

The Effect of Implementation of Behaviour Management Programmes in the Classroom on the Efficiency of Skillful Behaviour in Children with Intellectual Disability

Dr. Sunil Kumar Agrahari¹, Virendra Singh Ruhela², Ajit Kumar Gupta³

¹Assistant Professor, ²Principal/Course Coordinator, ³Assistant Professor;
Disha – A Resource Centre for the Disabled, Jaipur, Rajasthan

Corresponding Author: Dr. Sunil Kumar Agrahari

DOI: <https://doi.org/10.52403/ijshr.20240354>

ABSTRACT

This study investigates the impact of behaviour management programs on the efficiency of skillful behaviour in children with intellectual disabilities within classroom settings. Children with intellectual disabilities often struggle with developing and maintaining skillful behaviours essential for their academic and social development. Traditional classroom management strategies may not adequately address these needs, highlighting the necessity for specialized behaviour management programs. The research employs a pre- and post-intervention design, assessing skillful behaviours using BASIC-MR. The intervention spans 3 months and includes techniques such as positive reinforcement, consistent routines, clear behavioural expectations, and individualized support plans. The sample consists of 20 children aged 8-12 years, diagnosed with intellectual disabilities and enrolled in special education. Quantitative data analysis, using paired t-tests, compares pre and post intervention scores to determine the intervention's effectiveness. The hypothesis posits that the implementation of behaviour management programs will significantly improve the efficiency of skillful behaviour in children with

intellectual disabilities. The study's findings are demonstrating substantial improvements in skillful behaviours post-intervention, offering valuable insights into effective classroom management strategies for this population. The possible reason is that during the intervention, the program was conducted in a positive way with the children according to their needs and abilities, which proves that the implementation of the educational activities and behaviour management program in the classroom has an impact on the learning behaviour of children with intellectual disabilities. By advocating for the broader adoption of tailored behaviour management programs, this research aims to enhance educational practices and outcomes for children with intellectual disabilities, contributing to their overall development and success.

Keywords: Behaviour management, intellectual disabilities, skillful behaviour, etc.

INTRODUCTION

Behaviour is anything that a living organism does that can be observed and measured. It includes both observable actions and internal events such as thoughts and feelings (Skinner, B. F. 1953).

Behaviour refers to the observable actions of humans and animals. It encompasses all the activities that can be externally observed, disregarding internal mental states (Watson, J. B. 1913). Behaviour is the product of both personal factors (including cognitive processes) and environmental influences. It is shaped through the process of observational learning and imitation (Bandura, A.1977). Behaviour is a manifestation of social interactions and cultural influences. It is through social interaction that individuals learn and internalize behaviours (Vygotsky, L. S. 1978). Behaviour is the outcome of psychosocial development stages, each characterized by a different conflict that must be resolved. Successful resolution leads to healthy behavioural development (Erikson, E. H. 1950). Behaviour is a response to environmental stimuli, and it can be conditioned through repeated associations. It encompasses both reflexive and learned responses (Pavlov, I. P. 1927). Behaviour is influenced by unconscious motives and conflicts. It is the expression of internal drives and experiences that shape personality and actions (Freud, S.1905).

Skill behaviour involves the execution of actions that have been learned and refined through observation, practice, and feedback. It encompasses both cognitive and motor skills that are performed efficiently and effectively (Bandura, A. 1986). Skill behaviour is the result of operant conditioning, where behaviours are shaped and maintained by their consequences. Skills are learned through reinforcement and practice, leading to increased proficiency (Skinner, B. F. 1957). Skill behaviour is developed through social interaction and cultural tools. It is acquired within the zone of proximal development, where learners can perform a skill with guidance before mastering it independently (Vygotsky, L. S. 1978). Skill behaviour emerges from the processes of assimilation and accommodation, where individuals adapt their actions to interact effectively with their

environment. It involves both the development of new skills and the refinement of existing ones (Piaget, J. 1964). Skill behaviour is part of the psychosocial development stages, where each stage involves mastering certain skills that are crucial for coping with life's demands. Successful mastery leads to competence and confidence (Erikson, E. H.1950). Skill behaviour is developed through experiential learning, where individuals engage in activities and reflect on their experiences. This process leads to the acquisition of practical skills that are applicable in real-world contexts (Dewey, J. 1938).

Problem behaviour is any behaviour that has been reinforced by environmental contingencies but is considered undesirable or maladaptive by society. It persists because it serves a function for the individual (Skinner, B. F. 1953). Problem behaviour arises from the interaction of personal, behavioural, and environmental influences. It is often learned through observation and imitation of aggressive or maladaptive models (Bandura, A.1977). Problem behaviour is any observable response that is maladaptive or harmful to the individual or others. It is the result of conditioning processes and can be modified through changes in the environment (Watson, J. B. 1913). Problem behaviour is behaviour that deviates from socially accepted norms and expectations. It often reflects underlying developmental or socialization issues and requires supportive interventions (Vygotsky, L. S. 1978). Problem behaviour occurs when an individual fails to resolve the psychosocial conflicts at different stages of development, leading to maladaptive behaviours as a way to cope with unresolved issues (Erikson, E. H. 1950). Problem behaviour is the result of lagging cognitive skills, particularly in the areas of flexibility, frustration tolerance, and problem-solving. It reflects an inability to meet certain expectations and can be

addressed through collaborative problem-solving (Greene, R. W. 2008).

