Methods And Procedures
CHAPTER – III
METHODS AND PROCEDURES

In this chapter, research design, the selection of subjects, treatment, administration of tests, collection of data, the statistical techniques employed to analyze the data etc. have been presented. This investigation was done primarily to focus on specific effect of guidance for management of behaviour problems of mentally challenged children on stress and coping strategies of their mothers.

3.1 DESIGN OF THE STUDY

Pre test – Post test control group design was followed. The design for this experimental study consisted of two groups: Control group (Group A) and Experimental group (Group B). Both the groups consisted of mothers of mentally challenged children living in and around Chandigarh. Mothers of control group were not given any treatment and mothers of experimental group were given the treatment of guidance for management of behaviour problems of their mentally challenged children. The short-term and long-term effect of the treatment was measured by finding out the difference in the pre-test and post-tests (i.e. post-test I and post-test II) scores of mothers of mentally challenged children of both control and experimental groups.

3.2 SAMPLE

A sample means the representative proportion of the population selected for observation and experimentation. The criteria for identification depends upon the size and scope of the study, subject availability, cooperation of the subjects, expense in both time and money, and complexity of data analysis. All the above-mentioned factors were taken into due consideration in sample selection.

The purposive sampling technique was used for identification and selection of the sample and the list of mothers of mentally challenged children was prepared. A total of 60 mothers of mentally challenged children living in and
around Chandigarh was identified. They were again divided into following two equal groups randomly:

1. CONTROL GROUP: One group of 30 mothers of mentally challenged children served as the control group. No treatment was given to the mothers of mentally challenged children included in the control group.

2. EXPERIMENTAL GROUP: The other group of 30 mothers of mentally challenged children served as experimental group. The treatment of guidance was given to mothers for management of behaviour problems of their mentally challenged children included in the experimental group.

FIGURE 3.1
SAMPLE DESIGN

Total Group (N=60)

Control Group

Group A (N=30)

Pre-test

No Treatment

Post-test (I) (After 3 months of Pre-test)

Post-test (II) (After 6 months of Pre-test)

Experimental Group

Group B (N=30)

Pre-test

Guidance Treatment

Post-test (I) (After 3 months of Pre-test)

Post-test (II) (After 6 months of Pre-test)
The criteria for inclusion and exclusion were as follows:

### 3.2.1 INCLUSION CRITERIA

(a) A mother whose child was diagnosed as mentally challenged on the basis of the physician’s diagnosis and psychological assessment.
(b) A mother whose child was diagnosed to be suffering from mild (IQ 50-69) mental retardation as per ICD –9 (International Classification of Diseases, 9th session).
(c) A mother whose mentally challenged child’s age ranged from 8 to 14 years.
(d) A mother whose mentally challenged child was having behaviour problems and agreed to cooperate and take guidance.

### 3.2.2 EXCLUSION CRITERIA

(a) A mother whose mentally challenged child was associated with physical handicap.
(b) A mother of mentally challenged child who did not agree to cooperate and take guidance.

### 3.3 SELECTION OF VARIABLES

Keeping in view the significance of investigation the following variables of mentally challenged children and mothers of mentally challenged children were selected:

- Behaviour problems (of mentally challenged children)
- Stress (of mothers of mentally challenged children)
- Coping strategies (of mothers of mentally challenged children)

### 3.4 TOOLS

Following tools were used to collect the data for the selected variables of mentally challenged children and mothers of mentally challenged children:

- Childhood Psychopathology Measurement Schedule by Malhotra (2002) was used to measure the variable of behaviour problems of mentally challenged children.
• Personal Stress Scale developed by the investigator (2005) was used to measure the variable of personal stress of mothers of mentally challenged children.

• Family Stress Scale (FSS) by Shanmugavela (1999) was used to measure the variable of stress of mothers of mentally challenged children.

• Coping Checklist by Rao, Prabhu and Subhakrishnan (1989) was used to measure the variable of coping strategies of mothers of mentally challenged children.

