



Analysis of the Effect of Counselling Guidance Teachers on Behaviour Control Aggression in Mentally Retarded Students

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Abstract: Intellectual disability is a condition necessitating special attention due to the limitations it imposes on children, thereby hindering their ability to adapt normally to their environment. Typically, these children exhibit poor overall mental development, with the most prominent symptom being impaired intelligence. Aggression refers to physical or verbal actions intended to harm the target of aggression. Behavior can be classified as aggressive if it involves an intention to cause harm, an expectation of damage, and the target's desire to avoid the aggression. Anger is often closely linked with aggression. This study aims to examine the influence of counseling guidance and teachers' social competence on managing aggressive behavior in students with intellectual disabilities. A quantitative research method was employed, with a population and sample comprising 37 teachers from private university foundations. The analysis results showed that counseling guidance and social competence of teachers accounted for 87.0% of the variation in the dependent variable (control of aggressive behavior in students with intellectual disabilities). Counseling guidance alone was found to affect the control of aggressive behavior in these students significantly. Similarly, teachers' social competence also significantly impacted the control of aggressive behavior in students with intellectual disabilities. Therefore, it can be concluded that both counseling guidance and teachers' social competence individually influence the control of aggressive behavior in these students. The study concludes that counseling guidance and teachers' social competence collectively impact the management of aggressive behavior in students with intellectual disabilities. Recommendations for schools include maintaining counseling guidance programs to enhance the management of aggressive behavior in these students. For teachers, improving social competence is essential to better manage and control aggressive behavior in students with intellectual disabilities.

Keywords: Guidance Counselling, Social Competence of Teachers, Aggression Behaviour, Mental Retardation.

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Introduction

According to WHO (World Health Organization), intellectual disability is characterized by insufficient mental capacity. An individual with intellectual disability is a child who has a mental or behavioral disorder, which may result from congenital defects, or a person who has a mental disorder due to biological or functional factors affecting the brain, leading to changes in thoughts, emotions, and behaviors, resulting in social challenges in areas such as education, employment, and community involvement (Ministry of Health, 2010). This condition demands special attention, as children with intellectual disabilities face limitations that impede their normal adaptation to their surroundings. Generally, these children exhibit poor overall mental development, with the primary symptom being reduced intelligence (Maramis, 2005). In typically developing children,

self-functioning includes physical and sensory activities such as general motor skills (sitting, crawling, standing, walking independently), language development (repeating heard words, forming two-word sentences), and personal and social skills (smiling responsively, eating independently, drinking from a cup, using a spoon, controlling bowel movements, dressing themselves) (Selikowitz, 2001). However, children with intellectual disabilities experience delays in these areas compared to their typically developing peers. This delay is evident in their behavior related to self-care, social interactions, communication, and other adaptive skills (Shea, 2006). A child with mental retardation is a child with substantial limitations in present functioning characterized by the phenomenon of below-average intellectual functions that are simultaneously associated with 2 or more areas of adaptive ability, such as communication, selfcare, home life, social skills,

community utilization, self-guidance, health and safety, academic, recreational, and occupational functions.

Aggression refers to physical or verbal actions aimed at causing harm to a target. A behavior is classified as aggressive if it involves an intention and expectation to inflict injury or damage, along with the target's desire to avoid such aggression. Aggression is frequently associated with anger. Typically, anger is accompanied by urges to attack, punch, smash, or throw objects, and often involves violent thoughts. When these impulses are acted upon, aggression is manifested.

The most apparent forms of aggressive behavior include hitting, fighting, taunting, shouting, defying orders or requests, crying, or engaging in destructive actions. Children displaying such behaviors are often seen as bullies or troublemakers. However, even children without emotional or behavioral issues may occasionally exhibit these behaviors, though not as frequently or impulsively as those with emotional or behavioral difficulties. Children with aggressive tendencies often face additional challenges, such as social rejection from peers (being ostracized, shunned, or not invited to play) and being labeled as troublemakers by teachers. This aggressive behavior is frequently reinforced by environmental feedback, such as gaining status, being admired by peers, or achieving desired outcomes, like making a friend cry when hit (Purniasih, 2022).

