CHAPTER – 3
METHODOLOGY

1. INTRODUCTION:
The fundamental base for the success of research depends upon method and design of Research. Sometime it happens that we do not get proper information or results in split of the fact that the method of research is good. For the purpose of research design, sample tools as the method of data analysis are important aspects. Taking this feet into consideration the researcher has attempted to make an accurate design of research, keeping in mind that the smallest matter affecting the present research.

In Present research, an attempt has been made to study the role of counselling level of depression and social support system among mothers of mentally challenged children.

2. PROBLEM:
A comparative study of role of counseling, level of depression and social support system among mothers of mentally challenged children.

3. OBJECTIVES:
1. To study and compare depression level among the mothers of various categories of mentally challenged children.
2. To study and compare depression level among the mothers of mentally challenged children with regards to their educational level.
3. To study and compare depression level among the mothers of mentally challenged children with regards to their type of job.
4. To study and compare depression level among the mothers of mentally challenged children with regards to their age group.

5. To study and compare depression level among the mothers of mentally challenged children with regards to their socio-economic status.

6. To study and compare the depression level after counseling among mothers of mentally challenged children.

7. To study and compare the depression level after the counseling with regards to the mothers of mentally challenged children with their children’s level of mental retardation.

8. To study and compare the depression level after the counseling with regards to the educational level of mothers of mentally challenged children.

9. To study and compare the depression level after counseling with regards to the occupation of mothers of mentally challenged children.

10. To study and compare the depression level after the counseling with regards to the age of mothers of mentally challenged children.

11. To study and compare the depression level after the counseling with regards to socio-economic status of mothers of mentally challenged children.

12. To study and compare the depression after social support system regards to the mother of mentally challenged children.
4. HYPOTHESIS:

1. There will be no significant difference among mothers of various categories of mentally challenged children with regards to their depression score.

2. There will be no significant difference among mothers of mentally challenged children on depression scores with regards to their educational level.

3. There will be no significant difference among mothers of mentally challenged children on depression scores with regards to their type of job.

4. There will be no significant difference among mothers of mentally challenged children on depression scores with regards to their age group.

5. There will be no significant difference among mothers of mentally challenged children on depression scores with regards to their socio-economic status.

6. There will be no significant effect of counseling on depression of mothers of mentally challenged children.

7. There will be no significant effect of counseling among mothers of mild, moderate, severe, profound, and borderline mentally challenged children.

8. There will be no significant effect of counseling on depression level among illiterate, primary, secondary, higher secondary, graduate and post graduate level educated mothers of mentally challenged children.
9. There will be no significant effect of counseling on depression level among housewife, job, labour and self employed, occupational status of mothers of mentally challenged children.
10. There will be no significant effect of counseling on depression level among 22-25, 26-30, 31-35, 36-40, 41-45 and 46-50, age group of mothers of mentally challenged children.
11. There will be no significant effect of counseling on depression level among higher socio economic status, middle social economic status, lower socio economic status and very poor mothers of mentally challenged children.
12. There will be no significant effect of social support of husband, brother in law sister in law, friends, neighbors and therapist among mothers of mentally challenged children.

5. **SAMPLE :**

In present research 153 mothers of mentally challenged were randomly selected from Preschool Training Department and Sharda School of B.M. Institute of Mental Health, Ahmedabad.
6. VARIABLES:

Types and nature of variables under research are as under:

