EFFECTIVENESS OF PARENT CHILD INTERACTION THERAPY ON BEHAVIORAL PROBLEMS AMONG THE SCHOOL AGE CHILDREN.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

APRIL 2011

CERTIFICATE

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"If we want to get something we never had,

We have to do something we never did."

- Unknown Author

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ABSTRACT

"A study to assess the effectiveness of parent child interaction therapy on behavioral problems among school age children residing at Annanagar , Madurai". The study was carried out to assess the behavioral problems before and after parent - child interaction therapy among school age children and to determine the effectiveness of parent – child interaction therapy on behavioral problems among school age children .The conceptual framework of the study is based on the Daniel stuffle beam's programme evaluation model This study was conducted using one group pre test – post test pre experimental design. Convenient sampling technique was used to select Annanagar. The children who fulfill the inclusion criteria were selected by simple random sampling technique.The sample size was 40. The behavioral problems were assessed by modified Eyberg child behavior inventory. The tool was valid and the reliability was checked by split half technique and was found to be r = 0.8. The parent child interaction therapy was implemented for a period of one week. Data collection was done and the data obtained were analyzed in terms of both descriptive and inferential statistics. Findings of the study were the mean pre test and post test scores pertaining to arguing with parents about rules was the mean post test score (1.87) after parent - child interaction therapy was lesser than the mean pre test score (6.57). Pertaining to verbally fighting with sisters and brothers , the mean posttest score (2.07) after parent - child interaction therapy was lesser than the mean pre test score (4.82).The overall mean post test behavioral problems (68.9) after parent child interaction therapy was lesser than the mean pre test (177.92). There is a significant association between the demographic variables (ages, monthly income) and the post test mean score.

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CHAPTER I

INTRODUCTION

" Children are the sources of happiness for the parents"

" Children are the most valuable resources "

Background of the study

A child is an important asset not only for its family, but also for the whole nation. The children constitute the most vulnerable and an important segment of the population. Ultimately the nation's development is dependent upon the improvement of the human resources .So the future of our nation depends on the way in which we nurture our children.

According to Cumins , mental health center (2003) young people can have mental , emotional & behavioral problems that are real , painful & costly. These problems often called as disorders are sources of stress for children & their families, schools & communities .Recent evidence indicates that emotional & behavioral problems frequently lead to poor school performance & drop out of school. Several risk factors including child's familial & environmental risk factors play an important role in the genesis of emotional & behavioral problems in school children

Sohan. J(2009) Parents are undoubtedly not the only people who significantly influence children's misbehavior. Siblings, day-care providers, teachers, baby-sitters, grandparents, and peers are also the participants . The younger the child, however, the more influential parents are likely to be. Interest in parental discipline practices has a long history,

nearly sixty years ago. Young children's aggressive and oppositional behavior disorders are quite stable; If left untreated, these disorders predict later delinquency, drug and alcohol abuse, family violence, unemployment, and psychiatric disturbance. Understanding what constitutes effective and ineffective parental discipline practice, particularly for young children, should include both the prevention and the treatment of children's behavior problems.

Langone medical center , Newyork conducted a study which reveals that, Children are born with different temperaments; some are easy going and some have difficulty in adjusting to the rhythms of everyday life. It is important to realize that all children go through periods of behavioral and/or emotional difficulty .It is important to recognize that all children are individuals, therefore, there is no universal formula for resolving all emotional or behavioral problems.

According to John Locke(1699), children are born with different behavioral tendencies. The environment was the strongest force in development. Social experiences, not temperamental differences, shape behavior across development. This was the predominant view of children's development until the 1960s and 1970s. During this time, Alexander Thomas and Stella Chess published their classic books about the role of temperament in parent-child relationships and children's social and emotional development. Thomas and Chess argued that children's behavioral problems do not always stem from bad parenting. Instead, some children come into this world with temperament styles that make disciplining

them a challenge. Even competent, caring parents may have difficult children and they need help learning how to manage their sons and daughters.

All young children can be naughty , deficient, & impulsive from time to time, which is perfectly normal .However ,some children have extreme difficulty & challenging behaviors that are outside the norm for their age . Behavior problems include problems that represent significant deviations from the normal behavior. These problems are relatively stable, internalized & difficult to treat than the adjustment reactions but less so than neurosis or psychosis.

