

CHAPTER - 2

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2.1 INTRODUCTION

Research in education as in other field is a search for knowledge. It is not a search that yields infallible truths, but is rather a search that provides knowledge for the solution of the problem in the field of education. Research takes the advantage of knowledge which has accumulated in the past as a result of constant human endeavors. A careful review of the research journals, thesis, abstracts and other sources of information on the problem is very essential for any research.

Further for any kind of a study in the field of knowledge, the researcher needs an adequate familiarity with the library and the many sources of information. A very effective research for specialized knowledge will be possible only with the help of related literature. This literature provides a means of getting to the frontier in a particular field of knowledge. The review of literature is a must for scientific approach and is reported to, by and large by all the investigators in all areas of scientific research. One cannot develop an insight into a problem to be investigated, unless and until one has learnt what others have done and what remains to be done in that particular area. Thus the related literature forms the foundation upon which all work is built.

The review of related literature also serves some other purposes. They are –

- (1) To show whether the evidence already available solves the problem adequately without further investigation and thus to avoid the risk of duplication.
- (2) To provide ideas, theories, explanation of hypothesis valuable in formulating the problem.
- (3) To suggest methods of research appropriate to the problem.
- (4) To locate comparative data useful in the interpretation of the result.
- (5) To contribute to the general scholarship of the researcher.

Thus stressing on the importance of review of educational research Van Dalen writes –

“An educator cannot engage in research successfully unless he becomes adaptive at locating thesis, dissertations and reports of the study that embody the bulk of the work done in this field.”

From this it can be said that, review of the related literature holds a key position in any kind of research.

This chapter of the thesis deals with research as conducted or related to the present study.

For further simplification the review of literature is categorized under two headings – (a) Studies conducted in India (b) Studies conducted abroad. Reviews related to the behavior problems and modification techniques in children with mental retardation and their associated conditions in India and abroad are cited below.

2.2 STUDIES CONDUCTED IN INDIA

Muralidharan, R., (1961) conducted a general survey of behaviour disorders prevalent in children of the pre-school and early school age. The result of the study revealed that (1) Total problem behaviours decreases as the chronological age increase, (2) Boys have more problem behaviours than girls. (3) Children of middle class show more problem behaviours than those of lower and upper class. (4) Children whose mothers have higher levels of education show more indications of problem behaviours. (5) Children with large and joint families show less problem behaviours.

Lindhoo, and Dhar, (1989) attempted to develop a learning model for mentally retarded students using behaviour modification technique. The main objectives of the study were (1) To identify children in different schools who are mentally retarded but educable. (2) To develop an intensive case history of each retarded child so as to schedule various modification techniques of improvement for each subject. (3) To study the desired schedules and learning paradigms to help

the subjects to improve upon their base level performance in the field of academic, social interaction and cognitive behaviour.

For this study 1980 boys of the age group of 14 – 16 years studying in higher secondary schools of Srinagar city were taken. The tests used were Cattell's culture fair intelligence test, Stanford Binet intelligence test, Vineland social maturity scale, parents and teachers comments. The findings reveal that, subjects had improved and did better in their academic performance and social adaptive behaviour on implementation of behaviour modification techniques.

Parikh, J., (1989) conducted a study on the life of children with mental retardation at home with the crux of the play centre technique, which is a home bound programme. The impact of home bound programme was analyzed in terms of (a) Behavioural change in children (b) Behavioural change in their parents as observed after the programme. The results indicated a need based recreational programme; parents were able to understand the value of providing various recreational experiences at home. Successful channelization of children's potentials through recreational experiences was also seen. Overall behaviour change in the children having mental retardation and their parents was observed after home based programme.

