

## **Behaviour Modification for Intellectually Disabled Students**

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**Abstract:** *Persons with Intellectual Disability show deficits in adaptive behaviour. Hence, training them to overcome the limitations in adaptive behaviour is the primary aim of any individual working with persons with Intellectual Disability. A few of them also have problem behavioural posing challenges to the educator. A problem or a challenging behaviour in the individual interferes with his acquiring new skills, or strengthening old skills or it interferes in someone else's activities. Practicing behavior modification in an inclusion classroom addresses behavior issues for individual students. Teachers with special-needs students in their classroom hold all students to the same behavioral expectations while individualizing behavior modifications to address specific needs. So the present article is mainly focuses on the behaviour modification techniques that can be useful for the regular teachers in an inclusive classroom.*

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### **I. Introduction**

Education is a fundamental right of every child. Some children experience difficulties in school, ranging from problems with concentration, learning, language, and perception to problems with behavior and/or making and keeping friends. Regular education is designed to meet the needs of average learners. Children with disabilities may not profit fully from the regular classroom experiences. To be successful in an inclusive settings intellectually disabled students need to demonstrate classroom behaviours that are consistent with teacher's demands and expectations and that promote socializations with peers (Kauffman, Lioyd, & McGee, 1989). Appropriate social and behavioural skills will allow intellectually disabled to fully integrate into the social and behavioural skills will allow intellectually disabled to fully integrate into the social fabric of the class, the school, and the community. Unfortunately due to factors both internal and external to the classroom, intellectually disabled students may exhibit behaviours that interfere with their learning and socialization and disrupt the learning environment (Alberto & Troutman, 1990). Therefore, teachers may need to employ a variety of strategies to increase appropriate and decrease inappropriate social and behaviour skills. So the inclusive education programme should focus on establishing and maintaining positive peer relationship of the children with intellectual disability.

Inclusion provides opportunities for the development of appropriate attitudes towards people with a range of disabilities. Exposure to students of all types on a daily basis allows typical students to see that, just like themselves, students with disabilities have strengths and weakness, and good days and bad days (Westwood & Graham 2003). Research has long established that changing attitudes towards people with disabilities requires, both, information about these disabilities and experience with people with disabilities (Bandy & Boyer 1994). Inclusion facilitates both of these requirements. With the appropriate supports in place, students with intellectual disabilities can achieve a high quality of life in many different aspects. Curriculum and instruction must be carefully modified to help these students reach their potential in both academics and other functional areas such as independent living. While these students will have limitations in many adaptive behaviors, these limitations will co-exist alongside strengths in other areas within the individual. Independence and self-reliance should always be primary goals of all instructional strategies employed with students with intellectual disabilities.

People with intellectual disabilities (ID) have a wide range of needs and most exhibit behavioral problems. Training them to overcome the limitations in adaptive behaviour is the primary aim of any individual who is working for persons with Intellectual Disability. A few of them also have problem behavioural posing challenges to the educator. A problem or a challenging behaviour in the individual interferes with his acquiring new skills, or strengthening old skills or it interferes in someone else's activities. The behaviour may be harmful to him or may cause harm or disrespect to others. If the problem behaviour occurs more frequently or for longer period of time or is very severe in nature, then those do require management. It is important to manage problem behaviours in children because problem behaviours may interfere with learning, social acceptance, harm the child or others and at severe level they contribute to the burden of care-giving and also institutionalization.

## **II. Strategies for Achieving Successful Inclusion**

Behaviour modification based on the principles of operant conditioning that replaces undesirable behaviours with more desirable ones through positive or negative reinforcement. Behaviour modification techniques vary with reference to strengthening skill behaviours and managing problem behaviours. Harrower and Dunlap (2001) provided a discussion of effective procedures for supporting children with intellectual disabilities in general education classrooms. They included a review of research-based strategies designed to help individual students with intellectual disability to participate successfully in these inclusive educational settings.

