

## BEHAVIOUR MODIFICATION OF MENTALLY CHALLENGED ADULTS WITH COMPUTER TRAINING

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### **Abstract**

*Work is essential for every human being, because it bequeaths self-esteem and self-dignity to individuals with disability. The self-esteem and self-dignity is substantial to their psychological wellbeing. An attempt was made to examine the effect of computer training in the behaviours of mentally challenged adults. Five individuals with mild mental challenges from Ernakulam district were selected as sample. The Intervention, computer training, has been given for them for a period of one year. Case study method was employed and Behavioural Assessment Scales for Adult Living – Mental Retardation (BASAL –MR) was the tool used. The present study laid its emphasis to explore the need of vocational training and vocational rehabilitation in the behavior modification of mentally challenged adults.*

**Key Words: Vocational Training, Behaviors, Mild Mentally Challenged Adults.**

### **Introduction**

Training based on occupation or employment prepares people for specific trades, and careers at various levels. One very important factor for the dignity of the person is work. Work must be guaranteed if there is to be an authentic promotion of the person. This task is incumbent on the society as a whole. The culture of the work together with that of social assistance entails an education from a young age, guidance in work, dignity for any work activity and sharing work. Without work there is no dignity. Equality of every human being irrespective of nationality, race, color, gender, religion and health is a universally accepted natural law. The constitution of India gives the same considerations to all citizens of India whether or not they are healthy and normal or differently abled irrespective of religion, caste, gender and creed. A society which has special provisions for the integration of persons with disabilities into the social mainstreams is a sign of highly developed society. A good government has to ensure the full participation of differently abled in the nation building and for that purpose it has to protect the rights of the differently abled, provisions for medical care, education, vocational training, employment and rehabilitation of differently abled. The government has to lay down strategies for comprehensive development of programs and services and equalization of opportunities for person with disabilities. Thus a civilized society has to create an environment without barriers.

Cornelius D. J. K (2002) presented a paper at the 16<sup>th</sup> national conference on mental retardation at Calicut on vocational approach for the persons with mental handicap. Vocational training and employment of persons with mental retardation is required to realize their full potential and to make them integral part of the society. The author pointed out that access to global market and latest technology can change the employment scenario for mentally challenged people. In this context trainers have to be retrained to impart the skills required to the mentally retarded persons. It should help in developing appropriate work behaviours and skills. Aluri U. and Karanth P. (2002) conducted a survey on rehabilitation facilities available for children with autism/Patterns of Delay and Deviance PDD in Bangalore city. Open ended questionnaire was formulated to interview 30 parents of children with autism/PDD. Study indicated that

parents consulted pediatricians initially and other professionals were consulted later. It was felt that rehabilitation service centers are few in number. Behavioural training, skill training in communication and special education programs are the management services available, but not at one place. The study noted that there is an urgent need to provide rehabilitation services through team approach under a single roof. Our rehabilitation programs have to look into the possibility of incorporating the existing social systems and we have to develop and implement indigenous methods. There is a changing scenario in the field of vocational training in India. Computers became the preserve of the educated and affluent society. The specter of cyber space and information technology transforms the world. In the web media culture the old dimensions of work function no more. It invites us to pursue new ways of vocational training for the mentally challenged in the fast growing cyber world. The aim of the present study is to analyze the impact of computer training in the behaviors of mild mentally challenged adults and the exploration of the impact of their rehabilitation. Thus the problem under investigation is entitled as “Impact of computer training in the behaviors of mentally challenged adults”. Mental retardation, by its very nature, shows impairments in adaptive behavior. Impairment in adaptive behavior may be either a deficit behavior or an excess behavior. Vocational training is systematic training, by which an individual acquires such skills and behaviors which are necessary for particular vocation.

**Behaviors:** According to Oxford dictionary of psychology behaviors are the physical activity of an organism, including overt bodily movements and internal glandular and other physiological processes, constituting the sum total of the organism’s physical responses to its environment. It is the actions and mannerisms made by organisms. In present study, the term behaviors include physical harm towards others, damages property, misbehaves with others, temper tantrums, self-injurious behaviors, repetitive behaviors, odd behaviors, inappropriate social behaviors, inappropriate sexual behaviors, rebellious behaviors, hyperactive behaviors and fears.

