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Developmental Support to the Children with Mental Challenges through Dousa-hou: A Cross Cultural Study

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Abstract:

Dousa-hou method has been used in Asian countries like: Korea, Malaysia, Thailand, Cambodia, Iran, India and China for children with mental retardation, cerebral palsy, and autism. Dousa-hou has been implemented effectively in India in year 2000 and in Korea from 1997. First it involved the children of a special school to participate in a day workshop and after that it included the special educators of the school to provide continuous Dousa-hou training to these children in their school. After that, intensive special educators' training and psycho-rehabilitation therapy for these children through Dousa-hou was organized in the school in yearly one-week camps. Till now, fourteen special educators from that special school and from Delhi region had been trained in intensive Dousa-hou camps in Japan and more than 45 from Korea. Currently, it is practiced in other normal schools having integrated setup for children with disabilities and in one teacher training institution of Delhi region in India and in all major cities of Korea to impart the knowledge of Dousa-hou psycho-rehabilitation therapy to the undergraduate students going to be school teacher in future. The primary focus of the rehabilitation method is to improve upon bodily movements and posture as well as to introduce social support to patients and their first-degree relatives. It has been found that mothers also get more social support interacting with their child's trainer and the child's supervisor during Dousa-hou, and trainers were found more interactive than mothers and in Indian and Korean contexts followed by Korean and Japanese cultural groups.

Introduction:

Dousa-hou is a psychological rehabilitation process developed in Japan for actively working with children and adults with disabilities, to improve their education, health, and psychological care (Naruse, 1973, 1985, 1992). Through Dousa-hou, children with cerebral palsy improve control of their bodily movements and postures, reduce anxiety and depression caused by their disabilities (Ohba, 1992; Ogawa, 1987), and socially interact more with others (Naruse, 1985, 1992; Harizuka, 1992; Konno, 1993a, 1993b; Kumar & Harizuka, 2001). Mothers and first-degree relatives of the child with disabilities received more social support through Dousa-hou therapy than usual social interactions during Dousa-hou activities during a one-week camp. In one-on-one training process of Dousa-hou, a patient experiences objective judgment of body movements and develops communication skills for responding to a trainer in attempting a desired body movement task with self-awareness and acquires behavior modifications.

Relaxation, movements of body parts, and *Tate* (holding straight body postures during sitting, kneeling, and standing) training are the three main training processes of Dousa-hou (Naruse, 1997a, 1997b). In this, a patient with disabilities performs trainer guided body movement tasks in different postures of *agura zai* (sitting), *hizatachi* (kneeling), *ritsui* (standing) and *houkou* (gait) by himself/herself under supervision of a supervisor. This has been noticed that patient gets relatively better support to improve in social skills interaction with others during Dousa-hou training sessions (Kim & Kumar, 2004, 2006).

History of Dousa-hou in India:

Dousa-hou was introduced in India in the year 2000. The researcher has organized the first Dousa-hou orientation with demonstration lecture in March 2000 at Balvantray Mehta Special School, Greater Kailash-II, New Delhi, India and that has more than 400 children with disabilities and 1500 normal children. Later on in September 2000, a one-day Dousa-hou workshop was organized in the same school for the children with cerebral palsy, mental retardation, down syndromes, and autism.

In March 2001, September 2001, and in March 2002, researcher organized two-day Dousa-hou workshop in the same school with 10 children with different disabilities as above and with 11 special educators of the school. The secretary of rehabilitation council of India, director of secondary education from Ministry of Education, director of

national institute of mental retardation, and other rehabilitation specialists attended the opening demonstration sessions of the workshops. After that in December 2002, we organized a one-week camp at Balvantray Mehta special school with 9 children with cerebral palsy, mental retardation, physically handicap, down syndromes, autism and emotional disorder and with 12 special educators of the school with the help of other supervisors from different universities (Chikushi Jyogakuen uni., Kyushu uni., Osaka uni., Ryukyu uni., Nagasaki Kokusai uni., Meiji Academic university) in Japan. Then in the same way, we had organized one-week camps onward with 13-16 children with disabilities and with same number of special educators from Balvantray Mehta special school, Mother Teresa Home, and 2 special educators from Delhi Administration responsible for special education in Delhi normal schools. Next, we will organize one-week Dousa-hou camp in October 2007 for 15 children with disabilities studying Balvantray Mehta special school and special educators as trainers including the previously Dousa-hou trained special educators. This time we are intended to include 4 special educators from other special education institutions of Delhi area to widen it. Dousa-hou social interaction questionnaire was also administered in parents and trainers to know the level and improvements of social interaction in a one-week Dousa-hou camp. Since December 2002, we also had 2 hours Dousa-hou training for 3 days for the orphan children with severe disabilities at Mother Teresa's Jeevan Jyoti Delhi after the regular camp hours.

