Influence Analysis of Counseling Guidance and Social Competence of Teachers against Control of Aggression Behavior on Mental Retardation Students

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Abstract: Mental retardation is a condition that requires special attention, cured in a child's mental retardation with limitations in self-functioning that will interfere with normal adaptation to the environment. Children who are experiencing mental development, especially less developed symptoms (Maramis, 2005). Aggression is a physical or verbal behavior that is intended to injure the object of aggression. A behavior can be categorized as an aggression behavior if there is intention and hope to harm or damage the object of aggression and the desire of aggression to repel the intended aggression. Aggression is closely related to anger. When a person is angry, there is usually a feeling of wanting to attack, punching, destroying or throwing things and usually arises a cruel mind. When things are channeled then there is aggression behavior. Control of Aggression Behavior in Mental Retardation Students can be done by empowerment of Counseling Guidance and Teacher Social Competence. The study aims to determine the influence of Counseling Guidance and Social Competence on the Control of Aggression Behavior on Mental Retardation Students. The research method is quantitative method. Population and sample are all teachers in private university foundation with total 37 people. Analysis Result is Counseling Guidance and Social Competence Teachers able to explain equal to 87,0% variation of dependent variable (Control of Aggression Behavior on Mental Retardation Student,). Partially Guidance Counseling on Control of Aggression Behavior in Mental Retardation Students. Partially there is significant influence between Teacher Social Competence (X2) with Control of Aggression Behavior on Mental Retardation Student (Y). So from this case can be concluded partially Teacher's Social Competence is against Aggressive Behavior Control on Mental Retardation Student. There is a Difference Counseling Guidance and Social Competence of Teachers against Control of Aggression Behavior on Mental Retardation Students. Suggestion for School, counseling guidance counseling program need to be ensured. Control of Aggression Behavior in Mental Retardation Students. More perfect For teachers, the competence of teachers should be strived to awake Control of Aggression Behavior on Mental Retardation Students the better.

1 INTRODUCTION / BACKGROUND

According to the World Health Organization, mental retardation is an inadequate mental ability. A person with mental retardation is a child with a mental or behavioral disorder, which can be caused by a congenital defect, or a person who has mental disorders caused by organobiological or functional factors that result in a change in the nature of the mind, the nature of feelings and deeds so as to have social problems within meet the needs of education, earn a living, and in social activities (Ministry of Health, 2010).

Mental retardation is a condition that requires special attention, because the child's mental retardation experience limitations in the functioning of himself so that would interfere with normal adaptation to the environment. Usually there is a lack of overall mental development, but the main symptom of prominence is retarded intelligence (Maramis, 2005). The normal functioning of a normal child is to perform physical and sensory activities, such as general motor (sitting, crawling, standing, walking alone), language (speaking of words, two expressions of phrase), personal and

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social (responsive smile , eating independently, drinking using a cup, using a spoon, controlling bowel movements, dressing themselves) (Selikowitz, 2001), but in children with mental retardation will experience delays compared to normal children of the same age. This is demonstrated by the inadequacy of caring and caring behavior, socializing with peers, communicating and other adaptive skills (Shea, 2006)

A child with mental retardation is a child who has substantial limitations in present functioning characterized by the phenomenon of below-average intellectual functions that simultaneously relate to 2 or more areas of adaptive ability such as communication, attention self-care, home life, social skills, community use, self-help, health and safety, academic, recreational and work functions. Aggression is a physical or verbal behavior that is intended to injure the object of aggression. A behavior can be categorized as an aggression behavior if there is intent and hope to harm or damage the object of aggression and the desire of the object of aggression to avoid aggression directed to it. Aggression is often closely related to anger. When someone is angry, there is usually a feeling of wanting to attack, punching, destroying or throwing things and usually arises a cruel thought. When things are channeled then there is aggression behavior.

The most visible forms of aggressive behavior are hitting, fighting, screaming, shouting, refusing to follow orders or requests, crying or destroying. Children who show this behavior usually we think of as a troublemaker or troublemaker. In fact, children who do not experience emotional or behavioral problems also display the behaviors as mentioned above, but not as often or as conclusively as children who have emotional or behavioral problems. Children with aggressive behavior usually get additional problems such as not received by friends (hostile, shunned, not invited to play) and considered a problem maker by the teacher. Such aggressive behavior is usually reinforced by strengthening of the status environment, considered great by peers, or obtaining something to be desired, including seeing a friend cry when hit by him or her. Goleman (1996) states that from some research results in dealing with students' aggressive behavior in school, social and emotional skills learning programs show positive results. Students who are involved in the program are getting less aggressive. Goleman (1996: 274) states: "... and the longer they have been in the program, the less aggressive they were as teenagers".

