CHAPTER IV

METHOD AND PROCEDURE
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The present study aims at testing the effectiveness of various behaviour modification techniques on aggressive pre-school children coming to anganwadi centres in Chandigarh. The exact statement of the problem is as follows:

STATEMENT OF THE PROBLEM

"Effect of Behaviour Modification Techniques on Aggressive Pre-School Children of Anganwadi Centres in Chandigarh."

OPERATIONAL DEFINITIONS

Aggression: It is a behaviour motivated by anger, hostility, or over competitiveness and directed towards harming, destroying or defeating other people, or in some cases, the self. In the present study aggression included hitting, fighting, biting, kicking, bullying, obstinacy, snatching things, abusing, teasing and irritating others, and interrupting and criticising others.

Behaviour Modification Techniques: In the present study, positive reinforcement procedures i.e., differential reinforcement of other behaviour (DRO) and differential reinforcement of incompatible behaviour (DRI); punishment procedures i.e., time out (TO); and combinations of positive reinforcement and punishment procedures i.e., DRO and TO, and DRI and TO were used as behaviour modification techniques for the elimination
or reduction of aggressive responses of pre-school aggressive children.

**Anganwadi Centres**: An anganwadi centre (AW) in India, is a place where pre-school children with age range of 3 to 6 years receive primary health services and non-formal education. In the present study, 30 AWs of Union Territory of Chandigarh were included in the initial sample. For the intervention purposes, only 6 AWs were selected (details in 'Sample' on pp. 139–41).

**DESIGN OF THE STUDY**

A variety of experimental designs are used in behaviour modification studies to determine whether a given intervention is responsible for a behaviour change. In the present study, control group experimental design on the lines of Craighead et al. (1976) was used. The control group experimental design includes at least two groups, whose subjects have been randomly assigned. In the present study, there were six groups. Subjects were randomly assigned to various treatment groups and control group. All the six groups were assessed before and after treatment on the criterion measure of aggression and other behaviour problems. Control group was given no treatment but was given pre-test and post-test on the criterion measure of aggression and other behaviour problems. Pictorial form of the design of the present study is represented in Figure 4.1.
Figure 4.1: Design of the present study

Pre-Test: A. Identification of Aggression
1. BPI by Muralidharan
2. Observation schedule developed by the investigator.

B. Measurement of Intelligence
(DQs and DQ_comb)
1. DST by Bharathraj
2. VSMS by Malin

C. Assessment of Socio-Economic Status
1. SES Scale by Srivastava

Intervention: Five treatments i.e. one for each of the five treatment groups (4-weeks)

Post-Test: On A(1), (2), and B(1) and (2) for recording changes in scores and frequency of aggressive responses as well as DQs and DQ_comb
In the present study, differential reinforcement of other behaviour (DRO), differential reinforcement of incompatible behaviour (DRI), time out (TO), combinations of DRO and TO and DRI and TO as behaviour modification techniques served as independent (manipulated) variables and their effectiveness was studied on the criterion variable of reduction or elimination of aggression in children. Variables of intelligence and socio-economic status were taken as controls. All the experimental conditions were carried out during the play period.

SAMPLE

Multistaged randomized sampling technique was used in the present study. The details are:

Total Sample (Stage I): Director and Child Development Project Officer (CDPO) of Integrated Child Development Services (ICDS) were contacted and the list of existing 200 ICDS centres of Chandigarh was collected from the CDPO. Out of these 200 ICDS centres 30 AWs were randomly selected for the purpose of the data collection.

Initial Sample (Stage II): During the second stage, 10 children from each of 30 AWs were randomly selected. Parents of these 300 children were called for and Behaviour Problems Inventory (BPI) by Muralidharan (1969) was administered to them to assess their behaviour problems. Children fulfilling the following criteria were included in the initial sample with a purpose of assessing their behaviour problems:
(1) Pre-school children with age range of 3 to 6 years.

(2) Children were coming to anganwadi centres in Chandigarh.

Out of the surveyed 300 children, 243 children (152 males and 91 females) were found eligible. Hence, only 243 pre-school children with age-range of 3 to 6 years coming to anganwadi centres in Chandigarh were included in the initial sample.