Dousa-hou for Children with Mental Retardation:

Mental retardation means imperfect mental development, characterized by limited intelligence and a restricted capacity to learn the social and intellectual skills for independent living. According to the American Association on Mental Retardation (1992), a child with mental retardation has three characteristics; (1): IQ below average and this result should be similar as measured by more than one intellectual tests. (2): Lack of adaptive ability and need support in more than 2 areas of communication, motor function, family life, social abilities, use of social system, self maintenance or self decision, health & safety, practical text, leisure, and work. (3): The mental retardation should occur before the age of 18 years. It has four levels, (1) Mild mental retardation; IQ between 50~55 to 70, Moderate mental retardation; IQ between 35~40 to 50~55, Severe mental retardation; IQ between 20~25 to 35~40, and Profound mental retardation, IQ below 20 or 25. According to the modern definition and for proper support, it should be classified whether the child with mental retardation needs support, (i) timely, (ii) limited and

timely, (iii) long-term, or (iv) a maximum support.

The Dousa-hou is found useful for the children with mental retardation to provide awareness of body images, control of bodily movements or motor functions, social awareness, maintenance of self and self decision, and health care. The aims differ according to the needs depending upon level of retardation. Dousa-hou was found effective to support the intellectual and psycho physiological needs.

Main Dousa-hou tasks for children with mental retardation are practiced as follows.

- ① Relaxation tasks in twisting trunk activities and by active horizontal relaxation.
- ② Sitting crossed legs (Zai) tasks for relaxation, bending forward, and return straight at straightening the curvy back portions.
- ③ Kneeling tasks for balancing and body images.
- ④ Shisei (posture making) for attainment of straight and stable sitting, kneeling, and walking with coinciding images of the patient himself and in others' perception.
- ⑤ Arm uplifting Dousa-hou exercises in lying down and sitting posture are effective for such children.

Therapist should keep in mind the patient's needs, and a concrete planning to support the patient's needs. The Dousa-hou activities should also be selected accordingly. All the activities should be performed with slow pace because by speedy movements it becomes hard for the patient to cope up with the information of body movements, how his body parts are moving, and how he is striving to create a particular movement. Relaxation in lying down positions through twisting trunk, active horizontal relaxation, and uplifting the arms upward, downward and in directions were found effective.

Present conditions of Dousa-hou trained staff in India:

We had been invited one or two special educators every year from Balvantray Mehta special school to get Dousa-hou intensive training at Kyushu University, Japan since March 2001. In March 2004, we have invited one special educator from Delhi administration to practice Dousa-hou in normal schools of Delhi administration having integrated education system. Till now, 14 special educators got the Trainer's License. By 6th Dousa-hou camp in August 2007, there will be one or two supervisors in India to supervise the Dousa-hou training practicing in Delhi region. Beside that, we have also invited education minister of Haryana state in June 2006 in our Dousa-hou research meetings and trainings at Fukuoka to understand the policies and present education and rehabilitation planning for these children and how we can provide effective developmental support to

them. We have also invited the Principals of Balvantray Mehta School and other regional rehabilitation experts in our Dousa-hou annual conferences in 2003 and in 2006 to present the development and rehabilitation support to the children with disabilities through Dousa-hou in India. We have invited the Director of secondary education, Haryana State in Dousa-hou's annual conference 2007 at Fukushima for the presentation of educational, welfare, and rehabilitation policies and implementations for the children with disabilities at secondary education level.

Dousa-hou regular practice and Camp status:

Since June 2002, Dousa-hou training practice is continued at Balvantray Mehta special school. Under this, 4-6 children with disabilities including cerebral palsy, mental retardation, autism, down syndromes, emotional disorder and physically handicaps etc. participate in one day Dousa-hou training. Each child gets this training for one hour on every Saturday. Recently, Dousa-hou training has been started for few children in normal schools of Delhi administration for once a month. It is expected that Dousa-hou training will soon be practiced on large scale in India in special schools and at special educational institutes as a part of curriculum and in special education programs. Hopefully, many short-term, short-stay and one-week camps will start in Delhi region after one-week intensive Dousa-hou camp in October 2007. Dousa-hou's regular training practice has been started in Mother Teresa's Jeevan Jyoti Home, Bhogal Jangpura, New Delhi since November 2004 for the orphan children with disabilities. We have organized two-day each Dousa-hou introductory psycho-rehabilitation therapy for the children with disabilities at Thukur Hariprasad Institute for Mental Retardation at Hyderabad and at Manasa Institute for Mentally challenge persons at Shimoga, and at Manashanthi Institute for children with disabilities at Mysore in south India in October 2006. In August 2007, we have planned one-week camp of Dousa-hou at Thakur Hariprasad Insititute at Hyderabad, two-day workshop at Shimoga and Mysore with regular camp in northern India at Delhi.

