



## A STUDY TO ASSESS THE EFFECTIVENESS OF PARENT CHILD INTERACTION THERAPY ON BEHAVIORAL PROBLEMS AMONG SCHOOL AGE CHILDREN RESIDING AT SELECTED AREA, PUDUCHERRY.

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### ABSTRACT:

**Introduction:** Childhood age is an important period of life most of the behaviours, healthy practices develop during this period. Learning takes place through various institutions such as family, school and community.

**Objectives:** To assess the effectiveness of parent child interaction therapy on behaviour problems among the school age children. **Methodology:** A Quasi-experimental one group pretest post-test research design was adapted for this study. A total sample size of this study is 60 school age children with behavioural problems were selected using purposive sampling technique.

**Result and Findings:** The result shows that the majority 44 (73.3%) of them had moderate behavioural problems, 13 (21.7%) of them had mild behavioural problem and 3(5%) of them had severe behavioural problems. The calculated 't' value was 5.996, and the p-value was  $p < 0.01$ . Hence it is highly significant. **Conclusion:** The study concluded that school-age children had significant improvement in the level of behavioural problems before and after parent-child interaction therapy.

**Keywords:** School age children, Behavioral problems, Parent child interaction therapy.

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## Introduction

A child is a crucial asset for both the family and the nation, as they constitute the most vulnerable segment of the population. Mental, emotional, and behavioral problems can be real, painful, and costly, leading to poor school performance and dropout rates. Risk factors such as familial and environmental factors play a significant role in the genesis of these problems. Parents, siblings, daycare providers, teachers, baby-sitters, grandparents, and peers also play a role in children's misbehavior.

Children are born with different temperaments, and there is no universal formula for resolving all emotional or behavioral problems. John Locke believed that children are born with different behavioral tendencies, and social experiences, not temperamental differences, shape behavior across development. Alexander Thomas and Stella Chess argued that children's behavioral problems do not always stem from bad parenting, but rather from temperament styles that make disciplining them a challenge.

Behavioral problems can occur in children of all ages, often starting in early life. Some children have serious behavioral problems, which relate to the family milieu and can affect a child's development and interfere with their ability to lead a normal life. Parent-child interaction therapy (PCIT) was designed in 1970 to treat serious behavior problems in children, and research has shown that it helps parents learn more effective parenting techniques, decreases behavior problems, and improves the parent-child relationship. Effective praise encourages learning, independence, and strong self-esteem in children, and positive reinforcement is used to respond to desirable behavior.

## Objectives

- To assess the behavioral problems before and after parent child interaction therapy among school age children
- To evaluate the effectiveness of parent child interaction therapy on behavior problems among the school age children
- To associate the effectiveness of parent child interaction therapy on behavior problems among the school age children with their selected demographic variables.

## Hypothesis

**H1:** There is a significant difference between before and after intervention of parent child interaction therapy on behavioural problems among school age children.

**H2:** There is a significant association between the parent child interaction therapy on behavioural problems among school age children with their selected demographic variables

## Methodology

A Quasi-experimental one group pre-test post-test research design was conducted among school age children from the age 6-12 years. children were selected using purposive sampling technique. The target population for this study comprises of all school age children with behavioral problems at selected area, Puducherry. The study samples are children with behavioral problems who fulfilled the inclusion criteria. The study samples needed are 60 children. The data collection period was six weeks. The data gathered and analyzed by using descriptive and inferential statistics method and interpretations were made on the basis of the objectives of the study.

## DEVELOPMENT AND DESCRIPTION OF THE TOOL

- The tool was developed after extensive review of literature, internet search and expert's advice which helped the researcher to select most suitable tool using in this study was semi structured questionnaires with the interview schedule for quantitative approach.
- Tool consists of two sections
- Section –A-Demographic and Obstetrics Variable
- Section-B- A semi-structured interview schedule to assess the level of knowledge regarding prevention of cancer cervix methods.