Goleman (1996) noted that research on addressing students' aggressive behavior in schools has shown that social and emotional skills learning programs yield positive results. Students participating in these programs tend to be less aggressive. Goleman (1996: 274) states: "... and the longer they had been in the program, the less aggressive they were as teenagers". From these perspectives, it is evident that students' aggressive behavior can be mitigated through social and emotional skills learning programs. It is challenging to create a comprehensive list of necessary social skills for children to consistently succeed in their social interactions, as the dynamics of social success are influenced by time, context, and culture.

Another factor that impacts students' aggressive behavior is the teacher's social competence. Buchari Alma (2008: 142) defines social competence as the teacher's ability to communicate and interact effectively within and outside the school environment. Teachers must strive to build communication with students' parents to establish continuous two-way communication. This type of communication allows for better monitoring of students and more effective character development. Suharsimi also discusses social competence, emphasizing that teachers must be able to communicate with students, fellow teachers, principals, and the community. Teachers are responsible for creating a positive learning atmosphere so that students can learn comfortably and joyfully (Simatupang, Widiastuti, & Imeldawati, 2022). Student creativity can flourish when teachers do not dominate the communication process but instead inspire students to develop creativity through various learning activities, providing them with diverse learning experiences and psychological refreshment in receiving information. This approach fosters both individualization and socialization within the educational process.

Method

The research methodology employed in this study is quantitative in nature. The study's population consists of all the teachers within private university foundations, amounting to a total of 37 individuals. The sampling technique utilized for this study is the total sampling method, ensuring that every teacher in the population is included in the sample. The research process involves several key stages, beginning with the instrument tests. These tests are crucial for verifying the reliability and validity of the measurement tools used in the study. Ensuring the accuracy of these instruments is essential for collecting reliable data that accurately reflects the variables being studied. Following the instrument tests, assumption tests are conducted. These tests are designed to check whether the data meet the necessary assumptions required for the chosen statistical analyses. Common assumptions in quantitative research include normality, linearity, homoscedasticity, and independence of errors. Ensuring these assumptions are met is vital for the validity of the subsequent analyses.

The final stage of the research process involves hypothesis testing. This step is crucial for determining the relationships between the variables under investigation. Specifically, the study aims to examine the direction and strength of the relationship between counselling guidance and teacher social competence in relation to controlling aggressive behaviour in mentally retarded students. By testing these hypotheses, the study seeks to uncover whether and how these factors influence the management of aggression in this particular student population. Counselling guidance in this context refers to the structured support provided by counsellors to help students manage their emotions and behaviours effectively. This support can include a variety of techniques and strategies aimed at improving students' emotional regulation and social interactions. Teacher social competence, on the other hand, pertains to the ability of teachers to interact effectively with students, parents, colleagues, and the broader community. This competence involves communication skills, empathy, and the capacity to create a supportive and positive learning environment.

By examining these variables, the study aims to provide insights into how educational professionals can better support mentally retarded students in managing aggressive behaviours. The findings of this research could have significant implications for the development of training programs for teachers and counsellors, emphasizing the importance of social competence and structured guidance in fostering positive behavioural outcomes in students with mental retardation. Ultimately, the study's comprehensive approach—from instrument validation to hypothesis testing—ensures a thorough examination of the factors influencing aggressive behaviour control in mentally retarded students, contributing valuable knowledge to the field of educational psychology and special education.