According to Arafa et al(2004), behavioral problems can occur in children of all ages. Very often they start in early life. Some children have serious behavioral problems. Behavioral problems in children are understandable efforts to cope with their environment particular behavioral disorders relate themselves statistically to particular kind of environment especially to the family milleu of developing children. This sort of behavior can affect a child's development and can interfere with their ability to lead a normal life. In some circumstances difficult behavior can become increasingly challenging or so disruptive that it impacts on the emotional or physical safety of the child or others.

According to Sheila Eyberg(2010) , Parent-child interaction therapy was designed in 1970, to treat serious behavior problems in children. PCIT is a family centered treatment approach proven effective for abused and at-risk children. Research has shown that as a result of PCIT, parents learn more effective parenting techniques, the

behavior problems of children decrease, and the quality of the parent – child relationship improves. Through PCIT, parents learn to bond with their children and develop more effective parenting styles that better meet their children's needs. PCIT helps encouraging positive interaction and training parents in how to implement consistent and nonviolent discipline technique. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro social behavior and decreasing negative behavior.

According to Marlow(1994) ,a safe place to play and appropriate toys to play can save the parents from saying 'No' often & make their day easier. Effective praise encourages learning, independence & strong self – esteem in children .The key to effective praise is to be a coach more than a cheer leader .A child may protest loudly, but your primary responsibility is to keep him safe. When a child doing something unacceptable, try to call their attention to another activity perhaps playing with another toy or reading a book together .The goal is to distract the child from the problem temporarily.

According to Achars(1999), a reward or positive reinforcement refers to positive ways, adults can respond when children behave in desirable ways , positively rewarded behavior is usually repeated (Achar, 1999)

SIGNIFICANCE AND NEED FOR THE STUDY

Childhood age is an important period of life most of the behaviors ,healthy practices develop during this period .Learning takes place through various institutions such as family, school and community. Family is the place for teaching curricular & cultivating healthy

behavior & practicing habits among children .Behavioral problem influences the general health of an individual .

Good (1973)defines behavioral problems among children as a deviation from the accepted pattern of behavior on the part of children when they are exposed to an inconsistent social and cultural environment such behavior problems make life difficult & unsatisfactory for both the child and his parents. Subsequent clinical data have amassed regarding those children who have difficulty with social relatedness, most notably the inability to derive comfort from and share enjoyment with a consistent caregiver.

Prevalence of emotional & behavioral problems among school children in India(2000)

Emotional & behavioral problems	School children
Depression	8.6%
Somatic disorders	7%
Autistic disorders	6.9%
Anxiety	13.5%
Somnabulism	3.6%
Aggression	4%
Hyperactivity	6.1%
Enuresis	11.9%

Khan et al. (2006) conducted a study to determine the prevalence of child behavior problems reported by parents in rural Bangladesh & total of 4003 children aged 2-9 years were identified during population based survey of 2231 households & predetermined sample of 499 were selected of which health professional saw 453(90.8%)for structured physical & neurological examination. Standardized testing of cognition & adaptive behavior &behavior problems prevalence was 14.6% & majority were somatic complaints, including nocturnal enuresis & pica. Problems such as aggression or restlessness were infrequently reported behavioral impairments.

In Britain , the development of health cites (2004) after conducting research indicated that one child in ten has at least one clinically diagnosable mental disorder .But the figures seem to be raising fast. For example ,a report , last July , produced by Wandsworth Primary Health Care Trust in southwest London revealed that cases of autism in its area had risen from 161 in 2001 to 448 in 2007. Countless others are on the fringes of the diagnosis, according to a study by the UK's Institute of Child Health in the journal of the American Academy of child and Adolescents psychiatry. Professor David Skuse, one of the researchers involved says that many children exhibit elevated levels of autistic traits and that these children are at slightly greater risk of developing behavioral and emotional problems.

According to John Naish (2009) no central figures are held on the number of children in Britain with mixed behavioral diagnoses, but Colin Troy a Lancashire-based educationist who has worked with children with special needs for 30 years ,says ,they have been around for some time and definitely on the increase .It used to be thought that you could not have a student with conditions such as Asperger's and

ADHD overlapping, but that belief has completely changed. Indeed, a recent report in the Journal of autism and developmental disorders found that half of the children with autism studied also had hyperactivity symptoms.

John et al., (2001) examined emotional / behavioral problems among school children. Children aged 2-5 years were screened by 6-8 pediatricians who rendered an opinion about the presence of emotional / behavioral problems & children who scored above the 9th percentile for behavioral problems on the child behavior checklist ,along with children matched age ,sex & race who had screened low, were invited for an intensive second stage evaluation & that study shows there were 495 mothers & children who participated in that evaluation , which included a behavioral questionnaire ,material, interview, play observation & developmental testing & that study found significantly higher rates of problems 13%.This study concluded that a substantial number of school children with behavioral problems are not being identified or treated .