<table>
<thead>
<tr>
<th>Name of Variable</th>
<th>Type of Variable</th>
<th>Level of Variables</th>
<th>Name of Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>Independent Variable</td>
<td>1</td>
<td>Counselling</td>
</tr>
<tr>
<td>Level of M.R. Children</td>
<td>Independent Variable</td>
<td>5</td>
<td>mild, moderate, severe, profound, and borderline</td>
</tr>
<tr>
<td>Education level of Mothers</td>
<td>Independent Variable</td>
<td>6</td>
<td>Illiterate, primary, secondary, higher secondary, graduate and post graduate</td>
</tr>
<tr>
<td>Occupation of Mothers</td>
<td>Independent Variable</td>
<td>4</td>
<td>housewife, job, labour and self employed</td>
</tr>
<tr>
<td>Age of Mothers</td>
<td>Independent Variable</td>
<td>6</td>
<td>22-25, 26-30, 31-35, 36-40, 41-45 and 46-50</td>
</tr>
<tr>
<td>SES of Mothers</td>
<td>Independent Variable</td>
<td>4</td>
<td>higher socio economic status, middle social economic status, lower socio economic status and very poor mothers</td>
</tr>
<tr>
<td>Social Support of various groups</td>
<td>Independent Variable</td>
<td>5</td>
<td>husband, brother in law sister in law, friends, neighbors and therapist</td>
</tr>
<tr>
<td>Depression</td>
<td>Dependent Variable</td>
<td>1</td>
<td>Scores of Depression</td>
</tr>
<tr>
<td>Effect of Social Support</td>
<td>Dependent Variable</td>
<td>1</td>
<td>Effect of social support on depression</td>
</tr>
</tbody>
</table>

7. TOOLS:

In present research a structural questionnaire with Beck Depression Inventory and Purdue Social Support Scale was used for data collection.
7.1 BECK DEPRESSION INVENTORY (BDI)

The BDI is a self-administered 21 item self-report scale measuring supposed manifestations of depression. The BDI takes approximately 10 minutes to complete, although clients require a firth-sixth reading age to adequately understand the questions Groth-Marnat, 1990.

Reliability:

Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Barbin, 1988). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations, respectively (Beck et al., 1988).

Split-half/Cronbach’s Alpha: The BDI has a split-half reliability co-efficient of .93.

Test-Retest Reliability: Beck et al., (1961) did not recommend conventional test-retest reliability for his original measures for the BDI (1961). Beck suggested that if the BDI was re-administered within a short interval then scores could be spuriously inflated due to memory factors. If the test was re-administered after a long interval then consistency would be lower due to the intensity of depression. Alternate test-retest reliability methods by Beck et al., (1961) found that regardless of whether the 2 tests were reissued at 2 or 6 weeks intervals the scores on the inventory tended to reflect changes in the clinical depth of depression. However, growth-
Marnat (1990) reported that re-test reliabilities ranged from .48 to .86, depending on the interval between re-testing and type population.

**Alternate Form reliability:** Correlation’s between the 21 item and 13-item short form have ranged from .89 to .97 indicating that the short form is an acceptable substitute for the long form (beck, Rial, & Rickels, 1974). However, readers are drawn to the possible “sins” of short form development (Smith, McCarthy & Anderson, 2000).

**Inter-rater Reliability:** Beck, et al., (1961) reported that inter-rater reliability was not appropriate for the BDI. See Beck et al. (1961) for details.

**Criterion (or Predictive) Validity:** The BDI has been able to discriminate the level of adjustment in seventh-graders (Albert & Beck, 1975 as cited in Groth-Marnat, 1990).

**Content Validity:** The content of the BDI was obtained by consensus from clinicians regarding symptoms of depressed patients (Beck et al., 1961). The revised BDI items are consistent with six of the nine DSM-111 categories for the diagnosis of depression (Groth-Marnat, 1990).

**Concurrent Validity:** Correlations with clinician ratings of depression using the revised BDI range from .62 to .66 (Foa, Riggs, Dancu, & Rothbaum, 1993). Clinical ratings for Psychiatric patients are reported as high to moderate ranging from .55 to .96 Man r=.72 (Beck et al., 1988 cited in Groth-Marnat . 1990). Groth-Marnat (1990) reported moderate correlations between the revised BDI and other scales measuring
depression such as the Hamilton Psychiatric Rating Scale for Depression (.73) and the Zung Self reported depression Scale (.76) and the MMPI depression scale (.76).

**Construct Validity:** Groth-Marnat (1990) reported that controversy exists over whether the revised BDI is measuring state or trait variables. Furthermore, it has been suggested that the BDI is not specific to depression, unlike the DASS.