### Description of the Tool:

The Eyberg Child Behavior Inventory (ECBI) is a standardized tool with 36-item designed to assess the frequency and severity of disruptive behaviors, as well as the extent to which parents find the behaviors troublesome. The ECBI is specifically focused on behaviors that take place at home in children and young people aged 2–16 years. In this study the investigator has modified this tool according to their convenient.

### TOOL CONSISTS OF TWO PARTS:

**PART I-** Consists of demographic data of the child. It includes age of the child, sex, religion, birth order, education status of children and parents, monthly income of family, history of behavioral problems, previous history of hospitalization.

**PART II-** The tool used for this study was modified Eyberg child behavior checklist. It consists of 36 items with a seven-point rating scale.

### DATA COLLECTION PROCEDURE:

Formal approval was obtained from the Department of research committee at Sri Manakula Vinayagar Medical College and Hospital. First the investigator introduced herself to the parents of the children with behavioural problems and explained the purpose of the study and got informed consent from the parents of the children with behavioural problems.

### **Phase I**

During this phase the investigator collects demographic data from the parents of school age children which consists of 10 variables. Followed by demographic data the level of behavior problems were assessed by using modified eyberg child behavior inventory which consists of 35 items and having 7-point rating scale with scoring interpretation.

### **Phase II (Intervention phase)**

The intervention phase starts after the identification of behavioral problems of school age children. This phase consists of 2 sessions namely Parent directed interaction therapy (PDI) and child directed interaction therapy (CDI). Likewise, the researcher was implemented the intervention phase. This intervention helps to enhance the parent child relationship and helps the children in reducing the behavioral problems which occurs frequently.

### **Phase – III (Post assessment)**

After 14 days the children with behavioral problems are again screened using the same Modified Eyberg child behavior inventory to assess the effectiveness of parent child interaction therapy.

### **Plan for Data Analysis:**

The obtained data were entered into Microsoft Excel (2020) and coded on a coding sheet, with analysis performed using SPSS software version 26.0. Research variables were expressed as mean and standard deviation, and statistical significance was interpreted at  $p < 0.05$ . The data analysis plan included descriptive statistics, such as frequency, percentage, mean, and standard deviation, to describe demographic variables and assess the level of behavioral problems among school-age children. Inferential statistics included a paired t-test to evaluate the effectiveness of parent-child interaction therapy on behavioral problems and a Chi-square test to analyze the association of therapy effectiveness with selected demographic variables.

### **Result and Findings:**

The study results show that most children (53.3%) were aged 6–9 years, with 46.7% aged 10–12 years. A majority (96.7%) had no history of behavioral problems, and 86.7% had no history of hospitalization. Before parent-child interaction therapy, 73.3% of children had moderate behavioral problems, 21.7% had mild problems, and 5% had severe problems. After therapy, 50% had mild problems, 48.3% moderate, and 1.7% severe. The mean score for behavioral problems decreased from 117.97 (SD = 28.87) to 98.12 (SD = 23.26). The calculated t-value (5.996) and p-value ( $p < 0.01$ ) indicate a highly significant improvement in behavioral problems following the therapy.

**Table: 1 Level of behavioural problems before and after parent-child interaction therapy among school-age children**

| S. NO | Level of Behavioural problems | Before Parent-child interaction therapy |             | After Parent-child interaction therapy |             |
|-------|-------------------------------|---|-------------|--|-------------|
|       |                               | N                                       | %           | N                                      | %           |
| 1.    | Mild behavioural problem      | 13                                      | 21.7%       | 30                                     | 50%         |
| 2.    | Moderate behavioural problem  | 44                                      | 73.3%       | 29                                     | 48.3%       |
| 3.    | Severe behavioural problem    | 3                                       | 5%          | 1                                      | 1.7%        |
|       | <b>TOTAL</b>                  | <b>60</b>                               | <b>100%</b> | <b>60</b>                              | <b>100%</b> |