Final Sample (Stage III): In the third and the final stage, on the basis of BPI out of the total 243 pre-school children who constituted the initial sample, 36 children were identified as aggressive children. These 36 identified pre-school aggressive children were administered Developmental Screening Test (DST) by Bharathraj (1977), Vineland Social Maturity Scale (VSMS) adapted by Malin (1965), and Socio-Economic Status (SES) Scale by Srivastava (1978). Frequency of aggressive responses was recorded in the Observation Schedule developed by the investigator. On the basis of these tests, children who fulfilled the following criteria besides the above-mentioned criteria for the initial sample, were included in the final sample:

(1) Children who had scores of 30 and above on aggressive behaviour out of total score of 48 from BPI were taken up.

(2) Besides, children who had an average frequency of aggressive responses between 35 and 45 per 30-minutes of play period during the baseline period of two weeks, were included.
Lastly, children who had $DQ_{comb}$ between 90 and 110 on the basis of DST and VSMS tests were finally selected.

Also, all children were from low SES families with scores between 0 to 15 on Srivastava's SES scale.

On the basis of the above mentioned criteria, out of 36 pre-school children, only 30 eligible children were selected for the final sample. Of these 30 selected children, five children were randomly assigned to each of the five treatment groups and one control group. Pictorial form of the sample is represented in Figure 4.2.

**Figure 4.2**

Sample of the present study

Total sample
(300 children; Stage 1)

<table>
<thead>
<tr>
<th>Initial sample</th>
<th>Final Sample</th>
</tr>
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<tbody>
<tr>
<td>(243 pre-school children with varied behaviour problems; Stage II)</td>
<td>(30 aggressive pre-school children; Stage III)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Males</th>
<th>Females</th>
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<tr>
<td>152</td>
<td>91</td>
<td>22</td>
<td>8</td>
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**Hypotheses**

On the basis of the close perusal of related literature and objectives of the present study, the following hypotheses were formulated:
1. Biological, social, personal-historic factors, and intra-personal relations within the family are related to different behaviour problems.

2. Different behaviour problems are interrelated.

3. Different behaviour modification techniques will be effective in reducing or eliminating aggressive behaviour of pre-school children.

4. Different behaviour modification techniques will differentially reduce or eliminate aggressive behaviour.

5. Reduction in aggressive behaviour may result in the reduction of other behaviour problems.

6. Reduction in aggressive behaviour may result in DQ gains.

**TOOLS USED**

For the purpose of the proposed study and to test the above mentioned hypotheses, the following tools were used:


5. Observation Schedule developed by the investigator to record the changes in aggressive behaviour brought about by five different behaviour modification techniques.
DESCRIPTION OF TOOLS

Behaviour Problems Inventory

This inventory (Appendix II) is used for the measurement of behaviour problems of pre-school and school age children with an age-range of 3 to 8 years. Approximately half an hour is required to fill it. It consists of 130 items which are classified into 8 different categories such as sleeping difficulties, eating difficulties, other difficult habits, a sense of adequacy and inadequacy, aggressive behaviour, unsocial behaviour, non compliant behaviour and some specific behaviour difficulties (delinquent related behaviour). These items consist of statements of problem behaviour in children to which the parents can respond by indicating the frequency with which the prevalent behaviour is shown by the children. A personal data sheet intended to provide information with reference to the background of the child is also a part of the inventory. It elicits information about the (1) biological factors, (2) personal historic factors, and (3) social factors.

Scoring of BPI: The parents are instructed to underline or tell the word that best tells how often the child shows that behaviour. Points are given in proportion to the frequency of the behaviour. 'Never' is given a score of zero, 'sometimes' a score of one and 'often' a score of 2. The total score for each category indicates the problem score for that particular type of difficulty and total score for all the categories put together indicates the total behaviour problem score of the children.
Test-retest reliability coefficient of this test is reported to be .94.

