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BEHAVIOUR MODIFICATION OF INTELLECTUAL DISABLED CHILDREN WITH PSYCHONEUROBICS

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ABSTRACT

ORIGINAL RESEARCH ARTICLE

An intellectual disability is defined as an IQ below 70 and deficits in adaptive behavior or daily living skills (eating, dressing, communication, participate in a group activity). Children with intellectual disabilities learn slowly and have difficulty with abstract concepts. Children with intellectual disabilities have a wide range of needs and most exhibit behavioral problems. Around 7-15% of children with ID have severely challenging behavioral problems. The nature and severity of these behavioral problems vary with the degree of Intellectual Disability.

Modification of behavioral problems in children is a great concern for parents in India. In the present study, it will be attempted to analyze the efficacy of Psycho Neurobics, innovative techniques designed by my Guru and guide Dr. Chandrashekhar Tiwari, founder president of SIGFA Institute of Research and Development, Faridabad, Haryana, India, for behavioral modification provided to 12 students with ID in Delhi, India. The results of this study on behavior modification of intellectually disabled students with the help of their parents are very much overwhelming and encouraging.

INTRODUCTION

Children with intellectual disabilities have a wide range of needs and most exhibit behavioural problems. Around 7-15% of children with Intellectual Disability have severely challenging behavioural problems. The nature and severity of these behavioural problems vary with the degree of ID. In children with Intellectual Disability, the social environment in which they live and interact also shapes their behaviour. Having a child with ID is stressful for families and the child's behavioural problems can create additional stress and frustration for parents and caretakers. Furthermore, behavioural problems also impede the child's learning in several settings, including at school and at home. Many children with Intellectual Disability in rural communities are isolated from their peers and are therefore deprived of interaction and play

because of their behavioural issues. This isolation limits their opportunities to learn through observation and interaction with other children, as reported in many studies in India. Due to a lack of awareness and knowledge, such behavioral problems are mistakenly considered manifestations of mental illness. However, in children with Intellectual Disability, behavioral problems do increase the likelihood of mental illness and can lead to serious life-threatening situations if not treated in time.

Modification of behavioural problems is a major concern in the comprehensive rehabilitation of children with Intellectual Disability. Children with an ID that attend schools receive some form of behavioural modification. In rural India, the majority of children with Intellectual Disability do not attend school and there is no institutional support in place to help children with behavioural problems. Also, the outreach activities performed by rehabilitation institutions in rural communities are poor. Insufficient awareness, misinformation, malpractice, and social issues negatively affect the modification of behavioral problems in children with Intellectual Disability in rural communities. In the absence of institutional support, parents apply various methods of handling such behavioral problems. Three approaches are prominent in rural communities: First, parents often ignore the behavior. Second, they may offer the child something to eat or to play with. Finally, the third method involves punishing the child physically or verbally. According to the principles of behavior modification, children's undesired behaviors get stronger and more when behavior modification involves inconsistent or inadequate reinforcement. There is an unmet need for studies that focus on behavioral interventions for children with Intellectual Disability that rural India.

There are limited resources available for children with Intellectual Disability who live in rural areas because most of the government rehabilitation institutions are in cities and they do not often reach out to the people in poor rural areas. Rural populations are primarily served by non-governmental organizations (NGOs) that are not well-equipped because of little financial support from the government and inadequate infrastructures for serving most of India's population (68.84%), located in rural areas. Most of these NGOs are adapting a community-based rehabilitation (CBR) approach because it is cost-effective, feasible, and empowers people with disabilities and the communities in which they reside.

The term intellectual disability is the level of cognitive functioning demonstrated by particular children. It is the circumstance in which a children's cognitive functioning is impeded to the point of causing significant disability in receiving information from the environment then effectively processing and adapting to the information.

Behavior disorders are frequent in children with an Intellectual Disability, can create problems in everyday life, and can mask or reveal an organic or psychiatric illness. It is crucial to adopt a multidisciplinary approach in treating these behaviors.

