the persons with developmental disabilities as a useless person to take part in daily routines rather they are asking for prayers. So, the rural society does not give importance to the education of developmentally disabled children. Pakistani society developed the perception that children with developmental disabilities cannot learn skills needed for an independent life. Although the Government has taken steps for educating the children with intellectual disabilities. The Punjab Government established schools at every district and sub-division level. These institutions are working in city areas. Government has taken initiative for those mentally retarded children who are comparatively less developed according to their age. Now 154 schools are working in Punjab in urban areas **[12]**.

Family system framework for parent involvement

Four major component of a family system framework are: family structure, family interaction, family function and family life cycle **[15].** A brief account of these four components is presented below.

Family structure describes the family in terms of the number of people in a family, their beliefs. Family interaction describes the way in which family members relate to one another and the role each plays within the family systems. Family function delineates the typical responsibilities that families are expected to assume. Family life cycle , the fourth component of the family systems framework , describes the changes in family over time in relation to their developmental stages and the concomitant structural, functional, and social changes **[16]** .Since change ,whether positive or negative, is stressful, a family's ability to cope with stress may be challenged as new demands are encountered. These four components provide the framework for viewing the family as a system. According to family system theory changes in one component can be expected to affect the other components. For example, the cultural background of a family can be expected to affect the entire family system. As home visitors encounter an increasing number of families from diverse cultural backgrounds, and home based interventions become a more common form of delivery, recognizing the impact of culture on the family system becomes increasingly essential **[17]**.

This program employed the family systems framework to deliver services at home to the children and their families. As the effectiveness of professionals in providing services at home is influenced by their sensitivity to the cultural background of the families with whom they work. The families having developmental delayed children view, that these persons can't do their task independently. In this way they underestimate the abilities of their developmentally delayed children and have lower expectations from them. In some cases due to lack of awareness the people in rural societies do not make a single attempt to train their child, they have a logic that these children cannot be trained and God creates them in this perceived as persons that are deprived of all abilities **[18].**

Behavior modification techniques

A number of methods can be used to teach adaptive behavior skills. These methods include task analysis, shaping, forward and backward chaining, demonstrations, fading, prompts, and verbal instruction. One of the key to teach adaptive behavior skills is a thorough knowledge of the child's current

level of skills. Selecting the appropriate technique depends upon the answers to both questions. If the child lacks virtually all the prerequisites and is functioning at a relatively low level, it's most likely that new skills will need to be "shaped". Forward and backward chaining are techniques that are useful when the child has mastered most of the prerequisite skills, but still needs to learn sequence them appropriately. If the child has good motor skills and learns fairly readily, he or she may be able to learn a skill by observing someone else. Children with poor verbal skills who are being taught a complex skill will most likely be taught via systematic presentation and fading of prompts. Those with good verbal skill can learn new skills from the traditional method of verbal instruction. The essential features of each of these methods along with examples of their application are presented below.

Task Analysis

A task analysis is a breakdown of a complex skill into component parts or steps for teaching **[19]**. By following a task analysis, a skill can be taught in a stepwise, consistent manner that will lead to eventual mastery. In sum, teaching new skills to a client requires that two questions be answered. First, what are the components of the skill to be taught and, second, which of these components has the client already mastered? Task analyzed is an essential feature of behavior modifications. Its definition, as states **[20]** is "breaking down a complex skill or the behavioral chain into its component behavior, sub-skills, or sub-tasks. Each component is stated in order of occurrence and sets the occasion for occurrence of the next behavior"

To conduct task analysis, most program planners begin by observing the behavior, listing the components in order of occurrence, and listing the sub-skills required for its performance. For example, if the behavior analyzed is tooth brushing, the following components might be listed: (a) Unscrewing the cap of toothpaste, (b) holding the toothbrush, (c) squeezing the proper amount of toothpaste on the brush, (d) brushing teeth (front, side, back etc.), (e) rinsing the brush, (f) spitting out the toothpaste, and (g) rinsing the mouth. The initial attempt, based upon common sense and logic, is considered only a first step and not a finished task analysis. Once the program has been completed, it still will require tailoring for each individual student. It is at this point that a student's abilities or entering skills are considered. For example, if handwriting was the skill for which a task analysis was to be devised, modification would be needed for physically impaired child who did not have adequate motor control to hold a pencil. In this case adaptive equipment could be utilized or perhaps the performance criteria could be altered to accommodate the student's abilities.

