iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 8 **Issue:** VI **Month of publication:** June 2020

DOI: http://doi.org/10.22214/ijraset.2020.6217

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International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 8 Issue VI June 2020- Available at www.ijraset.com

Behavioural and Emotional Problems of Children with Mild and Moderate Intellectual Disability

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Abstract: ***The present study is an attempt to find out the behavioural and emotional problems in children with mild and moderate intellectual disability. Sample comprised of 31 children with mild intellectual disability (IQ: 70-55) randomely selected from 3 special schools for intellectually disabled children in Pondicherry (Mean – 10.5 years) and 37 children with moderate intellectual disability (IQ:55-35) randomly selected from 3 special schools for intellectually disabled children in Pondicherry (Mean 11.5 years). Results reveal that age difference was significant in influencing the behavioural and emotional problems, whereras gender difference was not significant with the children with mild ID. The results also reveal that gender difference was significan in influencing behavioural and emotional problems with children with moderate ID, age was not significant.***
Keywords: Intellectual Disability, Behavioural, Emotional, Mild, Moderate, Special School

I. INTRODUCTION

Emotional and behavioural problems are a major source of additional handicap for children, adolescents and adult with intellectual disability (ID). Numerous studies are replete with empirical evidences that such problems are two to three times more common among those with ID. Emotional and behavioural problems bring added suffering to the individual affected by them. They cause distress to parents and limit potential independence by increasing likelihood of institutionalization (Einfeld & Tonge, 1999). Young people with intellectual disability have been found to have levels of psychopathology approximately 3 to 4 times higher than that of typically developing children (Dekker Mc, Koot HM, 2002). Children with intellectual disability are at increased risk of emotion and behavioural problems.

A. Materials And Method

The sample of the present study comprised of 31 randomly selected children (17 male 14 female) with mild intellectual disability (IQ 70-55) and 37 randomly selected children (21 male and 16 female) with moderate intellectual disability (IQ 55-35). Age range of children with mild and moderate ID were from 6 to 15 years (mean age 10.5 and 11.5 years). In the sample children with co morbid epilepsies, sensory deficits like impairment of vision, hearing, other psychological disorders and physical problems were excluded.

B. Tools Used

1) *Binet Kamat Test of Intelligence :* The Binet-Kamat Scale of intelligence is the Indian adaptation of the 1934 version of Stanford-Binet Scale of Intelligence. The original Stanford-Binet test was modified and standardized to measure general mental ability for the age group of 3-22 yrs. This Indian adaptation has items at each age level and yields a mental age and intelligence quotient.
2) *Vineland Social Maturity Scale Indian Adaptation:* An Indian adaptation of the Vineland Social Maturity Scale was used to assess children aged 0-16 years in the areas of self-help general, self-help dressing, self-help eating, self-direction, locomotion, communication, occupation and socialization. The scale yields a social age and a social quotient, which can be considered a proximate intelligence quotient. The Vineland Social Maturity Scale was originally devised by E. A. DOLL in 1935 and since then this test has been used in many parts of the world. It proved itself to be uniquely useful instrument in measuring Social maturity of children and young adults' normal children. This is a clear reflection of how social development and mental development are highly correlated.

II. THE DEVELOPMENTAL BEHAVIOUR CHECKLIIST-TEACHER VERSION (DBC-T)

The Developmental Behaviour Checklist (DBC) (Einfeld & Tonge, 1992, 2002) is a questionnaire which is completed by parents or other primary careers or teachers, reporting problems over a six-month period. The DBC-T is an instrument for the assessment of behavioural and emotional problems of young people aged 4-18 years with developmental and intellectual disabilities and is completed by teachers or teacher aides. It can be used in clinical practice in assessments and monitoring interventions, and in research studies.

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This scale comprises of 94-items. Each behavioural description is scored on 0, 1, 2 rating where 0 = 'not true as far as you know', 1 = 'somewhat or sometimes true', and 2 = 'very true or often true'.

