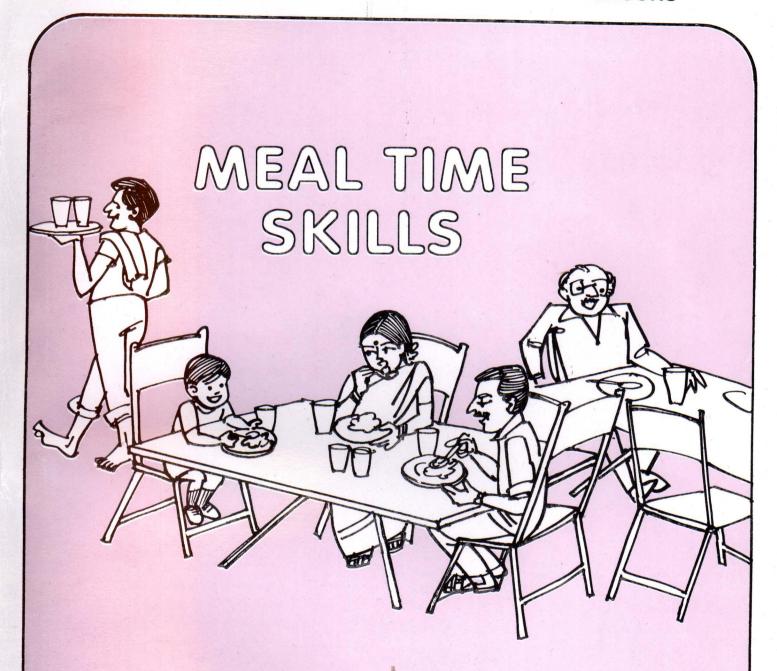
### SKILL TRAINING IN THE MENTALLY RETARDED PERSONS



## **PACKAGE FOR TRAINERS**

**TOWARDS INDEPENDENCE SERIES - 3** 

National Institute for the Mentally Handicapped Towards Independence Series - 3

### SKILL TRAINING IN THE MENTALLY RETARDED PERSONS

A PACKAGE FOR TRAINERS

# **MEAL TIME SKILLS**



National Institute for the Mentally Handicapped

(Ministry of Social Justice & Empowerment, Govt. of India) Manovikasnagar P.O., Secunderabad 500 009. A.P. INDIA. Phones: 040-7751741 - 745, Fax: 040-7750198 Copyright © National Institute for the Mentally Handicapped, 1990 All rights reserved.

Reprint - 2002

#### Contributors :

Jayanthi Narayan M.S. (Sp. Ed.) Ph. D., D.S.Ed. Project Coordinator A.T. Thressia Kutty M.A., B.Ed.; D.S.Ed. Research Officer

#### Other titles in the series :

- ✤ Fine Motor Skills
- \* Toilet Training
- \* Tooth Brushing
- ✤ Bathing
- \* Dressing
- \* Grooming
- ✤ Social Skills

Printed at : Sree Ramana Process, Secunderabad-3. Ph : 040-7811750

5

#### ACKNOWLEDGEMENTS

The project team expresses sincere thanks to UNICEF for funding this project. The advice and guidance provided by the following project advisory committee members periodically during the course of the project is gratefully acknowledged.

#### **Project Advisory Committee**

Dr. V. Kumaraiah Associate Professor (Cl. Psy) NIMHANS, Bangalore

Ms. V. Vimala, Vice Principal Balavihar Training School Madras

Prof. K.C. Panda, Principal Regional College of Education Bhubaneswar

Dr. N.K. Jangira Professor (Special Education) NCERT, New Delhi

Ms. Girija Devi Asst. Communication Devt. Officer UNICEF, Hyderabad

#### Institute members

Dr. D.K. Menon Director

Dr. T. Madhavan Asst. Prof. of Psychiatry

Mr. T.A. Subba Rao Lect. in Speech Pathology & Audiology

Mrs. Reeta Peshawaria Lect. in CI. Psychology

The guidance and suggestions of Dr. D.K. Menon, Director, NIMH are especially acknowledged with special reference. The efficient secretarial assistance in typing out the drafts throughout the project by Sri A. Venkateswara Rao requires a special mention and grateful acknowledgement. The administrative support by Sri T. Pitchaiah, Sri V. Ram Mohan Rao and Mr. K.S.R.C. Murthy are sincerely appreciated. Last, but not the least, we are grateful to the parents of the mentally retarded children who cooperated with us for the field trial of the skill training packages and for having given suggestions for modification which are suitably incorporated.

#### CONTENTS

۰.,

PAGE

•

Introduction	 1
Where to start ?	 2
Find the delay	 3
Find the level	 4
When to train ?	 5
General problems	 8
Possible solutions	 10
How to train ?	 12

### INTRODUCTION

Thirst and hunger are basic physiological needs of human being. Oral reflexes are present in an infant during the time of birth. These reflexes help the child to suck and swallow. Gradually, he learns to eat semi-solid and solid food. As he grows, appropriate meal time skills are needed to become an acceptable person in the society. So independence in eating is a self care as well as a social skill. In course of time, a normal person is able to achieve this skill as a result of the opportunities given to him in the family and in the society.

There is a tendency among parents to feed instead of training the mentally retarded child to eat by himself.