Robbie Woliver, the American author of the recently published book Alphabet kids: claims that millions of children in the US (including two of his own) are plagued by clusters of disorders . The numbers are rising , he says because of growing awareness, ongoing strides in research and improved diagnosis techniques, the rates will rise even more dramatically. Most young people have difficult or demanding behaviors at times. Testing limits is one of the ways they learn about acceptable behavior as part of the normal process of growing up.

Bowlby (1969) one of the first researcher to study early relationships , defined attachments as a biological drive that encouraged proximity to a caregiver & provided the young child with protection from danger.

The effectiveness of parent – child interaction therapy for improving attachment and reducing problematic behaviors has been well established (Eyberg 2005; Hembree- Kigin & Mc Neil,1995).

Eyberg & Robinson (1982) reported that Parent – child interaction therapy (PCIT) is an empirically supported treatment that uses in – vivo coaching to facilitate the parent – child relationship over the course of 12- 14 parent – child therapy sessions . Coaching includes therapist observation & direct instruction to guide parental response to child behavior during the session . During the first seven sessions called child- directed interaction , the emphasis is on shared enjoyment & empathetic understanding through child-directed play interaction .the remaining sessions ,known as parent – directed interaction ,teach parents how to promote positive behavior & reduce disruptive ,negative behavior.

As parent child interaction therapy is not being tested in Tamilnadu, the investigator is interested in testing its effectiveness in reducing behavioral problems and improving parent child relationship.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of parent – child interaction therapy on behavioral problems among school age children residing at Annanagar, Madurai.

OBJECTIVES –

- To assess the behavioral problems before and after parent - child interaction therapy among school age children .
- To determine the effectiveness of parent – child interaction therapy on behavior problems among school age children .
- To associate the behavioral problems of the children and selected demographic variables(like age of the child, sex , educational status , family income, education of the mother, occupation of the mother.)

HYPOTHESIS-

All hypothesis will be tested at 0.05 level of significance.

- The mean post test behavioral problem score of the school age children will be significantly lower than their mean pretest behavioral problems score.
- There will be a significant association between the post test behavioral problem score and the selected demographic variables(such as age of the child ,sex of the child, educational status of the child ,family income ,education of the mother, occupation of the mother)

OPERATIONAL DEFINITIONS-

EFFECTIVENESS-

It refers to the outcome of PCIT on behavior among the children with behavior problems. It is the statistical measurement of difference between the pre test and post test behavioral problem scores of children with behavior problems .

BEHAVIOR-

Behavior is the manner in which the person acts or reacts or performs all of the activities including physical & mental activity .

PARENT – CHILD INTERACTION THERAPY-

Parent child interaction therapy is an empirically supported treatment for conduct disordered young children that places emphasis on improving the quality of the parent – child relationship & changing parent child interaction patterns.

In this study ,the PCIT focuses on child directed interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent – child relationship.

The special skills to use during the CDI play sessions are, the PRIDE skills,

P is for Praise : Give the child labeled praises for positive behavior.

R is for Reflection :Reflect the child's appropriate talk.

I is for Imitation : Imitate child's appropriate play.

D is for Description : Describe the positive things the child is doing .

E is for Enthusiasm : Be enthusiastic during special time with the child.

BEHAVIORAL PROBLEMS-

Behavior that goes to an extreme that is not slightly different from the usual . Behavior that is unacceptable because of social or cultural expectations . In this study, it refers to arguing with parents, cries easily, steals, physically fights with friends of own age ,easily distracted , hits parents ,interrupts, refuses to obey until threatened, constantly seeks attention.

ASSUMPTIONS-

1. Children exhibit behavioral problems in different levels
2. Behaviors can be learned by the children.
3. Behavioral problems can occur in children of all ages.
4. Behavioral problems may affect young person's ability to solve problems, cope with life stresses & enjoy normal activities with their family and friends.

DELIMITATION-

The study was delimited to

- A period of 6 weeks of data collection .
- It is delimited to selected area, Annanagar
- Children between the age group of 6 to 12 years.

PROJECTED OUTCOME-

- The study was conducted to evaluate the effectiveness of parent child interaction therapy that will help improve the children behavior.
- The ultimate goal of treatment is to facilitate improvement in behavior among children with behavioral problem.