The tests used for the study have been procured from Psychological and Guidance Laboratory, GCE, Chandigarh and Psychological Laboratory of Department of Education, Panjab University, Chandigarh with permission of laboratory incharges and copies of the same are also appended in the Appendices IV to VIII for academic benefit only.

The details of the tools used for the study of selected variable of mentally challenged children and selected variables of mothers of mentally challenged children have been taken from the respective manuals of the tests and have been presented briefly in the present study for the academic benefit only as given in the following pages:

3.4.1 TOOL USED FOR VARIABLE OF BEHAVIOUR PROBLEMS

Objective: To measure behaviour problems of the mentally challenged children.


Description: Childhood Psychopathology Measurement Schedule is specially meant for use on Indian population. This is an adaptation of CBCL or the Child Behaviour Check List by Achenbach and Edelbrock (1978). This is the only scale that has been systematically standardized, studied and reported in India and has also been extensively used in numerous studies. It is a bilingual scale. It is applicable to children of both sexes. Items are recorded in a question form to make it a semi-structured interview which could be used either as a guide to clinical interviews or as a self-administered questionnaire. The scale contains 75
items to assess psychopathological factors, which are further categorized under 8 headings. The factors are:

1. Low intelligence with behaviour problems (16 items)
2. Conduct disorder (17 items)
3. Anxiety (5 items)
4. Depression (13 items)
5. Psychotic symptoms (9 items)
6. Special symptoms (5 items)
7. Physical illness with emotional problems (4 items)
8. Somatization (6 items)

Instructions and Administration: The mothers of the mentally challenged children were asked about the child’s illness and behaviour during the last 12 months. They were made to understand that all questions might not be applicable to their child but they were to respond to each of the items whether true or very much true (score 1) or often not true (score 0).

Reliability and Validity: The correlation values for test-retest reliability within two weeks interval were +0.78 to +0.91 and that for inter-rater reliability were +0.88 to +0.96 for various items, which were highly significant.

Construct and Criterion validity were studied for the schedule. The CPMS factors scores were significantly higher than the means in the corresponding ICD-9 diagnostic categories. A cut off score of 10 on the total CPMS gave a sensitivity of 82 percent and specificity rate of 87 percent (Malhotra, 1988).

Scoring: Each item has 0 and 1 against it. The subject is to respond to each of the items whether true or very much true (score 1) or often not true (score 0). At the end of each category of factor, the score is added. Further, a grand total of the score is obtained at the end of scale. Low scores indicated less behaviour problems.
3.4.2 TOOLS USED FOR VARIABLE OF STRESS

Objective: To measure stress of mothers of the mentally challenged children.

Equipment: Two tests i.e. (a) Personal Stress Scale developed by the investigator (2005) and (b) Family Stress Scale (FSS) by Shanmugavela (1999) have been used. The brief of both the scales have been given below:

(a) PERSONAL STRESS SCALE DEVELOPED BY THE INVESTIGATOR (2005)

Description: Personal Stress Scale was prepared by the investigator herself in 2005. This scale tends to measure personal stress of mothers of mentally challenged children. 15 questions were initially prepared and were given to ten experts. Finally, after applying discriminant analysis and rectifying, the scale consisted of 10 questions related to stress of mothers of mentally challenged children in 10 different areas i.e. emotional, physical, psychological, religious, mental, social, recreational, educational, vocational, superstition and spiritual. The scale is prepared in English medium. Each question consists of a statement with corresponding four options for response of the subject.

Instructions and Administration: The test was administered individually. Rapport was built between the mother of mentally challenged child and the investigator. The investigator was personally present to clarify any doubt regarding any question or term used in the test and thereby, eliminating the chance of being biased due to misunderstanding and misinterpretation of the words/terms used. The mothers of mentally challenged children were assured that their responses would be kept confidential.

