

Behavioral Management Strategies employed by DSWD House Parent to Children with Intellectual Disabilities

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Abstract – *This study utilized both qualitative and quantitative research methods. The qualitative research approach qualitatively described the demographic profiles and psychological background of the DSWD house-parents and the children with intellectual disabilities. The quantitative design described the behavioral problems of children with intellectual disabilities and the behavioral management styles practiced by DSWD house-parents in handling children with intellectual disabilities at the Accelerating Minors Opportunity for Recovery (AMOR) Village to be able to come up with an effective behavioral management program. Moreover, the study dealt with the profile of the respondents; behavioral problems of the children with intellectual disabilities as observed by the house-parents; house-parents management styles of the observed behavioral problems; and the Behavioral Management Program that was developed from the findings of the study.*

The study was conducted to identify the behavioral problems of children with intellectual disabilities in their day-to-day circumstances. It was also a great help to house-parents in order to manage behavioral problems. It may also a great help for the institutions who have a part in educating and imparting values of children with intellectual disabilities. The present study confined to identify the behavioral problems of children with intellectual disabilities. The study was delimited to the residents and house-parents of Accelerating Minors Opportunity for Recovery (AMOR) Village in Anao, Tarlac Academic Year 2017 - 2018 which was used as respondents of the study. House-parents was twenty (20) house-parents who are handling children with Intellectual Disabilities.

Keywords – *Behavioral Problems, Behavioral Management Strategies, Intellectual Disabilities*

INTRODUCTION

Intellectual disability is a lifelong condition of impaired or incomplete mental development. The signs can be observed at an early stage. There may be chances that a child may develop the skill in sitting, eating and accomplishing tasks but, the development is later than those children who do not have such condition. Other accompanying symptoms include aggression, a tendency toward self-injury and personality changes [1]. It has been estimated that 1-2% of the world's populations have intellectual disabilities; with higher prevalence rates reported among children and adolescents and in lower income countries [2]. Between 40-67% of children with pervasive developmental disorders also have intellectual disability. Given the current global fertility rate of 2.5, this suggests that between 1 in 50 and 1 in 20 families with children in the world

include a child with intellectual disabilities and People with intellectual disabilities are frequently a low priority in government planning and policy development [3]. Governments may fail to provide essential services to people with intellectual disabilities and their families in such areas as education and employment thereby perpetuating the devaluation of persons with intellectual disabilities, as well as the stigma, exclusion, and shame associated with the disability [4].

In the Philippines, most of the students' behavioral problems are caused by having a broken family. Hence, one study conducted by suggested that this is the biggest factor that affects the students' behavior and academic performance inside the class [5]. This is supported by the analysis of which proved that

family problems are always undertaken as the most common cause of high school students' misbehavior in class [2].

With all these notions about behavioral problems in classrooms, Shek [6] said that strategies for improving behavior include ensuring that the patient's environment is safe, calm, and predictable; removing environmental stressors; and identifying and avoiding situations that agitate or frighten the patient. Simple interventions include redirecting and refocusing the patient, increasing social interaction, establishing regular sleep habits, eliminating sources of conflict and frustration, and establishing rewards for successes.

Quijano [7] explained the content of the Handbook on Special Education by the steps to the identification and assessment of children with behavior problems: Gather related issues and useful information regarding the child and his problems; Include different situations that the child has expected with difficulty; Assess the child learning problems and conditions based on gathered data; Set goals and determination of strategies to be used; Assess programs' strategies to be implemented to change the child's conditions; Implement the different strategies agreed upon; Make an observation among the steps and the goals which have made are effective toward which the steps have the useful; Give evaluation over all what has been done. This handbook will help researcher to provide a clear definition and have a better understanding of behavioral problems as manifested by children with special needs.

On the same context, Walker [8], emphasized the difference between discipline and behavior management. Discipline is "order" among pupils so learning can take place without competition from unproductive factors. Behavior management, on the other hand, are all those actions (and conscious inactions) teachers and parents engage in to enhance the probability that children, individually and in groups, will develop effective behaviors that are personally fulfilling, productive, and socially acceptable. The actions are studied, planned, and objectively used and evaluated considering all relevant variables: the individual or groups being studied, the behavior under consideration, the setting where the behavior occurs, the individual applying

the intervention, and the purpose of intervention. More specifically, behavior management is an individualized process. The ultimate goal of behavioral management intervention is self-discipline which is the ability to attain control over one's personal behavior in a variety of setting with other individuals or groups.

