

The Implementation of the Emotion Regulation Therapy for Students With Intellectual Disabilities

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ABSTRACT

The aim of this research was describing the effect of the emotion regulation therapy in reducing the aggressive behavior among students with intellectual disabilities in the special senior high school. This research implemented the Single Subject Research design. Moreover, observations were implemented to collect data. Results reported that in the pre-test the average of aggressive behaviors showed by students on the 40 minutes period was 45 seconds with an average frequency of 10 times, while during the post-test average of aggressive behaviors performed by students on the 40 minutes period was 30 seconds with an average frequency of 6 times. Therefore it can be said that after being given an emotion regulation therapy program, students with intellectual disabilities could regulate their aggressive behaviors appropriately.

Keywords: *Emotion regulation therapy, Students with mild intellectual disabilities*

1. INTRODUCTION

Every child is born with a variety of different characteristics. These characteristics are formed through internal and external factors. One of the external factors is emotion. Goleman [1] states that emotion is a tendency to act, a biological and psychological condition of a person that shows a unique feeling or thought in a person.

Emotion has an important role in shaping a person's feelings and way of thinking. There are two dimensions of a person's emotional experience, namely negative feelings and positive feelings. Positive feelings bring out emotions such as happiness, pleasure, and attraction. Meanwhile, negative feelings bring out emotions in the form of anger, guilt and sadness [2]

The enthusiastic improvement of an individual is dictated by different variables, both inward and outside. One of the determinants of a kid's passionate improvement is a factor of development and learning factors [3]. Passionate development originates from an individual's psychological development to have the option to perceive, acknowledge, and measure their feelings which are impacted by ordered age. As it were, an individual who gets more established will have an expanded availability and capacity to learn and perceive different sorts of feelings around him.

In general, the process of emotional development will be hampered in children who have intellectual abilities below average (mental retardation). According to the definition of The American Association on Intellectual Disability (AAIDD: 2010), mentally retarded children are individuals who have characteristics characterized by two limitations, namely in the aspects of intellectual function and adaptive behavior which have an impact on cognitive, conceptual, social, and adaptive skills. before the age of 18 [4]. Developmental studies report that a lack of social skills can be associated with internalizing and externalizing behavior problems and peer rejection [5].

The emotional development of mentally retarded children is different and follows their intellectual level. Generally, mentally retarded children have unstable and unguided emotions [6]. Studies show that mentally retarded children experience a decreased ability to identify emotions in themselves and others, and prefer to interact with children of the same mental age without mental barriers [7].

The difficulty in managing these emotions will lead to behavioral problems in mentally retarded children. One of these behavioral problems is aggressive behavior. aggressive behavior as behavior that is aimed at harming or hurting others both physically and psychologically [8]. Aggressive behavior is negative

behavior that is often shown through feeling angry about something, for example throwing tantrums and attacking others if their will or desire is not fulfilled.

Aggression is a response to anger. Disappointment, physical pain, humiliation, threats often provoke anger and ultimately provoke aggression [2]. This is in line with the opinion of Dollar et al that aggression is the result of frustration and that aggression appears as a form of action to destroy the obstacles that cause these obstacles .

Intellectual disability indicates several problems with aggressive behavior such as disobedience, destruction of objects, tantrums, physical aggression towards oneself or others [9]. Aggressive behavior occurs in 4-9% in normal children while 25% occurs in mentally retarded children [9].

The main factor for aggressive behavior in mentally retarded children comes from their lack of ability to express frustration and emotional stress appropriately [10]. So that indirectly the existence of behavioral problems in mentally retarded children will limit the opportunities for mentally retarded children to be able to have meaningful social interactions, acceptance from those around them and their role in the environment [11].

In real situations, mentally retarded children are often shunned and ostracized by others around them. They are less involved in social activities, and even often get rejection by the community because they are considered disturbing and dangerous in the environment. This situation has minimal attention because most mentally retarded children do not get special handling regarding aggressive behavior at school. This is because, on average, schools only focus on the academic development, talents, interests and skills of students. Meanwhile, treatment and intervention programs regarding aggressive behavior in students were not given.

Looking at these problems, it is necessary to do special handling and guidance for deaf children to be able to overcome their behavior problems. Treatment can be done through an emotional regulation therapy program. Emotional regulation therapy is training to manage emotions and increase the ability to deal with life's uncertainties, reflect a more positive future and reduce negative emotions due to emotional experiences [12]. This therapy uses a variety of methods such as modeling, guidance, role playing, reflection, and exercises. Through regulatory therapy, mentally retarded children will be able to manage their own emotions, reduce anger and reduce aggressive behavior.