**Mentally challenged:** According to American Association on Mental Retardation “Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18”. In this present study the term mentally challenged has been used in order to eliminate the negative connotation of the term mental retardation.

**Vocational Rehabilitation:** Vocational Rehabilitation means that part of continuous and coordinated process of rehabilitation, which involves the provision of those vocational services, e.g., vocational guidance, vocational training and selective placement, designed to enable a disabled person to secure and retain suitable employment. (Mukhopadhyay A., 2010).

### **Hypotheses**

There will be significant impact of computer training in the behaviors of mild mentally challenged adults.

### **Method**

#### **Sample**

The present study was carried out on a participants of 5 mild mentally challenged adults chosen from Cottolengo Institute of Differently Abled (CIDA) at N. Paravoor, Ernakulam district, Kerala. The

sample of 5 students was randomly chosen from 12 participants of computer course. The subjects belongs to the age group of 18 to 24 years and all of them were males. The sample was taken with random representation to Christians, Hindu and Muslims from all social and economical background. Persons with co morbid epilepsy, sensory deficit, other psychiatric disorders and physical problems were excluded. All were having the disability certificate from medical board.

The CIDA through vocational assessment, vocational training, education, vocational placement and research intends to promote the cardinal points of sustainable development in the area of disability. The CIDA has a multidisciplinary team of scholars, psychologists, special educators, vocational trainers and social workers to meet the objectives of the centre. The directors and collaborators made an elaborate evaluation in terms of the individual, family and community to assess the strengths and weakness in the respective areas. Job analysis identified the core work area, episodic work, work behavior and work related skills. The first step in this process is the come into acquaintance with the computer and electronic media. The second step is to learn the lessons theoretically and practically and to develop creativity. The pre requisite skills are communication, creativity and reading and writing skills.

### **Intervention Procedure**

The curriculum of computer course includes basics in computer, desktop publishing, power point and adobe. Special training is given in functional literacy, personality development, agricultural work and group dynamics. The trainees were selected after screening. Admission criteria include aptitude to creativity and computer knowledge. The class time was scheduled from 9.30 a.m. to 3.30 p.m. Theory classes were conducted in the morning and practical classes were held in the afternoon. Practical and theoretical tests were held monthly in order to assess the performance and improvement of the trainee. The curriculum of computer theory classes were simplified and presented according to their level. The teacher training ratio was 1:5. Duration of the course was one year and evaluation and follow up were conducted monthly. The first two month, teachers introduced computer software and hardware to students. They were given training in painting. In the third and fourth month, the main curriculum was wordpad and notepad. From the fifth month onwards they were trained in power point, photo shop, and Page maker. After each exam the evaluation will be done. The multidisciplinary team of teachers, psychologist, vocational trainers and social workers evaluated the final outcome and progress in their training and personality development by the use of behavioural assessment scales for adult living-mental retardation (BASAL-MR) in accordance with the final evaluation, decision is made for placement and extension of training.

Case study method was followed. After recording the baseline measures and analyzing the antecedents and consequences of behavior, the behavior management has planned. 5 individuals were randomly selected for the purpose of the present study. The researcher had trained the vocational instructors in the use BASAL –MR. The vocational instructors are introduced about the meaning and need of behavioral assessment and BASAL –MR. Special training is given to them about individual aspects of administration, use of glossary and scoring of it. Behavioral strategies and curriculum was prepared for them. The base line assessment was conducted in the initial stage. The post training assessment for 5 selected mentally challenged adults was conducted after every third months of training.

**Tool**

Behavioral Assessment Scales for Adult Living – Mental Retardation (BASAL –MR): is the assessment scale developed by Reeta Peshawaria, D. K Menon, don Bailey, Debra Skinner, Rahul Ganguly and Ch. Rajshekar of National Institute of Mentally Handicapped in 2000. It has been developed for use with adult persons having mental retardation. BASAL –MR can be used as a curriculum guide for training adults in work settings, home and community living and training in personal independence. The scale is divided in to two part A and part B. Part B assesses and evaluates challenging behaviors of adults with mental retardation. It has 12 domains and they are physical harm towards others, damage property, misbehaves with others, temper tantrums, self injurious behaviors, repetitive behaviors, odd behaviors, inappropriate social behaviors, inappropriate sexual behaviors, rebellious behaviors and hyperactive behaviors. This tool is a guide for assessment and setting training goals. In this study, we utilize only part B of BASAL-MR to assess the behavior modification.

