

THE EFFECTIVENESS OF SENSORY INTEGRATION STRATEGY TO OVERCOME BEHAVIOUR PROBLEMS AMONG STUDENTS WITH MILD INTELLECTUAL DISABILITY

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Abstract

Education is the most powerful instrument to tackle any problem that confronts mankind and achieve any goal that it sets before it. Every child is a unique personality and he/she has to be given the opportunity to develop his/her abilities, competencies and skills. This is applicable to both children with or without disabilities. The United Nations Convention for Rights of Persons with Disabilities recognizes that persons with disabilities also have a right to education and lifelong learning. Providing primary education to intellectually disabled children is much significant. The children have to improve their skills of understanding themselves, establishing positive social relations, adjusting to the social, technological and physical environment, and surviving independently.

Keywords: competencies, social relations, Sensory motor, Mental Retardation, Visual system, Auditory system

Sensory Integration strategy

Sensory motor processing involves the ability to take in information from the environment, organize it, make sense of it and it and formulate a response.

The following strategies are following the teaching for the children with Mental Retardation

- The **Visual system** helps the child determine what to pay attention to and what to ignore
- The **Auditory system** is affected by the volume, tone, pitch, rhythm and sequences of sounds in the child's environment.
- The **Gustatory system** is the child's sense of taste. A child with ASD can be hypersensitive to tastes and a dislike form many common and popular foods.
- The **Olfactory system** provides the child information regarding different types of smells that can have negative impact on the child's behavior.
- **Tactile system** provides information regarding pressure, vibration, movement, temperature and pain. It is made up of two components. Projective System: Alerts us to potentially harmful stimuli and response.
- Discriminative System: Tells us that we are touching something, something is touching us, where on the body the touch occurs, whether it is light or deep touch.

- **Vestibular System** tells us where our heads and bodies are in relation to the surface of the earth.
- It takes in information about balance and movement through the neck, eyes, and body.
- The vestibular system then sends this information to the brain, which help generate muscle tone to help us move. It tells us whether we are moving or standing still as well as the direction we are going and how fast.

Mild Mental Retardation Characteristics

Mental age range: 5-8 years old.

IQ ranges: 50-70, affects 85 percent of population.

Language: functional with ability to effectively use a communication device.

Self-help: good.

Social skills: capable of meaningful, yet immature relationships with peers and the opposite sex.

Academic skills: can achieve up to sixth-grade level by late teens, although average achievement is at third-grade level.

Vocational status: generally adequate for minimum self-support; some achieve semi- skilled or helper status; others are capable of unskilled employment on a competitive to marginally competitive basis.

Adult status: most typically marry and become parents; can maintain an independent adjustment but may need assistance during periods of stress.

Need for the Study

All experts in the field of special education strongly recommend the education of the educable mentally retarded children in normal schools along with the education of normal children. They are of the view that these children can be educated in normal schools with the help of the well-equipped classrooms and teachers with special education. But in actual practice for certain practical reasons it is not possible to educate these children enrolled in normal schools. Number of mentally retarded children enrolled in normal schools for various classes are very few and in single digit in number. teachers dealing with them may not be in a position to fulfill the fundamental needs of these children on the desired level. Curriculum and methods of teaching cannot be adapted to the mental development of the educable mentally retarded children without special training. As there is an urgent need to enhance the adaptive behaviours of these students and develop desirable behavior or characteristics of these students, the investigator has decided to focus his attention on selecting to finding the problem behaviours viz., BASIC _MR Part B focus on the problem of the behavior to faced the child with Mild Mental Retardation. The problem should be reduce to develop the good learner in the class room

to adopt the Sensory Integration activities like 7 domain in the Sensory skills like Visual, Auditory, Smell, Oral, Physical, and Emotional social. Through SI activities increases the interest to learning. Once the levels of children learn the SI skill they reduces the problem behaviours in the classroom after that the children learn independent in their skills. SI and Problem behavior are identified, adequate steps can be taken by parents, administrators and teachers to enhance adaptive behaviours through Sensory Integration activities. Under these circumstances, the effectiveness of sensory integration strategy to overcome behaviour problems among students with mild intellectual disability is planned.

Objectives

- To identify the behaviour problems exhibited by children with mild intellectual disability in the classroom.
- To develop sensory integration strategy to reduce the behavior problems of children with intellectual disability in the classroom
- To find out the effect of sensory integration strategy to reduce the behaviour problems of CWMMR.
- To find out the relationship between academic performance of CWMMR before and after implementation of sensory integration strategy.
- To study the level of Problem behaviours affecting the academic behaviours and social behaviours of the CWMMR with reference to their gender.
- To study the level of sensory integration strategies improve the academic behaviours and social behaviours of the CWMMR with reference to their class room.
- To study the level of SIS domain improve the academic behaviours and social behaviours of the CWMMR with reference to their classmate.
- To study the level of Difference between the PB(Problem Behaviour) their age group.
- To study the level of SIS through develop the adaptive behaviours of the CWMMR with reference to their parental acceptance.
- To study the level of SIS create self analysis their behavior problem for the CWMMR.