This study aims to describe whether there is an effect of emotional regulation therapy to reduce the aggressive behavior of students with mild mental retardation in 10th grade of high school.

2. METHOD

This study applied the single subject research (SSR) method. This method was used to observe changes which happened during the predetermined stage. This strategy is utilized to see a change that shows up as cautiously as could be expected under the circumstances, so the circumstances and logical results relationship of the side effects can be seen. SSR is utilized to decide the size of the impact of rehashed medicines inside a foreordained time.

Alluding to explores different avenues regarding a solitary subject, the examination configuration utilized was the ABA plan. The ABA configuration has three stages, specifically A-1 (Baseline 1), B (Intervention) and A-2 (Baseline). ABA configuration expects to decide the impact of the treatment given to the factors given to the subject. Moreover, in the SSR study, ABA configuration intends to acquire information before the subjects get mediation or treatment, while getting an intervention and subsequent to getting treatment, at that point see whether there is a change after the impact given to the subject.

In this research, emotion regulation therapy is applied through any steps. The steps are [13]:

- 1) The first meeting, the specialist passes on the objective of treatment; help the subject to perceive their conduct (regardless of whether latent, forceful or decisive); and give information about the attributes of inactive, forceful and confident conduct.
- 2) The second meeting, setting focuses for conduct to be accomplished, distinguishing circumstances that could prompt clash and showing the utilization of "I" in communicating conclusions.
- 3) The third meeting, exhibiting how to impart and carry on confidently incorporates eye to eye connection, body pose, body developments, outward appearances, voice and discourse content utilizing video accounts from a model.
- 4) The fourth meeting, assuming jobs along with companions to perceive how far the subject can ace the decisive conduct that has been educated. Next, giving the undertaking to apply confident conduct to genuine circumstances outside the treatment room then the subject is approached to report what he has done to the specialist.
- 5) The fifth meeting, giving input and assessing what endeavors can be realized, asking again how to show outward appearances, words and contradiction conduct.
- 6) The 6th meeting, gives arrangements on the most proficient method to communicate and communicate self-assured practices (dismissal,

demands and acclaim), and give support as inspiration so the subject can communicate self-assured conduct to decrease the weight brought about by clashes with peers

The subject in this research was one male student with intellectual disabilities with pseudo name SIN. He has record in performing forceful conduct oftentimes in school. Information were gathered through with direct perception. Information examination technique utilized the straightforward illustrative measurement. As indicated by [14] spellbinding measurement is insights used to break down information through nitty gritty depiction or portray the information that has been gathered as is existed with no expectation to cause ends to apply for general or speculation. Information recurrence and length from results exploration will written in diagram, at that point investigated utilize visual realistic strategies (Visual Analysis of Data Graphs). Information in the A1 and A 2 pattern stages were examined use investigation security while in the information stage intervention (B) utilizes examination inclination.

3. RESULT AND DISCUSSION

The consequences of the investigation of SIN, a student with intellectual disability who experiences scholarly and enthusiastic deterrents. Scholarly boundaries are described by delays in scholastic capacities, particularly essential scholarly, for example, perusing, composing, and math. Passionate obstructions experienced by SIN are described by flimsy feelings and can't control their conduct. This is in accordance with research as per their fields, which expresses that youngsters with scholarly incapacities experience an abatement in their capacity to distinguish feelings in themselves as well as other people, have relative power over friends who are intellectually sick who have no handicaps [7][10].

Enthusiastic boundaries to the SIN are regularly appeared as forceful conduct, particularly as verbal or words. Understudies frequently show wrong behaviors, for example, grimy talk, talking jokingly, contending, and talking in a high tone. So that in their day by day lives, beside upsetting learning in the homeroom, SIN's forceful conduct makes him being a somebody who can't regard others, will in general be uninformed and couldn't care less about others so he is hard to coexist with others and people.

In this manner, in view of these conditions understudies should be given intercessions that can diminish forceful conduct. So that in this investigation, the intervention was given as decisive preparing. Emphatic preparing is a social change method that the primary objective is to guide, shape and urge somebody to carry on self-assuredly. Olson [15] portrays confident

preparing is a restorative system pointed toward expanding the capacity of subjects to participate in self-assured conduct. Improved social objectives incorporate the capacity to communicate trust without outrage and increment good sentiments of delight and love. Through emphatic preparing, understudies are guided to have the option to oversee feelings, learn circumstances that can cause strife, persuade themselves and create connections among individuals and comprehend the privileges of others astutely. By partaking in this confident preparing, it is normal that understudies can grow great and direct social relations in relational circumstances.