**Case Record**

personal data sheet is prepared for the purpose of the study. It includes personal information including demographic data, childhood history, school history, play, sexual history, family history, home environment, social environment, physical examination, medical board report, interview report and observation reports.

**Results and discussions**

**Case I:** In the first domain of BASAL-MR part B, physical harm towards others, the individual scored 12 in baseline assessment and 11, 8 and 6 were the posttests scores. In the domain of damages property, the results are 4, 4, 2 and 1. In the third domain, misbehaves with others, the scores are 7, 7, 0 and 0. In the fourth domain temper tantrum, the score are 7, 7, 7 and 0. In the domain of self-injurious behaviors, the results are 12, 10, 8 and 8. In the domain of repetitive behaviors, the scores are 8, 6, 6 and 0. In the domain of odd behaviors, the scores are 12, 12, 1 and 1. In the domain of inappropriate social behaviors 4, 4, 2 and 2. In the domains of inappropriate sexual behaviors the results are respectively 7, 2, 0 and 0. In the domain of rebellious behaviours the results are 5, 0, 0 and 0. The results hyperactive behaviors and fears domain are 2, 0, 0 and 0. The results of the client demonstrate an overall progress from baseline assessment to third assessment. It can be attributed due to the effect of computer training.

**Case II:** In the domain of physical harm towards others, in baseline assessment and 1<sup>st</sup> assessment, the individual scored 11 and in 2<sup>nd</sup> and 3<sup>rd</sup> assessment he scored 9 and 0. In the domain of damages property, the individual has scored 5, 5, 5 and 0. In the domain of misbehaves with others the individual has scored 7, 7, 0 and 0. In the domain of temper tantrums the individual has scored 7, 6, 0 and 0. In the domain of self-injurious behaviors, the individual has scored 12, 12, 0 and 0. In the domain of repetitive behaviours results are 10, 10, 0 and 0. In odd behaviour the individual has scored 12, 10, 0 and 0. In the domain of inappropriate social behaviours the individual's scores are 5, 2, 1 and 0. In the domain of inappropriate sexual behaviours, the results are 2, 2, 0 and 0. In the domain of rebellious behaviours, the results are 5, 4, 2 and 0. In the domain of hyperactive behaviours, the individual has scored 3, 3, 1 and 0. In domain of fears the individual has scored 2, 2, 2 and 1. The overall results show the changes from pre-test to post test scores indicating that the training is so effective in the behavior modification of the individual in most of the domains under study.

**Case III:** In the BASAL-MR part B in the first domain, physical harm towards others, the individual scored 10 in baseline assessment and 8, 8 and 6 were the posttests scores. In the domain of damages property, the results are 6, 2, 1 and 0. In the third domain of misbehaves with others, the scores are 10, 9, 7 and 7. In the fourth domain temper tantrum, the score are 7, 6, 5 and 0. In the domain of self-injurious behaviors, the results are 10, 5, 3 and 0. In the domain of repetitive behaviors, the scores are 10, 6, 0 and 0. In the domain of odd behaviors, the scores are 13, 13, 2 and 1. In the domain of inappropriate social behaviors, the results are 3, 1, 0 and 0. In the domains of inappropriate sexual behaviors the results are respectively 3, 2, 0 and 0. In the domain of rebellious behaviours the results are 5, 4, 2 and 0. The results of hyperactive behaviors domain are 6, 3, 1 and 0. In the fears domain, the results of the individual are 2, 1, 0 and 0. The results show a highly significant change from pre-test to post test scores indicating that the training was so effective to create behavior modification on the participant.