A. Reliability

The instrument has a high inter-rater reliability between parents and between teachers. Test re-test reliability and internal consistency are also high. The DBC-T has also been demonstrated to be sensitive to change over time.

B. Validity

High correlations between a total score on the checklist and two other measures of behaviour disturbance in children with intellectual, the AAMD Adaptive Behaviour Scales (Lambert & Wind miller, 1981) and the Scales of Independent Behaviour (Bruininks, Woodcock, Weatherman, & Hill, 1984) have been found. The total score on the DBC-T also correlates with child psychiatrists' ratings of severity of psychopathology using Rutter, Tigard and Whitmore's (1970) definition. The DBC-T instrument has high criterion group validity in distinguishing psychiatric cases from non-cases ($t = 7.8$, $p < .001$).

Table 1 Behavioural and Emotional problems of children with mild ID based on Age

Variables	Age	Number	Mean	Std. Dev.	"t" value	Level of significance
Anxiety	6-10 years	14	2.29	0.61	4.247	Significant at .01 level
	11-15years	17	1.35	0.60		
Disruptive behaviour	6-10 years	14	5.67	1.08	2.866	Significant at .01 level
	11-15 years	17	4.35	1.36		
Self-absorbed	6-10 years	14	4.86	0.66	1.341	Not Significant
	11-15 years	17	4.29	1.44		

Table 2 Behavioural and Emotional problems of children with mild ID based on Gender

Variables	Age	Number	Mean	Std. Dev.	"t" value	Level of significance
Anxiety	Male	17	2.06	0.74	2.517	Significant at .05 level
	Female	14	1.43	0.64		
Disruptive behaviour	Male	17	5.47	1.23	2.576	Significant at .05 level
	Female	14	4.29	1.32		
Self-absorbed	Male	17	4.76	1.48	1.214	Not Significant
	Female	14	4.29	0.61		

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Table 3 Behavioural and Emotional problems of children with moderate ID based on Age

Variables	Age	Number	Mean	Std. Dev.	"t" value	Level of significance
Anxiety	6-10 years	16	6.13	3.32	1.211	Not Signicant
	11-15years	21	4.86	3.02		
Disruptive behaviour	6-10 years	16	15.44	10.39	1.544	Not Signicant
	11-15 years	21	11.24	5.91		
Self-absorbed	6-10 years	16	18.63	13.38	1.706	Not Signicant
	11-15 years	21	12.33	9.04		

Table 4 Behavioural and Emotional problems of children with moderate ID based on Gender

Variables	Age	Number	Mean	Std. Dev.	"t" value	Level of significance
Anxiety	Male	21	6.57	2.31	2.790	Significant at .05 level
	Female	16	3.88	3.55		
Disruptive behaviour	Male	21	13.76	8.05	0.589	Not Significant
	Female	16	12.13	8.79		
Self-absorbed	Male	21	18.29	10.62	2.062	Significant at .05 level
	Female	16	10.81	11.30		

III. RESULTS

Table 1 and 2 shows that 2 dimensions of subscales can be inferred that 't' value is significant for anxiety and disruptive behaviour. Table 4 shows that 2 dimensions of subscales can be inferred that 't' value is significant for anxiety and self absorbed. The present study supports previous findings that behaviour and emotional disturbance are common in children with mild intellectual disability. The findings that the prevalence of behavioural and emotional problems is higher in older children than in young children. A study in Scotland of 221 children with predominantly mild intellectual disability found that 65% of those who had behaviour problems at 22 years (Richardson S.A. & Koller. H, 1996). The present study supports the previous finding that anxiety and self-absorbed problems are common in children with moderate intellectual disability prevalence of anxiety and self-absorbed problems is higher in male children than in female children. Several other studies suggested that males were more likely to have higher behaviour problems (Emerson, 2003b, Hastings & Mount, 2001).