[21] demonstrated that after a careful task analysis was completed, mentally handicapped peer trainers successfully taught work skills to severely disabled young adults in a non-sheltered work setting. Their research suggests that task analysis is not only an effective teaching strategy, but one that is also cost effective. Relatively inexperienced individuals can carry out a fairly complex teaching program if thorough analyses are first conducted.

Shaping

Shaping a behavior means to reward successive approximations of the target behavior **[22]**. One begins by rewarding less accurate or expert responses than are acceptable later in the training process. The criterion for the reward is raised in small steps until only a polished performance is rewarded. That is, a performance that was acceptable and rewarded early in the training is not rewarded at a later time, because the criterion has been raised so that the client must emit a performance that is closer to the goal.

Shaping is commonly used in behavioral training, to establish new behavior. The term refers to a systematic method of reinforcement by which new behaviors are developed from already existing skills or actions. It consists of successive approximations of the desired behavior (also called the terminal or target behavior)as they occur until the acceptable form of behavior is achieved. The term successive approximations refer to an ordered series of behavior, each one slightly different from the preceding one, directed towards the desired behavioral outcome. Each small change brings the behavior closer in some detail to the target behavior. The shaping process begins with a behavior present in the child's repertoire. Of the series, this behavior is the least similar or the roughest approximation to the final behavior. At first, reinforcement is provided for these dissimilar behaviors. When this behavior has been strengthened, the teacher changes the behavioral criteria and provides reinforcement only when a closer approximation occurs.

Shaping has proved to be an effective technique in teaching many useful skills to severely handicapped people. Both pre-academic and nonacademic skills have been taught using this method. For example, institutionalized mentally handicapped children were toilet trained **[23]**, and a mentally handicapped child with spine bifida was taught to use crutches **[24]**. In more academic areas, speech training, voice loudness, and following directions have been trained using shaping procedures **[25]**. Other factors such as immediate feedback, positive consequences, and active responding also contribute to the effectiveness of shaping

Prompting

A promoting is basically any stimulus presented to an individual that makes a particular response more likely **[26]**. Various eves and types of prompts can be used in acquiring adaptive behavior skills. The general approach to using prompts is being with the minimum prompt that is needed to elicit a response as training continues; the level of prompts is slowly decreased until the client performs the skills independently. Prompts are frequently used behavior modification in all kinds of teaching situations. There are many occasions when the teacher wishes to teach a behavior that is neither elicited by stimulus nor likely to occur spontaneously. On these occasions it is advisable to use prompt to bring about a correct response. For example, if a stimulus "touch your nose" is presented and child does not respond, the teacher may prompt the response by manually moving the child's hand to his nose while presenting the stimulus. This kind of prompt is called a physical prompt. Verbal cues and modeling are among the other type of prompt. There are several guidelines for increasing the

effectiveness of prompting **[27]**. All the prompts should be gradually withdrawn, of faded until they are no longer required. The prompt used should be the least possible one in order to facilitate fading.

Chaining

It is difficult for developmentally delayed children to learn some daily living skills at once. Such skills should be taught in a stepwise manner. Tying a shoe, getting dressed, walking, and printing letters of the alphabet are examples of such skills. If they are taught by rewarding only perfect performance, both trainer and trainee would be very frustrated. Instead complicated skills are usually taught as a series of small steps. That is, the skill is taught as a series that must be combined into a smooth sequence. There are three approaches in which the chaining can be used. These approaches are total task presentation, forward chaining, and backward chaining. Typically behavior chains are taught by beginning with the first step and taking the individual through the chain in sequence until the entire chain of behaviors is mastered. This method is called total task presentation. The first step of the task analysis is taught first and after its accomplishment the second step is attached with it and this process is called forward chaining. T his process is continued until each step in the task analysis has been linked with the first step. This process is continued until each step in the task analysis has been added to the sequence. The third method of teaching chains of behavior is called backward chaining. In this method the last behavior in the sequence is taught first and then behaviors are added to the chain in reverse order. Although this method may sound a little strange, it has a solid theoretical base and can actually work very well **[28].**

Selecting behavior objective

A behavior objective is a precise description of the desired educational outcome for an individual student. Behavior objectives are important because they: (a) are required by law in the U.S.A., and some Canadian provinces for teaching handicapped students, (b) provide a basis for monitoring progress, and (c) communicate information about expectations **[29]**. It was suggested that a good objective consists of four parts **[30]**. First, it describes who is expected to perform the task. Second, it describes precisely what the person is expected to perform the task. Second, it describes precisely what the person is expected to do. Third, it describes conditions under which the task is to be performed. Finally, a good objective specifies how well the task is to be performed. The first part of an objective identifies the expected behavior. This specification must be made in behavioral terms, that is, it must specify in measurable, observable, terms the operations or actual behaviors that the student is to perform.

