



Design Behaviour Modification Plan for Children with Intellectual Disability

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Abstract:

A patient admitted to a private mental health institution for treatment with a diagnosis of Mild Intellectual Disability was the subject of this research, the objective of which was to ascertain and demonstrate the process of behaviour change. Overeating, poor financial management, violent outbursts, and assaultive behaviour when things are not done his way were among the patient's reported symptoms. A diagnosis was made after the patient underwent evaluation, and a course of therapy was devised. The psychotherapy approach focused on changing behaviour was the one put into practice. In order to determine IQ, an intellectual evaluation was carried out. The purpose of the behaviour analysis was to determine the positive, negative, and excess aspects of the behaviour. Motivational interviewing (MI) was also implemented at the beginning of the intervention to clarify the problem situations through antecedent, behaviours, and consequences (ABC). MI has demonstrated promising results in improving individuals' motivation to change and confidence in their ability to do so. Additionally, it investigates the level of acceptance that specific setting would have for a positive reinforcement scheme.

Keywords: *Behaviour Modification, Mild Intellectual Disability, Behaviour Oriented Psychotherapy, Motivational Interviewing, Positive Reinforcement.*

Introduction:

Children with intellectual disabilities often face unique challenges in managing their behavior, which can impact their ability to learn, socialize, and thrive in various environments. As educators, caregivers, and professionals, it's crucial to develop effective behavior modification plans tailored to the individual needs of each child to promote positive outcomes and enhance their quality of life.

This behavior modification plan aims to provide a structured framework for supporting children with intellectual disabilities in developing adaptive behaviors, social skills, and coping strategies. By implementing evidence-based interventions and strategies, we can empower these children to reach their full potential and participate more fully in their communities.

Throughout this plan, we will explore the key components of behavior modification, including setting clear goals, identifying target behaviors, implementing appropriate interventions, and monitoring progress. By working collaboratively with families, educators, therapists, and other stakeholders, we can create a

supportive environment that fosters positive behavior change and promotes the overall well-being of children with intellectual disabilities.

This plan acknowledges the unique strengths, challenges, and individual differences of each child, emphasizing a person-centered approach that respects their autonomy and dignity. Through consistency, patience, and compassion, we can make a meaningful difference in the lives of these children and help them achieve greater independence, confidence, and success.

Literature of Review:

Changing a person's behaviour by using positive or negative reinforcement based on the concepts of operant conditioning to have them do more desired actions instead of bad ones. Different methods of behaviour modification focus on either controlling problematic habits or enhancing skill behaviours. Effective strategies for aiding intellectually disabled students in general education classes were discussed by Harrower and Dunlap (2001). Included in this was a survey of methods that have been shown effective in assisting intellectually disabled pupils in thriving in mainstream classrooms. Preceding steps: The goal of antecedent procedures is to lessen or eliminate problematic behaviour by altering some environmental factor in a way that elicits a desired reaction. These methods are preventative since they change habits and settings before problematic behaviour happens.

Priming, timely delivery, and visual scheduling are antecedent approaches that have been used with intellectually impaired pupils in mainstream classes. Priming is the process of giving a learner a taste of what they will be learning or doing before they go in headfirst. Scheibman and Whalen (2000) found that students may make future events, such as fire drills, substitute teachers, field trips, and rainy day schedules, more predictable by looking forward to them. Students with intellectual disabilities may more easily participate in general education classes when they use priming, which connects smaller group work to larger group projects. Both the preparation of elementary school pupils for field excursions and the enhancement of their social interactions with typically developing classmates have been shown to benefit from priming (Zanolli, Daggett, & Adams, 1996; Ivey, Heflin, & Alberto, 2004). Research has also shown that video priming, which involves the use of recorded teaching, may help reduce disruptive behaviour during field excursions to local schools (Schreibman & Whalen, 2000).

