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# Self-Absorbed, Anxiety and Disruptive Behaviours of Children with Mild Intellectual Disability

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**Abstract:** *This study is an attempt to find out the prevalence of self-absorbed, anxiety and disruptive behaviours of children with mild intellectual disability (IQ: 55-69, without additional severe physical or sensory deficits). The sample comprised of 103 children (63 males and 40 females) randomly selected from 8 special schools for children with intellectual disability in Pondicherry (Mean 11.2 Years). Tools used were Binet Kamat test of intelligence (BKT) Vineland social maturity scale (VSMS) and Developmental behaviour checklist teacher version (DBC- T). Results reveal that area was significant in influencing the self-absorbed and anxiety behaviours, whereas gender and birth order were not significant. Area was significant in influencing the self-absorbed and anxiety behaviours of children with mild intellectual disability, whereas gender and birth order were not significant.*

**Keywords:** *Mild Intellectual Disability, Self-absorbed, Anxiety, Disruptive, Special Schools.*

## I. INTRODUCTION

Children with intellectual disability are at risk for behavioural and emotional problems. Young people with intellectual disability has been found to have levels of psychopathology approximately 3 to 4 times higher than that of typically developing children (Dekker & Koot, 2002). Intellectual disability (ID) is an abnormality that has enormous psychosocial effects; it not only affects the people who suffer from it but also the family and society as a group. Mental disorders are commonly experienced by people with intellectual disabilities-the point prevalence has been measured as 40 % (Cooper & Bailey, 2001). Children with mild- moderate ID tend to have more antisocial/disruptive behaviours (Einfield, 2006, Koskentausta & Almquist, 2004) A person with intellectual disabilities is therefore considerably more likely to have additional mental disorders. As well as having all the risk factors that are relevant for the whole population, people with intellectual disabilities may have extra risk factors.

### A. Materials and Method

The sample of the present study comprised of total 103 children, 63 boys and 40 girls with mild intellectual disability (IQ 55-69) in the age range of 6 to 15 years (Mean age = 11.2 years) randomly selected from 8 special schools for mentally retarded children among 12 special schools in Pondicherry (Union Territory). The children with severe additional physical deficits (like impairment of mobility or orthopaedic) or sensory deficits (like impairment of vision, hearing) were excluded in this study.

### 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.

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 Self-absorbed, Anxiety and Disruptive behaviours based on Gender

| Variables            | Gender | Number | Mean | Std. Dev. | “t” value | Level of significance |
|----------------------|--------|--------|------|-----------|-----------|-----------------------|
| Self-absorbed        | Male   | 63     | 8.54 | 7.85      | 1.650     | Not Significant       |
|                      | Female | 40     | 6.18 | 5.65      |           |                       |
| Anxiety              | Male   | 63     | 2.56 | 2.49      | -0.082    | Not Significant       |
|                      | Female | 40     | 2.60 | 2.61      |           |                       |
| Disruptive behaviour | Male   | 63     | 7.84 | 6.91      | 1.471     | Not Significant       |
|                      | Female | 40     | 5.98 | 5.10      |           |                       |

Table 2 Self-absorbed, Anxiety and Disruptive behaviours based on Area

| Variables            | Area  | Number | Mean | Std. Dev. | “t” value | Level of significance     |
|----------------------|-------|--------|------|-----------|-----------|---------------------------|
| Self-absorbed        | Urban | 55     | 9.82 | 7.92      | 3.521     | Significant at 0.01 level |
|                      | Rural | 48     | 5.10 | 5.15      |           |                           |
| Anxiety              | Urban | 55     | 3.32 | 2.83      | 3.267     | Significant at 0.01 level |
|                      | Rural | 48     | 1.75 | 1.83      |           |                           |
| Disruptive behaviour | Urban | 55     | 7.95 | 6.81      | 1.435     | Not Significant           |
|                      | Rural | 48     | 6.17 | 5.59      |           |                           |

Table 3 Self- absorbed, Anxiety and Disruptive behaviours based on Birth Order

| Variables            | Birth Order | Number | Mean | Std. Dev. | “F” value | Level of significance |
|----------------------|-------------|--------|------|-----------|-----------|-----------------------|
| Self-absorbed        | First Born  | 62     | 8.48 | 3.30      | 1.667     | Not Significant       |
|                      | Second Born | 30     | 5.63 | 7.07      |           |                       |
|                      | Later Born  | 11     | 8.18 | 5.07      |           |                       |
| Anxiety              | First Born  | 62     | 2.20 | 1.99      | 1.778     | Not Significant       |
|                      | Second Born | 30     | 3.00 | 3.27      |           |                       |
|                      | Later Born  | 11     | 3.45 | 2.69      |           |                       |
| Disruptive behaviour | First Born  | 62     | 7.55 | 6.28      | 0.662     | Not Significant       |
|                      | Second Born | 30     | 6.00 | 6.99      |           |                       |
|                      | Later Born  | 11     | 7.73 | 4.19      |           |                       |

### III. RESULTS

Table 2 shows that 3 dimensions of scales namely self-absorbed, anxiety and disruptive behaviours can be inferred that “t” value (3.521) is significant for self-absorbed at 0.01 level and “t” value (3.267) is significant for anxiety at 0.01 level. The present study supports the previous finding that self-absorbed and anxiety problems are common in children with mild intellectual disability. The prevalence of self-absorbed and anxiety were higher in urban area children with mild intellectual disability.

### IV. CONCLUSION

Through proper diagnosis children with mild intellectual disability can receive behavioural, emotional and psychiatric care. The implication of current research is it emphasized the need for developing diagnostic services, psychiatric services and education care for children with mild intellectual disability.

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