Peshawaria et. al., (1991) in their study included first three hundred cases of persons with mental retardation. They reported behaviour problems registered at NIMH during the year 1987-88. Parental needs with regard to behaviour problems in their children with mental retardation were analyzed in 12 areas – physical harm towards others, damages property, misbehaves with others, temper tantrums, wandering, disobedience, repetitive behaviour, self injurious behaviour, restlessness, physical over activeness. In terms of family variable, it appeared that both parents from nuclear as well as non nuclear families perceive disobedience as the major behaviour problem in children with mental retardation. Trends in parental perceptions of behaviour problem in children with mental retardation significantly highlighted the need for professionals working with this population to equip themselves with skills to identify such problems early and help parents to manage them properly.

A study on problem behaviours of the children with mental retardation with and without Down Syndrome was conducted by Manjari, Julius (1994). For their study, children with the age group ranging between 6 to 16 years were taken as the sample. These children were psychologically classified into mild and moderate categories. Both the researchers found that there was a list of problem behaviours among children with and without Down Syndrome: These problem behaviours ranged from mild to severe level as far as frequency and intensity was concerned. There was no significant difference found in the kind and level of problem behaviours among the children with both the categories stating that children with and without Down Syndrome have the same kinds of problem behaviours.

Rangaswamy, (1990) made a study on children with mental retardation and the management of problem behaviours. The main objective of his study was to find out the effect of behaviour therapy on problem behaviours. For this he took children with mild to moderate level of mental retardation with the age ranging between 8 to 12 years. It was a longitudinal study where in behaviour therapy was given for over one year depending on the severity of the problem. The result of the study reveals that if a child with mental retardation having behaviour problem is treated with proper behaviour therapy then the problem behaviour would be resolved within 6 months to 1 year of the therapy depending on the severity of the problem. This study emphasized the importance of behaviour therapy and obtaining positive results and the child benefiting out of it.

Ram Gopal and Madhu Rao (1995) studied behaviour disorders among children having moderate level of mental retardation and their parents attitude towards it. They made a study of fifty children having moderate mental retardation. The main objective of the study was to find as to whether parents attitude have an impact on the behaviour problems in these children. They came out with the conclusion that children with moderate mental retardation showed learning and conduct problems to a high degree and impulsive – hyperactive and anxiety problems to a low degree emphasizing that these children have more of learning

problems. They are also found to be rebellious, destructive and violent. The result also revealed that there is no significant correlation between behaviour disorders and parental attitudes but parents attitudes does have an impact on the severity of the behaviour problems. Researcher further stated that having positive attitude on the part of parents reduces the problem behaviours to a very great extent.

Mehta Roma (1996) made an experimental study to analyze the differential impact of therapeutic intervention strategies on some disruptive behaviour disorders. The main objectives of the study were to develop a therapeutic package, study its effect on disruptive disorders, study the effect of yoga on aggression and hyperactivity, to study whether reinforcement have an effect on disruptive disorders, to study the effects of time out on disruptive disorders.

The sample consisted of one twenty children of Std. 4 to 6 between the age group of 9 to 12 years. The sample was divided into experimental and control group where in the experimental group received the intervention and there was no intervention for the control group.

The results showed that (1) yoga as a technique has a great impact on the reduction of aggression. (2) Reinforcement when given by the parents yield better results. (3) Yoga, reinforcement and time out given together have significant impact on behaviour. (4) Where no intervention strategies were applied no change was observed in the degree of aggression.

Bhatia et.al., (2005) conducted a study on behavioural problems in children with Down Syndrome.

Forty consecutive children with Down Syndrome were included as the study group. The control group consisted of forty children attending the immunization clinic in pediatric OPD. Behavior Screening Questionnaire (BSQ) was used to screen the study groups as well as their siblings and control group for behavioural problems. The assessment of parental attitudes was done on attitude screening questionnaire which includes two separate questionnaires for mother and father.

The results revealed that (a) twenty two children with Down's Syndrome showed behavioural problems as compared to five in control group. (b) Children with Downs Syndrome showed behavioural problems related to all the spheres i.e. feeding, socialization, toilet training and sleep as compared to control group. (c) Mothers showed highly indulgent attitude as related to feeding to nearly total neglect as related to socialization and toilet training. (d) Paternal Attitude Screening Questionnaire showed total neglect in all the spheres as compared to control group. (e) There is higher prevalence of psychiatric disorders in children with Down's Syndrome.