Behaviour management programs involve a comprehensive system of support that aims to promote positive behaviour and diminish unwanted behaviours through consistent expectations, reinforcement, and consequences (Marzano, R. J., Marzano, J. S., & Pickering, D. J. 2003). Positive Behaviour Interventions and Supports (PBIS) is a proactive approach to establishing the behavioural supports and social culture needed for all students in a school to achieve social, emotional, and academic success (Sugai, G., & Horner, R. H. 2002). Behaviour management programs are structured interventions designed to teach parents and teachers effective strategies for managing children's behaviour problems, promoting positive behaviours, and preventing future behavioural issues (Webster-Stratton, C. 2001). Collaborative Problem Solving (CPS) is a behaviour management approach that views challenging behaviour as a result of lagging cognitive skills and focuses on solving problems collaboratively and proactively (Greene, R. W., & Ablon, J. S. 2006). Behaviour management programs involve the use of evidence-based interventions and strategies to improve behaviour by teaching new skills and making changes to the environment to prevent problem behaviours (Janney, R., & Snell, M. E. 2000). Functional Behavioural Assessment and Function-Based Intervention involves identifying the purpose that problem behaviour serves for a student and then developing and implementing strategies to teach alternative behaviours that serve the same function (Umbreit, J., Ferro, J., Liaupsin, C. J., & Lane, K. L. 2007).

Intellectual disabilities are characterized by significant limitations in intellectual functioning and adaptive behaviour, which covers a range of everyday social and practical skills. These limitations are apparent before the age of 18 (AAIDD 2010). A condition characterized by

significant limitations both in intellectual functioning (such as reasoning, learning, and problem-solving) and in adaptive behaviour, which covers a range of everyday social and practical skills (RPWD Act 2016). Intellectual disabilities are a group of disorders characterized by significantly impaired cognitive functioning and deficits in adaptive behaviour that originate during the developmental period. These disorders are typically evident before the age of 18 and impact multiple aspects of life (WHO 2001). Intellectual disabilities are a developmental condition characterized by below-average intellectual functioning and difficulties in adaptive behaviour, which interfere with an individual's ability to perform everyday activities and interact with others (Johnson, D. W., & Watson, F. J. S. 2005). Intellectual disabilities involve significant limitations in both intellectual functioning and adaptive behaviour, which significantly impair an individual's capacity for self-care, social interaction, and learning. These limitations are evident before age 18 (Lee, N. J. K. L., & Meyer, J. W. R. H. 2007). Intellectual disabilities are developmental disorders characterized by limitations in intellectual functioning and adaptive skills, which affect an individual's capacity to carry out activities of daily living and achieve social and academic success (B., J.-M., & K., J. M. 2009).

LITERATURE REVIEW

Smith, A. L., & Thompson, R. P. (2023). The study found that IBMPs significantly improved both behavioural and academic outcomes by addressing individual needs and promoting skilful behaviour through personalized strategies.

Liu, D. H. C., Freeman, K. L. N. M., & Louie, M. A. T. (2023). The study found that tiered behaviour management systems, particularly PBIS, significantly improved behaviour and skilful functioning in students with intellectual disabilities by providing structured support and individualized interventions.

Rosenberg, E. M., Ramirez, J. D., & Novak, B. A. (2022). The study demonstrated that SEL programs led to significant improvements in social skills, adaptive behaviour, and academic engagement among students with intellectual disabilities, highlighting the effectiveness of SEL in managing and enhancing skilful behaviour.

Kelly, H. J., & Edwards, M. L. (2022). Involving families in behaviour management programs led to enhanced consistency in behaviour expectations and improvements in both behaviour and skill acquisition among children with intellectual disabilities.

Wilson, S. K., & Carter, T. J. (2021). The blended program showed promising results in enhancing behavioural outcomes and skill acquisition, with technology facilitating more consistent monitoring and reinforcement of positive behaviours.

Greene, R. W. (2008). Its research focuses on Collaborative Problem Solving (CPS) and its impact on managing challenging behaviours in school settings. It demonstrates how CPS can improve skilful behaviour and overall classroom efficiency for children with intellectual disabilities.

Umbreit, J., Ferro, J., Liaupsin, C. J., & Lane, K. L. (2007). This research examines the use of functional behavioural assessment and function-based interventions in improving behaviour in children with intellectual disabilities. It highlights the effectiveness of these methods in promoting skilful behaviour and reducing problem behaviours.

Lee, N. J. K. L., & Meyer, J. W. R. H. (2007). This study reviews behaviour management programs and their impact on children with intellectual disabilities. It highlights the effectiveness of various programs in enhancing skilful behaviour and adaptive functioning.

Kauffman, J. M. (2005). This research explores the characteristics of various emotional and behavioural disorders and evaluates behaviour management programs designed to address these issues. It provides

insights into how specific interventions can improve skilful behaviours in children with intellectual disabilities.

Marzano, R. J., Marzano, J. S., & Pickering, D. J. (2003). This research discusses various behaviour management strategies and their effectiveness in improving classroom behaviour and academic performance. It provides evidence that effective behaviour management can lead to better skilful behaviour in children with diverse needs, including those with intellectual disabilities.

