SUMMARY AND CONCLUSION

Chapter – V

SUMMARY AND CONCLUSION
The problems created by children's troublesome behavior constitute one of the most serious sources of difficulty in our society. Behavior problems in children has become a matter of grave concern to parents and significant others. Bringing up children in a mentally healthy and disciplined manner is a vital responsibility of parenthood. But due to lack of adequate skills in child rearing practices, some parents fail to control the misbehavior among their children. In being so, such parents expose their inadequacies and incompetence to be effective parents. Unhealthy parent-child relationship may also contribute to the disturbed behavior in children. Literature review reveals that behavioral intervention procedures such as Behavior Counseling to parents which are otherwise known as Parent Management Training have been utilized with a wide variety of childhood behavior problems and is an effective treatment approach for behavior problems among children. Most of the intervention procedures are aimed at reprogramming the social environment of the child through parent behavior training. Parents are given training in the management of problem children. Parent training involves the child's parents or caregivers as 'behavior change agents' or as administrators of the treatment program in the home setting. Parent behavior and child behavior are modified as a result of
parent training. Behavioral counseling of parents was geared toward teaching parents to modify their responses to the child in order to influence the child's subsequent behavior. Parental skill training programs have been shown to bring about improvements in parenting practices and to lead to reduction in childhood problem behaviors. Early researchers in this area are of the opinion that Behavioral Management Training for parents is an effective method for modifying the behavioral problems among children.

Behavioral parent training has been well studied by many researchers. In a study Wierson and Forehand (1994) reported that parent behavioral training based on social principles is an effective intervention strategy for non compliant children. They further emphasized positive reinforcement strategies and disciplinary techniques. Short-term and long-term follow up indicated that behavior change was maintained and generalized across behaviors. They further affirmed that parent behavior training is an effective clinical strategy for behavior disorders in children. Earlier researchers like Wright et al. (1993) indicated that parent training produced consistently positive outcome changes in both attitude and behavior of children. They also said that it is cost effective compared to other forms of intervention.
Aim and Objectives

The aim of the present study was to assess the efficacy of imparting behavioral management skills for parents in the modification of problem behavior observed in their children, and to find out the efficacy of behavior management by parents in modifying the behavioral problems among their own children. Thus, the present study was conducted with the specific objectives to give training to parents to develop the skills in behavior modification techniques, and thereby to empower and equip them in changing, modifying, or managing the problem behaviors in their children. Exposure and training of parents to simple behavioral principles help to build up skills in the parents to implement the behavioral programs. Parents served as the prime ‘behavioral change agents’ in this program. 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 Study

The present research being an intervention study falls within the purview of an experimental design with before and after comparisons. However, as all intervening variables are not always identifiable or controllable in social science researches, it renders 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.

Sampling

Thirty (30) parental couples and their children with behavior problems participated in this study. The parents were recruited using a purposive sampling design also with an inclusion and exclusion criteria. Parents were given training in the application of a behavior modification package (in the use of various behavior
modification techniques) that will enhance the skill of parents to modify or change the problem behavior of their children.

**Instruments used**

A socio-demographic data schedule, Achenbach Child Behavior Check List, and Therapy Attitude Inventory were utilized as tools for the study. Achenbach Child Behavior Check List was used to assess the problem behavior in children. The same Child Behavior Check List was utilized to assess and find out the rate of change in behavior problems in children after the intervention. To find out the efficacy and success of the treatment modality, a Consumer Satisfaction scale called Therapy Attitude Inventory was also utilized.

**Intervention and Assessment Package**

The intervention was carried out in the following format.

- 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.

After the initial interview with parents and children and after the pre intervention assessment, parents were given training in behavior modification techniques 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.

**Pilot Study**

A pilot study was conducted in order to pre test and ascertain the validity, utility and feasibility of the research design, instruments and intervention package, recruiting five (5) willing parents with problem children. This pre testing helped in finalizing the numbers and contents of sessions during the intervention, besides confirming the feasibility of instrumentation.

**Data Collection**

The data was collected administering the already mentioned instruments using interview method and in four phases.
Phase – I. Pre intervention assessment.
Phase – II. Post intervention assessment-1. (At the end of 1 month)

In all the Phases, Achenbach Child Behavior Check List was administered to parents, first to get a base line assessment on the child’s behavioral problems and then to assess the rate of change in behavior problems after the intervention at Phase – II, Phase – III, and Phase – IV.

Data Analysis

Data obtained from the intervention study was subjected to statistical methods for processing and analysis using SPSS. The 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
Major Findings.

1. Schizoid traits at different phases of assessment revealed marked improvements in this problem domain among the affected children as a result of intervention (table.17).

2. Significant changes in somatic complaints were found among the children with the new ways of behavioral management by the parents (table.18).

3. As a result of the behavioral management by the parents, there were drastic reductions in the aggressive behavior among the problem children (table.19).

4. Notably significant modifications were found in the delinquent behavior among the problem children as a result of intervention through parents with training in behavioral management (table.20).
5. Statistically pertinent changes were reportedly observed by parents in the obsessive behavioral styles among the problem children after the intervention through the behaviorally trained parents (table.21).

6. Hyperactive styles of behavior among problem children were significantly modified as an outcome of parental training in behavioral management of children (table.22).

7. Withdrawal styles of behavior was remarkably changed among the problem children, consequent to the behavioral intervention through trained parents (table.23).

8. Depressive patterns of behavior among the problem children were significantly modified subsequent to parental management (table.25).