The studies cited above reveals that mostly all the studies have been conducted on behaviour problems in children having mental retardation. All these studies reveal that children having mental retardation with other comorbid conditions have comparatively more problem behaviours as compared to their counterparts. Few of the studies also reveal the impact of behaviour therapy on problem behaviours. Only one study reveals the effectiveness of behaviour modification techniques.

2.3 STUDIES CONDUCTED ABROAD

Wahler (1969) made a detailed analysis of two cases in which parents were trained to use time out a behaviour modification technique in the home. The subjects were 5 and 6 year old boys whose parents had sought help at a clinic because of the children's' severe destructive behaviour. One of the boys had displayed this behaviour at the school too. The other boy was an only child whose parents acknowledged being over solicitous and giving him anything he wanted because they had lost several babies earlier through miscarriages. Observers went to the homes to record the number of times the destructive behaviour occurred. They were then trained to isolate the child in the room for 5 minutes whenever he began being destructive. If the child threw tantrums while in his room he was to stay there until the tantrums ceased. The parents were to reinforce the child with praise and attend him whenever he showed cooperative behaviour. Both children's destructive behaviour dropped sharply during the

training period. But then again relapsed, but when the training was reinstated the destructive behaviour almost completely got eliminated.

Further results indicated that besides affecting the specific target behaviour, the intervention had increased parental influence on other aspects of the children's behaviour as well.

Madsen, et al., (1970) conducted a study on out of seat behaviour. In this study, the observers monitored as inappropriate out of seat behaviour and also monitored as to how many times the teacher reprimanded the children for being out of their seats or told any one to sit down. They also recorded the number of times a teacher praised a child. After certain time the teacher was asked to triple the 'sit down' commands and to another teacher they asked to praise. The results indicated that standing up was functionally related to the amount of 'sit down' commands. The more sit down commands the teachers gave, the more children stood up. In fact tripling the amounts of commands led to 33% increase in out of seat behaviour, and praising behaviour incompatible with standing led to a 33% decrease in standing up behaviour. Thus this study emphasizes on "reinforcement" as an effective technique for decreasing the undesirable behaviour.

Douglas (1984, 1985, and 1989) has reviewed a number of studies in which she and her colleagues investigated the effects of reinforcement on the performance of children with hyperactivity. Based on the findings of these studies she hypothesized that children with Attention Deficit Disorder and or Hyperactivity have abnormally strong urge to seek immediate reward, are unusually vulnerable to possible arousing and distracting effects of reward and become abnormally frustrated when immediate rewards fail to appear.

She (1985) also reviewed several studies from her own and other laboratories in which rewards were introduced following a baseline period and then removed during extinction. Compliant behaviours and cognitive performance improved during reward but they quickly returned to baseline or even fell below the baseline during extinction. For this result she argued the drop may have been as

a frustrative reaction to the loss of the rewards which the children had come to anticipate.

In their review on adaptive and challenging behaviours of deinstitutionalization research in the United States, Larson et al. (1989) found that adaptive behaviour almost always improved following transfer to community settings and that such benefits consistently occur to the people who leave institutions to live in small community homes. Same authors in 2001 reported that most of the United States studies they reviewed showed significantly enhanced adaptive behaviour following the administration of certain techniques of behaviour modification along with resettlement in the community and up to 24% of the studies reviewed showed a significant improvement in challenging behaviour.

Eachin (1993) through his study emphasized the importance of early detection and early intervention so as to resolve the problem behaviours. His sample comprised of children with the group between 2 years to 8 years. For his study he studied hundred children and came out with the conclusion that if children with problem behaviours were identified and treated earlier, then the treatment may produce long lasting and significant gains in these children. He too has emphasized the use of behaviour modification techniques so as to resolve problem behaviours partially or totally.