Reliability and Validity: The reliability of the scale had been derived by employing test-retest method. The obtained coefficient of reliability was enumerated for test-retest methods for an interval of 21 days and it was found to be .87. The scale had shown satisfactory face validity as rated by experts. Items related to personal stress, were taken into accounts that were suitable for mothers of mentally challenged children.
Scoring: The scores of 0, 1, 2, and 3 for response of never, rarely, sometimes and always were assigned respectively. The grand total of scores indicated the level of personal stress among mothers of mentally challenged children. The high scores indicated high level of personal stress among mothers of mentally challenged children and vice-versa.

(b) FAMILY STRESS SCALE (FSS) BY SHANMUGAVELA (1999)

Description: For the purpose of operationalization, the concept of stress effecting family with mentally handicapped child was arbitrarily broken down into four aspects viz., financial (expenditure for food, education, transport, day to day to living, medical expenditure etc.), intra-familial (quarrels in the family because of the child, family activities are disturbed, difficulty in carrying out the usual household activities etc.), extra-familial (recreational activities disturbed, holiday and leisure time activities are disturbed, decline in social contact, work performance affected etc.) and emotional stress (feeling of inadequacy, inferiority complex, guilt feeling, depression, anxiety, fear about the future.)

A list of stressors or stress experiences of parents of mentally handicapped children was collected from discussion with parents, consulting experts and the review of relevant literature. The list consisted of 30 statements of stressors. The list was given to 10 experts who were asked to judge and categorize the statements.

Instructions and Administration: The researcher was personally present to remove any doubts regarding any statement or terms used in the scale. The mothers were assured that their responses would be kept confidential. The mothers of mentally retarded children were given series of statements about possible stress situations in their family. They had to encircle the appropriate code for the response that was applicable to them.

Reliability and Validity: For the purpose of the study, the test-retest method of determining reliability was utilized. The retest was administered ten days after the first test. The reliability of the test was 0.85.
Validity of the scale was examined with the help of content validity technique. The selected items were given to a panel of subject-matter specialists with a request to examine the appropriateness of the content, adequacy of the coverage of the subject matter, clarity of expression and whether the items were representative of the contents. Only items which secured 90 per cent concurrence of the judges’ opinion were included in the final scale.

Scoring: The total number of 24 items of the scale were assigned scores of 3, 2, 1 and 0 for response of severe stress, moderate stress, mild stress and no stress respectively. The grand total of scores obtained in four areas was the total stress score. The maximum score was 72 and minimum being zero. The higher the score, the more was the extent of stress.

3.4.3 TOOL USED FOR VARIABLE OF COPING STRATEGIES

Objective: To measure coping strategies of mothers of the mentally challenged children.


Description: This checklist comprises of 70 items describing a broad range of behavioural, emotional and cognitive responses that may be used to handle stress. Items are scored as ‘Yes’ or ‘No’, indicative of the presence or absence of a particular coping behaviour. This scale is reported to be useful in both clinical and research settings. It is applicable to both sexes.

The items in the scale have been grouped into nine categories on the basis of the type of questions. These categories are:

1. Positive cognition (13 items)
   In this there is acceptance and comparing the self with others and feeling better off, looking at the brighter side of the things.

2. Negative cognition (4 items)
   It is the opposite of above, here the person indulges in self-blame.

3. Problem solving (7 items)
It includes talking to friends and family members, doubling efforts, taking active steps to fight out the problem, analyzing the problem and solving it in steps.

(4) Distraction (21 items)

It refers to replaced action and physical release of emotions.

(5) Magical thinking (7 items)

Here the individual is engaged in wishful thinking and fantasizing.

(6) Avoidance (5 items)

It involves withdrawal and denial or refusal to think about the stress or trauma.

(7) Religious (6 items)

The individual undertakes strategies like going to the pilgrimage, bhajans, religious discussions, praying and reading religious books.

(8) Help Seeking (5 items)

It consists of emotional sharing and solving the problem with the help of others.

(9) External Attribution (2 items)

The individual blames others for his stressful situation.