Students with intellectual disabilities have been able to participate fully in the classroom because of prompting tactics. To help children with intellectual disabilities react to academic or behavioural tasks, it is common to use prompts that go beyond the regular lesson plan. During school transition periods, Sainato, Strain, Lefebvre, and Rapp (1987) examined two different prompting strategies: one that included a teacher and another that involved a peer friend. Both treatments led to an improvement in proper behaviour, but in every transition situation, the teacher prompting condition was determined to be the best. The results showed that students with intellectual disabilities were more likely to engage in conversation when their classmates encouraged them to do so (Handlan and Bloom, 1993). Additionally, this coaching or urging extended beyond the scope of the research to include all educational environments, the home, the playground, and the cafeteria. Students with intellectual disabilities have found success using visual timetables to help them better plan their days. Students may benefit from schedules in a number of ways, including the following: better communication of future events; easier transitions between activities; and more independence. Using a picture book timetable, Hall, McClannahan, and Krantz (1995) detailed the daily activities of a general education classroom for three children with disabilities, one of whom had intellectual disability. The results showed that the kids were very conscientious about sticking to their timetables and needed less reminders from the aids in the classroom. Researchers MacDuff, Krantz, and McClannahan (1993) and Bryan and Gast (2000) discovered that pictorial activity timetables helped intellectually impaired children react more on-task and according to schedule.

- Plans that are subject to change that are later than expected. Some level of autonomous academic functioning is required for individuals with intellectual disabilities to succeed in general education classrooms. Although children have shown signs of gaining independence when closely supervised by adults, studies have shown that when supervision is removed, problematic behaviours return and acceptable behaviour diminishes (Marholin & Steinman, 1977; Stahmer & Schreibman, 1992). Reducing or eliminating contingencies, such as positive reinforcement, could lead to a regression in behaviour. In order to help people keep and even improve their behaviour while they're not being closely monitored, researchers have looked at using delayed and unexpected consequences (Dunlap & Johnson, 1985; Dunlap, Koegel, Johnson, & O'Neill, 1987; Dunlap, Plienis, & Williams, 1987). In their study of three intellectually handicapped children, Dunlap and Johnson (1985) used a randomly assigned monitoring schedule. Compared to when a predictable schedule of supervision was in place, results showed that levels of on-task behaviour and productivity were greater during times of no supervision after the usage of an unexpected timetable.

- Methods for self-management. Students may practice self-management skills by setting personal objectives, keeping track of their own behaviour via observation and documentation, and providing positive reinforcement to themselves. The role of the instructor in controlling student behaviour is being replaced by self-management tactics, which encourage students to become more autonomous in the classroom. Research has shown that as students practise self-management, they become more autonomous and rely less on their teachers, eventually eliminating the need for one-on-one assistance (Koegel, Harrower, & Koegel, 1999). Students are able to engage more actively in classroom activities and build relationships with their peers when they rely less on adults. A high-performing second-grade student with intellectual disabilities in a general education context was observed by Callahan and Rademacher (1999) to exhibit considerable improvements in on-task behaviour and autonomous academic performance after using self-management methods. Koegel, Koegel, Hurley, & Frea (1992), Mancina, Tankersley, Kamps, Kravits, & Parrett (2000), and Sainato, Strain, Lefebvre, & Rapp (1987) are just a few of the studies that have documented similar outcomes with intellectually disabled students when using self-management procedures to improve their social skills, interactions with others, and ability to work independently.

Assistance provided by peers. Typically developing peers play a crucial role in peer-mediated treatments, which aim to encourage acceptable social and communicative behaviours (Strain, Kohler, & Goldstein, 1996). Research has shown that peer-mediated treatments may enhance social reciprocity in real-life social settings by creating chances for social learning via modelling, engagement, and reinforcement. In inclusive classrooms, children with disabilities have shown improvements in their social relationships, arithmetic proficiency, and on-task behaviour via the use of peer tutoring, which involves pairing two students (DuPaul & Henningson, 1993; Locke & Fuchs, 1995). Students with intellectual disabilities and their typically developing classmates have shown improvement in reading fluency, comprehension, and social relations via class-wide peer tutoring (Hundert & Houghton, 1992; Kamps, Barbeta, Leonard, & Delquadri, 1994). Instruction in incidental teaching (McGee, Almeida, Sulzer-Azaroff, & Feldman, 1992), monitoring strategies (Morrison, Kamps, Garcia, & Parker, 2001), and pivotal response training (PRT; Pierce & Schreibman, 1997) are examples of more complex applications of peer-mediated strategies. Morrison et al. (2001) found that four primary school pupils' social interactions improved when they used a combination of self-monitoring and peer-mediated tactics. Requesting, commenting, and sharing were all shown to rise during free-play time as a consequence of the combo intervention.