**Convergent and Discriminant Validity:** Discriminant analysis has found that the translated version of the revised BDI highly discriminates depressive symptoms in Spanish (Boncatto, Dew, Soria (1998) Persian (Hajat, Shapurian, Mehryar (1986) and Chinese speaking people (Skeck (1990). Groth0Marnat (1990) reports that the revised BDI discriminates Psychiatric patients from non-psychiatric patients as well as relatively higher scores for patients with major depressive disorder compared to patients with dysthymic disorders. The revised BDI has also been used to discriminate loneliness, stress and self reported anxiety.

### 7.2 THE PURDUE SOCIAL SUPPORT SCALE

The Purdue Social Support Scale codes the different ways in which up to 6 supportive figures were helpful to the respondent in terms of emotional support, encouragement, practical support, companionship, instrumental support and overall helpfulness. Respondents rate the dimensions of social support from each figure on a 5-point scale ranging from 0 (wouldn’t seek this) to 4 (very satisfied). The adaptation simplified the vocabulary of the
items to facilitate children’s comprehension and retained four of the original six dimensions.

Materials
Non-copyrighted LONGSCAN version of the form is included in this manual.

Time Required
5-10 minutes

Administration Method
Interviewer-administered

Training
Minimal

Scoring
Score Types
For each question, the respondent rates the amount of support received on a 4-point scale ranging from 0 (not at all) to 3 (a lot). Different types of scores may be computed depending on the research question. The number of supportive figures identified can be used. An index of total support be obtained by summing values for all supportive figures reported. Scores can be generated for a specific figure across dimensions, or for a specific dimension across supportive figures.

LONGSCAN Use
Data Points
Age 6

Respondent
Child
Mnemonic and Version
ISFA

Rationale
The scale asks for ratings on specific individuals, thus allowing for the measurement of the availability and quality of support from key figures. The presence of supportive people can promote child well-being, especially in the presence of traumatic experiences (Cohen & Mannarino, 1998; Kliewer, Lepore, Oskin, & Johnson, 1998). Resilient children typically have parents or other adults who are sources of support (Garmezy, 1991; Radke-Yarrow & Sherman, 1990).

Reliability
The internal consistency reliability of the four support items was examined using the Cronbach’s alpha coefficient. The resulting alpha of .58 is somewhat low. This is not too surprising given that the number of items is small and that each item taps a different type of support. Inter-item correlations ranged from a low of .18 (p < .0001) for Emotional Support and Tangible Support to a high of .32 (p < .0001) for Companionship and Tangible Support.

Validity
As a preliminary assessment of the validity of the Inventory of Supportive Figures, we compared mean scores on this instrument to the mean scores on the father involvement measure using responses regarding the child’s biological father. We hypothesized that caregivers’ perception of fathers’ involvement on the father involvement measures would be significantly correlated with their children’s perceptions of fathers’ support on the Inventory of Supportive Figures. Items from the father involvement measure included “How much time does he spend with CHILD?”, “How
much does he show that he cares about CHILD?”, and “How much does take care of CHILD’s financial needs?” Corresponding items in the Inventory of Supportive Figures were “How much has he spent time with you?”, “How much has he shown you that he cares about you and about what happens to you?”, and “How much has he helped you get food, clothes, and other things you need?” A correlation of .12 (p = .05) was found for the 240 linked mother and child responses to the two three-item scales obtained at the Age 6 interview. The measure of instrumental support from the Inventory of Supportive Figures was most significantly correlated with the mother’s overall report of father support (r = .14, p < .05), as well as with her report of “financial support” (r = .14, p < .05).

8. PROCEDURE:

In first part of the data collection. After establishing rapport with each mother of mentally challenged children respectively and Beck Depression Inventory and Social Support Scale were administered in Individual setting, scoring of each tools was done by the scoring key of each tool. In second part of the data collection after counseling of each subject again Beck Depression Inventory was administered to each subject in individual setting. Scoring was done by the scoring key of the each tool.

9. STATISTICAL ANALYSIS:

1. To find out the significant difference among each group of mothers of mentally challenged children on depression ‘F’ test was used.

2. To know the effect of counselling on depression among each group of mothers of mentally challenge children ‘t’ test was used.