



BEHAVIOURAL MODIFICATION FOR SPECIALLY ABLED CHILDREN: A MINI REVIEW

Vivek H. Ramanandi*

MPT (Neuro), Ph.D., Assistant Professor, SPB Physiotherapy College, Surat.
*Corresponding Author

Anjan R. Desai

MPT (Neuro), Associate Professor & Principal I/C, SPB Physiotherapy College, Surat.

ABSTRACT

Children with disabilities or specially abled children, require additional care and guidance from members of family and isolation from child as well as family members creates a greater barrier preventing them from involvement in society. These things can lead to development of behavioural changes in children. Such behaviors can get complicated with time due to general perception that they are associated with disease and cannot be cured. Behavioural modification therapy adopts principles of learning and incorporates positive and negative reinforcements to bring about changes in the child's behaviour. Use of behaviour modification has been documented to be helpful in modifying the behaviour of the specially abled child and to be helping them in becoming equally included in society.

KEYWORDS : Specially abled, behaviour modification, learning, disability, barriers, inclusion.

INTRODUCTION

Early childhood is considered most crucial phase of growth and development because experiences during this phase can influence outcomes across the entire course of an individual's life^{1,2}. Children with disabilities and their families are confronted by barriers including inadequate legislation and policies, negative attitudes, inadequate services, and lack of accessible environments³.

The International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY) regards disability as neither purely biological nor social but instead the interaction between health conditions and environmental and personal factors⁴.

Disability can occur at three levels:

- an impairment in body function or structure, such as a cataract which prevents the passage of light and sensing of form, shape, and size of visual stimuli;
- a limitation in activity, such as the inability to read or move around;
- a restriction in participation, such as exclusion from school.

The *Convention on the Rights of Persons with Disabilities* states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"⁵.

Children with disabilities include those with health conditions such as cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments. A number of children have a single impairment while others may experience multiple impairments. WHO and the World Bank estimate that more than a billion people live with some form of disability, which equates to approximately 15% of the world's population⁶. Among these, between 110 million (2.2%) and 190 million (3.8%) adults have very significant difficulties in functioning⁶. In India, the honourable Prime Minister Shri Narendra Modi described the disability as special ability and devised a new term to describe them as "Divyangjan" rather than "Persons with Disabilities". According to the Rights of Persons with Disabilities (RPwD) Act, 2016, enacted on 28.12.2016 and came into force from 19.04.2017, Disability has been defined based on an evolving and dynamic concept⁷. The Act covers the disabilities such as physical disabilities, intellectual

disability, mental behaviour illness, disabilities due to neurological and blood disorders and multiple disabilities⁷. Mental illness covers any mental disorder other than mental retardation and affects intelligence i.e., cognitive, language, motor and social abilities. It affects the communication and social abilities of a person, and can create difficulties in their day-to-day life activities. Such behaviors can get complicated in the future as the parents often do not seek any medical help perceiving those behavioural problems may be due to disability and cannot be treated. In general, while pharmacological treatment is possible, behavioral intervention can act as an effective adjunct to it and be better-tolerated by the specially abled children⁸.

Behavioural Modification Therapy as a part of Rehabilitation

Rehabilitation refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels. Behavioural modification is defined as "the alteration of behavioural patterns through the use of such learning techniques as biofeedback and positive or negative reinforcement"⁹. It was conceptualized based on B.F. Skinner's theory of 'Operant Conditioning'. Various sets of stimuli and response actions are provided and change in or shaping of behaviour is observed. It is framed upon the idea that good behaviour should lead to positive consequences, and bad behaviour should lead to negative effects. Techniques involved in behaviour modification is positive punishment, negative punishment, positive reinforcement, and negative reinforcement¹⁰.

Positive Punishment

In operant conditioning, punishment is adapted by adding a consequence that will discourage the child from repeating the behaviour e.g., offering extra tasks as a result of not cleaning the room⁹.

Negative Punishment

Negative punishment refers to taking away something from the child, such as privileges or removing positive attention. e.g., removing the privileges of using the child's electronic gadgets⁹.

Positive Reinforcement

In positive reinforcement, good behaviour of the child is reinforced with stimuli such as words of praise, a reward system, or a token economy system to motivate him or her for repeating such behaviour. e.g., allowing the child to earn time to play using the electronic gadget because he completed his homework⁹.