- Differential Reward Differential reinforcement is when reward is contingently given out when a desired conduct is seen and contingently withheld when undesirable behaviours are observed. The four main varieties are as follows: The technique known as Differential Reinforcement of Alternative conduct (DRA) involves rewarding the kid whenever they exhibit a good conduct that is different from the problematic behaviour. This approach promotes skill habits in an effort to manage problem behaviours. Instead of giving a youngster a toy whenever he cries, you wait for him to show that he needs it. With DRI, or Differential Reinforcement of Incompatible Behaviours, you'll be rewarding a conduct that goes against the grain of the

problematic behaviour. The goal of this strategy is to replace the problematic habits with more desired ones. The fundamental principle is that it is impossible to engage in two contradictory behaviours at the same time. For instance, depending on the child's age and aptitude, a youngster who flaps their hands frequently might be included in manual tasks like packing, sorting, or folding papers. One approach is DRO, or differential reinforcement of other behaviours. In this strategy, reward is applied when the target behaviour is not shown within a certain time frame. Even if additional undesirable behaviours do occur within the allotted time frame, the kid will still get reinforcement for the absence of the targeted undesirable conduct. This strategy is reserved for more severe behaviours that need quick management, since it might lead to additional problem behaviours becoming stronger as a result of continuing reinforcement. The DRL technique, which stands for "differential reinforcement of low rate behaviours," includes rewarding the desired activity as its intensity decreases. When reducing rather than eliminating problematic habits is the goal, this approach works well. We can't expect a youngster who has a practice of repeatedly greeting people to suddenly quit. Instead, it's perfectly OK if the kid doesn't greet the same individual more than once at a certain period. Some habits that might benefit from this approach include: talking too loudly, eating too much, washing too much, going to the bathroom too often, playing with the same toys over and over again, and so on.

Specific techniques to reduce undesirable behaviours:

These tactics essentially include presenting a negative event after the occurrence of bad behaviour or removing the incentive for it. Its purpose is to lessen problematic behaviours. One way to handle a youngster hitting another during play is to take him out of the activity (i.e., remove the reward) or to scold him vocally (i.e., present the unpleasant occurrence). It is important to use caution while using these methods. The goal is not to hurt or disrespect the kid, but to decrease the problematic actions, hence physical punishments should be carefully avoided. The following methods are often employed:

Extinction: It entails depriving the offending party of social gain after the occurrence of problematic conduct. This method is reserved for very minor, non-harmful issue behaviours. When the goals of conduct are to evade or stimulate the senses, this method is inappropriate. A phenomenon known as an extinction outburst would cause the target behaviour to momentarily increase during the early period following extinction. However, with consistent use of extinction, the behaviours will ultimately decrease.

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 entails punishing problematic conduct by taking away secondary benefits (such as money, tokens, etc.). Forcing a youngster to pay for damage to a library book, taking away their tokens, etc. This method is applicable only if the youngster is familiar with the concept of money and has earned tokens. Token economy is a great fit for this method. Presenting tokens to increase skill behaviours is a well-known aspect of token economy programmes.

Mild physical restraint: This method is used when the kid's conduct is harmful to themselves or others; it entails physically limiting the youngster. Holding a child's hands may help control his conduct if he or she is striking themselves or others. If the kid is restrained for an extended amount of time, it will be unable to engage them in constructive activities. Taking a break (from praise): In the event of undesired conduct, the reward is withheld, and vice versa.

Timeout technique: should not be used when the behaviours' functions include sensory stimulation and escape. There are three tiers to the timeout system: inclusion, exclusion, and isolation. At the inclusion level, the youngster is placed in the same environment as when the problematic conduct occurred, but they are not permitted to participate in the current activity. The youngster can still see what's going on in the activity area during exclusion. While in isolation, the youngster is not to be found anywhere near the play area. Seclusion timeouts should only be used in extreme cases where necessary to safeguard the kid or others from disruptive

or dangerous conduct. Timeout raises a number of moral questions. Children with severe physical illnesses or phobias, as well as young children, should not be subjected to this procedure. No more than three or five minutes should be spent in timeout.