It prevents him from achieving eating skills. Most of the time he is restricted from participating in social functions where he has to exhibit the acceptable mealtime manners.

This booklet explains how to train a mentally retarded person step by step so that he can independently take his meals and participate in various functions where he has to observe the manners in the company of his friends, relatives and family members. Eating meals together is a part of family and community life. Teach the mentally retarded children necessary meal time skills by giving him opportunities to eat with the family, relatives and friends. He is a part of the family and the society.

The key to success is

- \* Proper observation and training during meal time
- \* Provision of more opportunities, appreciation and proper rewards for the child's cooperation and achievements.

#### Where to start ?

Depending on the level of functioning of the child, use checklist 1 or 2 from the following pages.

## **FIND THE DELAY - CHECK LIST-1**

### **DEVELOPMENTAL SEQUENCE IN EATING SKILLS**

Age	Eating skills	Not achieved	Achieved
Birth to 3 months	Oral reflexes - Sucking		
3 months to 6 months	Begins to hold bottle with little assistance Begins to swallow from cups May eats some solids Sucks from spoon May bring objects to mouth if placed in hands Basic chewing begins to appear		
6 months to 9 months	Holds bottle by himself and brings bottle to mouth Holds and eat a small biscuit independently Begins chewing Eats infant foods		
6 months to 9 months	Sucks food from spoon		
9 months to 1 year	Controls drooling Has more control over lips, tongue and jaw Feeds self with fingers		
1 year to 11/2 years	Chews appropriately Grasps spoon Holds cup by handle and lifts to mouth for a sip		
11/2 years to 2 years	Begins to suck using straw Begins to chew food with mouth closed Uses spoon with fewer accidents Uses cup with fewer accidents Holds small cup in one hand		
3 years to 4 years	Chews and swallows before speaking Begins to serve self Holds spoon with finger Begins to hold food with finger		

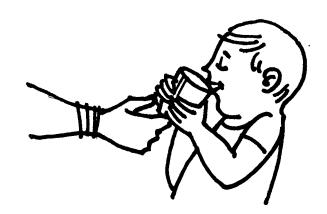
Adapted from : Fallen, N.H; Umansky, W. (1985) Young children with special needs..Columbus : Merrill Pub.

## FIND THE LEVEL - CHECK LIST-2

No.	LEVEL	YES	NO
1.	Can suck		
2.	Can swallow		
3.	Can chew		
4.	Has proper tongue movements		
5.	Can hold milk bottle		
6.	Can drink from cup held by adult		
7.	Can pick up food and eat		
8.	Can hold a cup and drink from it		
9.	Can recognize edible and non-edible substances		
10.	Can drink from a tumbler		
11.	Can drink through a straw		
12.	Can eat with a spoon		
13.	Can use a napkin		
14.	Can eat in a family setting		
15.	Can eat in a restaurant		

### WHEN TO TRAIN ?

Train the child to drink when he is thirsty.

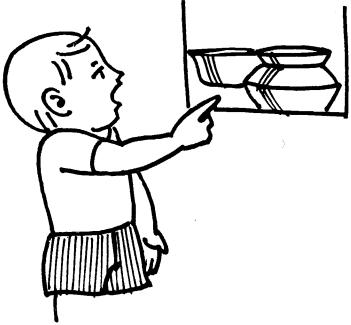




Train the child to eat when he is hungry.

In case the child is not able to indicate hunger and thirst, follow a time schedule. As the child starts to indicate his hunger use that signal.





If the child is able to use gestures for food, use this opportunity to train in eating and drinking.

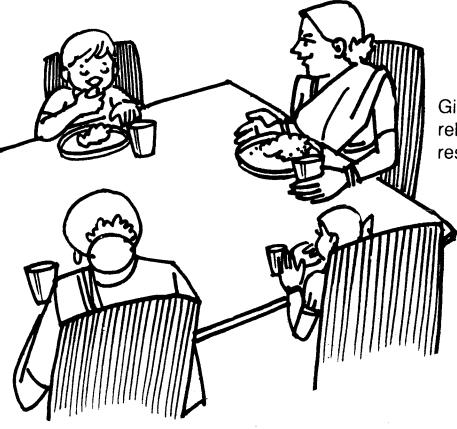
Gradually encourage him to indicate his hunger and thirst through gestures/words, when he is hungry and thirsty and use that time for training.



Let the child join the family members during meal time. Give him chances to observe the meal time manners.

ł



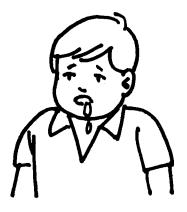


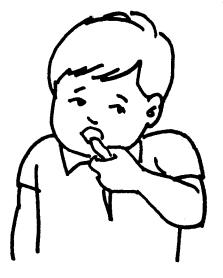
Give him chances to eat with relatives and friends and in restaurants.

The child's physiological need to eat and drink is the first important prerequisite for training.

## **GENERAL PROBLEMS**

Inability to suck and swallow.