**Socio-Economic Status Scale**

This scale was developed by Srivastava in 1978. The importance of this scale has been realised by the research workers in the field of Psychology, Education, Sociology, Social work, and other applied disciplines. Researchers have shown socio-economic status to be related to values, attitudes, child rearing practices, school achievements, emotional stability, aggressiveness, dominance, verbal behaviour, and many other phenomena.

The final form of the scale was developed after item analysis of the responses of 370 students on the preliminary form for recording responses of the scale. This form of the scale seeks information about education, occupation, income, cultural living or cultural standard and social participation of the subject under study. This scale claims a very high reliability. Coefficient of stability which was calculated by administering the test on 100 students at two different times with an interval of 4 weeks was found to be .94.

This scale was standardized on 1000 school and college students. The variable of socio-economic status was divided into five categories taking two units together. The total possible scores are 44 and the following five categories are obtained for the purpose of classifying students:
Scores Categories

<table>
<thead>
<tr>
<th>Scores</th>
<th>Categories</th>
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<tbody>
<tr>
<td>34 and above</td>
<td>Upper class</td>
</tr>
<tr>
<td>25 - 33</td>
<td>Upper Middle Class</td>
</tr>
<tr>
<td>16 - 24</td>
<td>Lower Middle Class</td>
</tr>
<tr>
<td>9 - 15</td>
<td>Lower class</td>
</tr>
<tr>
<td>8 and below</td>
<td>Lower, Lower class</td>
</tr>
</tbody>
</table>

Socio-economic Status Scale is given in Appendix III.

Vineland Social Maturity Scale (Nagpur Adaptation)

Vineland Social Maturity Scale (VSMS) developed by Doll (1936) has been a useful instrument for estimating the differential social capacities of an individual. It measures the social competence of an individual. Social competence is a universal human attribute and is not something static. It varies with physical and cultural conditions according to time, place, and circumstances. Social competence may be defined as the functional ability of the human organism for exercising personal independence and social responsibility.

Although VSMS is intended for use with a normal population as well as with the mentally deficient, it was first conceived as an aid in the diagnosis of feeble minded. It is intended to differentiate between mentally deficient individuals who are socially inadequate and those who are competent to conduct
their personal and social lives. This scale is unique in having been constructed and standardized on the model of Stanford-Binet Scale. Since appearance in 1935, VSMS has been widely used in conjunction with the Stanford-Binet and other intelligence tests to assess Social Age (SA) relative to Mental Age (MA) or Social Quotient (SQ) relative to Intelligence Quotient (IQ).

Doll (1935) has noted a high correlation between SA and MA ($r = .86$) and Patterson (1943) reported all the more high correlation ($r = .96$) for the same relationship on a sample of normal children with respect to MA functioning. Goulet and Baylay (1963) have shown a consistent and high correlation between VSMS, SA, and Binet Mental Age. This scale was adapted by Malin in 1965 in Nagpur (Appendix V).

The original scale goes up to the 25th year of age but Nagpur centre has limited the Indian adaptation up to the 15th year as the cultural changes in the upper years are more drastic as compared to the norms of Doll's original scale. Unlike many other scales, this one is based upon a well defined rationale and has been systematically constructed (Malin, 1965). Behaviour items of the scale are arranged in order of normal average life age progression and are numbered in arithmetical sequence from 1 to 117. That is, items of the scale are arranged in order of increasing difficulty and represent progressive maturation and adjustment to the environment in the following 8 categories:

Items are scored after interviewing some one well acquainted with the subjects (parents or teachers). SA is then obtained. This is divided by chronological (CA), yielding a SQ. Since SA provides a basis upon which training can be programmed for children, the scale has had wide use in clinics for children and adolescents because it is a valuable device for interviewing and counselling both parents and children.

Developmental Screening Test

Simplicity, precision, objectivity, reliability, validity, and economy are the cardinal features of a good psychological test. The Developmental Screening Test (DST) by Bharathraj (1977) meets these criteria satisfactorily. It is designed for the purpose of measuring mental development of children from birth to 15 years of age. Larger number of items at early age permits assessment of very young children. The test provides for a brief and fairly dependable assessment without requiring the use of performance-tests. Appraisal can be done in a semi-structured interview with the child and the parent or a person well acquainted with the child. In its present form DST can be repeatedly used in assessments.