**Antecedent procedures:** Antecedent procedures involve manipulating some aspect of the environment to evoke a desired response or make an undesirable behavior less likely to occur (i.e., prevent and reduce challenging behavior). These procedures are proactive as they involve altering environments and routines prior to the occurrence of problem behavior (Kern, Sokol, & Dunlap, 2006). Antecedent procedures that have been used specifically with students with intellectually disabled in general education classrooms include priming, prompt delivery, and visual schedules. Priming consists of allowing a student to preview information or activities before the student actually engages in that activity (Wilde, Koegel, & Koegel, 1992). A student can preview future events such as a fire drill, substitute teacher, field trip, or rainy day schedule, so they become more predictable (Schreibman & Whalen, 2000). Priming can facilitate the inclusion of students with intellectually disabled as it links individual instruction to larger classroom group activities, a typical feature of general education classrooms. Research has shown priming to be effective in increasing social interaction with typical peers (Zanolli, Daggett, & Adams, 1996) and preparing young students for school field trips (Ivey, Heflin, & Alberto, 2004). Video priming (i.e., using videotaped instruction) has also been shown effective in decreasing challenging behavior during community school trips (Schreibman & Whalen, 2000).

**Prompting strategies** have been successful in supporting the inclusion of students with intellectually disabled. Prompts that supplement the general instructional routine are often needed to elicit responding to academic or behavioral activities for students with intellectually disabled. Sainato, Strain, Lefebvre, and Rapp (1987) compared two prompting strategies to facilitate school transition times: a peer buddy prompting condition and a teacher prompting condition. Both conditions resulted in increases in appropriate behaviors while the teacher prompting condition was found to be superior for all transition settings. In a study conducted by Handlan and Bloom (1993), peers who prompted interactions with students with intellectual disability were able to increase the interactions with students with intellectual disability. This prompting or coaching also generalized outside of the confines of the study to include the playground, cafeteria, all educational settings, and home. Visual schedules have been used as a strategy to increase predictability for students with intellectually disabled. Schedules can be used to visually communicate upcoming events, facilitate transitions between activities, and increase student independence. Hall, McClannahan, and Krantz (1995) used a picture book schedule to describe the daily general education classroom activities for three students with disabilities, including one with intellectually disabled. Results indicated that the students followed their activity schedules 90% to 100% of the time and required fewer prompts from classroom aides. MacDuff, Krantz, and McClannahan (1993) and Bryan and Gast (2000) found increases in on-task and on-schedule responding with students with intellectually disabled via the use of picture activity schedules.

**Delayed contingencies.** For students with intellectually disabled to be successful in general education classes, some degree of independent academic functioning is necessary. Prior research has indicated that whereas successes have occurred in increasing independence under close adult supervision, removal of supervision has resulted in the reappearance of challenging behavior and decreases in appropriate behavior (Marholin & Steinman, 1977; Stahmer & Schreibman, 1992). The failure to maintain behavioral gains may be the result of the removal of or decrease in contingencies, such as positive reinforcement. Studies have examined the use of delayed and unpredictable contingencies to facilitate the maintenance and generalization of behavior in the absence of direct supervision (Dunlap & Johnson, 1985; Dunlap, Koegel, Johnson, & O'Neill, 1987; Dunlap, Plienis, & Williams, 1987). Dunlap and Johnson (1985) used an unpredictable schedule of supervision with three children with intellectually disabled. Results indicated that levels of on-task behavior and productivity were higher during periods of no supervision after the use of an unpredictable schedule when compared with when a predictable schedule of supervision was in place.