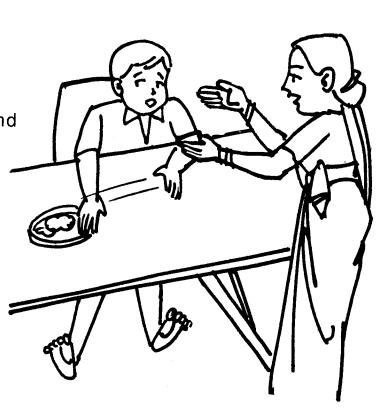


Inability to chew.

Lack of finger coordination to pick up food.



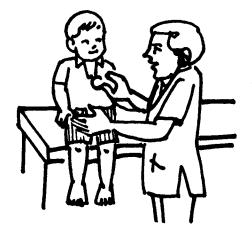
Lack of initiation and cooperation.



- \* Problems in digestion
- Constipation
- \* Does not know how much to eat
- Does not identify edible items
- \* Eating non-edible items mud, paper, chalk, .....
- Spilling, spitting, vomiting, .....

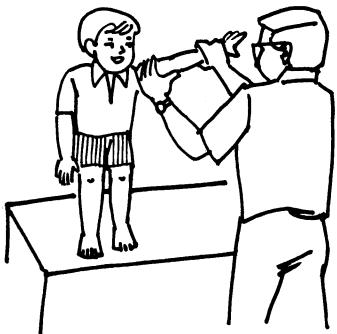
### **POSSIBLE SOLUTIONS**

Seek medical help for problems like constipation and indigestion.





If needed, seek the guidance of a physiotherapist for exercises for proper arm movements and finger coordination. Give activities for finger coordination and arm movements to pick up food and put into mouth.



For proper sucking, and initiation, after ruling out medical problems, observe the problems and use the appropriate techniques explained in this booklet.

For developing proper meal time habits, let the child have chances to eat with the family and to observe the manners.

Observe and list out the problems like eating non-edible items, spilling, spitting, and overeating. Discourage him from doing such things by giving rewards for appropriate behaviours.



### **HOW TO TRAIN ?**

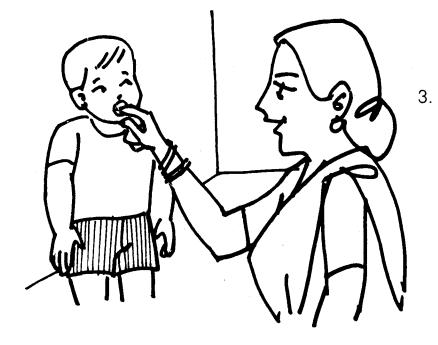
- Use the check list. Praise the child for the items what he can do.
- \* Find the level to know where, when and what to train.
- \* Understand the problems and have patience to train one step at a time.
- \* Use appropriate rewards for the child's cooperation and attempts.
- \* Techniques in step-by-step training are explained in the following pages. Follow the methods during training. If needed, modify the methods depending on the need of the child.

12

### Sucking and Swallowing

- 1. A child should be able to suck and swallow quite smoothly a few days after birth.
- 2. Sucking problems are often early signs of neurological problems. In such cases seek medical help.





Proper jaw control is necessary for appropriate sucking and swallowing.

If a child lacks good jaw control assist him by using your thumb, index, and middle finger to give support to the jaw.  Positioning is important for proper sucking and swallowing. Keep the child in semi upright position in your arms.

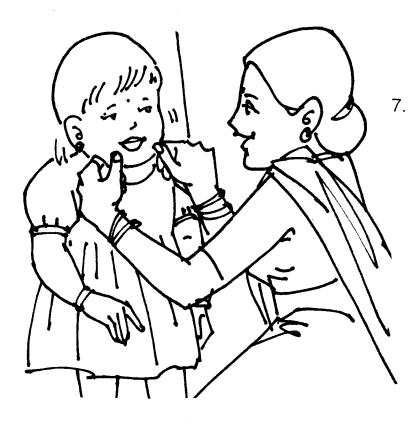




Selection of proper liquids is also important for teaching sucking and swallowing. Pleasant tasting and mildly sweetened juices, warm or cool but not hot or very cold can be given.

6. Use nipple with regular size holes. Large holes in a nipple make a retarded child lazy to suck. It also causes choking if the child has difficulty in swallowing.





 A downward stroke on the child's cheek stimulates sucking.

8. The lip and jaw control process should begin before liquid food is placed in the child's mouth. /

Hold the child's jaw closed and rub the chin. It stimulates swallowing.

