Chapter – III

METHODOLOGY
Background and Formulation of the Problem

Any person desirous of becoming a teacher, doctor, engineer, technician, priest and so on has to undergo a formal training. But for taking up the vital responsibility in life as a 'parent', no formal training has been given to men and women. Lack of training to parenthood is reflected in the child rearing practices of parents. Due to lack of adequate skills in child rearing practices, some parents fail to control the misbehavior among their children and to bring them up in a mentally healthy and disciplined manner. Such parents expose their inadequacies and incompetence to be effective. On account of this, children may show maladjusted and improper behavior patterns and create a real problem for parents as well as for the teachers in the school. Problems created by children are on the increase. The rate of incidence and prevalence of problem behavior among children referred to or brought to child psychologist / clinical psychologist or such professionals manifest the magnitude of this problem. As the literacy level of the society has gone up, parents and elders have become more aware of the child behavior problems and the need for corrective measures and the kind of professional help available. Social awareness and education in this area of child problem behavior was augmented by
the articles, features, and columns published by vernacular periodicals like 'MANASASTRAM', 'VANITHA', and 'GRIHALAKSHMI'. These fortnight weeklies have even published special issues on 'Parenting', besides their occasional articles on related matters. The work done by these publications have been found very much helpful in throwing light to childhood behavior problems and effective parenting. As a result, parents approaching the professionals seeking for the behavior problems among their children have increased. Due to acute shortage of trained professionals, a few clinical psychologists alone are unable to manage the magnitude of these cases. Hence it is thought of decentralization of equipping parents with required skills and development of community resources for intervention with problem children. These community resources can be in the form of giving basic skills training to lay leaders, teachers, parents and volunteers who can deal with them at the initial level. Failure at this level alone warrants highly skilled professional intervention. The behavioral management training given to the parents is expected to prevent problems among children as early as they occur, and to promote better growth and development among these offspring. Especially in developing countries like India, where trained professional man power is scarce in imparting basic skills to parents in order to combat emerging problems at the earliest on
a one-to-one basis, is essential as a preventive step. Hence the present approach in dealing with behavior problems among children by training parents in behavioral management skills is of paramount importance.

**Purpose of the study.**

The present research was purposively designed to study the feasibility and effectiveness of a training program with the overall aim of training parents in using the principles and techniques of behavior modification and skill empowerment in changing the maladaptive behavior of their children and establishing adaptive and accepted behavior in them. For the above purpose, it was further specified to assess the efficacy of imparting behavioral management skills for parents in the modification of problem behavior observed in their children (behavioral skills training for parents), and to find out the efficacy of behavior management by parents in modifying the behavioral problems among their own children. Operationally, the term “behavior counseling” is often used as a broad label to denote a multitude of behavioral techniques which also includes training of significant persons in behavioral management of problem clients. For the purpose of this
study, the behavioral counseling approach used was the behavioral training for parents in management of problem children or problem behaviors among their own children.

**Design of the Research Study.**

This research work is an intervention study. Therefore pre intervention and post intervention assessments were planned.

At the pre intervention stage, for gathering a baseline data on the problem for future comparative purposes, behavior problems were first assessed using Achenbach Child Behavior Check List before intervention. This is called the Phase-I assessment or Pre intervention assessment. All children were subjected to this pre intervention assessment as and when they were accepted for therapy.

One month after the intervention, again the same tool was used for assessment. This is called Phase-II or Post intervention assessment-1. Again two more assessments using the same tool were carried out after two months and after four months. These are called Phase-III or Post intervention-2 and Phase-IV or Post intervention-3 consecutively. At the end of the fourth month of
intervention at Phase IV another tool called Therapy Attitude Inventory was given to parents to assess the consumer satisfaction. Personal and demographical details about children and parents were also collected using a Socio-demographic Data Schedule at the time of the pre-assessment (Phase-I). Thus, it is evident from the above details that the design of the present research study falls within the descriptions of an experimental method with before and after comparisons. However, it is very important to observe that control of all variables including intervening variables may not be possible in social science research as is possible in pure science research. Hence from a pure scientific research perspective, one can mention that a pure experimental procedure is very difficult in most social science researches, thereby rendering it a quasi-experimental nature.