**Self-management strategies.** Components of self-management include student selection of goals, student's own self-observation and recording of behavior, and the student administering his or her own reinforcement. Self-management strategies promote classroom independence by shifting the responsibility of behavior management from the teacher to the student. Self-management has been shown to promote independent functioning even to the point of a student no longer needing a one-on-one aide and showing less reliance on the teacher (Koegel, Harrower, & Koegel, 1999). With less dependency on adults, students have more opportunities to interact with classmates and be more involved in classroom activities. Callahan and Rademacher (1999) found significant increases in on-task behavior and independent academic functioning with

the use of self-management procedures for a high-functioning second-grade student with intellectually disabled in a general education setting. Several other studies have found similar results by improving social skills, social interactions, and independent work skills with the use of self-management procedures with students with intellectually disabled (Koegel, Koegel, Hurley, & Frea, 1992; Mancina, Tankersley, Kamps, Kravits, & Parrett, 2000; Sainato, Strain, Lefebvre, & Rapp, 1987).

**Peer-mediated interventions.** Peer-mediated interventions emphasize the involvement of typically developing peers as socially competent facilitators to promote appropriate communicative and social behaviors (Strain, Kohler, & Goldstein, 1996). As a way to improve social reciprocity in more natural social contexts, peer-mediated interventions have been found effective in providing social learning opportunities through peer interaction, peer modeling, and peer reinforcing. Peer tutoring (i.e., pairing two students) has been used to improve on-task behavior, math performance, and social interactions for children with disabilities in inclusive classrooms (DuPaul & Henningson, 1993; Locke & Fuchs, 1995). Class wide peer tutoring involving the pairing of all children in the class has resulted in gains in reading fluency, reading comprehension, and social interactions between students with intellectually disabled and their peers (Hundert & Houghton, 1992; Kamps, Barbeta, Leonard, & Delquadri, 1994). More sophisticated uses of peer-mediated strategies have included training typical peers to implement pivotal response training (PRT; Pierce & Schreibman, 1997), incidental teaching (McGee, Almeida, Sulzer-Azaroff, & Feldman, 1992), and monitoring strategies (Morrison, Kamps, Garcia, & Parker, 2001). Morrison et al. (2001) combined self-monitoring with peer-mediated strategies to improve the social interaction of four elementary school students. The combination intervention resulted in increases in requesting, commenting, and sharing behaviors during free-play time.

### **Differential Reinforcement**

Differential reinforcement refers to contingent presentation of reinforcement after the occurrence of a desirable behaviour and contingent withholding of reinforcement after the occurrence of problem behaviours. It is of four types, which are as follows:

**Differential Reinforcement of Alternative Behaviour (DRA):** In this method, reinforcement is given when the child shows a behaviour that is desirable and alternative to the problem behaviour. This method aims at managing problem behaviours by promoting skill behaviours. For example, a child is given toy only when he indicates the need rather than when he cries.

**Differential Reinforcement of Incompatible Behaviours (DRI):** It involves reinforcement of a behaviour that is incompatible to the problem behaviour. This method aims at preventing the problem behaviours by engaging in desirable behaviours. The basic philosophy is that no one can indulge in two incompatible behaviours simultaneously. For example, a child who flaps hands repeatedly can be engaged in manual activities such as, sorting, packing, and folding papers depending on the age and abilities of the child.

**Differential Reinforcement of Other Behaviours (DRO):** This method involves reinforcement when target behaviour does not occur within a specified duration. There could be other problem behaviours during the specified duration but the child is rewarded for the target problem behaviour did not occur. As there is a chance of other problem behaviours gaining strength due to continued reinforcement, this technique is used only when a particular behaviour is more serious hence need to be managed immediately.

**Differential Reinforcement of Low rate Behaviours (DRL):** This method involves reinforcement of the target behaviour when its intensity reduces. This is an appropriate method when the aim is to reduce but not eliminate the problem behaviours. For example, if a child has a habit of greeting others several times we cannot expect the child to stop greeting at all. Rather, it is alright if the child does not greet a person more than once at given point of time. This method could be useful in managing the following behaviours: excess eating; excess washing; talking loud; frequent toileting; playing with same toys etc.