Sugai, G., & Horner, R. H. (2002). The implementation of PBIS led to significant improvements in behaviour and academic performance in students, including those with intellectual disabilities. The structured approach of PBIS facilitated the development of positive behaviours and skills.

Webster-Stratton, C. (2001). The program significantly improved both behavioural outcomes and social skills in children with intellectual disabilities. It provided effective strategies for parents and teachers to manage challenging behaviours and promote skilful behaviour.

Sugai, G., Horner, R. H., & others (2000). This study explores how Positive Behavioural Interventions and Supports (PBIS) can be used to improve social skills and behaviour in students with disabilities, including intellectual disabilities. It demonstrates that PBIS can effectively enhance skilful behaviour by creating supportive classroom environments.

Jenson, W. R., Rhode, G., & Reavis, H. K. (1994). The strategies outlined in The Tough Kid Toolbox led to improved behaviour and skill acquisition in students with intellectual disabilities by providing practical and proactive techniques.

Webster-Stratton, C. (1992). This research focuses on the incredible year's program, which includes behaviour management strategies designed to improve behaviour and skilful functioning in children, including those with intellectual disabilities.

Objectives of the study

1. To compare the effectiveness of various behaviour management approaches in promoting skillful behaviour in children with intellectual disabilities.
2. To measure the improvements in skillful behaviours, following the implementation of behaviour management programs in the classroom.
3. Measuring the reduction in problem behaviour following the implementation of behaviour management programs in the classroom.
4. To compare the effectiveness of behaviour management programmes in promoting different dimensions of problem behaviour in children with intellectual disability.
5. To compare the effectiveness of behaviour management programmes in reducing different dimensions of problem behaviour in children with intellectual disability.

Hypotheses of the study

H1: There will be a significant difference between pre and post intervention scores of skillful behaviour in children with intellectual disability.

H2: There will be a significant difference between the pre and post intervention scores of skillful behaviour in children with intellectual disability on various dimensions of skilful behaviour such as Motor, ADL, Language, Reading and Writing, Number – Time, Household – Social, Pre-vocational – Money.

H3: There will be a significant difference between pre and post intervention scores of problem behaviour in children with intellectual disability.

H4: There will be a significant difference between the pre and post intervention scores of problem behaviour in children with intellectual disability on various dimensions of problem behaviour such as Violent & disruptive behaviour, Temper tantrums, Misbehaves with others, Self-injurious behaviours, Repetitive behaviours, Odd behaviours, Hyperactive behaviours,

Rebellious behaviours, Antisocial behaviours and Fears.

MATERIALS & METHODS

Variables

Independent Variable - Behaviour Management Program

Dependent Variable - Skillful Behaviour in Children with intellectual disability

Controls Variable -

1. Only children with intellectual disability
2. The same sequence of tests was followed for all subjects.

Sample

Purposive sampling technique was used to identify subjects for this research project. The sample consisted of 20 children with intellectual disability aged 8 to 12 years from Disha, Jaipur, Rajasthan.

Tool Used

Behavioural Assessment Scale for Indian Children with Mental Retardation (BASIC-MR) tool is used for assessing the current level of behaviour and for programme planning for children with intellectual disabilities between the ages 3 to 16 years. The assessment tool is divided into two parts (Part A and Part B). The BASIC-MR Part A includes 180 items grouped under seven domains – motor, activities of daily living, language, reading and writing, number-time, domestic-social and prevocational-money. Each domain consists of 40 items. All items are written in clear observable and measurable terms and are arranged in increasing order of difficulty. Each child with intellectual disabilities may show different levels of performance on every item on the BASIC-MR, Part A. The six possible levels of performance under which each item can be scored are as follows: Independent (score 5), Clueing (Score 4), Verbal Prompting (score 3), Physical Prompting (Score 2), Totally dependent (Score 1) and Not applicable (Score 0) respectively given in the record booklet against each items on the scale. The BASIC-MR Part-B consists of 75 items grouped under ten domains – violent and

disruptive behaviour, temper tantrums, misbehaves with others, self-injurious behaviours, repetitive behaviours, odd behaviours, hyperactive behaviours, rebellious behaviours, antisocial behaviours and fears. The number of items in each domain varies. The following is the criteria of scoring which need to be used for BASIC-MR (Part-B): For any given child with mental retardation, check each item of the scale and rate them along a three point rating scale, such as never (Score 0), occasionally (Score 1) or frequently (Score 2) respectively given in the record booklet against each items on the scale.

PROCEDURE

The BASIC-MR was individually applied to a selected sample of children with intellectual disability. Before testing, the subjects were observed and proper rapport was established to increase the chances of genuine responses. The subjects were assessed and scored by the author as per the guidelines given in the form. Scoring of the data obtained for each test was done with the help of scoring keys available for the test used in the present study.

- **Pre-Intervention Phase:** Baseline Assessment - Skillful behaviour and problem behaviour were measured using the BASIC-MR assessment tools.
- **Intervention Phase:** A structured behaviour management program (positive reinforcement techniques, consistent routines, clear and achievable behaviour expectations, individualized support plans, etc.) was implemented for three months.
- **Post-Intervention Phase:** Post-Assessment - Skillful behaviour and problem behaviour were measured using the same assessment tools as in the pre-intervention phase.