Types of reinforces.

A variety of reinforces are used in the management of behavior. These reinforces may be classified according to four broad categories: social reinforces, privilege and activities, feedback and token reinforcement, which are discussed below:

1.Social reinforces consist of social consequences of behavior, including praise, attention, physical contact, positive facial expression, eye contact, etc. These have been extensively used to change the behavior of children **[31]**. In most cases of social reinforcement, the teacher provides verbal approval after a behavior. However, social reinforcers are only of use in certain cases and situations and less so in others **[32]**. 2. Privileges and Activities. Allowing children to engage in activities of their choice has frequently been used as a reinforce **[32]**. Access to play is used to reinforce the accuracy of printing among kindergarten children **[32]**. Recess and going home early has also been used as reinforces in other studies **[31]**.

It is sometimes difficult to apply privileges and activities as a source of reinforcement because they may interrupt learning activities. It is difficult to use them immediately after a desirable response, and they may not be equally reinforcing for all persons in any particular setting. Time is used as a reinforcer to reduce disruptive and off-task behaviours of children **[31]** and also used not be equally reinforcing for all persons in any particular setting **[32]**. 3. Feedback consists of providing information to persons about their performance. It does not necessarily include praise, approval or any other reinforcers. Feedback is used in two fourth grade classes to increase the length of compositions the children wrote in class **[33]**. Feedback improved the number of words written as well as the children's attentiveness. The major limitation of feedback is that its results are inconsistent. Although it has been effective in several situations, it has been found ineffective or only moderately effective by some other researchers **[33].**

4. Tokens are generalized conditioned reinforcers such as stars, tickets, points or any similar material that can be exchanged for other reinforcing events. A reinforcement system based on tokens is called a token economy **[34]**. The tokens can be used to purchase other objects or events, referred to as backup reinforcers, which may include activities, privileges, prizes, food, toys, and other consumable items. Token economies have been used extensively with exceptional and regular children **[35]**. For example, **[35]** used a token economy to improve the behavior of 15 first grade children whose academic and social behaviors ws considered to interfere with their promotion to a second grade class. After the baseline observations, the teacher praised appropriate behavior. When this procedure did not prove particularly effective, a token economy was applied in which the children received points depending upon how will they were working. The points could purchase prizes at a "store" in the class.

Token programs have been used widely because of the advantages tokens offer relative to other reinforces **[36]**: First, they are the more effective than other reinforces such as praise and feedback, because they can purchase different backup reinforces. Thus the reinforcement value of tokens remains relatively high for different individuals, and station to any particular back up reinforcer is less likely to occur. Second, tokens allow the persons participating in the program to select different reinforces according to individual preferences, so that their different back up values may make them rewarding for many individuals. Third, they provide an immediate source of reinforcement without interrupting

current performance. Although token reinforcement programs include many advantages, their implementation can be more complex than other types of program. Token programs require a medium of exchange (tokens), lists of backup events and of desired target behaviors each with their point values, and a period of time allotted for exchanging tokens for backup events. Also delivery of tokens is time consuming when compared to other reinforcers such as feedback and praise. Token programs, however, can be effectively and successfully implemented by systematic planning.

Reinforcement techniques to reduce undesirable responses

The reinforcement procedures reviewed above were meant to increase desirable behaviors. In many situations the application of behavior modification has led to a reduction of an undesirable behavior as a goal. Reinforcement of other behaviors is one way of reducing undesirable behavior. Such a schedule of reinforcement is referred to as "differential reinforcement of other behavior" (DRO). The procedure consists of providing reinforcing consequences for all responses expect the behavior to be surprised (i.e., the target behavior). For example, by rewarding her when she was not sucking her thumbs and was doing something else. Reinforcement of low responding rates is referred to as "differential reinforcement of low rate responding" (DRL) and can effectively suppress behaviors **[37]**. In an experiment **[38]** decreased the talking out of a developmentally delayed adolescent in special education classes. He was rewarded by special attention of teacher after the class whenever he talked less.

Curriculum- Based Assessment

Assessment procedures used for developmentally delayed individuals serve one of the three main purposes in intervention program: screening, diagnostic or instructional programming **[37]**. Screening, diagnostic, and programmatic assessment can be viewed as the collection of increasingly specific information. At the most global level, screening is intended to identify children in need of further, more comprehensive assessment. Screening assessments are brief and economical to administer, and designed to answer the general question, "Is there a problem?" The goal of screening is to test large groups of children efficiently and cost effectively, in order to identify those few who require more extensive assessment.