CLASSIFICATION OF INTELLECTUAL DISABILITY

Several ways have been developed to classify children with intellectual disabilities during the past few decades. The 1973 and 1983 AAIDD definitions of intellectual disability divided the severity of disability into four categories (mild, moderate, severe, and profound intellectual disability) in Table 1.

Table 1: Showing Classification of Intellectual Disability According to the severity of the disability

Level of Intellectual Disability	IQ range	Approximate mental age in adulthood	% of persons with Intellectual Disability at this level
Mild	50-69	8 years, 3months to 10 years, 9 months	85
Moderate	35-49	5 years, 7 months to 8 years, 2 months	10
Severe	20-34	3 years, 2 months to 5 years, 6 months	3.5
Profound	< 20	< 3years, 2 months	1.5

Source: Sattler (2002)

BEHAVIOUR MODIFICATIONS

Adaptive behavior includes the age-appropriate behaviors necessary for children to live independently and to function safely and appropriately in daily life. Adaptive behaviors include life skills such as grooming, dressing, safety, food handling, working, money management, cleaning, making friends, social skills, and the personal responsibility expected of their age and social group.

Maladaptive behaviors in children with intellectual disability may appear in many ways. Some categories and examples are explained below:

Stereotypical Behaviour – repetitive movement, posture or utterance i.e. Hand play, Rocking, echolalia (repeating words or phrases)

Ritualistic Behaviour – an attempt to regulate something concrete and controllable because the children cannot identify and control a problem – often manifests in compulsive behavior.

Self-Injurious Behaviour – any behavior that can cause damage to the individual such as head banging, self-biting, scratching, pica (consumption of inedible items)

Tantrums – a combination of two or more maladaptive behaviors as screaming, crying, dropping to the ground

Aggression – an act of violence to another person or object such as hitting, kicking, biting, slapping, pinching, grabbing, pushing

Transition Difficulties – some students become easily upset when asked to transition to a new area or task.

Running/Darting – running out of the classroom, away from the area

Compliance/Following Directions/Opposition – lack of cooperation with instructions/demands

Verbally Inappropriate Behaviour – disruptive to classroom, peers, or individual learning/success as name-calling, swearing, screaming, whining, crying

Behavioral problems were discussed with parents. A behavior modification plan was prepared after conducting the functional behavior assessment, which provides a clinical function of the behaviour. In behavior modification, the function is considered to be the cause of the behavior and it is necessary to address the function of the behavior to address it. A variety of behavioral modification techniques during interventions are to be applied. These techniques can be selected based on the children's specific behavioral problem, its function, the severity of the problem, and the ability of parents to carry out and conform to the technique. Approximately 3-4 techniques can be applied to children at a time. The behavioral techniques to be used are following: (a) Restructuring the environment

(b) Extinction (c) Token Economy (d) Over Correction (e) Response (f) Differential reinforcement for incompatible/alternate behavior (g) Differential reinforcement for low-frequency behavior (h) Differential reinforcement for other (i) Physical Restraining (j) Time Out. In addition to being exposed to behavioral interventions, children were given a daily schedule to follow and were involved in household activities with their parents wherever possible.

AFFECTS OF LOCKDOWN ON CHILDREN WITH INTELLECTUAL DISABILITY

Due to the changed circumstances that have arisen due to lockdown and change in lifestyle at home and disruptions of routine may be a threatening development and a lack of emotional space can be disabling. With crowded households and all family members at home, the stress of managing emotionally is demanding for the children with ID. Sometimes children may tend to wander away from home, which puts them at high risk of contracting COVID-19.

People feared when the country's corona count has increased many folds. The answer lies in the psychological view of man. There is a philosophy called the "Kubler Ross Model". That is, when a human goes through any tragedy, natural disaster, accident, they pass through 5 stages, i.e. Denial, Anger, Bargain, Depression, and Acceptance. These 5 levels are not limited to Corona alone. It applies to all the problems in human life. The worst sufferers are the ones who do not reach the Acceptance level and remain stuck in previous levels.

Due to lockdown, schools have been closed and classes are being conducted online through laptops/mobiles, which is more stressful to these students causing behavior problems. These behavior problems again need to be tackled through online counseling with meditation techniques.