### **Specific techniques to reduce undesirable behaviours**

These strategies basically refer to removal of reward or presentation of unpleasant event after the occurrence of problem behavior. It is done to reduce the problem behaviors. If a child hits another child while playing, this can be managed either by removing him from the play activity (i.e. removal of reward) or by verbally reprimanding (i.e. Presentation of unpleasant event). These techniques should be used with sensitivity. As the aim is to reduce the problem behaviours and not to harm or insult the child, physical punishments should be avoided strictly. Commonly used techniques are as given below:

**Extinction:** It involves removal of social reward after the occurrence of problem behaviour. This technique is used only with mild problem behaviours, which are not harmful. This technique should not be used when the functions of behaviour are escape and sensory stimulation. It is important to understand that during the initial phase after extinction, the target behaviour will temporarily raise a phenomenon known as extinction outburst". But continued using of extinction will reduce the behaviors eventually.

**Conveying verbal displeasure:** When a child shows problem behaviour, it can be managed by simply reprimanding. It is important to note that the verbal reprimand has to be simple and precise.

**Response Cost:** It involves removal of secondary rewards (e.g. tokens, money etc.) as a penalty for the problem behaviour. For example, making the child pay for damaging a book borrowed from the library; withdrawing the tokens etc. This technique can be used only when the child had knowledge of money and tokens, and had earned them. This technique can be effectively combined with token economy. It is understood that token economy programme involves presentation of tokens to enhance skill behaviours.

**Mild physical restraint:** This technique involves physically restraining the child when the behaviour is injurious to self or others. Like, if the child is hitting self or others the behaviour can be managed by holding his hands. Restraining is done only for a brief period otherwise there won't be any scope for engaging the child in meaningful activities.

**Time out (from positive reinforcement):** It refers to removal of the reward or vice-versa following an undesirable behaviour. Timeout technique should not be used when 'escape and sensory stimulation are the functions of the behaviour. Timeout is implemented at three levels viz. inclusion, exclusion and seclusion. At the level of inclusion, the child will be in the situation where the problem behaviour manifested but will not be allowed to take part in the ongoing activity. In exclusion, the child is separated from the activity area but can watch the activity. In seclusion the child is completely isolated from the activity area. Seclusion timeout should be used only when it is required to protect the child or the others from serious problem behaviour. There are several ethical issues in timeout. This technique is better avoided with young children, and children who have serious physical illness, or phobias. Timeout should not be used for more than three to five minutes.

**Overcorrection:** It involves two techniques viz. restitution and positive practice. Restitution involves restoration of the situation to its original setting. For example, if child has strewn the play material all over the place he or she will be asked to gather them and keep them in their original place. Positive practice involves teaching the child to know the circumstances under which the target behaviour is considered appropriate.

It is important to take informed consent from the parents about implementation of the punishment techniques in the classroom situations. The punishment methods should be strictly within the permissible limits of the school administration guidelines and State Policy. Regular classroom teachers should educate themselves regarding the diagnosis and needs of their intellectual disability students. Studying information about the broad spectrum of intellectual disability is the greatest help for teachers. Having a teacher that is both knowledgeable and understanding gives intellectual disability students the best chance for classroom and social success. If you are unsure how to approach or handle certain situations with an intellectual disability student, always consult the student's educational team, especially when implementing interventions in the classroom. Ask the parents of the intellectual disability student to help with reinforcing classroom strategies at home, and vice versa. Parents can offer valuable information to regular classroom teachers about their particular child's needs and challenges.

### III. Conclusion

Behavioural problems are a common occurrence in children with an ID, 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 with intellectually disabled in the general education classroom (Harrower & Dunlap, 2001). Even students with severe intellectually disabled can be included if necessary and sufficient supports are provided (Harrower & Dunlap, 2001). Parents and professionals need to be educated about the importance of prevention and the optimal management of such disorders.

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