لالالعا المسا

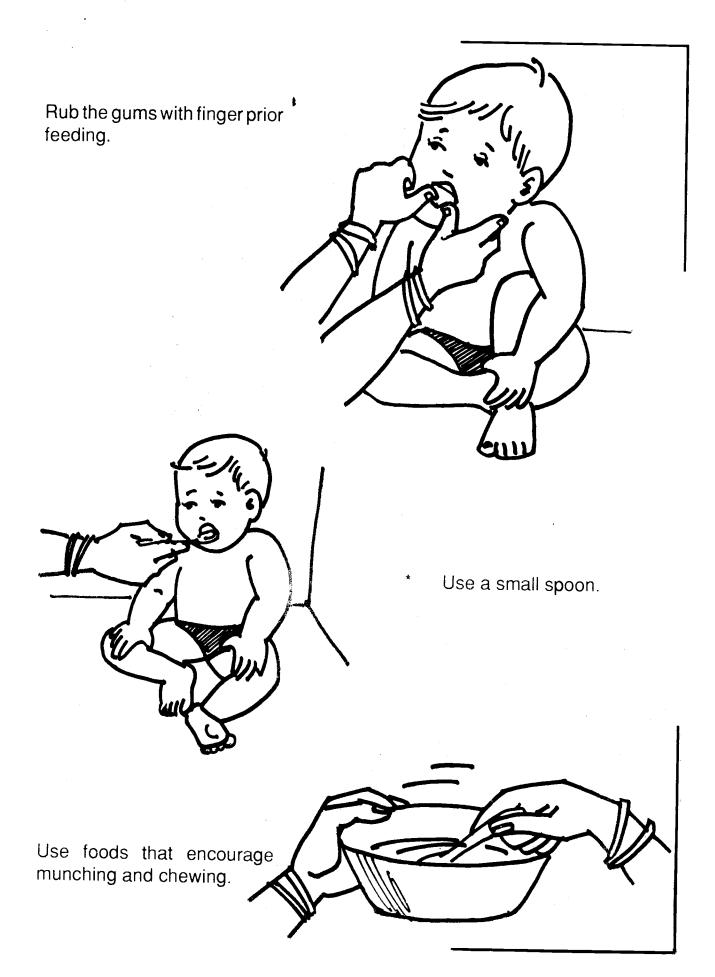
### Chewing and Swallowing

1. A normal baby will be able to open his or her mouth while feeding. Inability to do so is a sign of problems and indicates the need for medical treatment.



2. Keep a small amount of baby food in a spoon and place it on the baby's tongue, touching the bottom gums. Wait to see whether the child's jaws close tightly. This is called bite reflex.

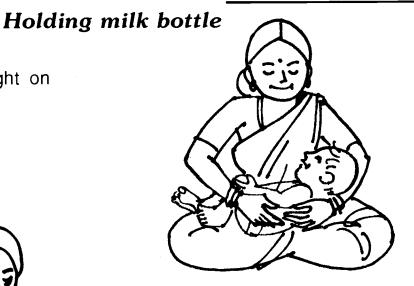
3. The bite reflex normally fades, as the child begins to munch on foods. If the bite reflex is too strong use the following techniques.



To train in chewing place food 4. in the baby's mouth and observe. If the child pushes it with the 5. tongue, place the next spoonful in the side of the mouth. (1 Help the child to start moving 6. jaws up and down while using the tongue to mash food against the roof of his or her mouth.

Pushing food out of the mouth with the tongue may be an early reflex, and is not necessarily a rejection of food being offered.

1. Keep the baby up right on your lap.



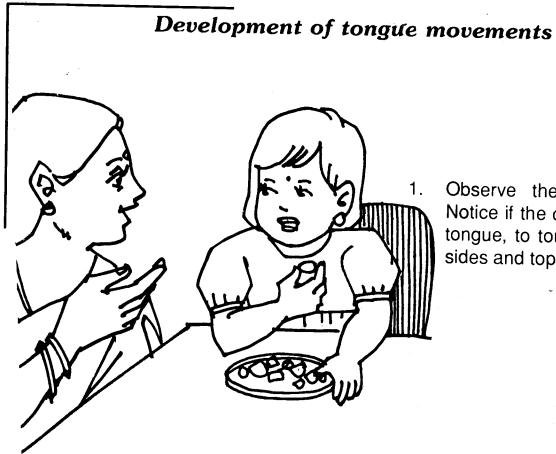
2. Place the nipple of the bottle in his mouth, and continue to hold the bottle.

3. Once the baby is confortably sucking the bottle, gently place his hands on the bottle.





4. As the child gets finger grip on the bottle, gradually relax your hold on the bottle.



Observe the child eating. Notice if the child moves the tongue, to touch food at the sides and top of mouth.

2. If you are not able to see tongue movements, try placing small amounts of sticky food (jam) on the roof of the child's mouth near the front and between the cheek and gum.

3. Observe the child's use of the tongue to retrieve the food. If you note difficulty, during each feeding, place nis preferred food at the point of mouth, requiring action for retrieval.



### Drinking from cup held by parent

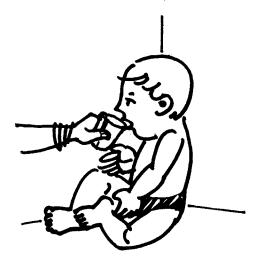
1. If the child is able to sit with/ without support, make him sit in a comfortable position.



3. Bring the cup to the child's mouth and tilt it slightly.



2. Select a cup which is appropriate for the child, and take a small amount of thicker liquid (milk or a mixture of milk and cereal).



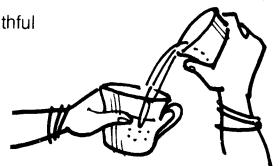
4. Wait for the child to cooperate actively to sip.



5. Hold the cup about an inch away from the child's mouth and wait for him to lean towards the cup.

### Holding and drinking from cup

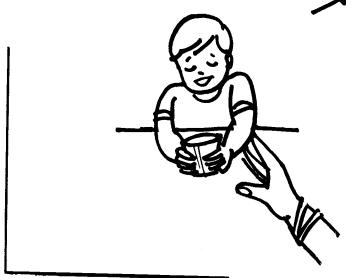
1. Take approximately a mouthful of liquid in the cup.



