

## **Behavioral Management Among Children With Intellectual Disability**

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### **Abstract**

*The scientific knowledge on behavior problem management is necessary for nurse who is involved in the rehabilitation of person with intellectual disability. Behavior modification is generally used to increase the desirable behavior as well as to decrease the undesirable or problematic behavior. Behavior modification is defined as a technique wherein environmental events are arranged so as to produce a specific change in the observable behavior. Thus it involves a structured, preplanned and specific attempts at modifying observable behavior by altering the events in the environment.*

**Keywords:** *behavioral modification, intellectual disability*

### **PRINCIPLES OF BEHAVIOR MODIFICATION**

1. Behavior modification is based on learning principle such as observation, conditioning and cognitive factors.
2. Behavior modification is based on the premise that all learnt behaviors can be unlearned.
3. Behavior modification means changing or modifying behavior which is observable, measurable and recordable. A behavior can be considered as problematic if it meets at least one of the following criteria
  1. Behavior are dangerous to self or others eg. hits others, bites others.
  2. Behaviors are inappropriate for age, for example 13 year old girl thumb sucking.
  3. Behavior is interfering with the learning of the child. Throws away book while being taught.
  4. Behavior causes unreasonable stress to others eg screaming.
  5. Socially deviant behavior is present. stealing, telling lies
 If the problem behavior occurs more frequently it requires management.

### **TYPES OF PROBLEM BEHAVIOR SEEN IN INTELLECTUALLY DISABLED CHILD**

1. Violent or destructive behavior- threatening or doing harm to others, damaging personal or others articles such as clothes, books, breaking windows, or having violent temper tantrums.
2. Antisocial behavior-teasing or gossiping about others, bossing or manipulating others.
3. Rebellious behavior- ignoring regulations, rules or regular routine.
4. Untrustworthy behavior-include telling lies, cheating or stealing.
5. Withdrawal-inactive, withdrawn or shy
6. Stereotyped behavior and odd mannerisms- body rocking, moving head back and forth, waving fingers.
7. Inappropriate interpersonal manners-behaviors such as talking too close to others face, hugging or squeezing others and touching others inappropriately.
8. Unacceptable vocal habit behavior-such as giggling, laughing inappropriately, making unpleasant

noises or repeating a word over and over again.

9. Unacceptable eccentric habits-stuffing pockets with papers, eating non edibles, thumb sucking
10. Self-abusive behavior-include biting or slapping self, banging head or other parts of the body.
11. Hyperactive tendencies- talking excessively, cannot sit and attend to an activity without disturbing others.
12. Sexually aberrant behavior-masturbating openly, exposing private parts in public.
13. Psychological disturbance – over estimating own abilities, reacting poorly to criticism or frustration, demanding excessive attention, pretending to be ill [1].

#### **STEPS INVOLVED IN BEHAVIORAL MANAGEMENT PROGRAMMES**

1. Identification of problem behavior
2. Identification of rewards
3. Recording baseline of the problem behavior
4. Functional analysis of the problem behavior
5. Development and implementation of behavior treatment programme.
6. Evaluation of behavior management programme.

#### **Identification of problem behavior**

Problematic behavior can be identified by observing the child, interviewing parents/caretakers of the child and using a checklist. State the problem specifically in observable and measurable terms. Child may be having multiple problems. Initially choose the problem behavior which is easy to manage or choose problem which pose greater danger to child himself or others in the house.

#### **Identification of rewards**

Rewards can be selected by observing a child's behavior, asking the child directly and asking parents/caretakers who know the child. They must be arranged in a

hierarchy from the most preferred to least preferred rewards.

#### **Recording baseline behavior**

Keep a baseline recording of the problem behavior. It could be event recording, duration, interval recording or by time sampling i.e. observing the child and record at specific points of time [2].

#### **Functional analysis**

One of the simplest model for analysis behavior is ABC model.

***Antecedent –what happens before the behavior. The following questions to be addressed while controlling the problem behavior.***

- When does the problem behavior generally occur
- Any particular time of the day the problem behavior tends to occur more.
- With whom does the problem behavior occur. Where does the problem occur and why did the problem behavior occur. Identify factors leading to teaching situation.

***Behavior- what happens during the behavior. How many times the problem behavior occur and for how long does the problem behavior occur.***

Consequence- what happens after the behavior. What do people in the environment exactly do to stop the specific problem behavior. What effect does the problem behavior have on the given child or others.

#### ***Attention seeking factors***

We have to find out whether particular problem behavior is occurring to get attention. if the problem behavior tends to occur more when we are not paying attention to the child, and stops when we attend to the child it means an attention seeking behavior.

#### ***Self stimulating factors***

Children engage in repetitive behavior such as body rocking, finger flicking and so on. Self-stimulating behaviors increase

when these children are left alone. When such children are engaged in a useful activity these self-stimulating behaviors tend to reduce.

***Skill deficit factors***

Problem behavior may be an indirect expression of underlying skill deficit. A child who does not know how to say ‘give me the ball’ learns to get the ball from the other child by snatching it. Teaching appropriate skill behaviors can reduce this problem.

**Development and implementation of behavior management programme**

Provide pleasant consequences following good or desirable behavior.

Plan the consequences to occur when the child behavior in a desired way or undesired way. For eg. present the child with a reward when the child says give me ball and present an unpleasant consequence when he hits other children.

Punishment techniques should be used as last resort. If behaviours are harmful to the child or to others or interfere in learning, the teacher can judiciously plan to use them for the benefit of the child.

**Evaluation of behavioral management programme**

With the effective use of all the steps in management of problem behavior, teachers can succeed in changing the problem behavior in children. Periodical assessment of the child should be done.

**GENERAL CONSIDERATION**

A single child may show a number of problem behavior. The nurse must select the appropriate technique for management of each of these behaviors. You may need different technique to the same problem behavior. Factors controlling the problem behavior may be different in each child

even though the problem behavior may be same.

There are no ready-made packages to manage behavior problems in children. Nurses need to individualize and identify specific technique to manage each problem behavior.

Behavior management programme is a long term undertaking. On the other hand, it involves decrease of inappropriate behavior and on the other hand it necessitates the teaching of more appropriate behavior to children.

**CONCLUSION**

Behavioural problems are a common occurrence in children with an Intellectual disability, and often have a harmful effect on the functioning of the child and the others. There are many strategies that support the inclusion of students. Hence, training them to overcome the limitations in adaptive behaviour is the primary aim of any individual working with persons with Intellectual Disability.

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