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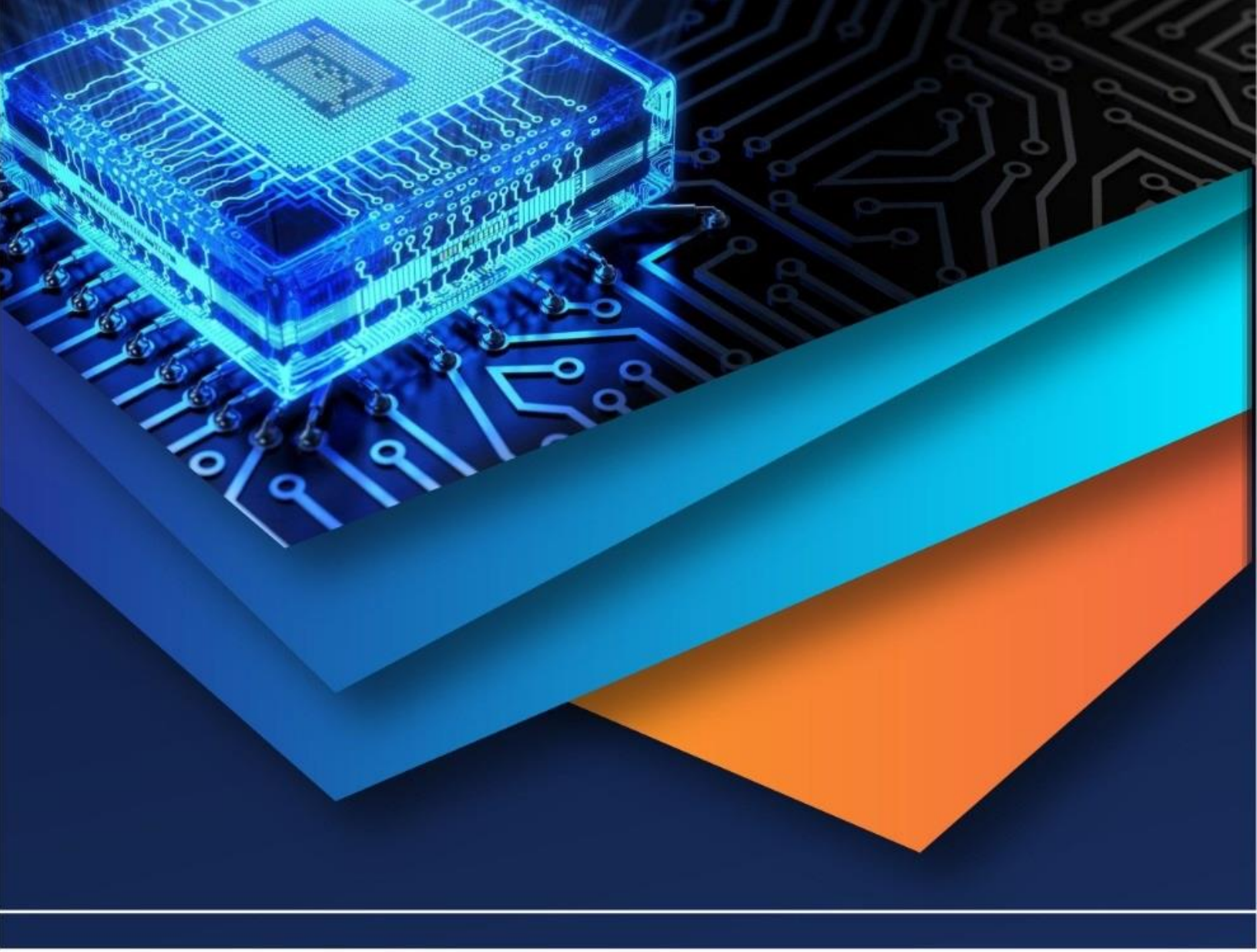
IV. CONCLUSION

Age factors of children with mild intellectual disability is to be taken into account and treated separately (or) accordingly. Also, gender factors of children with mild and moderate intellectual disability is equally important to be considered to plan the intervention programme. Diagnosing major behavioural and emotional problems in children with intellectual disability is a complex and time consuming task through proper diagnosis children with mild and moderate intellectual disability can receive behavioural and emotional support.

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