**Universe of the Study.**

The universe of the present study consisted of parents of children with identifiable behavioral problems in Kannur district and the population from which the samples were selected constituted parents of behaviorally problematic children who sought clinical intervention.
Description of sample.

Thirty (30) parents, both fathers and mothers, and their children with problem behavior were taken as the sample for this study. There were 19 male children and 11 female children and among them 14 children belonged to the age group of 6-11 years and 16 children belonged to the age group 12-16 years of age. Though 60 parents, 30 mothers and 30 fathers were willing and available at the time of pre-assessment, only 30 mothers and 20 fathers participated till the end of the study. Ten (10) fathers were later gone abroad as a part of their employment. These parents were either referred by other professionals or approached directly for the psychological treatment of the behavior problems among their children. The behavior exhibited by their children was also clinically confirmed to be problematic or maladaptive in the family.

Sampling

The following aspects were considered while deciding upon the representative sample for the purposes of this study:
a) **Sample size.** As the present work consisted of an intervention, namely behavioral management skills training for parents of children with behavioral difficulties, a larger sample was considered impractical. Also as the number of willing and available parents with problem children were few or limited in a given specific period of time as envisaged for the present study, it was suggested to adopt a manageably limited sample size. Hence, based on discussions with statisticians and other subject experts, it was finally decided to select parents of 30 problem children which was a sufficiently adequate sample for intervention research. This size also permits application of parametric tests.

b) **Sampling design.** Considering the specific requirements involved in intervention studies such as the present work, which also included a set of inclusion and exclusion criteria the representative sample of respondents were drawn using the purposive sampling design. As an aid to ensure ease in the purposive sampling, the following inclusion and exclusion criteria were chalked out.
Inclusion Criteria.

i) The respondents should be from Kannur to ensure subsequent attendance and accessibility.

ii) The respondents should be parents of children with identifiable behavioral problems.

iii) Both parents should be alive.

iv) The respondents must be willing to participate in the study giving at least an informed oral consent.

v) The problematic children must be aged between 6-16 years, spanning the stages of late childhood and early adolescence and they should be attending school.

Exclusion criteria

i) Parents of children with very serious and chronic emotional disorders like autism or childhood schizophrenia.
ii) Parents from places other than Kannur district.

iii) Single parents (divorced, separated or widowed) with problem children.

iv) Parents of children who were drop-outs from school, as school drop-out phenomenon is not always exclusively behavioral and often compounded by economic and socio-familial structural factors.

Instrumentation: Tools for data collection.

1. Socio-Demographic Data Schedule.
2. Achenbach Child Behavior Check List.
3. Therapy Attitude Inventory.

Socio-Demographic Data Schedule. The socio-demographic data for the present study was collected using a semi-structured, pre-formulated schedule devised by the researcher himself. This is a detailed schedule which was designed to collect data on the subject's age, sex, education, birth order, parental details like
parent's occupation, education, age, family type, family atmosphere, parent's income, number of children, place of residence, etc. The purpose of administering this schedule was to gather as much data as required for statistical description and analytical purpose.

Achenbach Child Behavior Check List (CBCL)

The Child Behavior Check List (CBCL) was designed to empirically assess the behavior problems of children ranging 4-18 ages. It is designed to assess in a standardized format the behavioral problems and social competencies of children as reported by parents. It is a device by which parents or other individuals who know the child well, rate a child's problem behavior and competencies. This instrument can either be self-administered or administered through an interview. The CBCL can also be used to measure changes in a child's behavior over time or following a treatment. CBCL consists of 118 items related to behavior problems which are scored on a 3-point scale ranging from not true scored as Zero (0), sometimes true scored as One (1), and always true scored as Two (2) of the child. Parents are asked to circle the number of items their child has exhibited the behavior listed during the past 6 months. CBCL has a Test-retest reliability
of .93 and inter parent agreement .76. Several studies have supported the construct validity of the instrument (Tests of criterion-related validity using clinical status as the criterion also support the validity of the instrument). It is suggested that the CBCL is a viable tool for assessing a child’s behavior via parent report in a clinical or research environment. As the CBCL was found to successfully differentiate the normal children from the clinic referred children, the CBCL was considered to have adequate criterion-related validity. Scoring is done separately for boys and girls and for 6-11 and 12-16 years of age.