PSYCHO NEUROBICS

Psycho-Neurobics is an innovative meditation technique designed by my Guru and guide Dr. Chandrashekhar Tiwari, founder president of SIGFA Institute of Research and Development, Faridabad, Haryana, India for effective self-healing through complete involvement of mind, body, and soul. As Aerobics is the physical exercise of pumping air into the lungs, neurobics is the exercise for creating bio-electrical impulses in neuro cells/neurotransmitters by mental activities; similarly, Psycho Neurobics is the exercise of the mind for transferring Spiritual Energy into neuro cells by connecting Psyche (Mind) to the Supreme Source of Spiritual Energy (God).

Though meditation has been practiced for centuries involving 2D color images, it is only recently that the effects of meditation with 3D stereographic images with hand mudras and sounds (Ras, Rang, and Naad) have been studied scientifically by Dr. Chandrashekhar Tiwari. As modern science has also acknowledged the role of the psyche, thought and emotions in healthy and unhealthy responses in the body, the present study is designed to assess the effect of Psychoneurobics with Neurobic spa on children for behavior modification.

METHODOLOGY

Being a Special Educator, I am privileged to have moderate intellectual disabled students with behavior problems. I showed 3-D Indigo stereographic plate as they can't concentrate on this plate in the class. They have been asked to chant the "O" sound with Pran Mudra as shown below:

Figure 1: Pran Mudra

Parents have also been requested to show them the video of Neurobic Spa daily in the night before going to sleep. Parents have been demonstrated the methods in details to charge a glass of water with a 3-D Orange stereographic plate and asked to mix this charged water to 20 liters of drinking water and use this charged water throughout the day. They have also been asked to charge foods with 3-D Yellow stereographic plate.

Figure 2: 3D Orange and Yellow Stereographic Plates

In school, I charged their food and water again. Daily, I modeled to all my students to see 3-D Indigo color stereographic plate and to chant the "O" sound with Pran Mudra (Enlightening Neurobics) for 10 minutes in the morning in the classroom and also showed 3-D Violet color stereographic plate and to chant "Humming" sound with Gyan Mudra (Blissful Neurobics) for 10 minutes daily. After lockdown, during online classes, I used to charge their food and water through distance charging. I showed 3-D Indigo color stereographic plate using an online platform and to chant "O" sound with Pran Mudra (Enlightening Neurobics) for 10 minutes in the morning and also showed 3-D Violet color stereographic plate and to chant "Humming" sound with Gyan Mudra (Blissful Neurobics) for 10 minutes daily.

Figure 3: Gyan Mudra

Figure 4: Enlightening and Blissful Neurobics

The children's rights and privacy has been protected throughout the study. The purpose of the study, the research methods, and other precautions have been disclosed to the children's family members only.

DISCUSSIONS

Behavioural intervention is found to be effective. However, improvements may be varied according to the level of ID. The age of participants did not affect a behavioural modification in this study. The improvement level was found to be different depending on the severity of ID, which can be attributed to the different behaviours that are associated with different severities of ID. Parents having children with mild and moderate ID were more concerned about their behavioural problems.

These children exhibit more self-injurious. In parent meetings, we observed that parents having children with moderate ID were somewhat withdrawn and less hopeful about the prognosis of their child's condition compared with other parents. They were more concerned about their child's personal needs, such as helping with eating, toileting, brushing and dressing, sitting, standing, walking, and talking. Such parents were more immediately concerned with their child's basic survival, which is related to how well the child can take care of his or her basic personal needs independently.

Parental involvement was the key element of the success of the study. In behaviour modification, parents were encouraged to acquire behavioural skills, change their negative attitudes toward their children, and develop better adjustment and coping abilities.

CONCLUSIONS

This study demonstrated an overall decline in undesirable behaviours among children. However, improvements occurred differently in children with different severities of ID i.e. mild and moderate. Improvement did not occur equally between children who had additional disabilities versus those who did not have any additional disabilities.

The behaviour modification of the children with Intellectual disability has been observed better and faster with conventional techniques and Psychoneurobics. During the lockdown in India due to Covid-19 Pandemic, the behaviour modification through Psychoneurobics is more effective.

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