STATISTICAL ANALYSIS

“t” test was used to determine the significance of mean difference.

RESULT AND DISCUSSION

The result of present study are presented table wise.

Hypothesis – 1: There will be a significant difference between pre and post intervention scores of skillful behaviour in children with intellectual disability.

Table No. – 1

Condition	Subject (N)	Mean	SD	SEMD	t-value	Significant level
Pre Intervention	20	1080.55	43.78	0.58	22.95	P<0.01
Post Intervention	20	1093.90	44.03			
N =20				df =19		

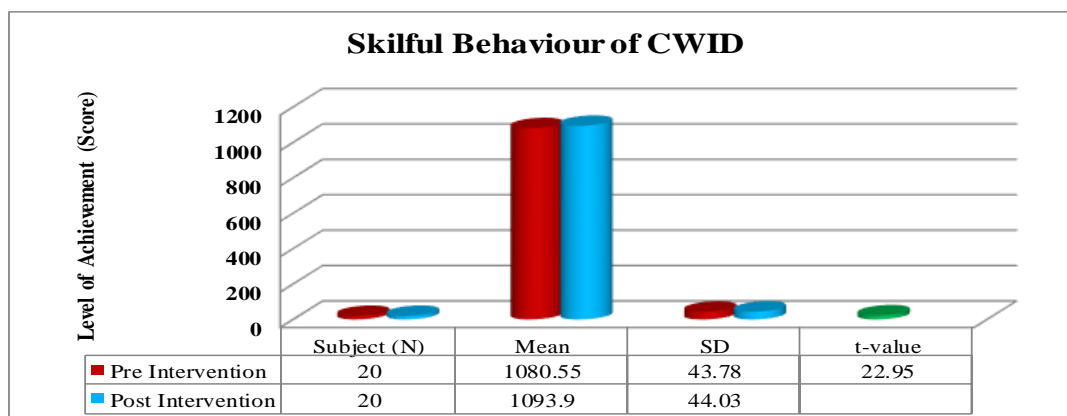


Figure No. – 1: Comparison between Pre- and post-intervention scores for skillful behaviour of children with intellectual disability.

The table and figure number – 1 reveals that the pre-intervention mean value of skillful behaviour of children with intellectual disability is 1080.55 and SD value is 43.78, whereas post-intervention mean value of skillful behaviour of children with intellectual disability is 1093.9 and SD value is 44.03. The t-value between the mean of Pre- and post-intervention is 7.67, which shows significant difference at 0.01 levels. That means there is significant difference between pre and post intervention scores for skillful behaviour of children with intellectual disability. But when we compare mean value the post-intervention scores for skillful behaviour of children with intellectual disability is better as compared to Pre-intervention score. The possible

reason is that during the intervention, the program was conducted in a positive way with the children according to their needs and abilities, which proves that the implementation of the educational activities and behaviour management program in the classroom has an impact on the learning behaviour of children with intellectual disabilities.

Hypothesis – 2: There will be a significant difference between the pre and post intervention scores of skillful behaviour in children with intellectual disability on various dimensions of skilful behaviour such as Motor, ADL, Language, Reading and Writing, Number – Time, Household – Social, Pre-vocational – Money.

Table No. – 2

Domains	Pre Intervention		Post Intervention		SEMD	t-value	Significant level
	Mean	SD	Mean	SD			
Motor	240.45	10.13	242.35	10.03	0.27	7.02	P<0.01
ADL	175.10	10.11	177.15	9.88	0.26	8.00	P<0.01
Language	157.9	9.97	159.10	9.90	0.19	6.44	P<0.01
Reading and Writing	145.80	9.07	148.90	9.44	0.26	11.90	P<0.01
Numbers - Time	132.65	7.99	135.40	8.21	0.26	10.56	P<0.01
Household - Social	117.20	6.21	118.45	6.48	0.20	6.14	P<0.01
Prevocational-Money	111.45	7.71	112.55	7.77	0.20	5.39	P<0.01
N =20					df =19		