Based on some of the above opinions, students' aggressive behavior can be reduced through social and emotional skills learning programs. It is difficult to compile a comprehensive list of what social skills a child should have in order to always succeed in his social interactions, because as social life itself, opportunities for social success can also change over time, context, and culture.

The student's aggressive behavior at school has become a universal problem (Neto, 2005), and lately has tended to increase. News about the involvement of students in various forms of riot, fighting, fighting, and other acts of violence is increasingly heard. Aggressive behavior of students in schools is very diverse and complex. The problem of aggressive behavior of students is increasingly complex when aggressive behavior recently also shown by teachers, there are teachers who beat students, some even to torture / kill their students. Aggressive behavior that occurs in the educational environment if not immediately addressed, in addition to disrupt the learning process, will also cause students tend to adapt to these bad habits. Such situations will shape the students to imitate and behave aggressively too, so that the students' aggressive behavior in school is considered normal and will be widespread.

School, it should be a fun place, a safe and healthy place, where students can develop their full potentials completely. However, entering into a school environment for a student is not always fun, it may actually make them stressful, anxious and fearful. The shadow of violence when entering the school environment often haunts students. According to Todd, Joana, et al. (in Nataliani, 2006), physical and verbal violence among students has become a serious problem in many countries around the world. The students' aggressive behavior has had a negative impact, both for the students themselves and for others. Children who experience violence will experience problems later in life both in terms of health and life.

One of the factors that can affect the students' mental retardation is counseling guidance (BK). Guidance and counseling is a process of providing assistance to develops itself optimally, so that it can be self-sufficient and or take decisions are gradually being answered. So what you want to achieve with guidance is optimal level of development for each individual according to his ability. Another factor that affects the aggressive behavior of students is the social competence of teachers. According to Buchari Alma (2008: 142), social competence is the ability of teachers to communicate and interact effectively with the school environment and outside the school environment. A teacher should seek to develop communication with the parents of the learners in order to establish sustainable two-way communication. With the two-way communication, learners can be monitored better and can develop the character more effectively as well. Suharsimi also gave his argument about social competence. According to him, social competence must be owned by a teacher, which teachers must have the ability to communicate with students, fellow teachers, principals, and the surrounding community. Teachers are in charge of creating a pleasant learning climate so that students can learn comfortably and happily. Student creativity can be developed if the teacher does not dominate the communication process of learning, but the teacher teaches more, inspires them to develop their creativity through various learning activities so that students get various learning experiences It can give psychological freshness in receiving information. This is where the process of individualization and the process of socialization in educating

2 PROBLEM FORMULATION

Based on the above description, the researcher formulates the following issues:

- a. What is counseling guidance (BK). partially significant effect on the control of aggression behavior In students mental retardation?
- b. Does the teacher's social competence partially significantly influence the control of aggression behavior In students of mental retardation?
- c. Does counseling guidance (BK) and teacher competence simultaneously have a significant effect on controlling aggression behavior In students of mental retardation?

3 RESEARCH OBJECTIVES

The purpose of this study are:

- a. To know whether counseling guidance (BK). partially significant effect on the control of aggression behavior In students mental retardation
- b. To determine whether the social competence of teachers partially significant

effect on the control of aggression behavior In students mental retardasi

c. To know whether counseling guidance (BK) and teacher competence simultaneously have a significant effect on controlling aggression behavior In students mental retardation?

4 THEORETICAL STUDIES / CONCEPTS MENTAL RETARDATION

According to the International Stastistical Classification of Diseases and Related Health Problems (ICD-10), mental retardation is a state of stalled or incomplete mental development, characterized mainly by the impairment of skills (skills, skills) during development, at all levels of intelligence, cognitive, linguistic, motor and social skills. Mental retardation can occur with or without mental disorders or other physical disorders. The prevalence of other mental disorders is at least three to four orders in this population compared with the general population (Lumbantobing, 2006). According to Wiyani (2014: 102) child mild mental retardation (mild mental retardation) is a child who can be educated (debil). They can not attend regular school programs, but still have the skills that can be developed through educational activities. Abilities that can be developed in children with mild mental retardation include: reading, writing, spelling, counting, adjusting, being independent of others, and can have simple skills for future employment.

If there are other disorders - Cerebral palsy; visual & hearing impairment; epilepsy disorder; speech impairment and other disorders in language, behavior and perceptions-hence what needs to be done to achieve optimal results is required continuous physical therapy, occupational therapy, speech-language therapy, adaptive equipment such as glasses, hearing aids, anti-epileptic drugs and etc. Need a proper diagnosis to establish the disorder, beyond just the level of intelligence.