In addition, Smith [9] emphasized that children with intellectual disability need help with adaptive skills needed to live, work and play in the community. Teachers and parents can help a child work on these skills at both school and home such as communication with each other, taking care of personal needs (dressing, eating, bathing, going to the bathroom), home living, (helping top set the table, cleaning house, or cooking dinner), social skills (manners, knowing the rules of conversation, getting along in a group, playing a game), health and safety (healthy habits and road signs), reading, writing, and basic math.

Moreover, Batshaw [10] stated that with proper supervision and socio-financial support from the family, community, and the government, some children with intellectual disability can become fairly self-sufficient and in some cases, live independently and can successfully live and work in their communities. They can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community with their own family. They may master basic self-care skills and some communication skills. A child with intellectual disability can do well in a school but is likely to need individualized help.

In like manner, Heward [11], says early intervention programs are available in many areas to assess the needs of children with intellectual disability under the age three and provide treatment. Early therapeutic intervention can optimize the development of young children with intellectual disability especially those with mildly affected. Special pre-school or inclusion program are appropriate if the classroom pace and expectations are consistent with the children's slower learning rates. Likewise, Dañocup [12], defined behavior issues as the biggest roadblock to educating a child with special needs. The term problem behavior is consistently used to refer to a behavior which is

perceived as not acceptable because it disrupts teaching and learning process. Learning how to effectively manage the behavior of students will ensure their time to learn the curriculum.

Cristobal [13] determined the prevalence rate of behavioral problems among school age children studying in five of the most populated private schools in Zamboanga City. Results show that 58 children or 16.2% are found to have behavioral problems. A breakdown of this overall prevalence revealed that out of the 58 children found to have behavioral problems, 38 (65.5%) had conduct problems, 24 (41.37%) had peer problems, 23 (39.65%) had hyperactivity, and 15 (25.86%) had emotional problems. The conclusion is that the prevalence of behavioral problems among school age children studying in private elementary schools may be higher than the usually expected in similar populations.

The present study developed a Behavior Management Program. The said literatures had been beneficial to the study in having a better concept on the behavioral management program to be developed.

OBJECTIVES OF THE STUDY

The main intent of this research study was to identify the behavioral management strategies employed by DSWD house-parents to children with intellectual disabilities. Specifically, it sought to answer the following: 1. What is the profile of the House - Parents as to: a. sex; b. age; c. civil status; d. highest educational attainment; e. relevant seminar or workshop and trainings attended; f. length of service; g. intelligence quotient and emotional quotient. 2.

What is the frequency of manifestation of behavioral problems among children with intellectual disabilities as observed by house-parents. 3. What management strategies are employed by house-parents to handle each of the observed behavioral problems of children with intellectual disabilities. 4.

What are the perceived needs of house-parents in managing behavioral problems of children with intellectual disabilities. 5. What Behavioral Management Program for Children with Intellectual Disabilities can be proposed to enhance the knowledge and skills of house-parents?

METHODS

The study utilized both qualitative and quantitative research methods. Bryman and Bell [14] stated that qualitative research is a research strategy that indicates the relationship between theory and research and usually emphasizes on how theories were generated. The respondents of this study were twenty (20) house parents handling children with intellectual disabilities.

The researcher conducted interview to the DSWD house-parents about the observed behavioral problems and behavioral management styles in handling children with intellectual disabilities. Further observation was conducted to identify the needed data which are not revealed in the interview and questionnaire. While the respondents answered the questionnaire during the interviews to make sure that all data was known and answered.

Additionally, qualitative research is collected through direct encounters. Hence, in this study, interviewing a focus group is found to be imperative.

RESULTS AND DISCUSSION

This study included variables relating to house parent handling children with intellectual disabilities children. The first variable referred to in this study is the profile of the house parent handling children with intellectual disabilities which includes a. sex; b. age; c. civil status; d. highest educational attainment; e. relevant seminar or workshop and trainings attended; f. length of service; g. intelligence quotient and emotional quotient. The behavioral management strategies employed by DSWD-house parent to children with intellectual disabilities.

On Sex of the house parent respondents: twenty house parent respondents, sixteen or eighty percent (80%) were females and four or twenty percent (20%) of them were males.

Moreover, most fathers of children with dyslexia are graduate in high school with 60 percent. On the other hand, most mothers are college graduates with 50 percent. Most fathers of the respondents are working as a farmer with 30 percent. On the other hand, four or 40 percent of mothers are self-employed. Furthermore, as to the monthly income of the family, most parents are earning Php 6,000-15,000 with four or 40 percent.