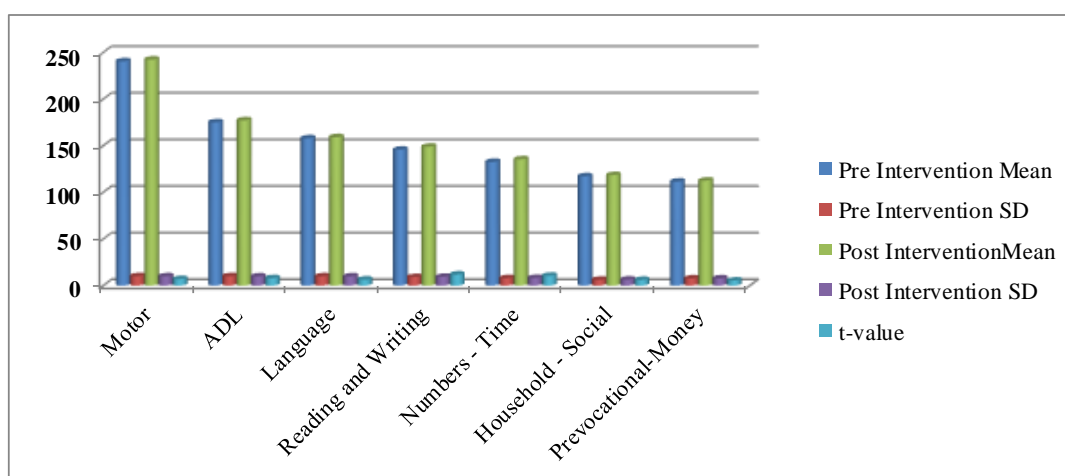


Figure No. – 2: Comparison between Pre- and post-intervention scores for various dimensions of skillful behaviour (Motor, ADL, Language, Reading and Writing, Numbers - Time, Household - Social, Prevocational - Money) of children with intellectual disability.

The table and figure number – 2 reveals that the pre-intervention mean value of skillful behaviour in children with intellectual disability on various dimensions

of skillful behaviour such as Motor, ADL, Language, Reading and Writing, Number – Time, Household – Social, Pre-vocational – Money are 240.45, 175.10, 157.9, 145.80,

132.65, 117.20 & 111.45, whereas post-intervention mean value of various dimensions of skillful behaviour of children with intellectual disability are 242.35, 177.15, 159.10, 148.90, 135.40, 118.45 & 112.55. The t-value of various dimensions of skillful behaviour between the pre- and post-intervention are 7.02, 8.00, 6.44, 11.90, 10.56, 6.14 & 5.39, which shows significant difference at 0.01 level. That means there are significant differences between Pre- and post-intervention scores for various dimensions of skillful behaviour of children with intellectual disability. But when we compare mean value the post-intervention scores for various dimensions of skillful behaviour of children with intellectual disability is better as compared to Pre-intervention score. From the above results it is known that there is a significant difference between the pre

and post intervention scores for all various dimensions of skillful behaviour (motor, ADL, language, reading and writing, number - time, household - social, prevocational - money) of children with intellectual disability. The possible reason is that during the intervention, the program was conducted in a positive way with the children according to their needs and abilities, which proves that the implementation of educational activities, training and behaviour management program in the classroom has an impact on the learning behaviour of children with intellectual disability.

Hypothesis – 3: There will be a significant difference between pre and post intervention scores of problem behaviour in children with intellectual disability.

Table No. – 3

Condition	Subject (N)	Mean	SD	SEMD	t-value	Significant level
Pre Intervention	20	9.25	1.92	0.40	7.67	P<0.01
Post Intervention	20	6.15	1.46			
N =20				df =19		

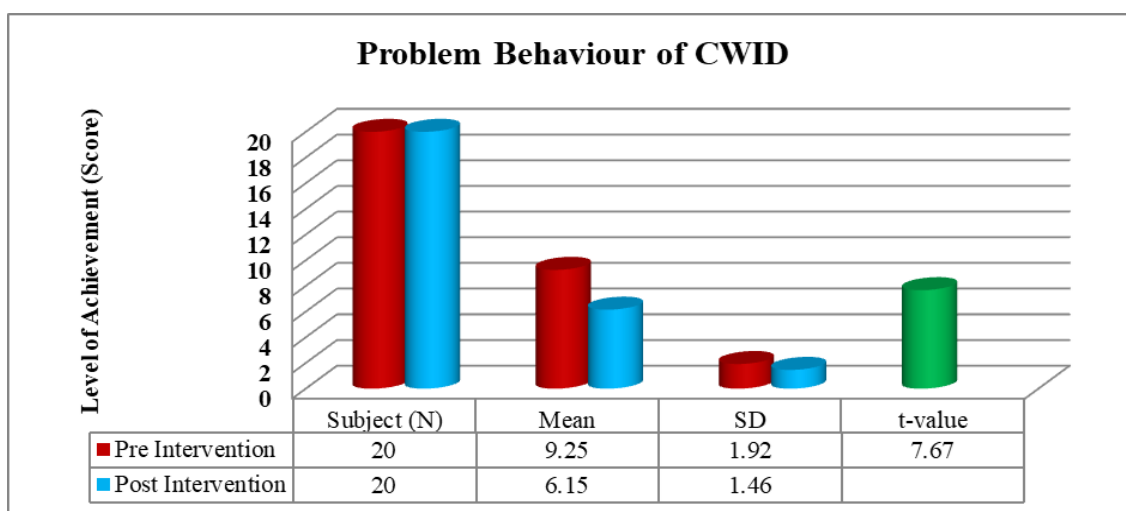


Figure No. – 3: Comparison between Pre- and post-intervention scores for problem behaviour of children with intellectual disability.

The table and figure number – 3 reveals that pre-intervention mean value of problem behaviour of children with intellectual disability is 9.25 and SD value is 1.92, whereas post-intervention mean value of problem behaviour of children with

intellectual disability is 6.15 and SD value is 1.46. The t-value between the mean of pre and post intervention is 7.67, which indicates significant difference at 0.01 levels. It means that there is significant difference between pre and post intervention

scores for problem behaviour of children with intellectual disability. But when we compare the mean value then the post intervention score for problem behaviour of children with intellectual disability is less than the pre intervention score. The possible reason is that during the intervention, the program was conducted in a positive manner and appropriate behaviour modification techniques were used with the children according to their needs and abilities, which proves that the implementation of the behaviour management program in the classroom has

an impact on the learning behaviour of children with intellectual disabilities.