Originally, 124 items were derived from earlier schedules and studies, out of which finally 88 items were settled upon
by the frequency or their appearance in the various sources consulted. At early age levels considerable number of motor behaviour items appear as it has many neurological and integrative behavioural implications and as such constitute the natural starting point for development itself. There are items of adaptive behaviour which represent sensori-motor adjustment to objects, persons, and situations. Language behaviour items find a place which are inclusive of all visible and audible forms of communication, like vocalizations, words etc. Personal-social behavioural items also find a place as they comprise of a child's personal responsiveness to the social culture of which he is a member e.g., play, cooperativeness etc.

An explanatory note for each item is omitted as it is superfluous and unnecessary. Each item is discrete and self-explanatory and can be assessed objectively by a parent or a teacher or a clinician. The point under consideration is whether the concerned behavioural characteristic has emerged, has become explicit/manifest in the behavioural repertoire of the child or not i.e., whether the child is capable of doing it or not.

The items included in the schedule stand for discrete and discernible characteristics representative of the respective age levels. At each age level, items are drawn from behavioural fields like motor development, speech-language development, and personal-social development. These behavioural items have been selectively chosen from the earlier schedules incorporating
also the results from three Indian studies (Hegde, 1971; NCERT, 1971; Phatak, 1971). Items in DST do not always stand for the mean/median age at which they make appearance. Instead there is an upward tilt, giving the benefit to the child. Thus, for example, the item 'toilet control present' appears at 3 years meaning thereby that at least by three years of age a normal child has acquired toilet control. Majority of normal children, i.e., about 70 to 90 per cent of them should be able to perform the behavioural items presented at the appropriate age levels.

Sixty per cent of the items stand for clearly discernible behavioural characteristics enabling the clinician on the spot evaluation of the item. The remaining 40 per cent of items can be evaluated based on the information given by a parent/relative. Here also the items are so chosen as to lessen the weightage of bias from the informant. Nearly 25 per cent of the items are on speech development. The DST items are not to be scored quantitatively, it is more a clinical instrument intended for use in estimating the developmental status of a child.

Appraisal of the child is done as on other developmental schedules starting from a 'Basal Age' where all characteristics at a particular age are passed and generally moving through upper age levels. Assessment is simply a matter of determining how well a child's behaviour fits on age level constellation rather than another by direct comparison. The schedule has very few
culturally ladden items. Testing can be done in semi-structured interview with a parent or person well acquainted with the child.

In order to ascertain validity of the test, 35 children (19 boys and 16 girls) varying in age from 4 years to 11 years studying from nursery education to Vth standard were tried on each of the following tests: DST, Sequin Form Board (SFB) and Columbia Mental Maturity Scale (CMMS). DST correlated with SFB to the extent of .85 and with CMMS to the extent of .75, both correlations being significant at .01 level. The values are suggestive of good validity of the DST. The DST by Bharathraj (1977) is given in Appendix IV.

Observation Schedule

Observation schedule was developed by the investigator on the basis of various behaviour record (sheets) schedules given in the 'Instructor's Handbook' and 'Trainee workbook' for educating developmentally young (EDY) through behavioural methods by McBrien and Foxen (1984). It is the most important of all the tools used in the present study. This encapsulates on one sheet most of the important developments made in the setting and attaining of the objectives.

This observation schedule describes the target behaviour which is to be reduced, gives instructions to the child before instituting the intervention strategy, and ensures adequate technique of behaviour modification to be used. It describes
the duration of session, average session per week, number of behaviour episodes per session and total training time during the intervention period. This was to be recorded by the investigator. Observation schedule is given in Appendix VI.