Profile of the House Parent

Table 1. Profile of the House Parent

Attributes	Frequency	Percent
Sex		
Female	16	80
Male	4	20
Age		
21 – 30	4	20
31 – 40	3	15
41 – 50	8	40
51 and above	5	25
Civil Status		
Single	4	20
Married	15	75
Widow	1	5
Highest Educational Attainment		
Master's Graduate	1	5
Bachelor's Graduate	10	50
Bachelor's Undergraduate	5	25
Secondary	4	20
Relevant Seminar or Workshop and Trainings attended		
Basic Sign Language	17	85%
GAD PAVE-Public Accountability and Values Enhancement	8	40%
Trauma Informed Care	6	30%
Stress Management	5	25%
Understanding Management of Children Adult with Special Needs	4	20%
Gender and Development	3	15%
Basic Red Cross First Aid Training	2	10%
Mushroom Growing in the Tropic	2	10%
Empowerment & Reaffirmation of Paternal Abilities Training (ERPAT)	1	5%
Trainings on House Parenting Standard	4	20%
Length of Service of the House-parents		
1 – 3 years	10	50
4 – 7 years	3	15
8 – 10 years	7	35
Emotional Quotient and Intelligence Quotient		
EQ Indicators (Intrapersonal, Interpersonal, Stress Management, Adaptability and General Mood)		
Enhanced Skills	12	60%
Effective Functioning	8	40%
IQ Indicators		
Average (47-53)	6	30%
Below Average (33-46)	11	55%
Intellectually Inferior (11-32)	3	15%

Table 2. Behavioral Problems of Children with Intellectual Disabilities

Behavioural Problems	Always	Often	Sometimes	Seldom	Rarely	Mean	Description
	5	4	3	2	1		
Attention-getter	5	5	6	2	2	3.45	Often
Short-tempered	4	6	4	5	1	3.35	Sometimes
Bullying	5	5	4	3	3	3.3	Sometimes
Quarrelsome	3	2	10	4	1	3.1	Sometimes
Hitting	3	4	4	8	2	3.05	Sometimes
Anti-social	4	6	2	2	6	3	Sometimes
Beating	3	4	6	3	4	2.95	Sometimes
Getting Wild	2	6	5	3	4	2.95	Sometimes
Saying bad words	4	4	3	3	6	2.85	Sometimes
Restless	1	4	9	2	4	2.8	Sometimes
Breaking Materials	1	5	5	7	2	2.8	Sometimes
Biting	2	3	5	3	7	2.5	Seldom
Throwing	1	3	6	1	9	2.3	Seldom
Head banging	1	3	4	2	10	2.15	Seldom
Escaping in the Village	1	0	2	6	10	1.65	Rarely
Eating Sand	0	0	0	7	13	1.35	Rarely
Grand Total						2.72	Sometimes

On Age: eight or forty percent (40%) of the respondents are in the age range of 41 to 50 years old, five or twenty five percent (25%) of the respondents ranges from 51 years old and above, four or twenty percent (20%) ranges from 21 to 30 years old, and three or fifteen percent (15%) of the respondents are in the age of 31 to 40 years old.

Since the AMOR village management has currently some activities for children with intellectual disabilities that help to lessen the behavioral problems of children such as music and art therapy, home life, health, spiritual and educational program, the behavioral problems displayed by children with intellectual disabilities are minimized or lessen.

Learning Style of Children with Dyslexia

Table 3. Learning Style of Children with Dyslexia

Behavioural Problem	Strategies	Mean	Description
Attention-getter	Praise the desired behaviour, by saying "thank you for letting me complete my command."	4.10	Often
	Ignore strategy which involves not rewarding the child with the attention he/she seeks.	2.85	Sometimes
Total Mean		3.47	Often