Results

Based on the results of the assumption test, the histogram graph indicates that the data is normally distributed, as evidenced by the bell-shaped curve that is not skewed to the left. Additionally, the normal probability plot shows a distribution of points around the diagonal line, with the spread following the direction of this line, further confirming that the data is normally

distributed. Examining the table, it is clear that the Variance Inflation Factor (VIF) values for both Guidance Counseling (X1) and Teacher Social Competence (X2) are less than 10 ($VIF < 10$). Moreover, the tolerance values for each variable are less than 1 (Tolerance < 1). These findings suggest that there are no signs of multicollinearity in the data.

Regarding the heteroskedasticity test, the scatterplot reveals that the points are distributed randomly, both above and below the zero line on the vertical axis (Y axis). This random distribution indicates the absence of heteroskedasticity, confirming that the variability of the dependent variable is consistent across all levels of the independent variables.

In conclusion, the assumption tests performed demonstrate that the data meet the necessary criteria for normality, multicollinearity, and heteroskedasticity. The normal distribution of data, absence of multicollinearity, and random spread of points in the heteroskedasticity test collectively ensure the validity and reliability of the subsequent statistical analyses. This thorough assessment of the data's assumptions strengthens the robustness of the study's findings and supports the validity of the conclusions drawn from the research. Thus, it can be concluded that heteroskedasticity does not occur in this regression model.

The multiple linear regression equation is as follows:

$$Y' = a + b_1X_1 + b_2X_2 +$$

$$Y = 0.825 + 0.070X_1 + 0.098X_2$$

Information:

Y = Control of aggression behaviour in mentally retarded students

A = konstanta

b_1, b_2 = koefisien Regression

X1 = Guidance Counselling

X2 = Social Competence of teachers

The regression equation above can be explained as follows:

- A constant of 0.825; This means that if the Guidance Counselling (X1), and Social Competence of the Teacher (X2) value is 0, then the Control of Aggression Behaviour in Mentally Retarded Students (Y) is 0.825.
- Regression coefficient of the Guidance Counselling variable (X1), amounting to 0.070; This means that if other independent variables have fixed values and Guidance Counselling (X1) increases by 1%, then Control of Aggression Behaviour in Mentally Retarded Students (Y) will increase by 0.070. A positive coefficient means that there is a positive relationship between Counselling Guidance (X1) and Aggression Behaviour Control in Mentally Retarded Students, the better the Counselling Guidance (X1), the better the Aggression Behaviour Control in Mentally Retarded Students (Y).
- Regression coefficient of the Teacher Social Competence variable (X2), amounting to 0.098; This means that if other independent variables have fixed values and Teacher Social Competence (X2), increases by 1%, then the Control of Aggression Behaviour in Mentally Retarded Students (Y) will increase by 0.098. The positive value coefficient means that there is a positive relationship

between Teacher Social Competence (X2) and Aggression Behaviour Control in Mentally Retarded Students, the better the Teacher's Social Competence (X2), the more Aggression Behaviour Control in Mentally Retarded Students

Based on the results of the regression analysis, the R^2 value (R Square) is 0.870 or 87.0%. This indicates that 87.0% of the variation in the dependent variable (Control of Aggression Behavior in Mentally Retarded Students) can be explained by the independent variables (Guidance Counseling and Social Competence of Teachers). In other words, the model comprising Guidance Counseling and Social Competence of Teachers accounts for 87.0% of the variation in the control of aggressive behavior among mentally retarded students. The remaining 13% of the variation is attributed to other factors not included in this research model. Based on the table, an F count of 111.139 was obtained. With a confidence level of 95%, the F table value is 2.79. Since the F count exceeds the F table value ($111.139 > 2.79$), the null hypothesis (H_0) is rejected. This indicates that there is a significant combined influence of Guidance Counseling and Teacher Social Competence on the dependent variable, which is the Control of Aggression Behavior in Mentally Retarded Students. Therefore, it can be concluded that both Guidance Counseling and Teacher Social Competence together significantly impact the control of aggressive behavior in mentally retarded students.