CONCEPTUAL FRAMEWORK-

The conceptual framework of this study was based on the Daniel Stuffle Beam's program evaluation model .Its approach to evaluation is recognized as the CIPP(Context ,input ,process, product).This comprehensive model consider evaluation to be continuous process. This evaluation model has four steps.

Context evaluation- Context evaluation involves studying the environment of the program. In this study, this step includes the identification of increased incidence of behavioral problems.

Input evaluation- The second stage of this model, input evaluation is designed to provide information & determine how to utilize resources to meet program goal.

In the present study, it includes the evaluation of behavioral problems through pre test.

Process evaluation- This stage address implementation decision that control & manage the program . It includes the administration of PCIT in improving behavior among children with behavior problems.

Product evaluation-Product evaluation is concerned with gathering data to determine whether the final product is accomplished for what they will be hope. Product evaluation provides information that will enable them to decide whether to continue terminate or modify the intervention.

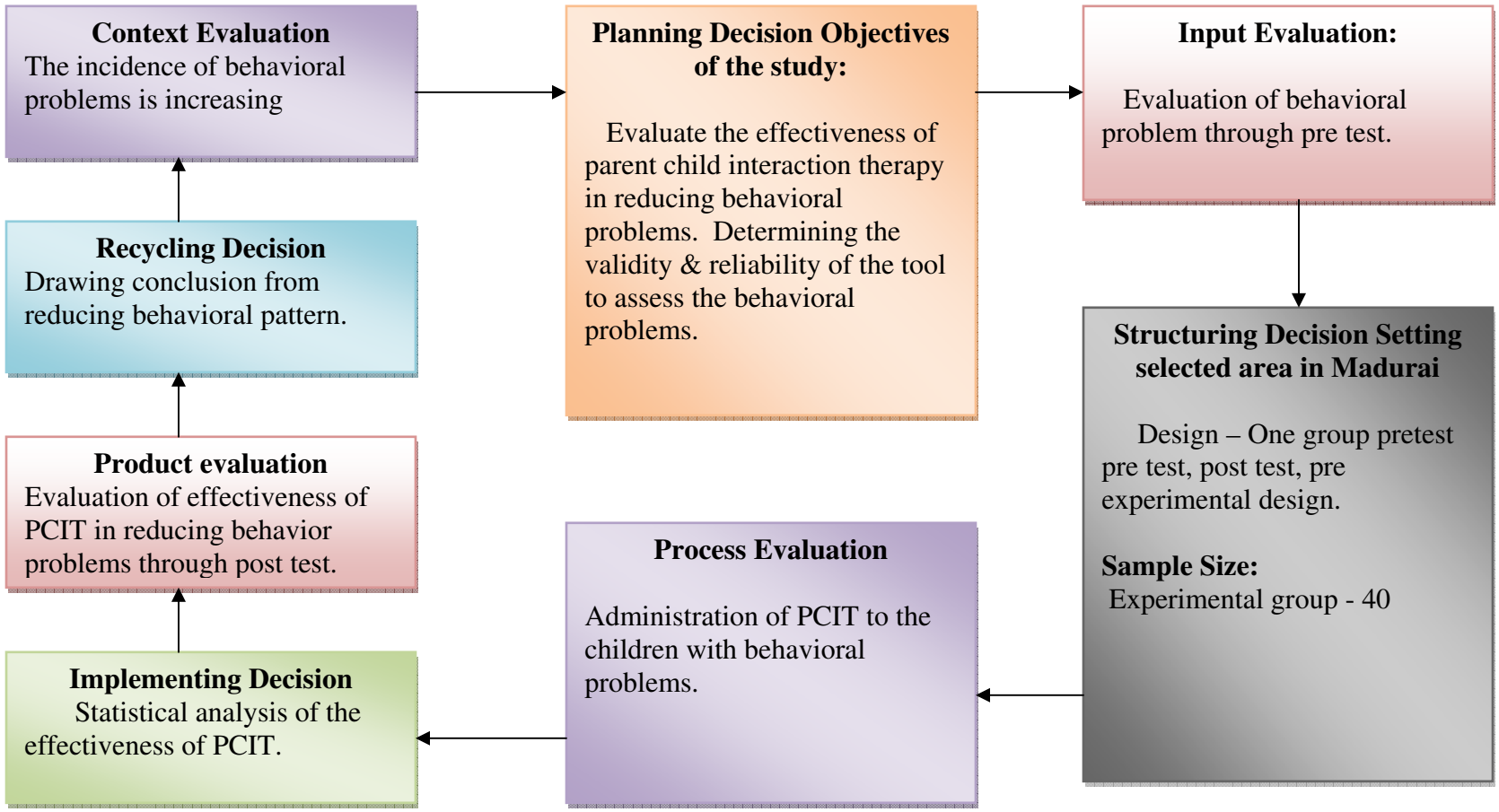

FIGURE – I CONCEPTUAL FRAMEWORK BASED ON DANIEL STUFFLE BEAM'S PROGRAMME & EVALUATION MODEL

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is traditionally understood as a systematic & critical view of most important scholarly literature on a particular topic.