**Case IV:** In the BASAL MR part B, individual made great progress in his behavior. In the first domain physical harm towards others, the scores of the individual are 4, 4, 1 and 0. In the domain of damages property, the results of the individual are 3, 3, 0 and 0. In the domain of misbehaves with others, the individual's score are 5, 0, 0 and 0. In the domain of temper tantrums, the scores of the individual are 7, 2, 0 and 0. In the domain of self – injurious behaviors, the results of the individual are 10, 6, 1 and 0. In the domain of repetitive behaviors, the individual scored 5, 2, 0 and 0. In the domain of odd behaviors, the scores of the individual are 6, 2, 0 and 0. In the domain of inappropriate social behaviors, the scores of the individual are 2, 2, 0 and 0. The scores of the individual in the baseline assessment and other 3 assessment of inappropriate sexual behaviors are always 0. In other domains of rebellious behaviors, the individual scored 7, 7, 2 and 1. In the domain of hyperactive behaviours, the scores of the individual are 5, 5, 4 and 2. In the domain of fears, the scores of the individual are 4, 3, 2 and 0. The scores of BASAL-MR part B indicates that the behaviors of the individual have made progress. The results show a highly significant change from pre-test to the post-test scores and it indicates that the scale is sensitive to behavioral change over time even within three months of intervention programme. The overall results indicate that the training was effective in behavior modification.

**Case V:** In the BASAL MR part B, individual made great progress in his behavior. In the first domain physical harm towards others, the scores of the individual are 5, 5, 0 and 0. In the domain of damages property, the results of the individual are 8, 4, 1 and 0. In the domain of misbehaves with others, the individual's score are 6, 5, 1 and 0. In the domain of temper tantrums, the scores of the individual are 1, 0, 0 and 0. In the domain of self – injurious behaviors, the results of the individual are 4, 2, 2 and 0. In the domain of repetitive behaviors, the individual scored 4, 1, 1 and 0. In the domain of odd behaviors, the scores of the individual are 15, 8, 4 and 3. In the domain of inappropriate social behaviors, the scores of the individual are 0, 0, 0 and 0. The scores of the individual in the baseline assessment and other 1 assessment of inappropriate sexual behaviors are always 3 and other two post assessment result is 0. In other domains of rebellious behaviors, the individual scored 4, 4, 1 and 1. In the domain of hyperactive behaviours, the scores of the individual are 2, 2, 1 and 0. In the domain of fears, the scores of the individual are 1, 1, 0 and 0. The results indicate that the training was in the behavior modification of the individual.

## Conclusion

The present study assesses the impact of computer training in the behaviors of mild mentally challenged adults. It can be concluded that computer training is effective in modifying the behaviors of the mentally

challenged adults. After the pre and posttest assessment of 5 mild mentally challenged adults, case study was conducted to know the progress in the behaviors. The results in BASAL MR part B show that training was effective in behavioral changes.

Vocational training of mentally challenged adults is required to realize their potential and help them to be make them integral part of society. It is an effective technique to get rid of behavior problems. To conclude, the finding of the present study strongly recommends that vocational training is pivotal for the behavior modification of the mentally challenged adults and so that they can become independent in their social, personal, emotional life and in employment. The study opens the path for research in vocational rehabilitation. Multi disciplinary approach is to be employed and vocational assessment and training is to be designed according to the individual needs.

### References

1. Aluri U & Karanth P. (2002) Rehabilitation facilities for Children with Autism/PDD in Bangalore City: A survey. *Asia Pacific Disability Rehabilitation Journal*, 13, 115-124.
2. Colman, A. M. (2009) *Oxford Dictionary of Psychology*, Oxford: Oxford University Press.
3. Corenelius D. J. K. (2002) *Vocational approach for the persons with mental handicap. Paper presented at the 16<sup>th</sup> National conference on mental retardation – Mainstreaming the delayed*, Calicut.
4. Mukhopadhyay, A. (2010) *Principles of Vocational Training Part -2*, New Delhi: Kanishka Publishers.
5. Peshawwaria, R., at al. (2000) *Behavioural Assessment Scales for Adult Living – Mental Retardation*, Secunderabad: NIMH.
6. Rao L.G., & Sivakumar T.C. (2004) Reengineering the Vocational Training for Mentally Retarded. *Journal of Community Guidance and Research*, 21, 5-20.
7. Thressiakutty, A.T., & Rao, L.G. (2001) *Curriculum for Vocational Education. Transition of Persons with Mental Retardation from School to Work*, Secundrabad: NIMH.