Overcorrection: Both restitution and good practice are part of it. The goal of restitution is to return everything to as it was before. For instance, you may instruct your kid to put the playthings back where they came from if they've scattered them over the room. Teaching the youngster when the desired conduct is acceptable is an important part of positive reinforcement. Prior to using disciplinary strategies in the classroom, it is crucial to get informed agreement from parents. All forms of discipline must adhere rigidly to the regulations set out by the school's administration as well as state policy. Teachers who work with pupils who have intellectual disabilities should take the time to learn about the condition and how to best support their students. The best thing that can be done to assist educators is to study up on the wide range of intellectual impairment. The greatest opportunity for academic and social success for kids with intellectual disabilities is to have a teacher who is both competent and compassionate. Before conducting any classroom interventions involving a student with an intellectual impairment, it is imperative that you speak with the kid's educational team to determine the best course of action. Involve the student's parents in helping their intellectually disabled child practise what they learn in class, and vice versa. Regular classroom instructors may benefit greatly from parents' insights into their child's unique strengths, weaknesses, opportunities, and threats.

Methods:

Understanding Behavioral Therapy Techniques:

Behavioural therapy, at its core, is a broad term encompassing a variety of approaches such as applied behavior analysis (ABA), cognitive-behavioral therapy, and behavior modification. In the realm of intellectual disabilities, these behavioral intervention methods are pivotal in managing behavioral challenges that might accompany these conditions.

Cognitive-behavioral interventions focus more on the thought processes and perceptions that guide behavior. On the other hand, applied behavior techniques, which encompass the ABA methodology, are heavily rooted in behavior modification techniques.

Applied Behavior Analysis (ABA) and Intellectual Disabilities:

Applied behavior analysis (ABA) is a predictive and systematic approach aiming to understand and improve socially significant behaviors by making connections between the targeted behavior, the environment, and the possible consequences. This therapy encompasses all behavioral therapy techniques and is an essential tool in behavioral interventions for intellectual disabilities.

ABA often starts with a functional behavior assessment, a comprehensive and individualized tactic to comprehend the purpose behind the problematic behaviors. It identifies the specific situations that trigger these behaviors and discerns what the individual gains from this behavior. Behavioral Challenges in Managing Intellectual and Developmental Disorders

Behavioral challenges linked to intellectual and developmental disorders often demand substantial attention from caregivers and individuals alike. These behaviors can manifest in various forms, including hostility, self-harm, and socially unacceptable actions. Not only do they pose significant physical risks, but they can also result in emotional stress and societal isolation.

Each person's behavioral tendency is unique and influenced by a plethora of factors such as their environment, interpersonal relationships, and their individuality. It's paramount to identify these triggers to implement the most suitable behavioral therapy techniques successfully.

One of the main objectives of behavioral management is employing strategies to lower the frequency and intensity of these challenging behaviors. It is not about restraining or suppressing the behaviors, but understanding why they occur and amending the situation accordingly. In doing so, the long-term target is to enhance the individual's overall quality of life by promoting the individual's independence and social competence.

Behavior Modification Techniques in Behavioral Therapy:

Behavior modification techniques are a hallmark of behavioral therapy techniques. They focus on changing behaviors through different regimes like positive and negative reinforcement, extinction, shaping, and chaining. Positive reinforcement strengthens a behavior by introducing a favorable stimulus after the behavior is exhibited, while negative reinforcement strengthens a behavior by removing an unfavourable stimulus. In extinction, a previously reinforced behavior is no longer reinforced, causing it to eventually lessen. Shaping involves reinforcing each small step toward a desired behavior, while chaining breaks down complex behaviors into small steps.