Once a problem or delay in development is identified, the next step in the assessment process is to confirm the presence or absence of a specific problem **[39]**. To accomplish this goal, diagnostic tests are needed that assess in detail a child's skills and abilities in the area or areas where global problems have been detected. The purpose of diagnostic tests is to answer the question, "What is the exact nature of the problem?"

Diagnostic assessment is usually conducted and interpreted by trained specialists, and is, therefore, more lengthy and expensive than screening. The results of diagnostic assessment are used to qualify children as eligible for special services, and for referral to appropriate agencies. Both screening and diagnostic assessments compare the performance of the individual child being tested to the performances or status of normative groups. This type of test is known as norm-referenced, because each child's score is evaluated against norms derived from testing a large standardization sample. The standardization sample is developed to be representative of population of children in a certain area (e.g., the Province of Ontario) and thus to include a cross section of important demographic variables (age, gender, and socio-economic status). The results of norm referenced tests are typically reported as age norms, percentiles, or standardized scores.

Neither screening nor diagnostic assessments are designed to provide information relevant to the purpose of instructional programming. There are a number of technical and pragmatic problems inherent in using norm-referenced test items to guide the development of instructional content in intervention programs **[39]**. The development of individual education plans (IEPs) requires a qualitatively different type of information than that which is generated by tests designed for other purpose **[40]**. For example, items on norm-referenced tests are chosen to discriminate between children and not to determine the appropriateness of instruction for a particular child.

A third type of assessment, often called curriculum-based or dynamic assessment is designed to address specifically the need to obtain educationally relevant information and to provide guidance in development of instructional programs. Curriculum-based assessment (CBA) is a broad approach to linking assessment to curriculum and instruction. CBA is "the practice of obtaining direct and frequent measurement of the student performance on a series of sequentially arranged educational objective derived from curriculum used in the classroom" **[41]**. Put simply, "CBA is the practice of using material to be learned as the basis of determining the degree to which it has been learned". "Dynamic assessment instruction is a test-train-retest sequence where training is designed to familiarize the learner with a task in context calculated to enhance competence and ultimately strengthen feeling of confidence" **[39].**

The primary goal of CBA is to aid in instructional decision making. Teachers can play an important role in this process of assessment, developing, administering, and scoring CBA instruments **[40]**. These instruments directly link what has been taught with the assessment process. Teachers know the curriculum and what has been taught. CBA instruments developed by a teacher provide a direct association with instruction. Based on the results of CBA, he or she can modify instruction, assess again, determine the benefit of instruction, and repeat the process.

Several studies have demonstrated that students achieve at a significantly higher level when CBA is used. Teachers who used CBA in one study where more structured in their instruction and more realistic and responsive to student progress and students were more aware of their goals and more able to predict accurately whether they could meet these goals. Curriculum based assessment is particularly effective in measuring academic growth over time. **[42]** demonstrated that the sensitivity of these measures in early

grades suggests that they may be particularly useful for evaluation of instructional programs of difficult learners.

Adaptive behavior training program used three devices for curriculum –based assessment: the ABC (adaptive behavior checklist), the GAS (Goal attainment scale), and the WERD (weekly evaluation record document). ABC was used to determine the profile of childrens' existing behavior for planning of early intervention services. The task was broken down in an easy manner to present to the child for accomplishment. Intervention services were monitored through WERD on each visit.

METHOD AND PROCEDURE

A pre-posttest design was used. Pre-test data was collected on the adaptive behavior checklist in early assessment sessions and after the delivery of intervention services post data was collected. The participants of the study were twenty children with intellectual disabilities, their parents and siblings who were agreed to take part in the study. The program was implemented for a period of six months and intervention services were delivered at their homes. Parents were trained in specific methods to teach Adaptive Behavior to their children with intellectual disabilities. Parents determined task priorities with the help of researcher. Goal Attainment Scale (GAS) was filled for the goals chosen by the parents. Weekly Evaluation Record Document (WERD) was completed in the presence of parents to determine the usefulness of reinforce used, understanding of the task objectives and procedures. To evaluate the effectiveness of the program a parent questionnaire was used.

Instruments

Five instruments were used in this study on a pre-posttest basis: 1) Adaptive Behavior checklist,2)Weekly Evaluation record document, 3)Goal attainment scale 4)Parent consent letter, 5)Parent Questionnaire.