Negative Reinforcement

If the child is motivated to change his behaviour to more appropriate one by unpleasant response. e.g., yelling at a child to prevent him from writing on walls. Negative reinforcement should be used cautiously with the kids as it is less effective when compared to positive reinforcement⁹.

Behaviour Modification to change child's behaviour

When we want to change the behaviour of child, it is of grave importance to focus on changing and creating environment rather than focusing solely on changing child's behaviour. Modifying the environment in such a way to motivate child in responsively changing behaviour and providing incentives so that the child responds by following rules can be more productive¹⁰.

Consistently praising the child for certain responses and actions such as performing his responsibilities, provides input for developing a habit and makes behavioural modification more effective. Even the negative feedbacks, if provided consistently, can provide the child with an aim of avoiding unwanted or inappropriate behaviour. Inconsistent response, such as providing child with time-off the play time when child hits someone, will not effectively create habit in the child¹⁰.

A teamwork from the care providers, including but not limited to, the teachers, day care providers, therapists, caregivers, family members, consultants, etc. for providing same responses and feedbacks will be more effective. Behaviour modification should be customized to a child's specific needs only, the strategies used for one child will not work well with another¹⁰.

Some of the strategies used for inducing change of behaviour are structuring (i.e. designing a structured daily activity schedule, which includes schooling, meals, and bedtime), provision of recognition and rewards (i.e. celebrate the small victories of the child by rewarding the right behaviour in a creative way), redirection (i.e. Identify the behaviour of the child and encourage them to a task or focus on something else, so instead of punishing, they should be given a chance to complete the duty), taking help of siblings (i.e. the siblings need to know why they need to use a different approach to complete their brother or sister task), and safety (i.e. giving attention towards the violence needs and taking help from a behaviour specialist, counsellor, or social worker about a child's safety and mental health needs)^{9,10,11}.

CONCLUSION

Correct set of responses can be learnt with help of positive or negative consequences in response to any given stimulus. Behaviour modification therapy has been found successful in treating disorders like attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), phobias, separation anxiety, generalized anxiety disorder (GAD), disruptive behaviour and autism, among other conditions.

REFERENCES

1. Status of the Convention on the Rights of the Child: report of the Secretary-General. In: *Sixty-fifth General Assembly of the United Nations, New York, 2 August 2010*. New York, United Nations, 2010 (A/65/206). (<http://www.ecdgroup.com/pdfs/news-UNGA65>Status%20on%20the%20Convention%20on%20the%20Rights%20of%20the%20Child%20SG%20Report%20August%202010.pdf>, accessed 25 November 2020).
2. *Early childhood development: a powerful equalizer*. Geneva, World Health Organization, 2007. (http://www.who.int/social_determinants/resources/ecknreport072007.pdf, accessed 25 November 2020).
3. World Health Organization, World Bank. *World report on disability*. Geneva, World Health Organization, 2011. (<http://www.who.int/disabilities/worldreport/2011/en/index.html>, accessed 25 November 2020).
4. *International classification of functioning, disability and health: children and youth version*. Geneva, World Health Organization, 2007.
5. *Convention on the Rights of Persons with Disabilities*. New York, United Nations, 2006.
6. World Health Organization, World Bank. *World report on disability*. Geneva, World Health Organization, 2011 (<http://www.who.int/disabilities/worldreport/2011/en/index.html>, accessed 25 November 2020).
7. Types of Disabilities. (<https://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/types-of-disabilities>, accessed 25 November 2020).

8. Mauro T. Challenges and Issues for Special Needs Children. (<https://www.verywellfamily.com/what-are-special-needs-3106002>, accessed 25 November 2020).
9. MorinA(2020).Behavior modification is a therapeutic approach designed to change a particular undesirable negative behavior. (<https://www.verywellfamily.com/>, accessed 25 November 2020).
10. Ageranioti-Belanger S, Brunet S, D'Anjou G, Tellier G, Boivin J, Gauthier M (2012). Behavior disorders in children with an intellectual disability. *Paediatrics & Child Health*.17(2):84-8.
11. LakhaniR(2014). Behavioral management in children with intellectual disabilities in a resource-poor setting in Barwani, India. *Indian journal of psychiatry*.56(1):39.