Instructions and Administration: The researcher gave instructions as per the manual to attempt the test.

Reliability and Validity: A larger coping repertoire indicates a broader range and a variety of coping behaviour at the individual’s disposal. Reliability and validity established by the authors have been reported to be highly satisfactory.

Scoring: The scoring is very objective and simple. Items are scored Yes or No. For each Yes answer a score of 1 is given. For the three categories, namely, positive cognition, problem solving and distraction, high scores indicate better coping whereas for other categories such as negative cognition, magical thinking, avoidance, religious, help seeking and external attribution, low scores indicate better coping. (See appendix VIII for categories of coping strategies along with
3.5 PROCEDURE

The procedure for data collection included the following:

3.5.1 PRE-TEST

The pre-test was taken by both the control and experimental groups. After collecting the basic information of subjects, they were administered the selected tools of the study individually for measurement of variables of behaviour problems (of mentally challenged children), stress and coping strategies (of mothers of mentally challenged children). Scores for all the variables were collected for further analysis.

3.5.2 TREATMENT

The treatment included individual guidance to mothers of experimental group for management of behaviour problems of their mentally challenged children. The individual guidance sessions (for 40 to 45 minutes each) to mothers of experimental group for management of behaviour problems of their mentally challenged children were held by the investigator herself. The treatment was given for three months (thrice a month). Individual guidance schedule used for the study has been shown in the following pages:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Steps of Individual Guidance</th>
<th>Duration</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physical setting to initiate guidance</td>
<td>2 minutes</td>
<td>Choose a corner to initiate guidance to mother, preferably the one free from outside disturbance, which gives feeling of warmth and comfort and has proper ventilation and lighting so that the mother could talk in a relaxed mood.</td>
</tr>
<tr>
<td>2.</td>
<td>Explaining the purpose</td>
<td>3 minutes</td>
<td>Initiate the individual guidance explaining the purpose by assisting the mother of the</td>
</tr>
</tbody>
</table>
mentally challenged child so as to enable her to understand the purpose i.e. to understand herself, behaviour problems related to her child and their management and other situations in a meaningful and realistic way.

3. Rapport building 3 minutes
Encourage the mother to express freely her ideas, views and feelings about her mentally challenged child and discuss his behaviour problems without any fear or inhibitions and hence establish with her a relationship of mutual respect.

4. Familiarizing with the rules 2-3 minutes
Instill faith in the mother not to hide any of her feelings or troubles related to behaviour problems of her mentally challenged child. Ensure co-operation. Be a good listener. Expect the mother to be a good listener too.

5. Establishing mutual trust 3 minutes
Inculcate and establish mutual trust. Focus on the problems of mentally challenged child, which lead to stress among his mother.

6. Diagnosing specific behaviour problems 2 minutes
Pick up specific behaviour problems of the mentally challenged child faced by the mother.

7. Enlisting and Assessing related behaviour problems in depth 3-5 minutes
Enlist the number of behaviour problems of mentally challenged child namely, acts too young of his/her age, poor at school work, repeats grade, plays with younger children, steals, impulsive, runs away, shows poor concentration, confused, day dreams, secretive, talks irrelevantly, has poor memory, uses alcohol, tobacco or drugs, argues, destroys things, disobedient, cruel, bullies, physically attacks people, stubborn, obstinate, irritable, threatens people, fights, cries, screams, temper tantrum, teases, sets fire, uses swearing or obscene language, nervous, tense, fearful, anxious, bites fingernails, nightmares, talks or walks in sleep, withdrawn, harms self, attempts suicide, shy, unhappy, depressed, worried, feels neglected, worthless and inferior, talks about killing self, over-eats, gets teased easily, sleeps more, fears going to school, obsession, shows strange behaviour, stares blankly, too concerned with neatness or cleanliness, has trouble sleeping, sleeps less.
repeats certain acts, eats or drinks things other than food, sucks thumb, wets the bed, wets self, fears from animals, situations, places other than school, feels lonely, eat improperly, has physical problems, poorly coordinated, clumsy, too dependent, demands attention, shows abnormal movements, accident prone, has physical problem without known medical cause. Help in assessing the problems for in-depth understanding of the mother and the child behaviour.