**Reliability of the Data Observed:** The reliability of the data observed was estimated by the investigator. Concept of aggression was made clear to an anganwadi worker (AWW) by the investigator. She was taught about the constituents of aggressive responses. She was further trained for observing and recording the frequency of aggressive responses/events for the total period of 30 minutes. Both the AWW and the investigator recorded the aggressive behaviour simultaneously. Reliability for event recording was computed using the following formula suggested by McAuley and McAuley (1977):

\[
\frac{\text{Number of agreed events}}{\text{Number of agreed events} + \text{Number of disagreed events}} \times 100 = \% \text{ agreement}
\]

Reliability of event recording for five children was found to be 89.7 per cent.

**PROCEDURE OF DATA COLLECTION**

The data of the present study were collected in the following four phases:

**Phase I – Pre-test**

In the first phase of data collection, the Behaviour Problems' Inventory (Muralidhara, 1969) was administered
individually by the investigator on the parents of all the 243 pre-school children coming to anganwadi centres in Chandigarh. Scoring of the inventory was done by assigning two scores to the answer 'Often', one to the answer 'sometimes', and zero to 'never'. Higher scores in the different behaviour problems given in the inventory showed higher maladjustment. Children who scored 30 and above out of maximum possible score of 48 on aggressive behaviour were included in the final sample.

**Phase II - Baseline Period**

In Phase II intelligence tests and socio-economic status scale (SESS) were administered to the selected 36 aggressive pre-school children coming to anganwadi centres.

Developmental screening Test (DST) by Bharathraj (1977) was administered individually by the investigator on all the 36 aggressive pre-school children (aged 3 to 6 years) with parental consent and their help by contributing their knowledge of the child. The obtained developmental age (DA) of each child was converted into DQ by using the formula $\text{DQ} = \frac{\text{DA}}{\text{CA}} \times 100$.

In order to assess social age (SA) of all the 36 aggressive pre-school children, Vineland Social Maturity Scale (VSMS) adapted by Malin (1965) was used. Social age (SA) was calculated and social quotient (SQ) of the children was assessed. In the present study, DQ obtained from DST and SQ obtained from VSMS will be hereafter called as $\text{DQ}_1$ and $\text{DQ}_2$ respectively. $\text{DQ}_{\text{comb}}$ of each subject was computed by averaging $\text{DQ}_1$ on DST, and $\text{DQ}_2$ on VSMS.
On the basis of these intelligence tests, 30 eligible aggressive pre-school children were included in the final study.

After having selected aggression as the target behaviour, aggression was defined as observable, countable, and repeatable of specific actions of the child e.g., hitting, kicking, rolling on the ground, striking, bullying, abusing, biting, quarrelling, showing irritability, snatching things from others, showing obstinacy etc. The target behaviour was recorded before intervention was instituted. The strength of aggressive behaviour was recorded by measuring the frequency of occurrence of events of the above mentioned aggressive responses by the investigator over a period of 2 weeks (baseline period). The observations were recorded twice a week.

**PHASE III - Intervention Period**

Phase III consisted of intervention period. Intervention was provided to 25 pre-school aggressive children coming to anganwadi centres in Chandigarh through various behaviour modification techniques. These techniques included Differential Reinforcement for Other Behaviour (DRO), Differential Reinforcement for Incompatible Behaviour (DRI), Time out (TO), combinations of DRO and TO, and of DRI and TO. Five subjects were assigned to each of the five treatment groups and an equal number was taken in the control group. Pictorial form of the treatment period is given in Figure 4.3.
Figure 4.3: Procedure of intervention programme

- Investigator/AWI gives instructions

Child does not indulge in aggressive acts for a specific period of time

- Child receives Differential Reinforcement for other behaviour (DRO)

Child plays cooperatively for a specified period of time

Child indulges in aggressive acts

- Child receives punishment (TO) for aggressive acts

Child indulges in aggressive acts

- Child receives Differential Reinforcement for other behaviour (DRI)

Child is punished by putting him in time-out

Child indulges in other than aggressive behaviour for a specified period of time

- Child receives punishment (TO) for aggressive acts

Child indulges in aggressive acts

- Child plays cooperatively for a specified period of time

Child does not indulge in aggressive acts for a specific period of time

- Child receives Differential Reinforcement for other behaviour (DRO)

Child is punished by putting him in time-out

Child indulges in other than aggressive behaviour for a specified period of time

Child receives Differential Reinforcement for Incompatible behaviour i.e., cooperative play (DRI)
In DEO procedure, subjects were instructed that they would get reinforcement (cookies, sweet bread, tophies, toys etc.) if they did not engage in aggressive acts for the period of five minutes. During this period, if no aggressive act was noted, the subject was given social (praise) as well as material reinforcement (cookies, sweet bread, toys etc.) If the subject acted aggressively during this period, the period started afresh. Gradually, this period was increased to 10 minutes.