Hypothesis – 4: There will be a significant difference between the pre and post intervention scores of problem behaviour in children with intellectual disability on various dimensions of problem behaviour such as Violent and disruptive behaviour, Temper tantrums, Misbehaves with others, Self-injurious behaviours, Repetitive behaviours, Odd behaviours, Hyperactive behaviours, Rebellious behaviours, Antisocial behaviours and Fears.

Table No. – 4

Domains	Pre Intervention		Post Intervention		SEMD	t-value	Significant level
	Mean	SD	Mean	SD			
Violent and Destructive Behavior	1.5	0.50	1.15	0.48	0.11	3.20	P<0.01
Temper Tantrum	0.8	0.87	0.45	0.59	0.11	3.20	P<0.01
Misbehaves with others	1.55	0.50	1.10	0.44	0.11	3.94	P<0.01
Self-Injurious Behavior	0.65	0.73	0.25	0.43	0.11	3.56	P<0.01
Repetitive Behavior	0.55	0.67	0.2	0.4	0.11	3.20	P<0.01
Odd Behavior	0.3	0.56	0.15	0.36	0.08	1.83	P>0.05
Hyperactive Behaviours	1.8	0.4	1.35	0.48	0.11	3.94	P<0.01
Rebellious Behavior	1.55	0.50	1.2	0.6	0.11	3.20	P<0.01
Antisocial Behavior	0.3	0.56	0.15	0.36	0.08	1.83	P>0.05
Fears	0.25	0.54	0.15	0.36	0.07	1.45	P>0.05
N =20					df =19		

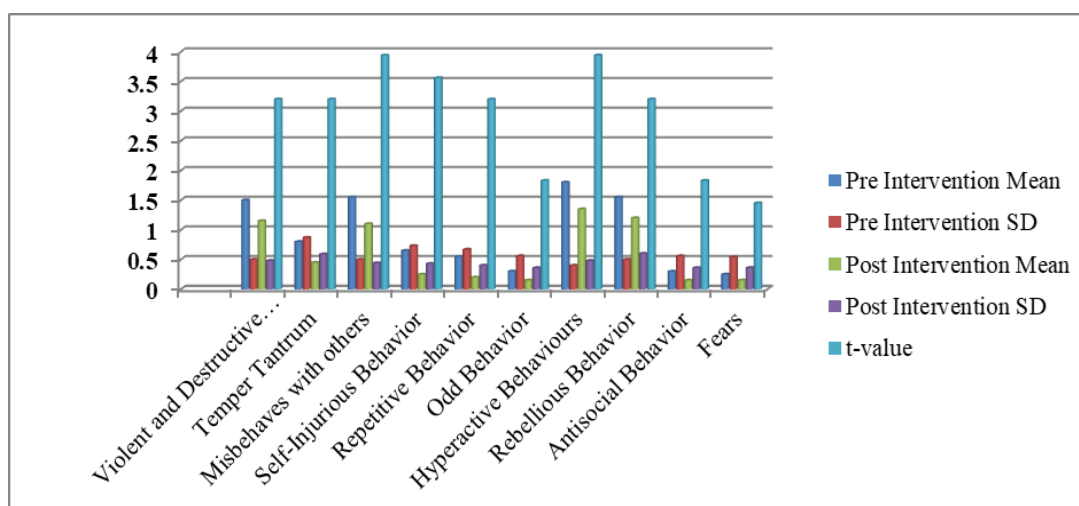


Figure No. – 4: Comparison between Pre- and post-intervention scores for various dimensions of problem behaviour (Violent and disruptive behaviour, Temper tantrums, Misbehaves with others, Self-injurious behaviours, Repetitive behaviours, Odd behaviours, Hyperactive behaviours, Rebellious behaviours, Antisocial behaviours and Fears) of children with intellectual disability

The table and figure number – 4 reveals that the pre-intervention mean value of

problem behaviour in children with intellectual disability on seven dimensions

of problem behaviour such as violent and disruptive behaviour, temper tantrums, misbehaves with others, self-injurious behaviours, repetitive behaviours, hyperactive behaviours and rebellious behaviours are 1.5, 0.8, 1.55, 0.65, 0.55, 1.8 & 1.55, whereas post-intervention mean value of seven domains of problem behaviour of children with intellectual disability are 1.15, 0.45, 1.10, 0.25, 0.2, 1.35 & 1.2. The t-value of seven dimensions of problem behaviour between the mean of pre and post intervention are 3.20, 3.20, 3.94, 3.56, 3.20, 3.94 & 3.20, which shows significant difference at 0.01 levels. That means there are significant differences between Pre- and post-intervention scores for seven dimensions of problem behaviour of children with intellectual disability. But when we compare mean value the post-intervention scores for seven dimensions of problem behaviour of children with intellectual disability is less than the pre intervention score. The pre-intervention mean value of problem behaviour in children with intellectual disability on three dimensions of problem behaviour such as odd behaviours, antisocial behaviours and Fears are 0.3, 0.3 & 0.25 whereas post-intervention mean value of three dimensions of problem behaviour of children with intellectual disability are 0.15, 0.15 & 0.15. The t-value of three dimensions of problem behaviour between the mean of pre and post intervention are, 1.83, 1.83 & 1.45, which shows no significant difference at 0.05 levels. That means there are no significant differences between Pre- and post-intervention scores for three dimensions of problem behaviour of children with intellectual disability. But when we compare mean value the post-intervention scores for three dimensions of problem behaviour of children with intellectual disability is low than the pre intervention score.