8. Assisting for formulating program for management/ replacement of behaviour problems and initiating goals for guidance

Facilitate concrete goal setting for management of behaviour problems. Ensure sustained level of motivation in mother of mentally challenged child to solve these behaviour problems. Give information on different types of intervention strategies available. Expect verbal commitment to work solution for management of specific behaviour problems to facilitate behaviour change.

9. Assisting for management of behaviour problems and problem solving

Once the secure setting is achieved, let the intrapersonal problems surface. Encourage the mother to understand the importance of selecting appropriate strategies, identify possible risks and benefits and discuss the possible time it may take. Make efforts to enhance knowledge for coping skills, promote decision making and facilitate the mother’s potential for management of related behaviour problems. Also give assistance for reducing her stress through guidance so as to enable her to be fit enough to manage the behaviour problems of her mentally challenged child more intelligently and thus help her child carefully. Respect her values and beliefs.

10. Facilitating assertion

Ensure appraisals to verify implementation of strategies for management of behaviour problems of mentally challenged child that have been decided upon.

11. Evaluating progress and recycling the process

Evaluate the progress by developing an objective understanding of the importance of implementation of selected strategies for management of behaviour problems of
mentally challenged child through face to face interactions with the mother on the basis of information communicated and recycle the process if necessary.

12. Arranging for next contact 2 minutes Fix up the next appointment with the mother for giving further guidance for management of another specific type of behaviour problems of her mentally challenged child yet to be tackled.

13. Terminating contact 2 minutes Leave politely with a feeling given to the mother that she can proceed forward without any further assistance for management of specific behaviour problems of her mentally challenged child and yet to be able to rebuild the contact on as per fixed next appointment for follow up and for more problems related to behaviour of her child.

Note: This guidance schedule by Mukherjee (2004) used for giving guidance to the mothers of mentally challenged children for management of behaviour problems was procured from Guidance and Counseling laboratory, YWCA, Chandigarh with permission and was modified according to the need of the present study. The detailed schedules prepared with the help of supervisor have been appended in the appendices III to X.

Major steps of guidance (i.e., physical setting to initiate guidance, explaining the purpose, rapport building, familiarizing with the rules, establishing mutual trust, diagnosing specific behaviour problems, enlisting and assessing related behaviour problems in depth, formulating program for management/replacement of behaviour problems and initializing goals for guidance, assisting for management of behaviour problems and problem solving, facilitating assertion, evaluating progress and recycling the process, arranging for next contact and terminating contact) were followed as given in the schedule designed for individual guidance to mothers of mentally challenged children for management of behaviour problems while giving guidance to mothers of mentally challenged children. The brief description of the same is given in the following pages:

Before starting the actual activity, the investigator discussed at length with the mothers the aims, objectives and limitations of the treatment. While
conducting the guidance sessions due emphasis was laid on the following important points:

- A place in a room to initiate guidance having optimal conditions which included special attention for physical settings was chosen, which was free from outside disturbance and gave a feeling of warmth and comfort. It had proper ventilation, lighting and comfortable sitting arrangement so that the mother could talk in a relaxed mood.

- Relationship of mutual respect, cooperation, feelings of friendliness, security, sincerity and mutual confidence were created between the investigator and the mother, which persisted throughout. To arouse the mother’s interest, the investigator acquainted her with the nature, purpose and procedure of work and hence established rapport with her. She was explained what was expected of her during the session, how it was going to be useful to her and her mentally challenged child.

- The mother of mentally challenged child was assured that her response would be kept confidential. The information collected from her regarding her mentally challenged child was only for academic benefit of the investigator which would further help her in managing the behaviour problems of her child also. According to Rao (2007) the essence of guidance and, for that matter, of all professional relationships, is privacy – not only physical privacy but also psychological privacy.