Perception of the forceful conduct of understudies in this examination was completed for 14 meetings which were isolated into 3 stages. Recording the forceful conduct of understudies is completed in three perspectives, specifically, recurrence, term and quality. The primary stage is the pattern (A1) eliminate which is conveyed for 4 meetings. Perception of forceful conduct was completed in a circumstance where understudies have not been given any treatment.

The following stage is the mediation stage (B) which was completed in 6 meetings or gatherings. Perceptions in this condition were during the intervention or during mediation. Furthermore, the last stage was the standard stage (A2) which was done in 4 meetings. Perception of forceful conduct completed on subjects in typical conditions as an approach to see the effect of the mediation that has been given.

After the information were dissected, as far as both the recurrence, length and nature of the outcomes demonstrated that in the benchmark stage (A1) the forceful conduct of understudies was evaluated high, at that point diminished in the intervention stage (B), and somewhat expanded again in the gauge stage (A2). Diminishing in conduct happens in the intervention stage, where the recurrence, length and quality have diminished fundamentally from the benchmark stage (A1) to the mediation stage. This demonstrates during the mediation, self-assured preparing gives a decent impact on understudy conduct.

Intercessions in this examination led in six meetings in congruity with the decisive preparing strategy. In the main meeting understudy is guided to have the option to perceive their own conduct, recognize great and awful conduct. At that point in the second stage understudy is guided to discover arrangements when circumstances that lead to struggle or forceful conduct come. In the third meeting understudy is guided to have the option to carry on and convey emphatically through eye to eye connection, discussion style, tone volume, and so forth. At that point in the fourth meeting understudy is guided to perceive the kinds of confident conduct (dismissal, demands and recognition). In the fifth meeting, understudy is guided to assume a part with companions to rehearse the material that has been scholarly,

subsequently understudy is guided to do genuine work on applying self-assured conduct. In the last meeting input, assessment, and inspiration were hung on what understudies had realized.

Aside from information on recurrence, span and quality is abatement in forceful conduct in understudies is described by an expansion in understudy decisive conduct. As indicated by Gunarsa [16] confident conduct that mirrors the mentality of genuineness, receptiveness in considerations and sentiments that can show through social congruity of the capacity to adjust or adjust to others. Expanding decisive conduct of understudies during the intervention is portrayed by a demeanor that starts to have the option to regard others, for example, saying thank you while accepting help or something, saying 'sorry' on the off chance that you commit an error or reject something and state an expression of help when requesting help from others. Understudies ready to keep in touch while talking, talk in a firm sentence. In any case, these progressions have not occurred reliably on the grounds that understudies still frequently talk in high tones and volumes.

In the standard stage (A2) there is no decline in forceful conduct. This can be seen from the recurrence and span information which actually has a mean or normal over the mediation stage information (B). When seen from the underlying conditions before the intervention of understudies, the recurrence, term and quality information show a diminishing in conduct from the benchmark stage (A1) to the gauge (A2) However, this transmission didn't happen essentially like the pattern A1 stage into the mediation stage (B).

The reduction in conduct that isn't huge in the pattern stage (A2) is conceivable in light of the fact that:

3.1. Differences in Conditions during Intervention and After Intervention

Information assortment in the intervention stage is done in a unique treatment room exclusively, so understudies can be effectively adapted. While in the standard stage (A2), understudies are left with no treatment or under typical conditions. This demonstrates the decrease in forceful conduct just happens essentially during intercession.

Intercessions in this investigation utilized decisive methods preparing which is one procedure in conduct alteration. As per Hana Panggabean [17] conduct alteration is the utilization of molding or steady conduct development, the utilization of encouraging feedback and extinction or cancellation. Molding was given an intervention utilizing confident preparing is as self-preparing in the arrangement of self-assured conduct, while the fortification is given through inspiration, acclaim and the conveyance of the outcomes of forceful conduct. In the intervention stage the understudy is put

in controlled conditions with the goal that his conduct can be controlled also. While at the gauge (A2) understudies' forceful conduct was not controlled or given fortification so that permits understudies to carry on forcefully once more.

4. CONCLUSION

In light of information of analysis and conversation, there is a critical impact from feeling guideline treatment for diminish the forceful practices of student with intellectual disability at the intervention stage. The discoveries indicated that in the pre-test the normal of forceful practices performed by understudies during the 40 minutes was 45 seconds with a normal recurrence of multiple times, while during the post-test normal of forceful practices performed by understudies during the 40 minutes was 30 seconds with a normal recurrence of multiple times Thus it very well may be presumed that in the wake of being given a feeling guideline treatment program, student with intellectual disability could control their forceful practices better.

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