4.1 Counseling Guidance

Counseling is a personal, face-to-face relationship between two people in which the counselor through the relationship with his special abilities, provides a learning situation. In this case the counselee is assisted to understand himself, his current situation, and the possibility of future circumstances that he can create by using his potential, for the sake of personal and community welfare. Furthermore counselees can learn how to solve problems and find the needs that will come. (Tolbert, in Prayitno 2004: 101).

Jones (Insano, 2004: 11) mentions that counseling is a professional relationship between a trained counselor and client. This relationship is usually individual or individual, although it sometimes involves more than two people and is designed to help the client understand and clarify his views on the scope of his life, so as to make a meaningful choice for himself. Guidance and Counseling is the process of interaction between konselordengan konseli either directly or indirectly in order to assist the counselee in order to develop his potential or even solve the problems he experienced.

4.2 Master's Social Competencies

According to Buchari Alma (2008: 142), social competence is the ability of teachers to communicate and interact effectively with the school environment and outside the school environment. A teacher should seek to develop communication with the parents of the learners in order to establish sustainable two-way communication. With the twoway communication, learners can be monitored better and can develop the character more effectively as well. Suharsimi also gave his argument about social competence. According to him, social competence must be owned by a teacher, which teachers must have the ability to communicate with students, fellow teachers, principals, and the surrounding community. In the National Education Standards, Article 28 paragraph (3) point d, it is argued that what is meant by social competence is the ability of teachers as part of the community to communicate and get along effectively with learners, fellow educators, education personnel, parents / guardians of learners, and surrounding communities

5 METHOD

The method used is quantitative method. The population of this study is all teachers who beraada on private university foundation with the number of 37 people at once. became the sample in this study. The sampling technique is the total sample. Stages of test instruments, Test Assumptions and hypothesis testing is done that is to know the director between Counseling Guidance and Social Competence Teacher Against Control Aggression Behavior in Mental Retard ation Students

6 RESULT OF ANALYSIS

From the assumption test results, by looking at the histogram graphic display, it appears that the histogram image has bell-shaped and does not lean to the left indicating that the data is normally distributed. With a normal probability plot there is spreading of dots around the diagonal line and its distribution follows the direction of the diagonal line, which means the distributed data is normally distributed.

From the table it can be seen that the VIF value of Counseling Guidance (X1) and Teacher Social Competence (X2) has each VIF value less than 10 (VIF <10). For Tolerance values each Tolerance value variable <1. Thus, it can be concluded that there are no symptoms of multicollinearity.

For heterocedasticity test of the image it is seen that the points spread randomly, either at the top of zeros or at the bottom of the number 0 of the vertical axis or Y axis. Thus, it can be concluded that there is no heterokedatisitas in this regression model.

The multiple linear regression equation

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as follows:
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Y' = a + b1X1 + b2X2 + b2X2
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Y = 0.825 + 0. .070 X1 + 0. 098 X2
Information:
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Y = Control of Aggression Behavior in Mental
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- a = constants
- b1, b2, = regression coefficients
- X1 = Counseling Guidance

X2 = Teacher Social Competency

The above regression equation can be explained as follows:

- a. Constant of 0.825; meaning that if Counseling Guidance (X1), and Teacher Social Competence (X2) value is 0, then Control of Aggression Behavior on Student Mental Retardation (Y) its value is 0.825.
- b. Coefficient of variable regression Counseling Guidance (X1), equal to 0.070; meaning that if other independent variables are fixed and Counseling Guidance (X1) increases 1%, the Control of Aggression Behavior on Mental Retardation Student (Y) will increase by 0.070. Coefficient of positive value means a positive relationship between Counseling Guidance (X1) with Aggression Behavior Control on Mental Retardation Students, the Better Counseling

Retardation Students

Guidance (X1) then the better Control of Aggression Behavior in Mental Retardation Students (Y)

c. Regression Coefficient of Teacher Social Competence variable (X2), amounted to 0. 098; meaning that if other independent variables are fixed value and Teacher Social Competence (X2), increase 1%, then Control of Aggression Behavior on Mental Retardation Student (Y) will increase by 0. 098. Coefficient of positive value means a positive relationship between Master's Social Competence (X2) with Aggression Behavior Control on Mental Retardation Students, the Better Teacher's Social Competence (X2), then the Increasing Control of Aggression Behavior on Mental Retardation Students

From the result of regression analysis, based on the above table, the number of R2 (R Square) is 0,870 or (87,0%). This shows that the percentage of contribution of independent variables (Counseling Guidance and Teacher Social Competence) to the dependent variable (Control of Aggression Behavior on Mental Retardation Students,) amounted to 87.0%. Or variations of independent variables used in the model (Counseling Guidance and Teacher Social Competence) are able to explain by 87.0% variation of dependent variables (Control of Aggression Behavior in Mental Retardation Students,). While the remaining 13% is influenced or explained by other variables not included in this research model.