- The investigator tried to modify the beliefs and attitude of the mother, by encouraging her to adopt positive attitude and optimistic approach regarding her mentally challenged child, thereby affecting a change in her response by helping her to cope with stress.

- The investigator did not force value system on the mother of the mentally challenged child. The values of the mother were respected but in situations of value conflicts, the investigator tried to clarify the issues to overcome the confusions of the mother and adopted an attitude of unreserved acceptance. Dryden and Thorne (1991) pointed that it is important for the counselor to be
sensitive to client’s characteristics such as values and beliefs when selecting an intervention strategy.

- The investigator and the mother respected and accepted each other’s worth. Acceptance was revealed by words, gestures, postures and the mother’s as well as investigator’s experience of the feeling of being unconditionally liked, respected and understood. In this sense, acceptance was regarded as an essence of guidance. According to Schapira (2000) Counselors can communicate respect by making positive statements about the client and openly and honestly acknowledging, appreciating and tolerating individual differences.

- Free, frank and uninhibited interaction between the investigator and the mother of mentally challenged child was held in which the mother was assured that behaviour problems of her child would be solved. The investigator made every effort to increase the effectiveness of communication by understanding the deeper feelings of the mother of mentally challenged child. This was done through empathy in which the investigator sensed the mother’s private world as if it was her own. Palmer (2001) observed that virtually all major schools of guidance note the importance of empathy in the guidance process.

- The investigator gained thorough understanding of the mother while facing behaviour problems of her mentally challenged child. Four levels of understanding such as knowledge about the individual, thing and event, verbal and operational understanding, understanding of one’s own perceptions, experiences, likes and dislikes and self-understanding were followed. Nystul (2003) described empathic understanding as a process that involved listening, understanding and communicating the understanding to the client.

- The investigator was attentive while listening and observing to understand the essence of content and feelings expressed by the mother. By listening and observing with patience, the investigator sustained, extended and deepened the mother’s knowledge about the behaviour problems of her child. The non-verbal behaviour of the mother was also observed such as facial expressions, postures, gestures, inflections in tone and periods of silence. McLeod (1999) described that
non-verbal behavioural inclinations can provide valuable information regarding clients.

- Investigator conveyed the essence of interpersonal relationship of mutual trust and confidence on the part of both the mother and the investigator. There was an unconditional acceptance and a sense of commitment on the part of the investigator. Thus, the guidance relationship encompassed the whole of the situation thereby affecting its progress at every stage. Straw and Shapiro (1995) noted that the quality of the guidance relationship has consistently been found to have the most significant impact on successful client’s outcome.

- The program plan for replacing the behaviour problems was discussed with the mother that included pinpointing the target behaviour problems of the child. An attempt was made to find answer to the following questions: How often does the behaviour happen? How long has the child been doing the behaviour? What controls the behaviour? How the behaviour can be changed? How much does the behaviour hurt the child? Can the child do other behaviours? What consequence or method will the mother use? How often and where will the mother use the method? Which method mother will try next if the first one does not work well enough? Which good behaviours will mother be rewarding as often as possible to replace the behaviour problem?

After making the mother aware of program plan and discussion of the same, the investigator and the mother agreed on the outcome goals of facilitating behaviour change for management of behaviour problems of mentally challenged child. Accordingly, mothers of mentally challenged children were extended guidance tips with an intention of stimulating their determination to help their children with behaviour problems, which have been summarized as under:

The mother of mentally challenged child was guided to satisfy the genuine needs of the child and help the child to come out of bad habits such as stealing, running away, etc. She was made to realize the importance of giving proper toilet training to the child and make sure that the child goes to toilet to ease himself.
The mother of mentally challenged child was guided to set moral ideals before the child by narrating stories with moral values and hence make the child alert about the consequences of bad habits. The mother was informed to teach the child with the help of audio-visual aids and to lay emphasis on practice, drill and repetition. She was also proposed to provide colours to the child and let him use colours according to his imagination. The mother was told to arrange extra coaching to help the child and to create coordination between school and home by making time management schedule for daily activities of the child. She was also guided not to set over expectations from the child and engage him to some hobby such as coin collection, etc.

