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Anxiety, disruptive behaviours and self absorbed problems of children with moderate intellectual disability

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ABSTRACT

The present study is an attempt to find out the prevalence of anxiety, disruptive behaviour and self absorbed problems of children with moderate intellectual disability (IQ: 35-55). Sample comprised of 37 children randomly selected from 3 special schools for mentally retarded children in Pondicherry. (Mean 11.5 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 gender difference was significant in influencing the anxiety and self absorbed problems of children with moderate intellectual disability, whereas age and area differences were not significant.

Key words: Moderate Intellectual Disability, Anxiety, Disruptive. Self-Obsorbed, Special Schools

1. INTRODUCTION

Intellectual disability affects approximately 1% to 3% of the population in developed countries. Young people with intellectual disability have been found to have levels of psychopathology approximately 3 to 4 times higher than that of typically developing children (Dekker Mc, Koot HM, 2002). Mental disorders are commonly experienced by people with intellectual disabilities. The point prevalence has been measured as 40% (Looper & Bailey, 2001). Children with intellectual disability are at increased risk for emotional and behavioral problems. The types of psychiatric disorders have been reported to vary among child with moderate disability and among those with severe intellectual disability in this disruptive and antisocial behaviour are more common in former (Koller, Einfield & Tonge 1996 b). In many cases the mental health problems in people with ID are already present at a young age. Estimates of the prevalence of mental health problems in children with ID range from 30% to 60% (Dekker & Koot, 2003a). Increased risk for psychiatric disorders in children with intellectual disability has been associated with male gender or increasing age (Stromme & Diseth 2000, Emerson 2003a). Children with mild-moderate ID tend to have more antisocial/disruptive behaviours (Einfield. 2006, Koskentausta & Almquist 2004).

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2. MATERIALS AND METHODS

2.1. *Sample*

The sample of the present study comprised of 37 randomly selected children (21 male and 16 female) with moderate intellectual disability (IQ: 35-55) attending special schools in puducherry Union Territory (UT). Age ranges of the children were from 6 to 15 years (mean age 11.5 years). In the sample children with comorbid epilepsies, sensory deficits like impairment of vision, hearing, other psychological disorders and physical problems were excluded.

TOOLS USED

2.2. *Binet kamat Test* (BKT)

It was developed by Binet and simon (1916) to identify mentally retarded children in French schools served it purpose well. This Indian adoption has items at each age level and yields and mental age and intelligence quotient.

2.3. *Vineland social maturity scale* (VSMS)

It was originally deviced by Doll (1935). The scale was used to assess children age 0-16 year in the areas of self-help general, self-help dressing, self-help eating, self-direction, locomotion, occupation, communication and socialization. The scale yields a social age and a social quotient, which can be considered a proximate intelligence quotient.

Table 1 Anxiety, Disruptive behaviours and self absorbed problems on the basis of Age

Variables	Gender	N	Mean	Std. dev	't' value	Level of significance
Anxiety	6-10	16	6.13	3.32	1.211	Not Significant
	11-15	21	4.86	3.02		
Disruptive	6-10	16	15.44	10.39	1.544	Not significant
	11-15	21	11.24	5.91		
Self aborded	6-10	16	18.63	13.38	1.706	Not significant
	11-15	21	12.33	9.04		

Table 2 Anxiety, disruptive behaviours and self absorbed problems on the basis of Gender

Variables	Gender	N	Mean	Std. dev	't' value	Level of significance
Anxiety	Male	21	6.57	2.31	2.790*	Significant
	Female	16	3.88	3.55		0.5 level
Disruptive	Male	21	13.76	8.05	0.589	Not Significant
	Female	16	12.13	8.79		
Self aborded	Male	21	18.29	10.62	2.062*	Significant
	Female	16	10.81	11.30		0.5 level

Table 3 Anxiety, Disruptive behaviours and self absorbed problems on the basis of Area

Variables	Gender	N	Mean	Std. dev	't' value	Level of significance
Anxiety	Rural	12	5.58	3.14	0.233	Not Significant
	Urban	25	5.32	3.25		
Disruptive	Rural	12	14.42	9.52	0.687	Not significant
	Urban	25	12.40	7.77		
Self aborded	Rural	12	14.50	11.15	0.202	Not significant
	Urban	25	15.32	11.74		

2.4. Development Behaviour checklist – Teacher version **(DBC- T)**

It was developed by (Einfeld & Tonge, 2002). This instrument assesses the behavioural and emotional problems of young people age 4-18 years with developmental and intellectual disabilities and is completed by teachers or a teacher aide who has known the children for atleast two months. This scale comprises of 94 items. Each behavioural description is scored on a 0, 1, 2 rating scale as where 0= 'not true as for as you', 1= 'some what or sometimes true'; and 2 = 'very true or often true'. The instrument has a high inter – rater reliability between parents and between teachers. Test-retest reliability of both the DBC-P and DBC-T was also high (0.83 and 0.76 respectively). The inter rates reliability (teacher aide) of the DBC-T was found to be 0.60 (intra – class correlation) which is indicate of good reliability.

3. RESULTS AND DISCUSSION

Table I shows that 3 dimension of scales namely anxiety, disruptive behaviours & self absorbed problems can be inferred that "t" value is non- significant. Table II shows that 3 dimension of scales namely anxiety, disruptive behaviours & self absorbed problems can be inferred that't' value (2.790), in significant for anxiety at .05 level and't' value (2.062) is significant for self absorbed problems at .05 level of significant. The Present study supports the previous finding that anxiety and self absorbed problems are common in children with moderate intellectual disability prevalence of anxiety and self absorbed problems is higher in male children than in female children. Several other studies suggested that males were more likely to have higher behaviour problem scores (Emerson, 2003b) Hastings & Mount, 2001), Molteno, Finchikescu, Dawes, 2001).

A sample of 264 children with moderate ID (Emerson 2003b) found that boys were 2 times more likely to be diagnosed with self absorbed

and conduct disorders. A study of 355 children (6-18 years) with moderate ID, males scored significantly higher than female on the disruptive anxiety, and self absorbed subscales of DBC (Molteno, 2001). Table III shows that 3 dimension of scales namely anxiety, disruptive behaviours & self obserbed problems can be inferred that "t" value is non significant.

3. CONCLUSION

Diagnosing major behavioural and emotional problems in populations with intellectual disability is a complex and time consuming task through proper diagnosis children with moderate intellectual disability can receive behavioural and psychiatric care. The implication of current research is it emphasis the need for developing diagnostic services and psychiatric and educational care for children with intellectual disability. Therefore, it is recommended providing multidisciplinary teams in special education schools.

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