Short – tempered	Repeat a comforting phrase or deep breathing.	3.45	Often
	Teach the child a self-calming techniques including visualizing a peaceful location;	3.2	Sometimes
Total Mean		3.2	Sometimes
Bullying	Ensure the bully child to apologize directly to the victim	3.85	Often
	Give counselling that may be instrumental in ensuring that this was happens with a professional manner	3.40	Sometimes
	Engage the bully child in conversation to find out what is the reason caused by bullying	3.30	Sometimes
	Sit with the bully child in a one on one situation to find out where the behaviour came from.	3.25	Sometimes
Total Mean		3.45	Often
Quarrelsome	Encourage the child to go this space when they become angry or out of control.	3.40	Sometimes
	Find a space in the house to designate as a relaxation space. It does not have to be a large space but it does need to be away from high activity areas.	3.05	Sometimes
	Teach the child to take deep breaths (in through the nose, out through the mouth) when they begin to feel frustrated and out of control	2.65	Sometimes
Total Mean		3.03	Sometimes
Hitting	Ask the child to hit a punching bag for a maximum of five minutes.	2.75	Sometimes
	Instruct and say “NO HITTING” immediately.	2.3	Seldom
	Hold the child’s hand firmly by his or her side for 30 seconds while saying, “NO HITTING.”	2.3	Seldom
Total Mean		2.45	Seldom
Anti-Social	Teach the child with interactive playing with peers.	3.25	Sometimes
	Facilitate a role-playing with dolls, puppets, etc.	2.65	Sometimes
	Give an imaginative playing with dolls, puppets, etc.	2.35	Seldom
	Pretend to be tree, wind, bird, frog, etc.	2.0	Seldom
	Pretend to be doing some actions like swimming, driving, and jumping.	1.95	Seldom
Total Mean		2.44	Seldom
Beating	Teach the child a self-calming techniques including visualizing a peaceful location.	3.05	Sometimes
	Give a child a thing which he or she can beat like a pillow or punching bag.	2.9	Sometimes
Total Mean		2.97	Sometimes
Getting Wild	Wrap yourself (house-parent) around an out-of- control child and to say over and over in a calm voice what will occur: “When you are ready to calm down, you will go to lunch. If not, you will stay with me. You let me know when you are ready.”	3.6	Often
	Remove the child from the place with another house-parent.	3.35	Sometimes
	Make the child feel safe with rocking and a calm voice: “I will	3.15	Sometimes

	not allow you to do that. Yes, I do love you, but I will not allow you to..."		
Total Mean		3.25	Sometimes
Saying bad words	Tell him or her that it is unacceptable and if he or she says it again consequences will be given;	3.1	Sometimes
	Give the child a list of ten alternatives words to bad words.	2.3	Seldom
	Tell the child that each time he or she has the urge to say bad words; he/she should use a word from the list.	2	Seldom
Total Mean		1.85	Seldom
Restless	Facilitate an activity which can help the child burn excessive energy such as martial arts or karate as these activities teach them to maintain discipline and self-control.	3.20	Sometimes
	Use Time Out (to calm down) for aggressive behaviour	3.20	Sometimes
Total Mean		3.20	Sometimes
Breaking Materials	Remove objects that could prove dangerous, and ask others leave the room so that the person is in a one-on-one situation with a trusted individual.	3.45	Often
	When the child has calmed down, return him or her to the triggering situation and model the behaviour appropriate to the situation.	3.25	Sometimes
	Remove the child from the situation. If possible, direct the child into a quiet place where he or she can be observed building towards aggressive behaviour.	3.15	Sometimes
	Tell him or her to calm while talking quietly and refrain from saying anything inflammatory.	3.1	Sometimes
Total Mean		3.20	Sometimes
Biting	Apply overstimulation by pushing the fingers or hand further into his mouth.	2.9	Sometimes
	Instruct and say "NO BITING" immediately.	2.3	Sometimes
	Hold the child hands down firmly by his sides for 30 seconds while saying "NO BITING."	2.1	Seldom
Total Mean		2.43	Seldom
Throwing	Ask the child to transfer objects from one container to another for five minutes.	3.45	Often
	Instruct the child to "pick up" all the materials he threw and put them inside the box with verbal instruction, "NO THROWING, PICK IT UP, PUT INSIDE THE BOX."	2.7	Sometimes
	Instruct and say "NO THROWING" immediately.	2.6	Seldom
Total Mean		2.91	Sometimes
Head banging	Place the table and chair away from the child for 10-15 seconds	3.45	Often
	Take the child's hand and ask him to bang his hands on the mat or pillow for 3 minutes saying, "BANG ON PILLOW/MAT"	2.15	Seldom
	Pull Away materials for 10-15 second, then give them back and praise him when he begins to work	2.35	Seldom
	Sit the child on the chair in front of the table and hold down his head on the table for 30 seconds	2.35	Seldom
Total Mean		2.57	Sometimes

