Chapter II

METHOD
Research Design- The pre-test, intervention and post-test research design was followed and for this purpose the study was conducted in following three phases-

Phase I

Screening of participants with problem behaviour and need for intervention (Pre test)

Phase II

- Identification of participants with high behavioural problems
- Willingness by participants to take part in counselling (Intervention)
- Intervention primarily based on cognitive behavioural approach

Phase III

Post test- The participants identified having high problem behaviour were further divided into two groups- (1)-intervention group, (2)- non-intervention group
Sample

Phase I

The sample for the phase I consisted of 213 participants selected randomly from an Inter college situated at semi urban part of Siddharthnagar district of eastern Uttar Pradesh. All participants belonged to one of the three socioeconomic groups i.e. high, middle and low. The participants were further divided into two groups on the basis of developmental stages-

- Children (5-10 years) (N=69)
- Adolescents (11-18 years) (N=144)

To identify the behavioural problems of the participants a “Behavioural Problem Checklist” was given to each of the participant.

Phase II

The Problem Behaviour Checklist had identified 53 participants with the high intensity of behavioural problems. Amongst these participants 30 were in Children (5-10 years) and 23 were Adolescents (11 – 18 years) developmental stage. They are further divided into two groups as -

- Intervention Group (N=20) – (i.e. the participants who had given consent to take part in intervention for behavioural problems)

Children (N=10) and Adolescents (N=10)
• Non-Intervention Group (N=20) (i.e. the participants who had behavioural problems but had not given counselling as they were unwilling to take part in the intervention)

**Phase III**

**Intervention Plan** –

In intervention condition there were 20 participants (Intervention group) and amongst them the adolescent group (N=10) were given individual counselling and rest of the with also including their teachers and peers for some counselling sessions when required. These participants had attended 10 intervention sessions. Intervention would be scheduled for 45 days with 10 sessions of 40-45 minutes. The detailed description of intervention plan based on the cognitive behavioural technique is given below but it could be changed as per need of participant-

• **Session 1:** Psycho-education – Participant need to be educated about the problem.

• **Session 2:** Self-Monitoring – How participants are feeling and what they are doing between sessions which is important in ensuring that they achieve the best possible outcome for the intervention.

• **Session 3:** Cognitive restructuring – The researcher helps the participant to identify their negative automatic thoughts and dysfunctional beliefs following the problems. The first step for
the participant is to write down the actual situation and the specific negative automatic thoughts that occurred in situation. In the second step, list the evidence that supports the thought. The third step is to help participant list argument or evidence that cast doubt on the validity of the negative automatic thought. The final step is to help participant reach a reasoned conclusion, which they may then use to guide their behaviour as an alternative to the negative automatic thought.

- **Session 4**: decision-matrix – participant referred a situation, it involved a friend questioning about their problem.

- **Session 5**: arousal reduction – This procedure begin with helping the person to identify signs of arousal including its intensity, duration and lability, as well as, latency in reacting. Fundamental to arousal reduction is the regulation of breathing.

- **Sessions 6, 7 & 8**: Behavioural coping skills – The client have to write down the activating event and what emotion he/she feel and rate its intensity on a scale of 1 to 10.

  Use thought stopping- Identify the activating event that is leading to negative automatic thoughts and distressing moods, and then temporarily focus on some other aspect of the situation, use thought stopping, or engage in a distracting activity.

  Take Time-out - Identify the activating event that is leading to negative automatic thoughts and distressing moods. Then take a little
time-out to relax, question the evidence for your distressing beliefs and calm down.

Schedule a pleasant event-Identify the activating that is leading to negative automatic thoughts and distressing moods, and then engage in a pleasant event to enhance your mood.

Solve problems systematically- Break the big vague problem into many smaller specific problems. Define each of these in solving terms. Generate many possible solutions.

Reward yourself for coping- Use intermittent self-praise and tangible rewards for using coping strategies to deal effectively with activating events and negative automatic thoughts.

- **Session 9:** Role-playing- Role playing can start with minimally stressful situations and move on progressively more challenging situation. It can with imaginable scenes and then move to real life sessions.
- **Session 10:** Follow-up service- In such session participant are given an initial assessment and then are contacted again after a month to see whether there have been any changes in their behaviour during that time.

**Materials**

In the present investigation, two tools have been used. The detailed description of these tools have been given below –
**Problem behaviour checklist:** This checklist was developed by present researcher to assess the behavioural problems of children and adolescents. The researcher prepared the checklist on the basis of Achenbach Child Behavior Checklist (1980) and PBCL of Dr.Archana Dogra and Dr. Vimala Veeraraghavan (2000). This was divided into two parts. In the first part of there were 56 items related to different behaviours like using abusive words, tearing books, thumb sucking, telling a lie, blaming others, aggressiveness etc. The other part consisted of 81 items related to problems in the classroom and with peers. The responses were made on a four point scale ranged from (3) always (2) mostly (1) sometimes (0) never. The greater score indicates greater problems.

**Bell Adjustment inventory:** Bell Adjustment Inventory is one of the most widely used personality inventories. The Inventory was developed by H.M. Bell in the year 1934. In the present study the Hindi Adaptation of Bell Adjustment Inventory by Mohsin-Shamshad was used which consisted of 124 items. The inventory measures adjustment in four different areas- home, health, social and emotional- separately, as well as yields a composite score for overall adjustment. Three response categories have been provided to make response to each item as Yes, No and?. The high score on the inventory indicate poor adjustment. The validity and retest reliability was sought. The retest reliability was found 0.92.

**Interview schedule for baseline assessment:** An interview schedule was also prepared for the participants to receive the background
information like, age, qualification, interest, most liked event, least liked event etc.

**Procedure**

In order to fulfil the aim of the study as mentioned in previous chapter the process of data collection was started with contacting the students. For the purpose of the study, they were requested to participate in the study. The problem behavioural checklist and Bell adjustment inventory were given. After their consent the instructions were read and they were asked whether they were able to understand the instructions. After the completion of data collection process, each protocol has been rechecked and if there had been anything left or missing, the researcher personally contacted the participants again. The measuring tools were scored in their respective ways according to manual instructions. After the baseline assessment the participants with high behavioural problems were identified and their score were conveyed to them and the information regarding counselling was given. Those who had given their consent to take part in intervention program were given counselling based on cognitive behavioural approach. Furthermore, the post test of this counselled group was done.