The mother of mentally challenged child was given an opinion to give attention to her child and should plan family excursions, go out for watching movie, cartoon shows or shopping spree, etc. Guidance was also given to tell the child how to take care of the pets and not to be cruel to animals. Give games, puzzles etc. to the child. Take the child to the park and let him play with other children so that he has an exposure to socialize with others and hence does not feel isolated.

The mother of mentally challenged child was suggested to give parental love and sympathy to the child. Avoid time wasters by the child such as prolonged watching of television, irrelevantly talking, thinking about the past, etc. Encourage the child to listen to music and dance on music. Change the environment of the child for happy and healthy feeling. Help the child to feel relaxed. Take him out in the open for walks to inhale fresh air.

The mother of mentally challenged child was informed to avoid things or situations that can cause irritation, anxiety and stress that may lead to psychosomatic symptoms.

The mother of mentally challenged child was motivated to improve eating habits of the child to restore the health problems. She should tell the child to wash hands before meals to avoid infections. Serve him food after short intervals if the child has habit of over-eating. Serve him new type of food or his favourite
food if the child does not eat the food properly. She should ensure safety and protection to the child.

The mother of mentally challenged child was guided not to criticize the child before others and never fight with others before her mentally challenged child. She should not show disparity between her mentally challenged child and other normal siblings and should give feeling of warmth and security. She should develop a sense of responsibility by assigning some work to child such as, to put crockery on dining table, to help in serving meals, to let the child dress-up himself/herself, to encourage the child to tie shoelaces, to fasten or unfasten buttons according to the ability of the child so that the child may not feel worthless and inferior.

The mother was assisted to give positive reinforcement to the child. Constant encouragement leads to increased self-acceptance and decreased guilt proneness. Use of operant conditioning principles to modify behaviour in the form of reward for good behaviour and withdrawal of reward or punishment for bad behaviour is extremely effective. The mother was recommended to fix the time for sleeping and getting up for the child and give him rewards so that in future he can become regular. She was guided to provide progressive relaxation to the child by allowing him to sit in a calm, comfortable and non-threatening environment to reduce his distress and tell him to breathe slowly and deeply which would immediately lower his anxiety, in conditions when the child gets aggressive or hot tempered. Mothers were told that effective massage therapy can relax muscles, ease muscle spasm and pain, increase blood flow in the skin and muscles, relieve mental and emotional stress, and induce relaxation.

The mother was informed that help and assistance is available, if she has trouble in managing problems on her own. She was suggested to consult with a primary care physician, a qualified mental health professional or counsellor to seek help for management of behaviour problems of her mentally challenged child.
Mother was made to realize that her own behaviour is important and it can effect the behaviour problems of the child. Mother was informed that unrealistic beliefs could add to stress. Therefore, she should not expect everyone to like her or share her opinions and she should be willing to be human. She was further guided to improve communication skills. If she is too aggressive or hostile with her child she may antagonize or alienate her child by creating more problems for herself. If she is too passive she will feel that everyone is taking advantage of her or controlling her. A balance between the two extremes is needed. Assertiveness training can help the mother to express her needs without offending others or feeling ignored which can further help her to handle her child more firmly.

Mother was encouraged to make available time for self-renewal/rejuvenation and utilize time for self-care. She should find something in life to elevate her spirits such as listening to musical tunes; music can minimize the stress. She should start an enjoyable exercise program to rest the mind and avoid over stress diet so that she is in a better position to help the child.

The mother was also guided to write about her troubles. While writing is no substitute for professional consultation, it can help the mother to ventilate her feelings. A daily session with pen and paper or at the computer keyboard, can serve as a good release for stress-inducing problems. Some people have important insights or discover solutions to their problems while writing.