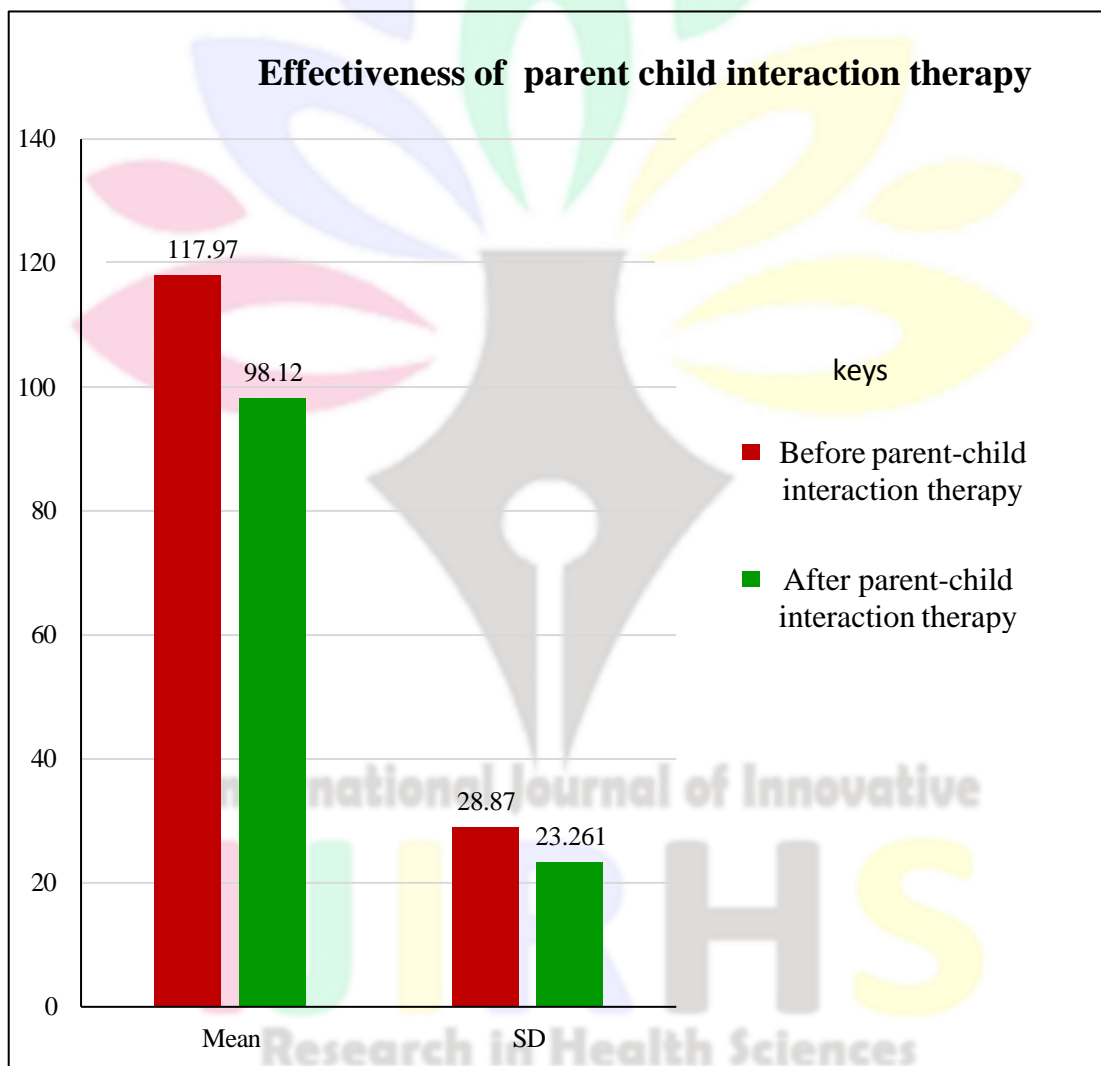
The above table reveals the frequency and percentage-wise distribution of behavioural problems before and after parent-child interaction therapy among school-age children. The findings show that before parent-child interaction the level of behavioural problems, the majority 44 (73.3%) of them had moderate behavioural problems, 13 (21.7%) of them had mild behavioural problem and 3(5%) of them had severe behavioural problems. But after parent-child interaction, the results showed that the majority 30 (50%) of them had mild behavioural problems, 29 (48.3%) of them had moderate behavioural problem and 1(1.7%) of them had severe behavioural problems.