- June 1
- 2. Place both hands of the child around the cup and bring the cup to his mouth to drink. Let him open his mouth and tilt the cup slowly into the mouth.

3. Gradually reduce your help and guide him to return the cup to the table.





 During meal time, observe how the child holds the cup. Provide assistance if he appears to be unstable in handling the cup. 5. Let a brother/sister of the child provide assistance to the child to learn to drink.

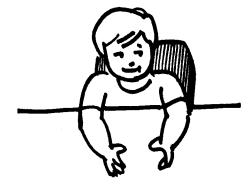
- 6. Select a variety of cups that the child may come in contact with.

1 2 1

### Steps in drinking

Sits comfortably





Takes the cup from the table

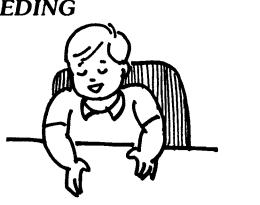


### FINGER FEEDING

1. Make the child sit with . necessary support in front of a tray/table.



3. Gradually add more pieces in the plate.

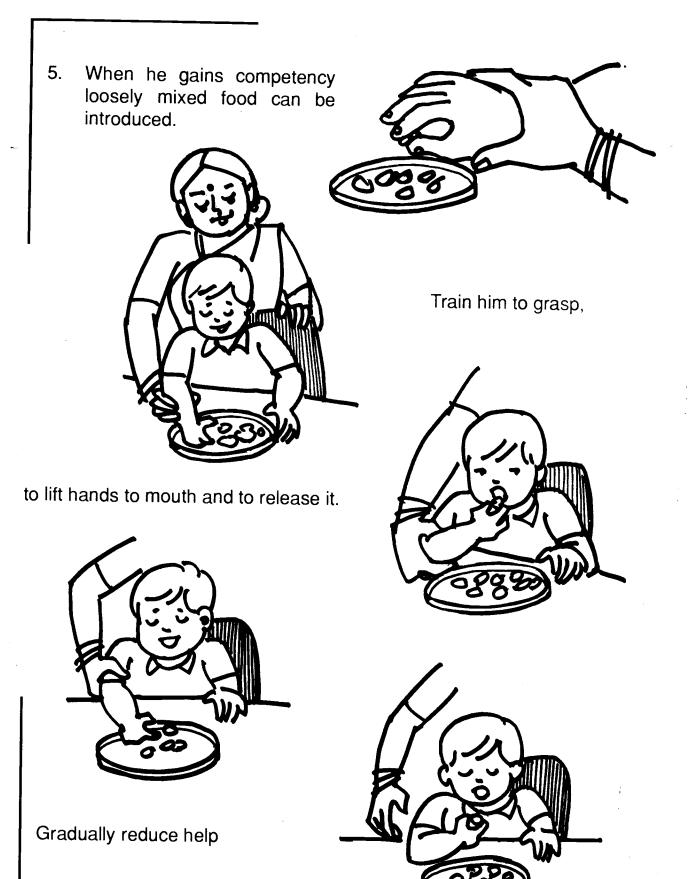


2. Start with food items that do not stick in hand, such as pieces of chappati, bread, and dosa. Place one piece at a time in the plate and allow the child to pick up and eat.