Hypotheses

There will be no significant effect in reducing problem behavior of CWMMR before implementing sensory integration strategy.

There will be significant effect in reducing problem behavior of CWMMR after implementing sensory integration strategy.

There will be significant effect in enhancing the academic performance of CWMMR before and after implementing sensory integration strategy.

There will be correlation between the reduction of problem behavior and enhancement of academic performance through sensory activities before and after implementing sensory integration strategy.

Methodology

Experimental method will be adopted in the study. Pre test - Post test two group design will be adopted. An experimental involves the comparison of the effect of a particular treatment with that of a different treatment or of no treatment. In a simple conventional experiment, reference is usually made to an experimental group and to a control group. These groups are equated as nearly as possible.

Research Design

Present study is a True experimental design and the study will be conducted on groups of children with mild intellectual disability. R O X O (Pre test - Post test two Group Design).

Selection of the Sample

This study will engage 'non-probability' sampling design and purposive sampling will be adopted to select the sample for the research study.

Population and Sample

Population of the present study comprises Educable Mentally Retarded children doing special education age 10 to 15 years in Our Model Special School, like CSI special School, Madurai. Bethshan Special School, Madurai and YMCA special School. Madurai. A total of 30 mild intellectually disabled children will be chosen for the study. A Skill Diagnostic test pre-pretest will be conducted in the group of the students.

Pilot study- Pre-test

Sample Result: 10 items in the problem behaviour to find the children based on the BASIC MR tool after that select the problem to be modified through Sensory Integration teaching strategy. Like Violent behaviour used visual and auditory strategy to accommodate the activities.

Items	Overall 15	Sex		Age		Education	
		Male	Female	10-12	12-15	Secondary	Pre-Vocational
Violent and destructive behavior	29.56	32.55	20.68	32.5	24.39	25	35.48
Temper tantrum	9.56	10.46	6.89	12.5	4.87	18.75	6.45
Misbehavior with others,	20.86	26.74	6.89	35	14.63	25	19.35

Self- injurious behavior	9.56	6.97	17.24	12.5	12.19	6.25	16.12
Repetitive behaviors	12.17	12.79	10.34	7.5	14.63	31.25	19.37
Odd behaviors	22.86	19.76	31.03	17.5	19.52	18.75	22.58
Hyperactive behaviors,	64.34	67.44	55.17	70	56.09	62.5	54.83
Rebellious behaviors	22.86	11.62	10.34	17.5	31.70	25	32.25
Antisocial behaviors	14.78	18.64	3.44	7.5	17.07	18.75	19.35
Fears	3.47	2.32	6.89	-----	4.87	6.25	-----

The results of the study are analyzed and discussed under following heading:

A).Distribution of Behavior problem in children with mental retardation:

- The analysis of results on distribution of behavior problem in children with mental retardation indicate that, 27% of children showed violent and destructive behavior, 10% of children showed temper tantrums, 21% of children showed misbehavior with others, 9% of children showed self injurious behavior, 12 % of children showed repetitive behavior, 23% of children showed rebellious behavior, 15% of children showed antisocial behavior and 3% of children showed fears.
- In relation to gender variable, result indicate that, male children with mental retardation showed 32.55% violent and destructive behavior, 10.46% showed temper tantrums, 26.74% showed misbehavior with others, 6.97% showed self injurious behavior, 12.79% showed repetitive behavior, 19.76%, showed odd behavior, 64.44% showed hyperactive behavior, 11.62% showed rebellious behavior, 18.64% showed antisocial behavior and 2.32% showed fears. Among female children with mental retardation 20.68% showed violent and destructive behavior, 6.89% showed temper tantrums, 6.89% showed misbehavior with others, 17.24% showed self injurious behavior, 10.34% showed repetitive behavior, 31.03% showed odd behavior 55.17% showed hyperactive behavior, 11.62% showed rebellious behavior, 3.44% showed antisocial behavior and 6.89% showed fears.
- In relation to age group variable In children 10-12 years old result shows that, 32.5% children showed violent and destructive behavior, 12.5% showed temper tantrums, 35% showed misbehavior with others, 12.5% showed self injurious behavior, 7.5% showed repetitive behavior, 17.5% showed odd behavior, 70% showed hyperactive behavior, 17.5% showed anti social behavior and none of the subject showed fear.
- In 13-15 years old children result indicate that, 24.39% children showed violent and destructive behavior, 4.87% showed temper tantrums, 14.63% showed misbehavior with others, 12.19% showed self injurious behavior, 14.63% showed

repetitive behavior, 19.51% showed odd behavior, 56.09% showed hyperactive behavior, 31.70% showed rebellious behavior, 17.07% showed antisocial behavior and 4.87% showed fears.

Delimitation & Conclusion:

- The present study is restricted to the Mild mentally retarded students of selected schools in Madurai districts of Tamilnadu.
- The Mild mentally retarded students enrolled in age of 10 to 15 years covered in the present study.
- Sensory Integration teaching strategy adopted for the class room and home environment.
- To reduce to undesirable behavior based on the assessment tools not in the social level.
- The sensory integration strategy is more used to mild and moderate mental retardation children.

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