The mother was told that laughing and having positive attitudes play an important role in health. She was given guidance to maintain good social relationships, to nurture her ties to family and friends and to give more attention to the people who nurture and give support to the child.

Guidance to mothers for management of behaviour problems of their mentally challenged children was an attempt to inculcate better understanding for helping themselves and their children. It was intended to develop a feeling of greater adequacy, lessened stress and anxiety, reduced coping strategies. Finally, the contact was terminated softly by thanking the mothers for their active participation and cooperation. They were bid good-bye and they were also
extended warm wishes for a bright and successful future in life. On the whole mother was given guidance regarding behaviour problems (namely, low intelligence with behaviour problems, conduct disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization) of her mentally challenged children. It was felt that this effected more of relaxed physical and mental state among mothers of mentally challenged children.

3.5.3 POST TESTS

The post-test (I) was taken by the mothers of mentally challenged children of control group after three months of pre-test without giving any treatment of guidance for management of behaviour problems of their mentally challenged children. The post-test (I) was also taken by the mothers of mentally challenged children of experimental group after giving the treatment of guidance for management of behaviour problems of their mentally challenged children for three months. The treatment of guidance for management of behaviour problems of their mentally challenged children of three months duration was terminated. Post-test (II) was taken by the mothers of mentally challenged children of control group as well as the mothers of mentally challenged children of experimental group after the 6 months of pre-test and both the groups were again administered the selected tools of the study for measurement of variables of behaviour problems (of mentally challenged children), stress and coping strategies (of mothers of mentally challenged children).

For all the variables scores were collected for analysis for each subject. Post-test (I) indicated short-term effect of the treatment whereas post-test (II) indicated long-term effect of the treatment in the study.

3.6 COLLECTION OF DATA

The data was collected by strictly following the design and procedure of the experimental study. The data consisted of:

1. Pre-test, post-test (I) and post-test (II) scores of behaviour problems of mentally challenged children of control group.
2. Pre-test, post-test (I) and post-test (II) scores of behaviour problems of mentally challenged children of experimental group.

3. Pre-test, post-test (I) and post-test (II) scores of stress and coping strategies of mothers of mentally challenged children of control group.

4. Pre-test, post-test (I) and post-test (II) scores of stress and coping strategies of mothers of mentally challenged children of experimental group.

Gain scores pertaining to behaviour problems (i.e. low intelligence with behaviour problems, conduct disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization) of mentally challenged children, stress (i.e. personal stress, financial stress, social stress (intra-familial aspects), social stress (extra-familial aspects) and emotional stress) of mothers of mentally challenged children, coping strategies (i.e. positive cognition, problem solving and distraction) of mothers of mentally challenged children and reduced scores for coping strategies (i.e. negative cognition, magical thinking, avoidance, religious, help seeking and external attribution) of mothers of mentally challenged children of both the groups were beneficial and taken for analysis.

3.7 STATISTICAL TECHNIQUES AND ANALYSIS OF DATA

After the collection of data, scoring was done. Scores were subjected to descriptive and inferential statistics. Frequency distribution, the measure of the central tendency, standard deviation, skewness and kurtosis were worked out in respect of both groups (i.e. control and experimental) separately. To test if the obtained 't' values were significant, confidence levels were established at 0.05 level and 0.01 level respectively. Analysis of Co-variance (ANCOVA) was applied to study significance of differences among the groups. Data was also suitably illustrated by diagrams and graphs. After finishing the statistical computation, the interpretation of data was done and on the basis of the analysis, conclusions were drawn and suggestions were extended.
3.8 LAYOUT OF THE THESIS

Chapter I - Introduction
Chapter II - Review of Related Literature
Chapter III - Methods and Procedures
Chapter IV - Analysis and Interpretation of the Results
Chapter V - Summary and Conclusions
Bibliography
Appendices (I to XVI)