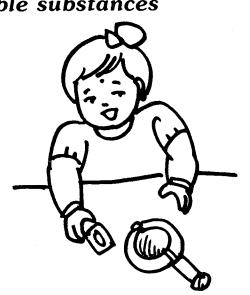


4. Rice and dal can be mixed and made into small balls and given in the plate, allowing the child to pick up and eat.



### Recognizing edible and non-edible substances

1. Offer the child one edible and non-edible item. For eg. a small toy and a sweet/biscuit.

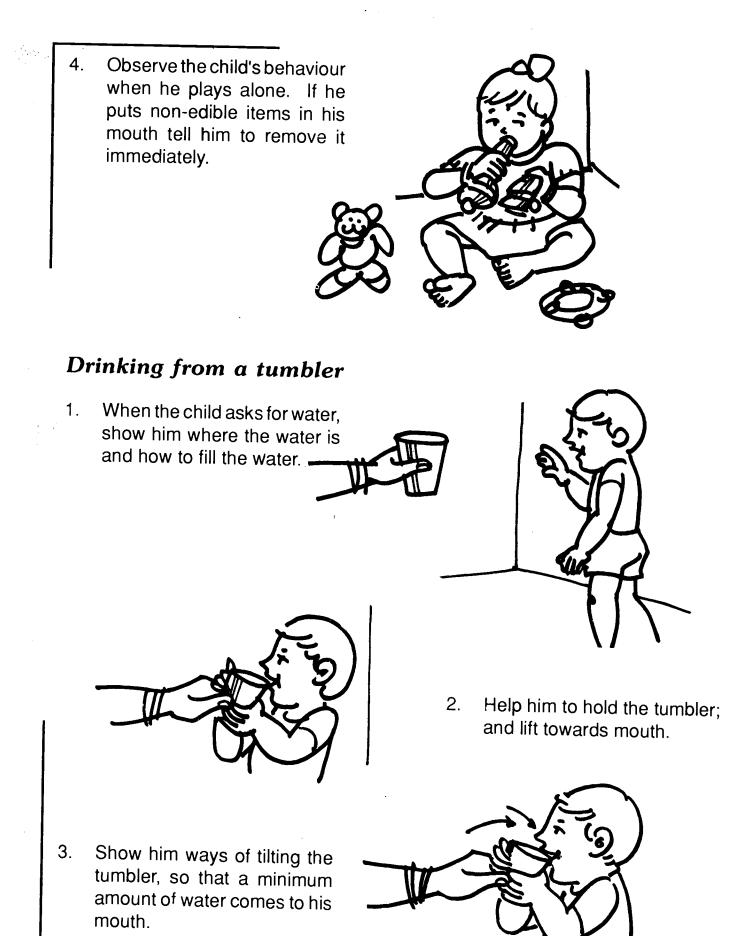




2. If she eats the edible item and plays with the toy, praise her.

3. If he puts the non-edible item in the mouth, make a face and verbally tell him to remove it If necessary remove it by yourself.







4. Gradually reduce the help to tilt the tumbler, while the child drinks. Initially use unbreakable tumbler.

5. Show a variety of tumblers breakable and unbreakable and demonstrate how to handle the tumblers.

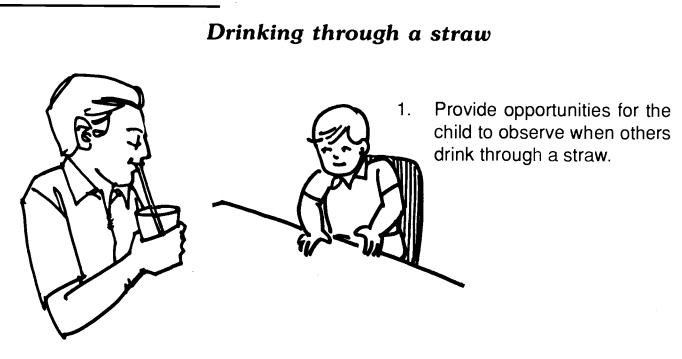
> Observe how well the child uses a tumbler. When he is ready teach him to fill water in a tumbler.



7. Whenever he asks for water, make him fill the water in the tumbler to drink.

> Help him to develop hygienic habits. For example, not to share someone else's tumbler; to see whether the tumbler is clean before filling the liquid.

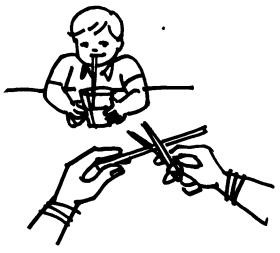
6.



2. After making him sit comfortably, keep a tumbler with beverage (water/milk/lemon juice) in front of him. Put a straw inside.



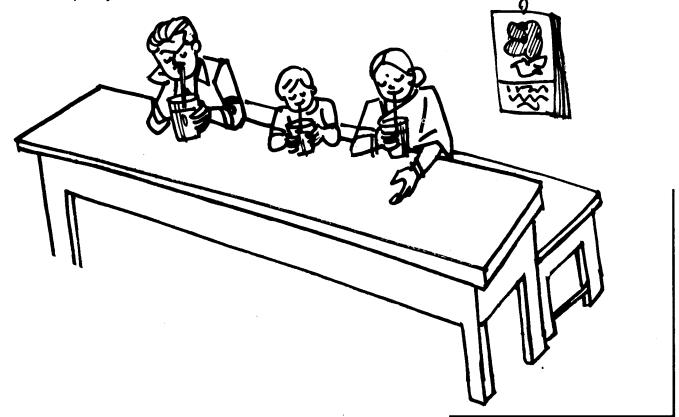
4. If he has difficulty to drink through the straw, select appropriate size of the straw or cut the size of the straw. 3. As required, either assist him to hold the tumbler or bring his lips towards the straw.



5. Explain the use of acceptable health habits while drinking through a straw. Example : not sharing the straw with others.

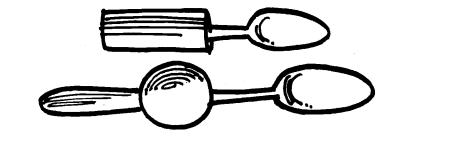


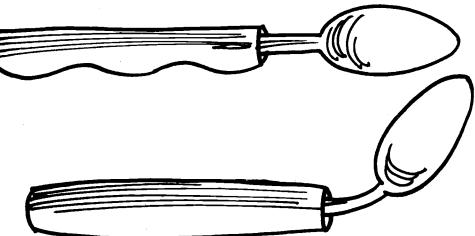
6. Give him opportunities to drink through a straw, especially when the family goes for a party or a restaurant.



## Eating with a spoon in an appropriate manner

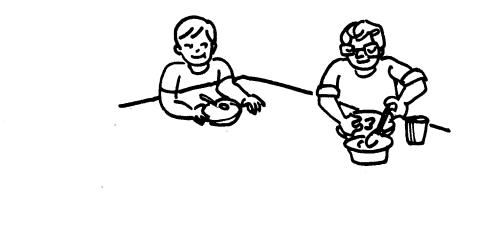
1. Select the appropriate size of the spoon for the child. In case the child has difficulty in holding the spoon, use a modified spoon.