Selli (1994) made a study on behaviour problems and its management. In his clinical behaviour therapy update he came out with the findings that if the antecedents were changed or controlled then the occurrence of behaviour problems could totally be resolved or controlled to a great extent. Thus he emphasized on antecedents that is the 'why', 'when', 'what', 'where' and 'how' factors of the behaviour problem, that is going to the root cause of the behaviour problem and trying to resolve it by changing the cause that is the antecedent of the behaviour problem.

Summers (1995) – In his study on behaviour problems in Angleman Syndrome he found that behaviour problem were present in males and females of all ages and included Language deficits, excessive laughter, hyperactivity, short

attention, mouthing of objects, tantrums and repetitive and stereotyped behaviour. Further he suggested that identification and treatment of severe behaviour problems in children with Angle man Syndrome may improve their adaptive functioning.

Shuman (1996) in her study examined the use of sensory integration technique to reduce the maladaptive behaviour that interfered with the learning of high school students with mental impairments attending a special school. Maladaptive behaviours identified included rocking, toe walking, resistance to change, compulsive behaviours, aggression, tantrums. The intervention involved the use of various sensory integration techniques including auditory, vestibular, speech, visual, and behaviour and balance techniques. After the intervention the teacher reported a decrease in maladaptive behaviours and an increase in student's enjoyment of the activities.

Kuperus (1993), Sommer (1997) studied the behaviour problems in children with very low birth weight (less than 1 kg.) and low birth weight (less than 2 kg.). They found that these children had more depressed behaviour with more internalizing problems and were highly attention deficit. Further it was also found that low birth weight children had 19% more problems than their counterparts. They were more often socially insecure, anxious and difficult to manage but in attention and hyperactivity were not prominent. The reasons given behind having more behaviour problems were the children having low birth weight were taken more care off and were attended more by their parents as compared to their counterparts, they were being pampered a lot by their parents and all their needs were fulfilled as a result they became attention seekers, being over protected at home and became socially insecure and anxious.

Ervin (1998) too studied on the changing of antecedents to obtain desired results in reducing behaviour problem. In his study he found out that when the environmental classroom variables were systematically manipulated by the teachers there was a substantial reduction in the problem behaviours and this

intervention programme proved out to be very effective. This proves that if proper management techniques are used effectively then there is a marked reduction in behaviour problems in children with mental retardation along with other co morbid conditions.

Hand Werk and Marshall (1998), in their study on behavioural and emotional problems of students with learning disabilities came out with the conclusion that children with learning disabilities differed from those with various emotional disturbances in terms of severity of the problems and not with respect to the type of behaviour problem.

Cormack, K.F.N., Brown, A.C., Hastings, R.P. (1999) made a study on behavioural and emotional difficulties in students with moderate and severe intellectual disability. For this study parents of one twenty three children attending school for severe learning difficulties were interviewed and a behaviour check list was filled in by them. The results of the study reveal that some 50.4% of the children scored above the cut off range on the behaviour checklist for problem behaviours. The child's severity of physical disability was related most strongly to parental ratings of behavioural and emotional problems. The present study also confirms the previous findings of a high prevalence of behavioural and emotional difficulties amongst children with intellectual disability and identifies a number of correlates of disorder which require further investigation.

Gillberg et al. (1986) conducted assessment on a representative sample of one forty nine children with intellectual disability between the ages of 13 and 17 years. The results revealed that 64% of children with severe disability and 57% with mild disability were diagnosed with one or more problem behaviours. In addition to this Rutter et al., (1970) studied only thirty eight children with moderate level of disability (IQ < 50) and found that 50% of the children had problem behaviours.

Cornack, et. Al. in their study suggested that large numbers of children and adolescents with intellectual disability have behavioural and emotional

problems which may cause concern or will affect their quality of life. At present, services are not generally resourced in a way that would allow these children to receive individual therapeutic input and alternative intervention models may be needed. Even if services target the most severely disturbed children, there are few direct data available on the efficacy of psychological treatments for behavioural and emotional problems in children and adolescents with intellectual disability.