From the above results, it is known that there is a significant difference between pre and post intervention scores for seven dimensions (violent and disruptive behaviour, temper tantrums, misbehaves

with others, self-injurious behaviours, repetitive behaviours, hyperactive behaviours and rebellious behaviours) of problem behaviour of children with intellectual disability, there is no significant difference between pre and post intervention scores for three dimensions (odd behaviours, antisocial behaviours and Fears) of problem behaviour of children with intellectual disability. The possible reason is that during the intervention, the program was conducted in a positive manner, training and appropriate behaviour modification techniques were used with the children according to their needs and abilities, which proves that the implementation of the behaviour management program in the classroom has an impact on the learning and skilled behaviour of children with intellectual disabilities.

CONCLUSION

The findings of the present research on the effects of behaviour management programmes on the efficiency of skillful behaviour among children with intellectual disability in the classroom show that there is a significant difference between the pre- and post-intervention scores for skillful behaviour and problem behaviour of children with intellectual disability. The possible reason is that during the intervention, the program was conducted in a positive way with the children according to their needs and abilities, which proves that the implementation of educational activities, training and behaviour management program (appropriate behaviour modification techniques) in the classroom has an impact on the learning behaviour of children with intellectual disability.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. American Association on Intellectual and Developmental Disabilities (AAIDD). (2010). Intellectual disability: Definition, classification, and systems of supports. 11th edition. AAIDD.
2. B., J.-M., & K., J. M. (2009). Foundations of Developmental Disabilities. Routledge.
3. Bandura, A. (1977). Social Learning Theory. Prentice Hall.
4. Bandura, A. (1986). Social Foundations of Thought and Action: A Social Cognitive Theory. Prentice Hall.
5. Brown, K., & Clark, H. (2020). The Impact of Teacher Training on the Implementation of Behaviour Management Strategies in Special Education. *Teaching and Teacher Education*, 89, 102-111. <https://doi.org/10.1016/j.tate.2019.102295>
6. Darwin, C. (1872). *The Expression of the Emotions in Man and Animals*. John Murray.
7. Dewey, J. (1938). *Experience and Education*. Macmillan.
8. Erikson, E. H. (1950). *Childhood and Society*. W.W. Norton & Company.
9. Eysenck, H. J. (1964). *Crime and Personality*. Routledge & Kegan Paul.
10. Freud, S. (1905). *Three Essays on the Theory of Sexuality*. Basic Books.
11. Green, M., & Adams, J. (2022). Effectiveness of Individualized Behavior Plans for Students with Intellectual Disabilities. *Journal of Behavioural Education*, 31(2), 345-362. <https://doi.org/10.1007/s10864-021-09431-4>
12. Greene, R. W. (2008). *Lost at School: Why Our Kids with Behavioural Challenges are Falling Through the Cracks and How We Can Help Them*. Scribner.
13. Greene, R. W., & Ablon, J. S. (2006). *Treating Explosive Kids: The Collaborative Problem-Solving Approach*. The Guilford Press.
14. Harris, N., & Chang, F. (2020). Culturally Responsive Behaviour Management Strategies for Diverse Special Education Classrooms. *Multicultural Perspectives*, 22(1), 34-45. <https://doi.org/10.1080/15210960.2020.1680134>
15. Janney, R., & Snell, M. E. (2000). *Behavioural Support: Teachers' Guides to Inclusive Practices*. Paul H. Brookes Publishing Co.
16. Jenson, W. R., Rhode, G., & Reavis, H. K. (1994). *The Tough Kid Toolbox*. Sopris West.
17. Johnson, D. W., & Watson, F. J. S. (2005). *Intellectual Disabilities: Concepts and Definitions*. Routledge.
18. Johnson, P., & Lee, S. (2022). Innovative Technological Tools for Behaviour Management in Special Education. *Journal of Educational Technology & Society*, 25(2), 60-75. <https://www.jstor.org/stable/48682369>
19. Kauffman, J. M. (2005). *Characteristics of Emotional and Behavioural Disorders of Children and Youth*. Pearson.
20. Kelly, H. J., & Edwards, M. L. (2022). The Role of Family Involvement in Behaviour Management Programs for Children with Intellectual Disabilities. *Journal of Special Education Research*, 19(2), 78-94.
21. Kolb, D. A. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Prentice Hall.
22. Lee, A., & Garcia, M. (2021). The Impact of Behaviour Management Programs on Social Skills Development in Children with Intellectual Disabilities. *Journal of Applied Behaviour Analysis*, 54(2), 453-469. <https://doi.org/10.1002/jaba.806>
23. Lee, N. J. K. L., & Meyer, J. W. R. H. (2007). *Understanding Intellectual Disabilities: A Comprehensive Guide*. Sage Publications.
24. Liu, D. H. C., Freeman, K. L. N. M., & Louie, M. A. T. (2023). Effectiveness of Tiered Behaviour Management Systems in Enhancing Skilful Behaviour in Students with Intellectual Disabilities. *Journal of Special Education*, 57(2), 109-123.
25. Marzano, R. J., Marzano, J. S., & Pickering, D. J. (2003). *Classroom management that works: Research-based strategies for every teacher*. ASCD.
26. Ministry of Law and Justice, Government of India. *The Rights of Persons with Disabilities Act, 2016*. No. 49 of 2016. [Published in the Gazette of India, Part II, Section 1].
27. Nguyen, T., & Smith, L. (2021). Implementing Behaviour Management Programs within Multi-Tiered Systems of Support. *Journal of Learning Disabilities*, 54(4), 295-307. <https://doi.org/10.1177/0022219420912991>