RESULTS

Table 1: Goal attainment scale

No. of tasks achieved	No. of children
3	8
4	7
5	5

Data collected on Goal Attainment Scale (GAS) showed that children achieved three to five goals .The mean score achieved by children was four. Eight children achieved three goals, seven children achieved four goals and five children achieved five goals.

Findings from Parent's Questionnaire

The parent questionnaire was used to analyze whether the program was seen to be helpful from the parent point of view. In five of the six question parents were asked to use a 6 point ordinal scale ranging from 0 (little help) to 5 (extremely helpful). In the sixth question the parents were asked to check the areas in which improvement had been noted in the children's performance. In the seventh question they were asked for additional comments about the program.

The program helpfulness as a teaching aid received a high rating from 15 parents. All the parents responded with a high rating to the question about the helpfulness of the program in improving their teaching capacities. Program received a high rating as extremely helpful in the selecting behavioral objectives for their children. They were not familiar with a behavioral approach to teaching. The program helped them to specify behavior, to analyze the behavior into its components, and teach one component at a time using reinforces.

All the parents gave a high rating for the question about the helpfulness of the program about selection and use of reinforces for their children. The researcher informed them about the children's preferences for the rewards. All the parents reported that their involvement with this program was extremely helpful. They commented that the program enhanced their interest in their child's education which influenced children's performance. In question 6 the parents was asked to mark the areas where they had noted improvement in their children' performance. Appropriate behavior, self-help, following instructions, and understanding instruction were the most frequently marked areas by the parent. In seventh question parents gave additional comments. All the parents believed that the program was a valuable source for them and their developmentally delayed children. The parents reported that the program was well designed and was appropriate for use within the socio-economic conditions of Pakistan. The program was well implemented as planned

Finding from Weekly Evaluation Report Document

Table 2: Frequency of skill area achieved by children

Skill area	Frequency
Communication	13
Socialization	4
Cognition	35
Motor skills	19
Self help	11
Total	79

Table 2 shows that children achieved thirteen goals in communication ,4 goals in socialization, thirty five goals in cognition, nineteen goals in motor skills and eleven goals in self-help and a sum of seventy nine goals were achieved by children in all skill areas.

Table 3: Modes of task review

Statement	Frequency
Watch parents teach the children	20
Acted out the task	15
Parents demonstrated the tasks	19
Parents explained the tasks	25

Table 3 shows that the parents were watched while teaching their child for twenty five times, task was acted out for fifteen times, parents demonstrated the task for nineteen times, and parents explained the task for twenty five times.

Table 4: Types of behavior modification techniques

Techniques	Frequencies
Physical prompt	25
Verbal prompt	20
Reward	15
Chaining	19

Parents used physical prompts twenty five times, verbal prompts twenty times, rewards were used fifteen times, and chaining was used nineteen times.

Table 5: Parenting teaching style during sessions

Statement	yes	No
Parents understand the task	316	43
Parents introduced the task	389	70
parents told the reason of the task		
children were received smile		
Parents made changes in rewards		
Parents scolded and abused the children		

The task was understandable by parents 316 times and for 43 times task was not understandable by the parents.

Parents introduced the task to the children 389 times and for 70 times task were not introduced.

In 349 instances, parents told the reason of the task to the children and in 110 instances they do not.

Children received a smile during teaching from their parents for 401 times and for 58 times they do not receive.

Parents changed the rewards for children in 425 times during training sessions and in 34 times they do not.

It was observed that in 445 times that there was not any strict behavior which include scolding , biting or otherwise abusing and were observed for 14 times.

Recommendations

Flexibility and responsiveness to the cues provided by data are the keys to successful behavior management. During training sessions as parents must remember that they hold a strong place in the program and that can influence the success of a program with their enthusiasm, consistency, attitudes, professionalism and cooperation. Written directions must be précised and consistent in training programs.

CONCLUSION

There is a need for exploring alternative models for the education of children with developmental delays, including

provision for special schools, open schools, home schools, activity centers, sports schools etc. Training and education of children with developmental delayed children is a continuous process of assessing current skills and teaching new skills that increase independent functioning. The main purpose of the training of children with developmental delays is to teach those skills that are valued by society as being necessary for personal independence and social responsibility. In our society normal children are gaining education, but we should not neglect the special children who are also a part of our society. Children with disabilities are an important part of our society so we should take a keen and personal interest in the education and training for the children with disabilities. Professionals cannot effectively work with the parents and families unless they understand their social and cultural backgrounds and dynamics.

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