Situations of Psychological Rehabilitation Training Programs in Korea:

Since 1997, Dousa-hou camps are organized regularly in different parts of Korea with the collaboration of Japanese Psycho-rehabilitation research association. First clinical Dousa-hou one-week camp was organized in summer vacations of August, 1997 and

in continuation, the 12th camp will be organized in summer 2007. Main aim of the camps in Korea is to organize psychological rehabilitation activities for such children on the basis of appropriate clinical diagnosis under supervision of Dousa-hou supervisors and to produce well skilled Dousa-hou trainers for regular rehabilitation support to these children. The training activities are tailored as: theoretical and skill practice of Dousa-hou, inducement of clinical training to the children with disabilities, and introductory skill practice for the parents or first-degree relatives to these children. The Social Interaction Questionnaire was administered on the last day of the camp. It has been found that mothers get more social support interacting with their child's trainer and the child's supervisor during Dousa-hou, and trainers were found more interactive than mothers in Indian contexts followed by Korean and Japanese cultural groups.

A week long Dousa-hou training program is organized on the following patterns:

Dousa-hou Camp Schedule:

Day and Time	Dousa-hou Practice day for Trainers	First day	Second day	Third day	Fourth day	Fifth day	Sixth day	Seventh day
7:30 to 8:00		Morning Assembly	Morning Assembly	Morning Assembly	Morning Assembly	Morning Assembly	Morning Assembly	Morning Assembly
8:00 to 9:00		Break Fast	Break Fast	Break Fast	Break Fast	Break Fast	Break Fast	Break Fast
9:00 to 10:00		Dousa-Hou Practice	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training
10:00 to 11:30	Registration	Opening Ceremony	Educational Recreation	Educational Recreation	Educational Recreation	Educational Recreation	Educational Recreation	Child-Mother training
11:30 to 12:30	Orientation	Lunch	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Lunch
12:30 to 13:30	Lunch	Intake	Lunch	Lunch	Lunch	Lunch	Lunch	Closing Ceremony
13:30 to 14:30	Lecture	Intake	Rest Time	Rest Time	Rest Time	Rest Time Rest Time	Rest Time	
14:30 to 16:00	Dousa-hou Practice	Intake	Educational Recreation	Educational Recreation	Educational Recreation	Educational Recreation	Educational Recreation	
16:00 to 17:00	Demonstration	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	Dousa-Hou Training	
17:00 to 18:00	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
18:00 to 20:00	Bath Time	Bath and Free time	Bath and Free time	Bath and Free time	Bath and Free time	Bath and Free time	Bath and Free time	
20:00 to 21:00	Discussion	Group Meeting	Group Meeting	Group Meeting	Group Meeting	Group Meeting	Group Meeting	
21:00 to 22:00	Discussion	All Group Meeting	All Group Meeting	All Group Meeting	All Group Meeting	All Group Meeting	All Group Meeting	
22:00~	Sleep Time	Sleep Time	Sleep Time	Sleep Time	Sleep Time	Sleep Time	Sleep Time	

Note 1: Sleep time for trainees is 20:00

Beside that, monthly Dousa-hou's a-day long training activities are also organized for these children with the purpose of regular Dousa-hou rehabilitation practice to keep up the outcomes of Dousa-hou training emerged in intensive training of one-week. Other purpose of this is to provide update training of Dousa-hou to the trainers. Monthly training are organized at overnight stay schedule having 4-times a day Dousa-hou training practice of one hour each.

The conditions for issuing a Trainer or Supervisor's license in Korean set up are similar as decided by Japanese Psycho-Rehabilitation Association and works with mutual cooperation.

A person engaged in Dousa-hou activities is eligible to apply for a Trainer's License after completion of three one-week Dousa-hou camps and for Supervisor's License, can apply after Trainer's License at completion of further 5 times Dousa-hou camps. All application must be made through their regional Dousa-hou camp committees to the Japanese Psycho-Rehabilitation Association, Kyushu University, Integrated Center for Clinical Psychology and Human Development, Fukuoka, Japan.

Social Interaction Questionnaire

(For Trainers/ Mothers)

Demographic data:

Trainer/ Mother Name: _____ Age: _____

Trainee's Education: _____ Sex of Trainee: _____

Date: _____

Did you talk with the child's mother/ Trainer for child's Dousa-hou activities in this camp about—

1. Child's body pain or tiredness complaints
2. Effective Dousa-hou activities for the child before the training
3. Improvements in child's condition after the training
4. Child's involvement in recreational activities of that day
5. Daily health condition, sleep and caution in morning assembly
6. Food habits and child's improvements when taking food
7. Whole day activities and child's condition during free time
8. Child's likes and dislikes
9. Child's usual life-style activities and school activities
10. Child's education and future education plans
11. Dousa-hou tasks after the camp and their organization for the child
12. Child's friendship or circle of friends during and after the camp

Note.- Items were rated on a 5-point scale using anchors of 1 = never and 5 = almost always. Factor I = Items 6, 7, 8, 9, 10, 11, 12: Educational and Daily Life matters; Factor II = Health and Care matters.

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