28. Norman, D. A. (1988). *The Psychology of Everyday Things*. Basic Books.
29. Patterson, G. R. (1982). *Coercive Family Process*. Castalia Publishing Company.
30. Pavlov, I. P. (1927). *Conditioned Reflexes: An Investigation of the Physiological Activity of the Cerebral Cortex*. Oxford University Press.
31. Piaget, J. (1964). Development and learning. In R. E. Ripple & V. N. Rockcastle (Eds.), *Piaget rediscovered*. Cornell University.
32. Roberts, E., & Wilson, A. (2019). The Role of Parental Involvement in Enhancing the Effectiveness of School-Based Behaviour Management Programs. *Family Relations*, 68(4), 441-455. <https://doi.org/10.1111/fare.12357>
33. Rosenberg, E. M., Ramirez, J. D., & Novak, B. A. (2022). Social-Emotional Learning Programs for Managing Behaviour in Children with Intellectual Disabilities. *Educational Psychology Review*, 34(1), 45-62.
34. Scott, D., & Thompson, L. (2021). Longitudinal Effects of PBIS on Student Behaviour and Academic Performance. *Journal of Positive Behaviour Interventions*, 23(1), 56-67. <https://doi.org/10.1177/1098300720916305>
35. Skinner, B. F. (1953). *Science and Human Behaviour*. Macmillan.
36. Skinner, B. F. (1957). *Verbal Behaviour*. Appleton-Century-Crofts.
37. Smith, A. L., & Thompson, R. P. (2023). Individualized Behaviour Management Plans in Inclusive Classrooms: Effects on Skilful Behaviour in Children with Intellectual Disabilities. *Teaching Exceptional Children*, 56(3), 195-211.
38. Sternberg, R. J. (2001). *Intelligence and How to Get It: Why Schools and Cultures Count*. Yale University Press.
39. Sugai, G., & Horner, R. H. (2002). The evolution of discipline practices: School-wide positive behaviour supports. *Child & Family Behaviour Therapy*, 24(1-2), 23-50.
40. Sugai, G., Horner, R. H., & others. (2000). Applying Positive Behaviour Support to Enhance Social Skills in Students with Disabilities. *Journal of Positive Behaviour Interventions*, 2(4), 233-243.
41. Taylor, J., & Kim, R. (2023). Cognitive-Behavioural Interventions for Students with Intellectual Disabilities: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 26(1), 90-115. <https://doi.org/10.1007/s10567-023-00387-5>
42. *The Rights of Persons with Disabilities Act, 2016*, Chapter I, Section 2(1)(r)
43. Umbreit, J., Ferro, J., Liaupsin, C. J., & Lane, K. L. (2007). *Functional Behavioural Assessment and Function-Based Intervention: An Effective, Practical Approach*. Pearson.
44. Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Harvard University Press.
45. Watson, J. B. (1913). Psychology as the behaviourist views it. *Psychological Review*, 20(2), 158-177.
46. Webster-Stratton, C. (1992). *The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 2-8 Years*. Umbrella Press.
47. Webster-Stratton, C. (2001). *The Incredible Years: Parents, Teachers, and Children's Training Series*. In J. M. Briesmeister & C. E. Schaefer (Eds.), *Handbook of Parent Training* (pp. 281-317). John Wiley & Sons.
48. Williams, R., & Martinez, T. (2021). Comparing the Effectiveness of PBIS and ABA in Special Education Classrooms. *Journal of Special Education*, 55(3), 205-219. <https://doi.org/10.1177/0022466921992585>
49. Wilson, S. K., & Carter, T. J. (2021). Blended Behaviour Management Programs: Integrating Technology and Traditional Methods for Children with Intellectual Disabilities. *Journal of Behavioural Education*, 30(4), 337-355.
50. World Health Organization (WHO). (2001). *International Classification of Functioning, Disability and Health (ICF)*. WHO.

How to cite this article: Sunil Kumar Agrahari, Virendra Singh Ruhela, Ajit Kumar Gupta. The effect of implementation of behaviour management programmes in the classroom on the efficiency of skilful behaviour in children with intellectual disability. *International Journal of Science & Healthcare Research*. 2024; 9(3): 478-489. DOI: [10.52403/ijshr.20240354](https://doi.org/10.52403/ijshr.20240354)