In the present study CBCL was used to assess the base line of behavior problems in the child and later to assess the changes of behavior problems in children after an intervention. Malayalam translation of the CBCL questionnaire was used in the present study. The factor loadings of items on behavior check list is given in the Appendix.

**Therapy Attitude Inventory**

The assessment of consumer satisfaction with mental health services was unusual a few years ago. Consumer evaluation is found to be a useful method of assessing services. Measures of
consumer satisfaction assess the extent to which treatment gratifies the needs, wants, wishes, and desires of the client. Due to an increasing emphasis on treatment effectiveness in outcome research, consumer satisfaction is becoming recognized as an essential component in the outcome assessment of psychological treatments, including parent training. To evaluate the effectiveness of behavioral counseling, in this study, a consumer satisfaction inventory named Therapy Attitude Inventory developed by Sheila Eyberg (1995) is used as a tool. This inventory consists of 10 items/statements which range on a 5-point scale. Father and mother have to answer it separately. Answering is by circling the appropriate numbers on each item of the inventory.

**Intervention Procedure**

Parents brought their children for psychological help. The children were creating severe problems for their parents as well as to other family members. Some of the children were referred either by a pediatrician or a medical practitioner for psychological intervention. Others were brought by parents themselves for psychological help. As and when parents came with children, these parents were taken for behavioral management skills training.
Behavior problems can be effectively managed by application of learning principles (Patterson, et al., 1975). Explanation of simple behavioral principles to parents helps to build up skills in the parents in implementing the behavioral programs. Parents served as prime mediators in the program as they were the most important dispersers of reward and punishment in child’s natural life situation and have the strongest commitment.

On the first day of the interview parents reported in detail the problem behaviors of their child in different situations. The researcher was listening to the complaints of parents. Some of the parents were very much worried and emotionally upset when they described their children’s problem behavior. They explicitly admitted their inability to control the child. The researcher sought clarifications from the parents about the problem behavior of the child. Then the researcher interviewed the child to ascertain and confirm the problem behavior. Parents were informed about the intervention plan and requested to cooperate fully in the treatment. Thus parent’s consent and cooperation was ensured. The researcher met each parental couple separately. Later as 10 fathers were employed abroad, those 10 mothers were trained in singles.
On the second day Achenbach Child Behavior Check List was administered to the parents. The researcher read out each item one after another after an initial explanation of the check list. As the parents were answering to the questionnaire the researcher made markings in the appropriate columns. By this, the researcher and parents could get a base line assessment on the child’s behavioral problems. Along with Achenbach’s Check list, a Performa for collecting personal information about the child and parents was also administered.

The third day was a training session for parents. The researcher explained in that session to the parents the following:

i. How a problem behavior develops.

ii. What are the factors that sustain or maintain the problem behavior

iii. How parent’s behavior becomes a reinforcing factor for the child’s problem behavior.

iv. The need for skills to control and manage the problem behavior.

v. The role of parental behaviors and skills in the management of the child’s problem behavior.
Thus behavioral management skills training sessions were initiated with the parents. The discussions were focused on the child’s coercive modes of control over the parent’s controlling response. Submission to the child’s demands was considered as a maintaining factor behind behavior disorders. In this session the researcher explained and taught different behavioral skills to the parents and how it helps to remedy the problem behavior of the child. The researcher gave training in behavior modification taking examples from their own child’s behavior. Parents were given training in the use of reinforcement techniques, both the positive reinforcement and negative reinforcement. They were trained in positively reinforcing desired behaviors and negatively reinforcing undesired behaviors. Parents were instructed to give attention to all desired behaviors (paying attention) and withdraw attention from all undesired behaviors (ignoring). They were taught as to how a negative reinforcement can be used as a consequence to remedy or modify maladaptive or undesirable behavior. Time out technique was taught to parents as a punishment for undesired behavior. They were also trained in Limit-setting, Restricting privileges and Response cost (loosing positive reinforcement) as punishment procedures. Techniques of Contingency Contract and Behavioral Contract were taught to parents to emit and enhance desired behaviors in children. Parents
were given training in the use of Token Economy technique to produce changes in a specific target behavior. The detailed descriptions of the above mentioned technical skills are provided in the introductory chapter.