Based on the table, a t-value of 2.658 is obtained. Referring to the distribution table, the t-table value is 0.67933. Since the calculated t-value (2.658) is greater than the t-table value (0.67933), the null hypothesis (H_0) is rejected. This indicates a partial significant effect of Guidance Counselling on controlling aggression behavior in mentally retarded students. Therefore, it can be concluded that Guidance Counselling has a significant impact on managing aggressive behavior in these students.

Similarly, another t-value of 2.006 is reported. The t-table value remains at 0.67933. With the calculated t-value (2.006) being higher than the t-table value (0.67933), H_0 is rejected once again. This demonstrates a partial significant effect of Teacher Social Competence on controlling aggression behavior in mentally retarded students. Thus, it can be concluded that the Social Competence of Teachers significantly influences the control of aggression behavior in mentally retarded students.

Discussion

As per the International Statistical Classification of Diseases and Related Health Problems (ICD-10), mental retardation refers to a condition characterized by halted or incomplete mental development, primarily marked by deficiencies in skills throughout the developmental process, thereby impacting various aspects of intelligence, including cognitive, language, motor, and social abilities.

Mental retardation may manifest with or without accompanying mental or physical disorders. The prevalence of other mental disorders within this population is notably higher, estimated to be at least three to four times greater compared to the general population (Lambasting, 2006). According to Wiyani (2014: 102), children with mild mental retardation possess educable capabilities. While they may struggle to adhere to standard educational curricula, they still exhibit potential for skill

development through educational interventions. Skills that can be cultivated in mild mental retardation children encompass reading, writing, spelling, numeracy, adaptability, self-reliance, and basic vocational skills for future employment.

In cases where additional disorders such as Cerebral palsy, visual and auditory impairments, epileptic disorders, speech impairments, and other language, behavioral, or perceptual disorders are present, optimal outcomes necessitate continuous interventions like physical therapy, occupational therapy, speech-language therapy, and provision of adaptive aids such as glasses, hearing aids, anti-epileptic medications, and others. Accurate diagnosis beyond intelligence level assessment is imperative for addressing the underlying disorder effectively.

Guidance Counselling

Counselling entails a personal connection established in face-to-face interactions between two individuals, wherein the counsellor, leveraging their specialized skills, facilitates a learning environment. Through this dynamic, counselees are supported in comprehending their own selves, current circumstances, and potential future scenarios that they can shape by harnessing their capabilities for personal and societal well-being. Additionally, counselling empowers individuals to address challenges and identify future aspirations.

Counselling represents a professional alliance between a proficient counsellor and clients. Typically conducted on an individual basis, although occasionally involving multiple parties, these interactions aim to assist clients in gaining insight and clarity into the breadth of their lives, enabling them to make informed decisions. Guidance and counselling encompass the interactive process between counsellors and counselees, whether conducted directly or indirectly, with the overarching goal of aiding individuals in unlocking their potential and resolving the issues they encounter.

Social Competence of Teachers

As per Buchari Alma (2008: 142), social competence denotes the capacity of educators to effectively engage and interact within both school and broader community settings. Teachers are encouraged to foster ongoing, two-way communication with students' parents, facilitating enhanced monitoring and character development among students. Suharsimi underscores the importance of social competence among educators, emphasizing their need to adeptly communicate with students, colleagues, school administrators, and the wider community. The National Education Standard, articulated in Article 28 paragraph (3) point d, further elaborates on social competence, defining it as teachers' proficiency in fostering effective communication and collaboration with students, peers, educational staff, parents/guardians, and the community at large.

Aggression, whether physical or verbal, is behavior aimed at harming its target. Its causes include biological factors, generational disparities, environmental influences, disciplinary missteps, instinctual drives, frustration, exposure to violent role models, cognitive assessments, and social competition. Effective strategies for curbing aggression encompass punitive measures, cathartic outlets, exposure to non-aggressive role models, social skills training, and the bolstering of counselling guidance alongside improvements in teachers' social competence.