**Table 2: Effectiveness of parent-child interaction therapy on behavioural problems among the school age children.**

| S.NO | Level of Behavioural problem            | Mean   | SD     | Paired 't' value               |
|------|---|--------|--------|--------------------------------|
| 1.   | Before parent-child interaction therapy | 117.97 | 28.870 | t = 5.996<br>p = 0.000*<br>(S) |
| 2.   | After parent-child interaction therapy  | 98.12  | 23.261 |                                |

**\* $p < 0.05$  - Significant;  $p < 0.01$  - Highly Significant**

The above table shows that before parent-child interaction therapy, the mean score was 117.97 with a standard deviation of 28.870. After parent-child interaction therapy, the mean score was 98.12 with a standard deviation of 23.261. The calculated 't' value was 5.996, and the p-value was  $p < 0.01$ . Hence it is highly significant. This clearly shows that school-age children had significant improvement in the level of behavioural problems before and after parent-child interaction therapy.



**Figure: 1 Represents the effectiveness of parent-child interaction therapy on behavioural problems among the school age children**

**Table 3 Associate between the effectiveness of parent-child interaction therapy on behaviour problems among school-age children with their selected demographic variables**

| S.No      | Demographic variables               | Level of Behavioral problems |       |          |       |        |      | X <sup>2</sup> value                                |
|-----------|-------------------------------------|------------------------------|-------|----------|-------|--------|------|---|
|           |                                     | Mild                         |       | Moderate |       | Severe |      |   |
|           |                                     | N                            | %     | N        | %     | N      | %    |   |
| <b>1</b>  | <b>Age in years</b>                 |                              |       |          |       |        |      | X <sup>2</sup> = 0.026<br>df = 1<br>p = 0.872 (NS)  |
|           | a) 6-9 years                        | 7                            | 11.7% | 24       | 40    | 1      | 1.7% |   |
|           | b) 10-12 years                      | 6                            | 10%   | 20       | 33    | 2      | 3.3% |   |
| <b>2</b>  | <b>Sex</b>                          |                              |       |          |       |        |      | X <sup>2</sup> = 3.166<br>df = 1<br>p = 0.075 (NS)  |
|           | a) Male                             | 7                            | 11.7% | 25       | 41%   | 3      | 5%   |   |
|           | b) Female                           | 6                            | 10%   | 19       | 31.7% | 0      | 0%   |   |
| <b>3</b>  | <b>Religion</b>                     |                              |       |          |       |        |      | X <sup>2</sup> = 0.045<br>df = 1<br>p = 0.832 (NS)  |
|           | a) Hindu                            | 12                           | 20%   | 39       | 65%   | 3      | 5%   |   |
|           | b) Christian                        | 1                            | 1.7%  | 3        | 5%    | 0      | 0%   |   |
|           | c) Muslim                           | 0                            | 0%    | 2        | 3.3%  | 0      | 0%   |   |
| <b>4</b>  | <b>Birth Order</b>                  |                              |       |          |       |        |      | X <sup>2</sup> = 1.168<br>df = 1<br>p = 0.280 (NS)  |
|           | a) 1 <sup>st</sup> child            | 9                            | 15%   | 22       | 36.6% | 1      | 1.7% |   |
|           | b) 2 <sup>nd</sup> child            | 3                            | 5%    | 21       | 35%   | 2      | 3.3% |   |
|           | c) 3 <sup>rd</sup> child            | 1                            | 1.7%  | 1        | 1.7%  | 0      | 0    |   |
