

Strategies used to modify the behaviors of children with intellectual disability

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We Categorize disabilities in different way, like Sensory Disabilities (VI, HI, Deaf-Blind), Neuro Developmental Disabilities (LD, MR (ID), ASD), and Loco motor & Multiple Disabilities (CP, MD). Children with Intellectual disability have more behavior problems due to limited cognitive abilities. These behaviors are not an age appropriate, socially not accepted, and which has adverse affect on learning experiences of children, e.g. rebellious behavior, odd behaviors, self injurious and other injurious, hyper active behavior, anti- social behavior, and some others. Because of maladaptive behaviors children with disabilities are not able to cope with their social life, emotional life, personal life and educational environment. To help out them from these problems we do Behavior Modification Programme which includes some strategies like Cognitive Behavior Modification, Meta Cognition, Rational Emotive Behavior Therapy, Aversive Techniques, Assertive behavior, ABC and Applied Behavior Analysis. Some other techniques also used for Behavior Modification like Positive and negative Reinforcement, time out, token economy, differential reinforcements, physical restraints, and other. If maladaptive behaviors are reduced, the children with disabilities able to perform activities at their potential level which is needed to live independently in their environment.

Keywords: intellectual disabilities, behavior modification strategies and behavior problems

The World Health Organization (WHO) has defined the terms 'Impairment', 'Disability' and 'Handicap' in 1980 through the publication of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), which is a manual of classification relating to the consequences of diseases. The ICIDH proposes the concepts and definitions of Impairment, Disability and Handicap, and discusses the relation between these dimensions. It is based on a linear model (Figure 1) implying progression from disease, impairment and disability to handicap.

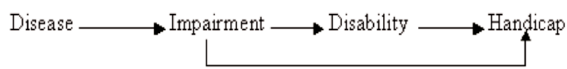


Figure 1: ICIDH Model (WHO 1980)

According to the ICIDH, Impairment is any loss or abnormality of psychological, physiological or anatomical structure or functions, generally taken to be at organ level. Impairment is damage to tissue due to disease or trauma. A person who has poor or no vision due to damage to retina or optic nerve may be said to have a visual impairment.

Disability has been defined as any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being, generally taken to be at the level of the individual. Disability denotes the consequences of impairment in terms of functional performance and activity by the individual. A person who has an optic nerve or retinal damage would have limitations in performing those tasks that requires the use of eyesight.

The ICIDH defines Handicap as a disadvantage for an individual, resulting from an impairment or disability, which limits or prevents fulfillment of a role that is normal (depending on age, sex and social

cultural factors) for that individual. There are so many acts which defines the different types of Impairments, Disabilities and Handicapped.

Latest one is Right of Persons with Disabilities 2012 defines 'specified disability' means i. autism spectrum disorder; ii. blindness; iii. cerebral palsy; iv. chronic neurological conditions; v. deaf blindness; vi. hemophilia; vii. hearing impairment; viii. intellectual disability; ix. leprosy cured; x. locomotor disability; xi. low vision; xii. mental illness; xiii. muscular dystrophy; xiv. multiple sclerosis; xv. specific learning disability; xvi. speech and language disability, and xvii. thalassemia and xviii. Multiple disabilities. RPwD 2012 includes 18 disabilities, in this research paper Intellectual Disability is focused.

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

American Association on Intellectual and Developmental Disabilities (AAIDD) (2009). This definition focuses on main two aspects of Intellectual Disability, these are;

Intellectual functioning- Also called intelligence refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One criterion to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning. Standardized tests can also determine limitations in adaptive behavior, which comprises three skill types: Conceptual skills- Language and literacy; money, time, and number concepts; and self-direction. Social skills- Interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, and the ability to follow rules/obey laws and to avoid being victimized. Practical skills- Activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Background

Behavior is any activity which is measurable and observable. Behavior is divided in two types i.e. Adaptive Behavior and Maladaptive Behavior

Adaptive behavior: The adaptive behavior in general refers to the way in which an individual function in his/her social environment.