Assessing intelligence and adaptive behavior aids in categorizing individuals' tendencies toward retardation and predicting their potential for independent living. Those with moderate mental retardation often achieve self-sufficiency and lead fulfilling lives, albeit requiring conducive environments encompassing education, community support, familial care, and consistent skill development. Expectations are more modest for individuals with profound retardation, who typically necessitate extensive support and often cannot live autonomously or in group settings.

Research indicates a reduced life expectancy among individuals with mental retardation, with their condition typically persisting throughout life. While children with disabilities may initially exhibit abilities akin to their peers, they may gradually lag behind as they age, a phenomenon often imperceptible to their families. Treatment for children with mental retardation entails comprehensive assessments addressing social, educational, environmental, psychiatric, and neurological needs. The overarching objective of such interventions is to create a nurturing environment conducive to optimal functioning and the realization of each child's potential. Early diagnosis, family education, and specialized educational interventions are imperative components of this holistic approach to supporting children with intellectual disabilities.

Conclusion

The findings of the analysis revealed that Counseling Guidance and Teacher Social Competence collectively accounted for 87.0% of the variance in the dependent variable, namely the Control of Aggression Behavior in Mentally Retarded Students. Specifically, counseling guidance exhibited a partial effect on managing aggression behavior among mentally retarded students. Moreover, a significant partial correlation emerged between Teacher Social Competence (X2) and the Control of Aggression Behavior in Mentally Retarded Students (Y). Consequently, it can be inferred that the Social Competence of Teachers partially influences the control of aggression behavior in mentally retarded students.

In light of these findings, it is recommended that schools sustain empowerment programs centered on counseling guidance to enhance the efficacy of managing aggression behavior among mentally retarded students. Additionally, efforts should be directed toward enhancing teachers' social competence to further optimize the management of aggression behavior among this student demographic.

BIBLIOGRAPHY

1. Alwisol. (2006). *Personality Psychology*. Hapless. UMM Press.
2. Chaplin, J.P. (2005). *Complete Dictionary of Psychology*. Jakarta. Rajawali Pres.
3. Mulyasa, E. (2007). Competency standards and teacher certification. *Bandung: Remaja Rosda Karya*.
4. Hallahan, D. P., Kauffman, J. M., & Pullen, P. C. (2012). *Exceptional Learners*. Upper Saddle River: Pearson.
5. Hanurawan, Dr. Fattah. (2004). *Introduction to Social Psychology*. Malang. Triumvirate Independent Edition

6. Hanurawan, F. (2016). *Alternative Perspectives in Educational Psychology*. Malang: State University of Malang.
7. Kampert, A. L., & Goreczny, A. J. (2007). Community involvement and socialization among individuals with mental retardation. *Research in developmental disabilities*, 28(3), 278-286.
8. Maslim, R. (2001). *Pocket Book of Diagnosis of Mental Disorders*. Jakarta : PT Nuh Jaya.
9. Purniasih, P., & Ariawan, S. (2022). Reconstructing the Role of Parents in Shaping the Personality of the Child. *EXOUSIA: Jurnal Pendidikan Agama Kristen*, 1(1), 1-9.
10. Simatupang, R., Imeldawati, T., Ariawan, S., & Widiastuti, M. (2022). Flexing in the lens of Christian education: Children's failure to stem the negative influence of the era of disruption or neglect of parents instilling early childhood character. *Kurios (Jurnal Teologi Dan Pendidikan Agama Kristen)*, 8(1), 215-224. <https://doi.org/10.30995/kur.v8i1.542>
11. Shea, S. E. (2006, December). Mental retardation in children ages 6 to 16. In *Seminars in Pediatric Neurology* (Vol. 13, No. 4, pp. 262-270). WB Saunders.
12. Sagala, S. (2011). Professional Ability of Teachers and Education Personnel. *LibraryContents: ALFABETA*.