9. Cruel behavioral styles were notably modified among the problem children after the behavioral management by parents (table.26).
10. Uncommunicative patterns among the problem children demonstrated noticeable changes consequent to the behavioral management by parents (table.27).

11. Immature styles in behavior among the problem children were substantially modified through the behavioral management by parents (table.28).

12. Sex problems were not significantly observed among the problem children, in contrast to the other evident problem behaviors (table.24).

13. Remarkably observable behavioral changes have taken place by the third phase (before second booster sessions) itself in the domains of somatic complaints, delinquency, withdrawal, cruelty, and immaturity among the problem children (tables 18, 20, 23, 26, and 28).

14. There were statistically significant differences in the rate of change of problem behaviors such as delinquency, obsessiveness and withdrawal among the four gender cum age groups of problem children, where as such significant
differences in the rate of change were absent in other problem
domains among these groups (table.29).

15. The level of schooling played an important role in the
differences in change in two problem domains such as
delinquency and withdrawal among the problem children.
(table.33).

16. The age of children was observed to have a significant effect
in the variations in change across three problem domains such
as delinquency, hyperactivity and withdrawal among the
problem children (table.39).

17. Domicile (urban vs. rural) was found to have a statistical effect
in the differences in change of schizoid patterns of behavior
(table. 41).

18. Maternal employment was found to affect the variations in
change of hyperactive behavior among problem children
(table.42).
19. Presence of sibling problems was seen to have a statistically significant effect on the variations in the change of delinquent behavior among problem children (table.45).

20. Mother’s educational level was observed to have influenced the variations in the change of hyperactive behavior among problem children (table.47).

21. Paternal age was noticed to have played a significant role in the variations of change in problem domains such as aggressiveness, delinquency, obsessiveness, withdrawal and depression among the problem children (table.48).

22. Similarly maternal age was also found to have significantly influenced the differences in change of delinquency, obsessiveness, withdrawal and depression (table.49).

23. Variables such as home atmosphere, family type, family income, number of children, gender of the child, parental presence, and level of father’s education were not found to have any statistically significant effect in the change in ratings of any problem domains such as schizoid, somatic complaints,
aggressiveness, delinquency, obsessiveness, hyperactivity, withdrawal, sex problems, depression, cruelty, uncommunicativeness and immaturity.

24. Pertaining to the effectiveness of Behavioral Management, as measured through the Consumer Satisfaction Assessment, the following findings are notable (table.50).

a). Overall satisfaction with the effect and training for parents in behavioral management of their children was very high among parents and especially mothers.

b). In general, mothers reported to have more benefits than the fathers.

c). The fathers have generally rated the program as effective, while one mother reported mild dissatisfaction about change in child’s general behavior and the effectiveness of the program.
Limitations of the Study.

1. The sample in the present study consisted of parental couple of 30 problem children belonging to both genders (male and female) and two age groups (6-11 and 12-16 years) resulting in 4 groups with smaller sample size, thereby limiting the generalizability of results.

2. Achenbach's Child Behavior Check List consisted of different factor domains with varying items for different age-cum-gender groups thereby rendering data analysis a cumbersome activity.

3. The names of domains in Achenbach's Child Behavior Check List may be misconstrued as diagnostic entities thereby causing the subjects to suffer from effects of labeling, whereas the items in this check list are actually meant to identify only behavioral styles.

4. The present study was made among parents with children having multiple behavioral issues and problems. The present study being an initial endeavor in the field in India, no specific diagnostic category for children was focused.
5. As 10 fathers took up outside work assignments in between the phases of study, they were unavailable to participate in the assessment of effectiveness of intervention.

6. The present study utilized a purposive sampling design with specific inclusion and exclusion criteria due to practical considerations, and the sample thus obtained cannot be considered as typically representative in nature.

7. The final post assessment (phase-IV) was done at the end of four months, thereby unable to study long-term effects.

**Suggestions for Future Research.**

1. Similar studies can be repeatedly conducted preferably in different places, to confirm the reliability and stability of outcome.

2. More studies of the type of present work need to be held in other settings such as the community and educational settings.

3. Studies like the present one can also be carried out with school teachers as the behavioral change agents.
4. Future studies can be considered to be conducted exclusively among specific age and gender groups such as male children of 6-11 years, female children of 6-11 years, male children of 12-16 years, and female children of 12-16 years, with sufficiently larger sample sizes.

5. Research work also can be undertaken to develop and test more appropriate, locally sensitive and simple as well as short instruments to gather data.

6. Identical research work can be carried out with specific and exclusive clinical /diagnostic categories such as conduct disordered children, children with school refusal / phobia and such.

7. Studies in future can seriously consider adopting a more scientific random sampling method, whereby generalizations of findings can easily be made.

8. More long term studies (with 2 years, 5 years, etc.) can be carried out to ensure long-term efficacy of interventions such as in the present work.
Conclusion.

The results revealed that there was a reduction in the problem behaviors exhibited by children as the therapy progressed. The findings of the Therapy Attitude Inventory indicated that parents are satisfied with the change and progress shown in their children’s behavior and the techniques used in bringing out these changes. Parents also agreed that they could learn the method easily and acquired the necessary skills to modify their child’s behavior.

The results can be summarized as:

(1) Imparting behavioral management skills training for parents is effective in modifying the behavioral problems of their children, and

(2) Behavioral management by parents is effective in modifying the behavioral problems of their children. It can be concluded that behavioral counseling with parents in the form of behavioral management training is an effective method for the treatment of behavioral problems in children.