2. Let him observe when others eat with spoon.



3. Position him appropriately. Keep rice in a plate or porridge in a bowl in front of him.





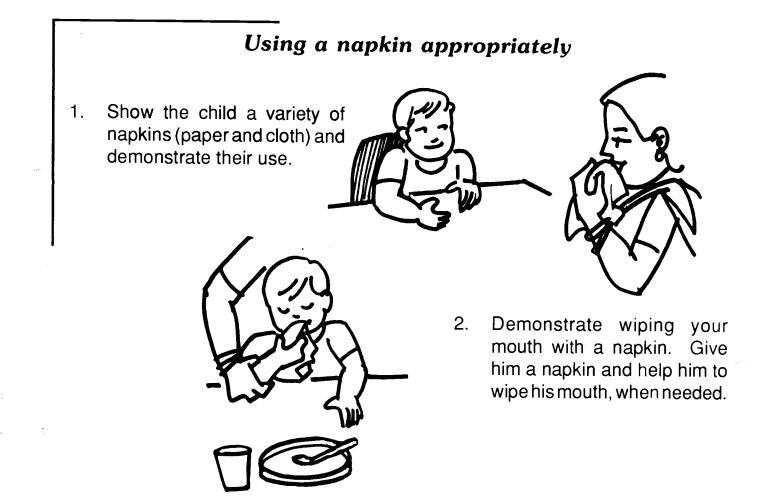
4. Physically help him to hold the spoon properly and take food in the spoon. You be behind the child when you provide physical assistance.

5. Help him to lift the spoon with food and direct to mouth.





6. Gradually reduce the physical help, as he masters the skill.



Have the child opportunities to use the napkin. Explain the need of using a clean napkin.



#### Eating in a socially acceptable manner

- 1. During meal time, let the child imitate you for eating small mouthfuls of fluid; taking small sips of liquid, chewing with mouth closed and using a napkin.BE A GOOD MODEL.
- 2. Guide him to request to pass the food which he wants.
- 3. Demonstrate how to pass the requested food to another person.
- 4. During meal time, encourage the child to practice serving and requesting food. Praise him for doing it appropriately.
- 5. Explain to him that he should eat food only from his own plate. Discourage him from eating food from some one else's plate even if he just wants to taste it.





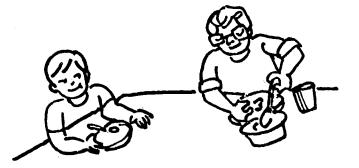
Passes the food to others when required.



6. Fills water in the tumbler.

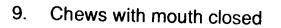
. .

7. Waits for other people to serve food.





8. Takes small bites.



Ľ



- 10. Requests food if needed
- 11. Passes food requested by others





12. Uses napkin when needed

#### Following meal time manners in a family setting

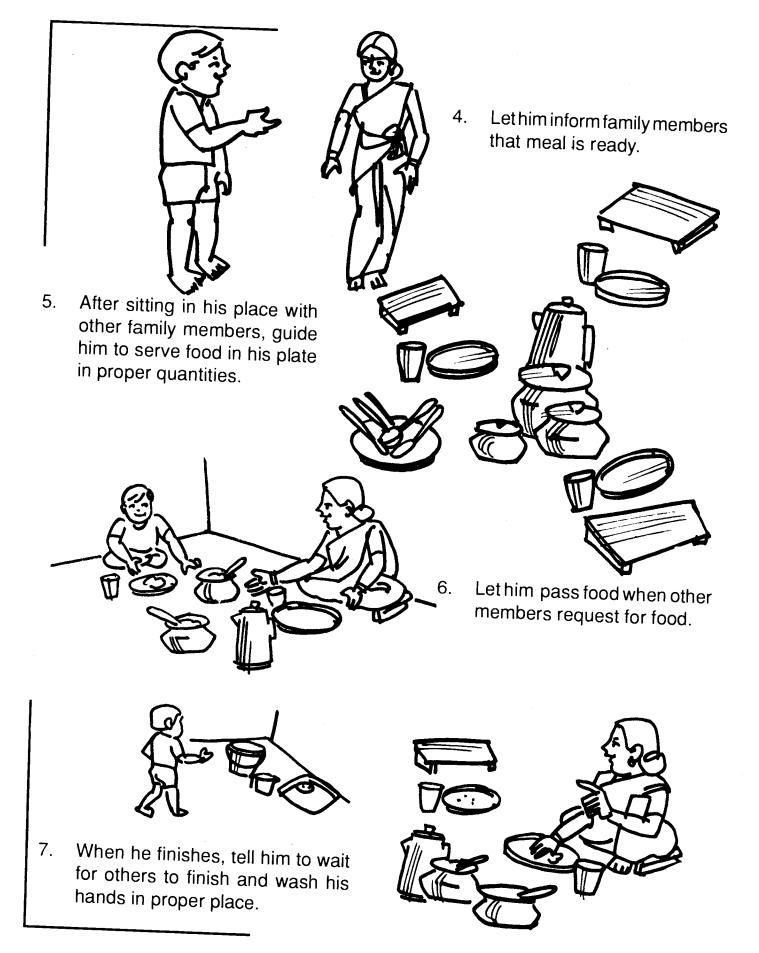
1 Setting the table. As the child grows, train him to set table before eating. Ask him to count the family members, and to keep plates, tumblers, spoons etc for all members.