Escaping in the village	Give the child a mini-massage.	3.35	Sometimes
	Give him or her shoulder rub or lightly running your fingers through his/her hair can calm children quickly.	3.3	Sometimes
	Feel that he or she will be well taken care of in the village.	3.05	Sometimes
	Touch is very important in this situation for the child.	3	Sometimes
Total Mean		3.17	Sometimes
Eating Sand	Describe or comment on bad behaviour.	3.05	Sometimes
	Use signal which involves using prompts to stop or start specific behaviours.	2.15	Seldom
	Count from 1 to 10 to signal a child to stop an undesired behaviour or use the secret gesture to signal the child.	1.95	Seldom
	Prompts may be verbal or nonverbal, and they may be secret signals between the house-parent and the child.	1.55	Rarely
Total Mean		1.88	Seldom
GRAND MEAN		2.84	SOMETIMES

Among the behavioral management strategies employed by house-parents to handle various behavioral problems of children with intellectual disabilities, behavioral management strategies on attention-getter got the highest total mean score of 3.47 with a description of often while behavioral management strategies on saying bad words got the

total lowest mean score of 1.85 with a description of rarely. The total grand mean for behavioral management strategies employed by house-parents to handle various behavioral problems of children with intellectual disabilities is 2.84 with a description of sometimes.

Table 4. Perceived Needs in Managing Behavioral Problems

Perceived Needs in Managing Behavioural Problems	f	%	Rank
Training on Behavioural Management Techniques	8	40%	1
Materials for table top activity	6	30%	2
Radio music room	5	25%	3.5
Training on how to manage stress	5	25%	3.5
Group Dynamics (Per Hour Activity)	4	20%	5.5
Wellness room for physical activities with yoga and Boxing gloves especially for children who wanted to be alone	4	20%	5.5
More Patience	3	15%	7

On managing behavioral problems of children with intellectual disabilities as perceived by the house-parents: eight or forty percent (40%) of the respondents perceives that there is a need on training on behavioral management techniques, six or thirty percent (40%) perceives the need for materials for table top activity, five or twenty five percent (25%) of the respondents sees the need for training on how

to manage stress, five or twenty five percent (25%) agreed that there are needs for training on how to manage stress and radio music room, while four or twenty (20%) percent says that there are needs for group dynamics (per hour activity) and wellness room for physical activities with yoga and boxing gloves especially for children who wanted to be

alone, lastly, three or fifteen percent (15%) says there is need for more patience.

CONCLUSION AND RECOMMENDATION

From the result of the study, the following conclusions were drawn: (1) Most of the house-parents at AMOR Village are female middle age, married, college degree holder with high E and IQ. House parents have attended seminars and workshops related to their profession however, few had training related to House parenting. (2) The house-parents perceived that attention-getter is the most often displayed Behavior of Children with Intellectual Disabilities. (3) The behavioral management strategies employed by house-parents in AMOR Village to handle various behavioral problems of children with intellectual disabilities are described to be conducted sometimes since it was also found that these behavioral problems also happened sometimes. It was also concluded that most of the behavioral problems were addressed properly. (4) The most felt need in managing behavioral problems of children with intellectual disabilities as perceived by the house-parents is on training on behavioral management techniques.

It is recommended that AMOR Village will employ more male house-parents to deal with tasks that require physical strength. It is also suggested to hire younger house parents for who could not easily stop them because the children are more vigorous than them. Administrators of AMOR Village may encourage their house-parents to continue their professional development by providing scholarship through linkages with various schools and non-government organizations as well as giving little incentives to house parents who will pursue and attain higher educational degree. Since attention-getter is the most and common behavioral problem, it is recommended to have enough number of house-parents in AMOR village to attend to all the needs of children with intellectual disabilities.

Other activities such as group dynamics and improvement of facilities are also encouraged to divert the attention of the children with intellectual disabilities. Although most of the behavior problems of children with disabilities are addressed, it is recommended to come up with new and creative strategies to deal with these. It is also suggested that

house-parents should be provided reading materials such as module and handbook related to dealing with behavioral problems of children with intellectual disabilities. The researcher recommends that AMOR village administrators should initiate the conduct of regular seminar or training to house-parents that will help to increase their patience in handling children with intellectual disabilities and report for bigger budget allocation. The administrators should strengthen their linkages with local government and other non-government organizations that could provide assistance to the institution particularly putting up of a wellness room for physical activities. The proposed House-Parents' Handbook for Behavioral Management should be accommodated of the AMOR village for further validation, production and utilization.

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