The researcher gave clarifications to the questions raised by parents after the training during each session. The researcher ensured that parents got enough working knowledge and skills on the behavior modification techniques to be applied to their children.

In the first one month parents were instructed to meet the researcher once in a week for parental training sessions. In each session, the researcher and parents discussed the application of the techniques that were taught in the previous sessions and were encouraged to monitor their child’s behavior. Four sessions were conducted in this manner in the first one month. Each session lasted two to two and half hours on an average. There were totally 18 sessions.

At the end of one week after the first month parents were administered Achenbach Child Behavior Check List (CBCL) for the first post assessment of the child behavior. The researcher read
out each item one after another. As the parents responded to questions, the researcher recorded their responses in the test sheet. Parents were again encouraged to continue the behavior modification procedures.

The researcher continued to meet the parents in the second month. Three booster sessions summarizing the contents of training were conducted in the second month with 10 days interval in between. The researcher ensured that parents were monitoring the behavior of their children according to the behavior modification principles. At the end of the second month Achenbach Child Behavior Check List was again administered to parents for the second post-assessment.

Parents were encouraged to continue applying the behavioral skills and monitoring their child’s behavior. Any doubts and queries of parents were cleared. In the third and fourth months parents were asked to meet the researcher every 15 days. Likewise the researcher met parents 4 times in the last two months.

At the end of the fourth month Achenbach Child Behavior Check List was given to parents to assess the present condition of the behavior problems in the child. Along with CBCL, another
questionnaire called Therapy Attitude Inventory was administered to parents, separately to father and mother. This was meant to assess the satisfaction of parents – the consumers – on the effectiveness of the parental training and methods as well as the outcome.

**Summary of the Procedural Sequences of Intervention.**

- Intake interview – 2 sessions: one each with parents and child.
- Pre-assessment (Phase-I).
- Four sessions parental training: weekly once (First month).
- Post-assessment – 1 (Phase-II).
- Three Booster and Feedback sessions: once in 10 days (Second month).
- Post-assessment – 2 (Phase-III).
- Four Booster and Feedback sessions: once in 15 days (Third and Fourth month).
- Post-assessment – 3 (Phase-IV).
- Consumer Satisfaction Assessment.
Pilot Study.

Pilot study is an essential ingredient of all research programs. It is an unavoidable requirement in all researches. For the purpose of the present study, a pilot study was carried out with a view to pre-test and ensures the validity and utility of the research instruments and the intervention package. For the pilot study of this intervention program, the researcher recruited five (5) willing parents with problem children in his routine clinical practice. It is through this pre-testing that it was finalized to hold 18 sessions in total with each session lasting for two to two and half hours. Further, through this pilot study, the researcher also confirmed the feasibility of the training package for parents. In addition, the pilot study helped in assessing the utility of the research instruments.

Moreover, the experience through this exercise helped the researcher to develop an ease, familiarity and skill to interview the respondents and to train them. In short, it can be safely concluded that the pilot study provided confidence to this researcher to pursue and complete the present research work successfully. Besides it provided one more opportunity and a context for this researcher to brush up his knowledge, practice and training skills. Without this
exercise of pre-testing, the present research could not have been completed meaningfully and satisfactorily.

**Data Collection.**

The data required for the present research was gathered through five sessions, besides the two intake sessions. The data was collected using the three instruments which were already described earlier through interview method. To ensure completion of data collection, the interview method is found to be superior to self-report methods. Further, interview method of data collection helps respondents to clarify any doubts regarding any items in the tools on spot with the help of the researcher.

**Data Processing**

The data thus gathered as mentioned above was coded and subsequently entered into a computer based data sheet. Consequently the data was analyzed applying various statistical techniques with the help of SPSS (Statistical Package for Social Sciences). The results were presented in tabular as well as graphical forms besides giving written explanations. These results are provided in the subsequent chapter.
Statistical Analysis

Data obtained from the intervention study was subjected to statistical methods for processing and analysis using SPSS. The different statistical methods used for analyzing the data are:

1. Frequencies and Percentages
2. Summary Statistics
3. Chi Square Test
4. Independent Sample Test
5. Paired t-test
6. One Way ANOVA
7. Graphical representations

Reporting

The results and findings derived through statistical analyses are reported and their implications are discussed in the following chapters. For the written report, U.S. English style was adopted using M.S. word document.