2. Remind him to see whether they are cleaned and wiped before setting the table.

3. Tell him to get the food items from the kitchen and keep them closed properly on the table/dining place. Initially let him handle those food items like curds, papad and pickle which are not hot.





8. Once everybody finishes, train him to keep the remaining food in the proper place.





9. Train him to clean the table/ dining area before he leaves.

10. Train him to wash and dry the plates, tumblers, and spoons if she is old enough to do so.



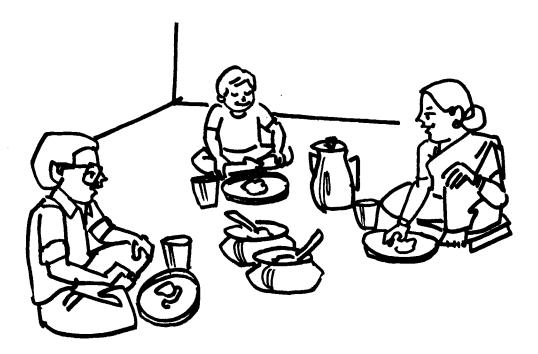
11. Initially, let the child observe you. As a next step tell him to do and physically help him if needed. Gradually reduce the physical help and tell him what to do next. Praise him at every attempt, as he improves in mastering the skill. Following meal time manners in restaurants/other places

1. As the child learns to follow the meal time manners in a family set up, give him opportunities to use it in other environments-friend's houses, restaurants, ....

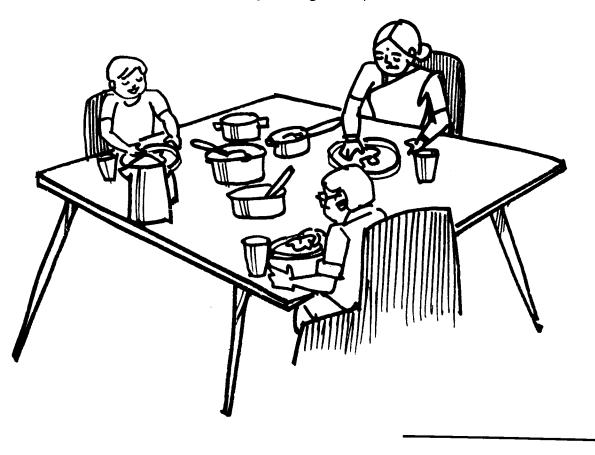
2. In order to generalize what he has learned in home set up, take him to different places where he has to follow different styles. For example using a dining table, sitting on the floor and eating, selecting a menu from menu card, order for food, eating during social functions, .....

Give a mentally retarded child more opportunities. He learns by experience. Include him in all family functions. Give him chances to socialize.

# 3. Meals with family members

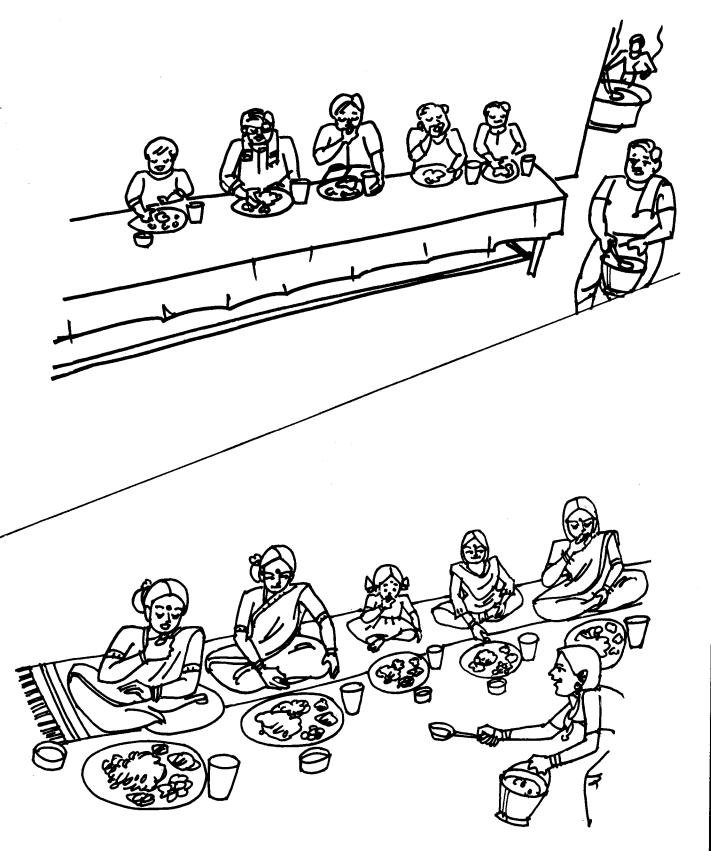


4. Meals with family members (using dining table)





### 6. Meals in a social function.



Having meals together is a sign of sharing. Give opportunities to a mentally retarded person to join the group for meals in different occasions. It is one way of accepting him as a member of the family and society at large.