Cognitive-behavioral Interventions: Behavioral Therapy for Intellectual Disabilities:

Developing cognitive-behavioral interventions within the realm of behavioral therapy techniques requires an understanding of the complex relationship that exists between an individual's thoughts, feelings, and behaviors. It is believed that by modifying these interactions, a profound impact on a person's behavior can be achieved. This makes cognitive-behavioral therapy a powerful tool for treating intellectual disabilities.

Cognitive restructuring forms the forefront of cognitive-behavioral interventions. This technique is designed to assist individuals in recognizing and challenging thought patterns that lead to problem behaviors or emotional discomfort. Through the use of this technique, individuals can learn to spot negative or irrational thoughts and replace them with more constructive and positive ones.

Exposure therapy is another prime cog in cognitive-behavioral interventions. This technique involves gradual exposure to situations or objects that may trigger undesirable behaviors or reactions. Exposure therapy aims to diminish fear or anxiety linked to triggers in a safe environment. Through gradual exposure, it decreases the intensity of the individual's reaction over time.

Mindfulness techniques form another segment of cognitive-behavioral interventions. By focusing on the present moment and accepting it without judgment, mindfulness helps individuals with intellectual disabilities cope with stressors. Practicing mindfulness can enhance emotional regulation, reduce anxiety, and improve overall mental well-being.

Finally, cognitive-behavioral therapy stimulates an individual's problem-solving skills, encouraging them to come up with rational and practical solutions to their problems rather than resorting to undesirable or negative behaviors. CBT therefore does not just aim to treat problems as they occur, but also equips individuals with the skills to better handle future situations.

Behavior Change Methods in Therapy

Behavior change methods are paramount to behavioral therapy techniques for individuals with intellectual disabilities. Unlike punitive methods that focus on the negative, these techniques foster an environment that promotes positive behaviors by employing rewards and reinforcements.

- **Positive Reinforcement**

The first method is positive reinforcement, a cornerstone of applied behavior techniques. This method involves promptly giving a positive response, such as praise or small rewards, following a desired behavior. The immediate reinforcement strengthens the connection between the behavior and the positive outcome, encouraging the individual to enact these desirable behaviors more often.

- **Negative Reinforcement**

Conversely, negative reinforcement is a behavior management approach where the removal of an unfavorable stimulus after the appropriate behavior has been demonstrated reinforces this behavior. It's crucial to note, however, that negative reinforcement is not punishment; instead, it rewards the individual with the relief from an unpleasant condition, thereby encouraging desirable behavior.

- **Social Stories**

Social stories are another powerful method that can be used in cognitive-behavioral interventions. These short stories can help individuals with intellectual disabilities to understand the norms and expectations in various social situations in a simple and individualized way. The representation of these situations provides a guideline on how they can behave accordingly, thereby promoting positive behaviors.

- **The Premack Principle**

Also known as Grandmother's rule, this method involves linking a less preferred behavior (e.g., doing homework) with a more preferred activity (e.g., playing video games). This creates a motivation to complete the less preferred task first to earn access to the more desired activity.

- **Token Economy**

This method falls under behavior modification techniques. The individual earns tokens, stickers, or points for demonstrating appropriate behavior. These tokens can then be exchanged for a range of predetermined rewards. It offers consistent and immediate reinforcement, encouraging positive behavior changes.

- **Fading Technique**

In the fading technique, the presence of physical or verbal prompts gradually lessens over time as the individual becomes more capable of performing the desired behavior independently. This supports the strengthening of autonomous positive behaviors without becoming excessively reliant on external cues.

- **Modeling**

Finally, modeling is another effective tool within behavioral therapy techniques. The individual imitates a clear standard by providing a model that displays the desired behavior. This visual guide empowers them to understand and practice the behavior themselves.

These various behavior change methods in therapy assist individuals with intellectual disabilities to develop and reinforce positive behaviors. With the correct implementation and persistence, these techniques can facilitate significant improvements in behavior management, paving the way towards a higher quality of life for the individuals and their carers.

Conclusion:

Children with ID often have behavioural issues, which may negatively impact both the child's and others' ability to function. Students with intellectual disabilities may be successfully included in regular classrooms via the use of several tactics.

With the right accommodations, it is possible to accept kids with significant intellectual disabilities as well. Appropriate care and prevention of these illnesses need education of both parents and professionals.

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