CHAPTER - IV

METHODOLOGY
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4.1 SAMPLE FOR THE STUDY

The present investigator collected the required information for the research from nearly 20 samples (subjects) of each group, out of this 60, after computation only 48 mentally retarded children were selected based on their completion of training. Some did not complete the three months training. Inconsistent response by the parents of the mentally retarded children was the main difficulty encountered by the investigator. In most cases the parents did not express temper tantrum as a behaviour problem because they felt it would fade away as the child grows older. However, the required number of subjects were obtained by explaining to the parents the seriousness of the behaviour problem through plausible sources and by convincing them to fill in the behaviour recording sheet immediately and consistently when the behaviour problem occurred without any delay as they may tend to forget.

The sample was randomly obtained from the unit for the mentally retarded (Nambikkai Nilayam), Christian Medical College, Vellore set up for the assessment and training of Mentally Retarded Children. These children were referred from the various departments of CMC Hospital and elsewhere. In this unit, services to children with mental retardation are offered by a multi
disciplinary team comprising a psychiatrist, psychologists, special educators, speech therapist and occupational therapists. The training program for the mentally retarded include residential and day care training, infant stimulation program and home based self help training. Either of the parent have to attend the program because the training was mainly focussed for the parents.

4.2 CRITERIA FOR THE SAMPLE SELECTION

Inclusion Criteria

1. The patient should be between the ages of three and ten years
2. The child should have an IQ below 70, as evidenced by a formal intelligence assessment
3. The child should satisfy the DSM-IV-R criteria for mental retardation

Exclusion Criteria

1. The presence of any physical comorbidity
2. Presence of any psychiatry comorbidity in the parent or patient being trained
3. Previous formal training for the retarded child and or the parent

Both male and female mentally retarded children were included but the male mentally retarded children outnumbered the female mentally retarded children
The unit for the mentally retarded children from where the sample was selected, has training programme especially for the parents of mentally retarded children for three months. Either of the parent should attend the training programme with the child. The parental education sessions were given on various topics like etiology, behavioural management, various skill deficits, legal and ethical aspects of mental retardation and normal and abnormal developmental milestones. The investigator felt this institution an ideal place for sample selection because here the parents are with the child always so that they could observe and record the behaviour problem consistently. The parents were given instructions and packages as how to reduce the behaviour problem. Advantage of the parents being trained is that, after the three months of training, the parents will know how to manage the children even at home. There will not be any problem in recording the behaviour problem on the recording sheet, as each child will be observed by his parent throughout the training program

Though there are other centres in Madras, here in Vellore, it was totally a different set up. Unlike other centres, here children above three years and all four levels of retardation are taken in, but they insist the parents to stay with the children. The minimum stay here is three months and if needed they can extend their stay
Table No.1: Shows the distribution of samples under different categories.

<table>
<thead>
<tr>
<th>Levels of Retardation</th>
<th>Reinforcement</th>
<th>Punishment</th>
<th>Reinforcement &amp; Punishment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Moderate</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Severe</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Profound</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>16</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>

From Table 1 it can be observed that all levels of mental retardation was equally distributed in all three groups.

4.3 PILOT STUDY

Eventhough the behaviour recording sheet selected for the investigation in the present research is widely used for recording the frequency of the behaviour problem, a pilot study was conducted for the following reasons:

1. To find out the difficulties, if any that the subjects may have
2. To familiarise in recording the behaviour problem and to find out the reception of the subjects
3. To find out the approximate time that the subjects will take to respond on the whole

Sample of the Pilot study consists of 12 mentally retarded children
4.4. ADVANTAGES OF THE PILOT STUDY

Pilot study enabled the researcher to understand the difficulties found by the subjects in understanding the meaning of certain words in the behaviour modification techniques. Based on the experiences gained in the pilot study, the researcher planned her main study.

4.5 MAIN STUDY

The sample for the research consisted of 48 mentally retarded children ranging in the age group of 3-10 years, categorized under three groups, namely reinforcement, punishment and both reinforcement and punishment. Each group comprised of equal numbers of subjects that is 16. Each group comprised of all four levels mild, moderate, severe and profound of 4 each drawn randomly to serve our purpose of investigation from the unit for the mentally retarded children, Christian Medical College and Hospital.

4.6 DATA COLLECTION

Those cases with temper tantrums who met the inclusion and exclusion criteria were included in the study. Consent was obtained from the parents.

On the first day, the history was taken by the researcher, using the data collection record to obtain demographic data and a comprehensive picture of the child’s problem. From the second day onwards till the end of the seventh
day, preratings of occurrence of problem behaviour - temper tantrum (ie) excessive crying, rolling on floor, throwing objects, beating and kicking others were observed and recorded on the checklist. The parents have to just put a tick (✔) on the record sheet every time the tantrum occurs. The recording was done for 7 hours (ie) from 8:30 AM to 3:30 PM. There was no tool used since observation method was utilized. In the beginning of second week that is on the eighth day the parents were initiated in understanding the principles of behaviour modification. An instructional package was formulated by the investigator for each child as to which technique is to be used and was given to the parents. The parents continued the recording of temper tantrum for twelve weeks. Following this for the next one week that is thirteenth week post ratings was done to rate the difference in the occurrence of temper tantrum.

Follow-up was done at the end of fourth month for a week to see whether there was any significant reduction in temper tantrum after a month. It took four months for the investigator to get the ratings for each child as they were individually interviewed. The same procedure was followed by all the three groups. Though the parents were the source of information, the researcher was there during the working hours - seven hours, to supervise the ratings of the parents. The same procedure, observation method was adopted for each individual of the three groups.
Since the collection of data was time consuming, data collection started during the month of April 1992 and was completed by April 1994.

So it took nearly two years to complete the data collection for the required sample.