The AAMR (1977) defines adaptive behavior as the effectiveness or degree with which an individual meets the standard of personal independence and social responsibilities expected of his/her environment. The sub division of Adaptive Behavior according to BASIC-MR

- Motor
- Activities of daily living
- Language
- Reading and writing
- Number and time
- Domestic and social
- Pre- vocational and money

Maladaptive Behavior is defined as those behaviors are not age inappropriate, socially not accepted, and injurious to self and others and which is interfering teaching learning process. The sub division of Maladaptive Behavior according to BASIC-MR

- Violent and destructive behavior
- Temper tantrums.
- Misbehavior with others.
- Self injurious behavior.
- Repetitive behaviors:
- Odd behavior.
- Hyperactive behaviors
- Rebellious behavior.
- Anti-social behaviors.
- Fears. (According to BASIC MR 1992, Dr. Rita Peshwariya)

Strategies and Techniques to Handle the Mal-adaptive Behavior
Steps Involved in Behaviour Management Programme (BMP)

Identification of problem behaviours

Identification of problem behavior

- Observation
- Interview
- Direct testing

We use BASIC- MR for Assessing the problem behaviour

Statement of problem behaviours

Problem behaviours stated in behavioral terms

Anu hits others, Rahul pinches others

Selection of problem behaviours

After identifying the various problem behaviours in a child, and after stating them in observable and measurable terms, you need to then select a specific problem behaviour which you want to change first. This step is called as prioritizing specific problem behaviours.

- Choose only one or two
- Easy to manage,
- Injurious to the child himself, or to others in his environment.
- Interfere most with the child's, or others classroom learning/

teaching activities.

- Choose specific problem behaviours for intervention only after due consideration about their relative frequency, duration or severity,
- Child to involve more in classroom/school learning activities.
- Consultation with the parents

Identification of rewards

"The event that happens after a behaviour which makes that behaviour to occur again in future is called 'reward'".

Types of rewards

- Primary Rewards
- Secondary / material Rewards
- Social Rewards
- Activity Rewards
- Token Rewards
- Privileges

How to Select Rewards for Children

- Observe the child's behaviour
- Ask the child directly
- Ask parents, caretakers or others who know the child
- Use a Reward Preference Checklist
- Elicit the child's reward history
- Choose rewards which are easily available and dispensable
- Use reward sampling techniques
- Choose an appropriate reward
- Choose a strong reward
- Change of rewards

How to give rewards?

Reward only desirable behaviours

Reward clearly

Reward Immediately

Reward the desirable target behaviour each and every time after it occurs

Reward in appropriate amounts

Combine the use of social rewards along with other types of rewards

Change the rewards

Fading of rewards

Recording baseline of the problem behaviours

- Event or frequency recording:
 - Duration recording
 - Interval recording
 - Time sampling

Functional analysis of the problem behaviours

One of the most simple model known as A-B-C model is presented below

- What happens immediately BEFORE the behaviour? This is called as ANTECEDENT factors.
 - When does the problem behaviour generally occur?
 - Are there particular times of the day when the problem behaviour tends to occur more
 - With whom does the problem behaviour occur?
 - Where does the problem behaviour occur?

- Why did the problem behaviour occur?
- What happens DURING the behaviour? This is called as BEHAVIOUR.
 - How many times does the problem behaviour occur?
 - For how long does the problem behaviour occur?
- What happens immediately AFTER the behaviour? This is called as CONSEQUENCE factors.
 - What do people present in the environment exactly do to stop the specific problem behaviour?
 - What effect does the problem behaviour have on the given child or others?
 - How is the child benefitting by indulging in the problem behaviour?

Development and implementation of behaviour management programmes

Evaluation of behaviour management programmes

Changing the Antecedents: These factors may include particular settings, situations, places, persons, times, specific demands placed on the child, task difficulty levels, methods of instructions used by the teacher, sudden change in routine, etc.

If the teacher can identify links between any of these factors and the occurrence of specific problem behaviors, then a simple avoidance, alteration or change of such factors may be sufficient to manage problem behaviors

Extinction/Ignoring: Extinction means removal of attention rewards permanently following problem behavior.

Time Out: Time out method includes removing the child from the reward or the reward from the child for a particular period of time following a problem behavior. Ensure that rewards or a rewarding situation is removed following the problem behavior.

Physical Restraint: Physical restraint involves restricting the physical movements of the child for sometime following problem behaviour.

Response Cost: Another way of decreasing problem behaviours in children is to take away the rewards that the child has earned by performing specific good behaviours. In other words, this technique involves the child to pay a fine or the cost for indulging in a problem behaviour by giving away something or event he has earned from showing desirable behaviours.

Overcorrection (RESTITUTION): The use of this technique will not only decrease problem behaviours in children, but also teach appropriate ways of behaving. When this technique is implemented, after the occurrence of problem behaviour, the child is required to restore the disturbed situation to a state that is much better than what it was before the occurrence of the problem behaviour.