Based on the table obtained F arithmetic of 111.139. Using a 95% confidence level, $\alpha = 5\%$. obtained for F table of 2.79. F value count> F table (111.139> 2.79), then Ho is rejected. Because F arithmetic> F table (111.139> 2.79), then Ho is rejected, meaning there is a significant influence between (Counseling Guidance and Teacher Social Competence) together against the dependent variable (Control of Aggression Behavior in Mental Retardation Students). So from this case it can be concluded that (Counseling Guidance and Social Competence Teachers) together against variables of Aggression Behavior Control on Mental Retardation Students . Based on the table obtained t count equal to 2658. The distribution table t is sought at $\alpha = 5\%$ obtained for t table of 0.67933. Value t arithmetic> t table (2.658> 0.67933) then Ho rejected. Therefore, the value of t arithmetic> t table (2.658 > 0.67933)then Ho is rejected, meaning that there is partially significant influence between Counseling Guidance and Control of Aggression Behavior in Mental Retardation Student (Y). So from this case can be concluded that partially Guidance Counseling influence on Control of Aggression Behavior in Mental Retardation Students. Based on the table obtained t arithmetic amounted to 2.006. The distribution table t is sought at $\alpha = 5\%$ obtained for t table of 0.67933. Value t arithmetic> t table (2.006> 10.67933). Therefore, the value of t arithmetic> t table (9.716> 1.66105) then Ho is rejected, it means partially there is significant influence between Teacher Social Competence (X2) with Control of Aggression Behavior on Mental Retardation Student (Y). So from this case can be concluded that partially Social Teacher Competence influence on Control of Aggression Behavior on Mental Retardation Student.

7 DISCUSSION

Aggression is a physical or verbal behavior that is intended to hurt the object of aggression. Aggression is caused by biological factors, generation gaps, environment, errors in the disciplinary process, instinct, frustration, the role of learning models of violence, cognitive appraisal, and social competition. This aggression behavior can be controlled and reduced through punishment, catharsis, the introduction of non-aggressive models, and social skills training, as well as the empowerment of counseling guidance and the improvement of teacher social competence.

Measuring intelligence and adaptive behavior can help to classify the tendency of backwardness and to predict whether the individual can live independently. Individuals with moderate mental retardation are more often found to achieve seilfsufficiency and gain a happy life. To achieve their goals, they need an appropriate and supportive environment such as education, community, social environment, family and consistent skills. The expectation is smaller for individuals who suffer from severe retardation (profound retardation). Individuals with profound retardation need great support and usually can not live independently or at home in groups.

The study found that they had a smaller life expectancy. The tendency of invuluary retardation tends to persist for life. Suppose a child is diagnosed with severe mental retardation (severe) at the age of 5 years, then he will have the same diagnosis at 21 years of age. This may not be too visible to their families, where children with underdevelopment have a similar ability to their peers, but it will appear that they will be left behind as they age. Treatment in children with mental retardation is based on an assessment of the social, educational, environmental, psychiatric and neurologic needs that accompany it. The ultimate goal of this handling is to create a safe place and enable the child to function and develop his potential optimally. Need to be established early diagnosis, education for families and extraordinary education for children tunagrahita.

8 CONCLUSIONS AND SUGGESTIONS

8.1 Conclusion

The results of the analysis concluded that the Counseling Guidance and Social Competence Teachers are able to explain by 87.0% variation of the dependent variable (Control of Aggression Behavior in Mental Retardation Students,). Partially Guidance Counseling on Aggression Behavior Control on Mental Retardation Students.

Partially there is significant influence between Teacher Social Competence (X2) with Control of Aggression Behavior on Mental Retardation Student (Y). So from this case can be concluded that partially Social Teacher Competence influence on Control of Aggression Behavior on Mental Retardation Student.

8.2 Suggestion

For the School, counseling guidance counseling program needs to be maintained in order to handle the Control of Aggression Behavior on Mental Retardation Students. The more perfect. For teachers, teacher's social competence needs to be improved so that the handling of Aggression Behavior Control on Mental Retardation Students is better

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