| <b>5</b>  | <b>Education Status</b>             |                              |       |          |       |        |      | X <sup>2</sup> = 0.026<br>df = 1<br>p = 0.872 (NS)  |
|           | a) I std -III std                   | 7                            | 11.7% | 24       | 40%   | 1      | 1.7% |   |
|           | b) IV std -VII std                  | 5                            | 8.3%  | 21       | 35%   | 2      | 3.3% |   |
| <b>6</b>  | <b>Type of Family</b>               |                              |       |          |       |        |      | X <sup>2</sup> = 0.026<br>df = 1<br>p = 0.872 (NS)  |
|           | a) Joint family                     | 7                            | 11.7% | 24       | 40%   | 1      | 1.7% |   |
|           | b) Nuclear family                   | 6                            | 10%   | 20       | 33.3% | 2      | 3.3% |   |
| <b>7</b>  | <b>Parent Educational status</b>    |                              |       |          |       |        |      | X <sup>2</sup> = 0.410<br>df = 1<br>p = 0.522 (NS)  |
|           | a) Primary                          | 5                            | 8.3%  | 13       | 21.6% | 1      | 1.7% |   |
|           | b) Higher Secondary                 | 7                            | 11.7% | 14       | 23.3% | 1      | 1.7% |   |
|           | c) Degree                           | 1                            | 1.7%  | 17       | 28.3% | 1      | 1.7% |   |
| <b>8</b>  | <b>Monthly Income</b>               |                              |       |          |       |        |      | X <sup>2</sup> = 0.088<br>df = 1<br>p = 0.766 (NS)  |
|           | a) Rs 5,000 -10,000                 | 5                            | 8.3%  | 15       | 25%   | 0      | 0%   |   |
|           | b) Rs 11,000 - 15,000               | 6                            | 10%   | 21       | 35%   | 2      | 3.3% |   |
|           | c) Rs 15,000 - above                | 2                            | 3.3%  | 8        | 13.3% | 1      | 1.7% |   |
| <b>9</b>  | <b>History of Behaviour problem</b> |                              |       |          |       |        |      | X <sup>2</sup> = 14.923<br>df = 1<br>p = 0.000* (S) |
|           | a) Yes                              | 0                            | 0     | 0        | 0     | 2      | 3.3% |   |
|           | b) No                               | 13                           | 21.7% | 44       | 73.3% | 1      | 1.7% |   |
| <b>10</b> | <b>Previous history of Hospital</b> |                              |       |          |       |        |      | X <sup>2</sup> = 0.071<br>df = 1<br>p = 0.790 (NS)  |
|           | a) Yes                              | 1                            | 1.7%  | 6        | 10%   | 1      | 1.7% |   |
|           | b) No                               | 12                           | 20%   | 38       | 63.3% | 2      | 3.3% |   |

\*p&lt;0.05 - Significant; p&lt;0.01 - Highly Significant

The chi-square test revealed that there is statistically significant association between History of Behaviour problem with the level of behavioural problem school-age children. There is no significant association between Age in years, sex, religion, birth Order, education Status, type of Family, parent educational status, monthly income, history of Behaviour problem, previous history of hospital.

### **Conclusion**

The present study was to assess the effectiveness of parent child interaction therapy on behavioral problems among the school age children residing at selected area, Puducherry. Most 54 (90%) of the children with behavioral problems were between 6 – 9 years. During the observations many mothers expressed that, “we never know that there are therapies to reduce behavioral problems and these can be helped to improve their behavior”. After the therapy no child had severe behavioral problem. The study concluded that parent child interaction therapy had a significant influence on reducing behavioral problems among school age children.

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