In DRI procedure, subjects were instructed that they would be given reinforcement if they engaged themselves in cooperative play for the period of five minutes. Gradually, this period was extended to 10 minutes. If the subjects played cooperatively with other children for a specified period of time, they were given social as well as material reinforcement i.e., reinforcement was provided contingent upon incompatible behaviour (cooperative play).

In TO procedure, the subjects were taken to the time out corner contingent upon the occurrence of aggressive acts. Each subject was kept in the TO corner for two minutes. Before instituting TO procedure, subjects were instructed that they should not engage in aggressive acts. If any one of them acted aggressively, he would be put in TO corner and kept there for the period of two minutes.
DRO and TO were combined to see their collective effectiveness. In this procedure, the subjects were given instructions that they would be given reinforcement if they did not engage in aggressive acts for the period of five minutes and later on 10 minutes. But they would be put in the TO corner for two minutes contingent upon the occurrence of each aggressive event.

In another combination of DRI and TO procedures, the subjects were instructed that they would get reinforcement if they did play cooperatively for a period of five minutes. But if they acted aggressively, they would be taken to TO corner on the occurrence of each aggressive response and would be kept there for a period of two minutes.

Strength of the target behaviour i.e., aggression was measured twice a week by recording each occurrence of aggressive acts or events. The intervention period lasted for 4 weeks. Thus, 8 observations were recorded during the treatment period.

**Phase IV - Post-test**

Phase IV consisted of readministration of Behaviour Problems' Inventory, Developmental Screening Test, and Vineland Social Maturity Scale. Behaviour Problems' Inventory was readministered to check the scores of aggressive behaviour as well as other behaviour problems in order to see the effectiveness of various treatments. Intelligence tests were readministered to find out if there was any significant gain.
in $DQ_{comb}$ as a result of treatment through various behaviour modification techniques.

**STATISTICAL ANALYSIS**

Various statistical techniques were employed for testing research hypotheses. A brief description of these techniques is being made here as following:

- Raw scores of DST and VSMS were converted into $DQ_1$ and $DQ_2$ respectively so as to obtain average of combined DQs.

- Descriptive statistics namely mean and SD for all variables were obtained.

- Analysis of variance was worked out to find out variance (difference) between various treatment techniques.

- Biserial correlations and product moment correlations between different variables were worked out.

- $t$-test was applied to different treatment groups to test the effectiveness of various behaviour modification techniques.

- Graphic representation was done wherever necessary.
<table>
<thead>
<tr>
<th>Description of Terms</th>
<th>Codes used</th>
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<tbody>
<tr>
<td><strong>Behaviour Modification Techniques</strong></td>
<td></td>
</tr>
<tr>
<td>Differential reinforcement of other behaviour</td>
<td>DRO</td>
</tr>
<tr>
<td>Differential reinforcement of incompatible behaviour</td>
<td>DRI</td>
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<tr>
<td>Time out</td>
<td>TO</td>
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<tr>
<td><strong>Variables</strong></td>
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<td>Eating difficulties</td>
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<td>Other difficult habits</td>
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<td>Social quotient on Vineland Social Maturity Scale</td>
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<td><strong>Treatment Groups</strong></td>
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<td>Group of subjects trained through differential reinforcement of other behaviour</td>
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<tr>
<td>Group of subjects trained through differential reinforcement of incompatible behaviour</td>
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<tr>
<td>Group of subjects trained through time out</td>
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<td>Group of subjects trained through the combination of differential reinforcement of incompatible behaviour and time out</td>
<td>$EG_5$</td>
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<td>Group of subjects with no treatment (control group)</td>
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