In summary they stated that, very little research has addressed the extent and nature of behavioural and emotional problems in children with intellectual disability.

Britton, L.N., et al., (2000) examined the effectiveness of a variation of non contingent reinforcement that produced reduction in undesirable behaviour maintained by positive reinforcement. Their sample comprised of three participants having moderate, severe and profound levels of mental retardation. The functional analysis for these three individuals indicated that their behaviours were maintained by positive reinforcement, one in the form of access to a tangible item, another by attention. Further it was noted that the variation in reinforcement was successful in reducing all undesirable behaviour to near zero levels.

Evans & Gray (2000) made a study on compulsive like behaviour in individuals with Downs Syndrome. In this study they examined the nature of repetitive, ritualistic and compulsive like behaviours in fifty developing children and fifty children with Downs Syndrome. Here parents reported on their children's compulsive like behaviours including ritualistic habits and perfectionist behaviours as well as their children's adaptive and maladaptive behaviours. Results indicated that children with Downs Syndrome show similar mental age related changes in compulsive like behaviours compared to the mental age of comparison group. Younger children exhibited significantly more compulsive like behaviours than older children. In general, children with and without Downs Syndrome did not differ from each other in terms of the number of compulsive like behaviours they engaged in, although children with Downs

Syndrome engaged in more frequent, more intense repetitive behaviours. Further, the results reveal that children having higher mental age have less number of behaviour problems than children with lower mental age level.

Kanhg., et.al., (2000) made a study on behavioural treatment of self injury with a sample of seven zero six participants. From the data obtained it was found that majority of the individuals engaged in self injurious behaviour (SIB) were males who were diagnosed with moderate, severe and profound level of mental retardation. They were engaged in multiple forms of self injurious behaviours. The major SIB observed amongst these children being head-hitting or head banging and biting.

The other self injurious behaviours observed among the children having mental retardation being hand mouthing, Body hitting, vomiting, scratching, hair pulling, eye poking, skin picking, pinching, kicking etc.

For this study reinforcement interventions have been used more freely than punishment. Further treatment involved antecedent manipulation, extinction, restraint response blocking, time out and over correction. The results obtained through the use of modification techniques reveal positive results. There was decrease in undesirable behaviours observed as a result of the use of reinforcement along with other techniques, and no or less result was obtained by the use of aversive (punishment) techniques.

2.4 IMPLICATION FOR PRESENT STUDY

The above mentioned studies show that the children with mental retardation have more or less same behaviour problems. It is also reflected that with proper behaviour therapy, the behaviour problems could be resolved within 6 to 12 months of therapy depending on the severity of the problem. Thus with substantial reduction in the behaviour problems the intervention programme proved to be very effective.

Further, it can also be stated that there are very few studies for studying the effectiveness of different behaviour modification techniques. All the above cited

studies conclude that these techniques are very useful in modifying the behaviour problems and if these techniques are started at an early stage they yield better results.

Very few studies on effectiveness of behaviour modification techniques been conducted and there is a need to have more studies of this kind to come to a generalization that a set of behaviour modification techniques is suitable to these children. Here in this study, an attempt has been made to study the effectiveness and also to come to a generalization that a particular technique is more suitable for a specific behaviour problem. The study has also been aimed to observe relationship between behaviour problem and behaviour modification techniques.

Still further from the review it becomes clear that many studies related to behaviour problems in children with mental retardation and their associated problems have been done abroad. While in India not many studies have been conducted on behaviour problems in children with mental retardation. It has also been found that studies conducted in this area are mostly done on behaviour problems in children with mental retardation and very few quoted so far have studied the effectiveness of behaviour modification techniques on children with mental retardation. So this study would add up to the existing studies about different techniques useful in modification of behaviour problems. This study would suggest about the most effective techniques for managing behaviour problems among children with mental retardation.