Conveying Displeasure: we use of THIS technique, the teacher is required to give clear verbal commands expressing displeasure to a child following occurrence of specific problem behaviour.

Gradual Exposure: for Fears Graduated exposure techniques are especially used to decrease fears in children, either in the school or home setting. The procedure of graduated exposure involves a step by step gradual exposing of the child to a feared person, place, object or a situation.

Differential rewards

- Differential reward of opposite behavior

- Differential reward of other behavior
- Differential reward of low rate behavior
- Differential reward of alternate behaviors

Self-management Techniques

- Self observation
- Self recording techniques
- Self cueing techniques
- Self reward techniques
- Correspondence training
- Anger control techniques

Some other techniques

Rational Emotive Behavior Therapy: In this approach Ellis would directly confront the client with what he perceived to be the answer and insights that the client would eventually reach.

He also noted that, although his previous methods, the insights gained were alone not enough to overcome disturbances. He felt referred to his therapeutic approach as rational emotive therapy. RET is a procedure that has been referred to as cognitive, behavioral, and cognitive behavioral.

Steps in RET

- In first step caregiver assist the child in describing the activating event associated with a maladaptive behavior.
- The second step involves the identification of the thinking triggered by the event.
- The feeling associated with the individuals thoughts and behavior are described.
- In fourth step the child describes, the behavior.
- The fifth steps of the process are evaluations of the thought and behavior.
- Sixth step the individual is asked if there is any evidence that these thoughts might be true.

Aversion technique: The goal of behavior change is the elimination of a troublesome, inappropriate, illegal or damaging pattern of behavior.

- Ex a treatment goal for an alcoholic is the elimination or at least the reduction of drinking.

Metacognitive strategies: Metacognitive strategies facilitate learning how to learn. You can incorporate these, as appropriate, into your own learning strategy these are;

Ask Questions- Asking questions allows learners to reflect on their own learning processes and strategies. It also allows for enhance comprehension.

Foster Self-Reflection- Critically analyze your own assumptions and how these assumptions have influenced your learning.

Adopt Autonomous Learning- Challenge how you learn information. Is it the most efficient and effective way of learning? If not try new strategies as a trial and error experiment until you find a strategy that works for you.

Find a Mentor- Many people learn best by interacting with peers who are slightly more advanced. Look for opportunities to observe the proficient use of a skill by a mentor, ask questions and learn from their learning experiences.

Find a Group- Cooperative problem solving can enhance metacognitive strategies by discussing possible approaches with group members and learning from each other. This can

be an excellent way of testing your knowledge on a given subject.

Think Aloud- Report your thoughts while performing a difficult task. Discover any potential errors in thinking to address any sabotaging thoughts or language while learning new information.

Self-Explanation- Talking aloud while learning new information can help you improve your comprehension of a difficult subject and bring to light your gaps in retention. 8. Be ok with Making Errors. You are given the opportunity to make errors while learning. Allow yourself to make mistakes as learning is about the process of getting to know information, not the arrival at knowing information perfectly.

Classification- is a technique for determining the type, status, or mode of learning activity. Individual ask themselves 'What I am doing here' or "is this activity important to me".

Evaluation- goes beyond checking and provides information about quality

Prediction- provides information about the possible alternative options for problem solving and outcome. It is an instructional method which is designed to promote metacognitive understanding of the material through a structured dialogue between the teacher and the student. The emphasize is placed on the correct dialogue in which a student must engage for successful task completion.

Assertiveness

Assertiveness is at the midpoint of a continuum that runs from passive to aggressive behavior. Assertive behavior conveys a sense of self assurance but also communicates respect for other person. Assertive people speak clearly and distinctly. The overall impression is that the person is strong, but not threatening. Assertive behavior is interpersonal behavior involving the honest and relatively straightforward expression of thoughts and feeling. Assertive behavior is socially appropriate. When a person is behaving assertively, the feelings and welfare of others are taken into account. Wolpe (1973) defined assertive behavior as " proper expression of any emotion other than anxiety toward person"

Cognitive behavior modification

Behavior is mediated by cognitive event. A change in cognitive mediating events is results in a change of behavior. All people are active participant in the learning.

Conclusion

All these behavior modification techniques are based on some research sample so all these techniques are not applicable to modify the maladaptive behavior of all children. To modify the behavior the children researcher has to combine the techniques. Basically evidence based techniques are very helpful to do anything. No one can tell which technique is helpful for particular behavior modification so evidence based techniques is very helpful.

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