According to Abdullah (1965), review of literature helps the researcher to analyze existing literature to generate research questions, to identify what is known & not known about the topic & to describe methods of enquiry used in earlier work, including their success and shortcoming.

The purpose of review of literature involved in any research study is to become knowledgeable in that field as much as possible. This is the in depth research of the prior research .This chapter is discussed under the following headings:

- literature related to prevalence of behavioral problem
- literature related to causes of behavioral problems
- literature related to manifestations of behavioral problems
- literature related to parent – child interaction therapy

Studies related to prevalence of behavior problems

Behavior problems influence the general health of a individual .Inadequate knowledge and ignorance of child rearing practices lead to lot of behavior problems which affect general health of children. Gulati carried out a survey in Delhi city to study behavioral problems among 3 – 6 years children. The following results were obtained

:Children have health problems such as recurrent fever, loss of appetite, changes in the bowel pattern , failure to gain weight and pain and aches in back shoulder and hands. Behavioural problems noted are bed wetting, temper tantrum, teeth grinding, clinging to parents, aggressive behavior, prolonged bottle feeding and changes in the normal sleeping schedule.

Verma M, Singh T, Gupta I, Gupta V(1993), a large number of children suffer from behavioral problems during their development. Many of these problems are transient .However, the extent of these problems and their overall effects on a child's development can be serious (Morita et al., 1993). Further, children may exhibit these behaviors in some setting and not in others (e.g. at home or in school, but not both). In developed countries, parents tend to seek advice for even minor problems, such as persistent thumb sucking, while in developing countries, major problems, even childhood schizophrenia, may go unattended. An awareness of the prevalence of these problems is important so that appropriate mental health services can be planned and provided for affected children, to improve their prospects for leading healthy, productive lives.

Cantwell (1996) reviewed the literature on attention deficit disorder in the previous 10 yrs & found that the figure usually given for prevalence in the general population was 3 – 5 % of school children. According to DSMN in US, the prevalence of reading disorders are estimated to be 6 - 16 % of boys & 2 – 9 % of girls . This disorder is more common in boys. Boys and girls ratio ranges from 4 to 1.

Saramma (1999) assessed the behavioral problems faced by the school going children of separated parents. The objective of the study was to identify the behavioral

problem with regard to separation of parent. The research findings showed that the 30% of the school children are having behavioral problem.

A comparative study on behavior problems of the school children in relation to the parenting of their mothers .Major findings of the study were, majority of children with positive parenting technique of mothers had no behavioral problems . No of children with positive parenting technique of mothers had behavioural problems. Children with permissive parenting technique of mothers had more behavioural problems .Bhatia et al.,(2000) conducted a study on behavioral disorder s among 100 children aged 3 -5 years. Results showed that 20% of children had behavioral problems.

Jirapat (2001) conducted a study about factors affecting maternal role attainment among low income. All others reported feeling comfortable in their maternal behavioral questionnaire. In depth interviews were conducted regarding the mothers uses of internal and external resources to attain their maternal roles. The results suggests that internal and external resources can promote maternal role attainment by supporting the mother-mothering style.

Tannila (2004) studied the prevalence of behavioral & emotional problems among school children .The major variables used were family types, family size& birth order The study was a prospective cohort study .The sample size was 9357 school children. Convenience sampling was used .Behavioral problems (9.2%) were more common than emotional one (4.1%). Only children had highest prevalence of behavior problem while children in very large families had the lowest .Elder children were at lower risk of behavior problems than the other children .Unspecified chronic life difficulties, parental distress in relation to their children, family history of psychiatric

illness & or alcohol or drug abuse in a family member were associated with behavioural disturbances but no association was found with gender, economic status ,family size or recent life events.

King et al.,(2008) reported the preliminary findings of an epidemiological study of 3000 children aged 4 and 5 years in the Shanghai area. Association were investigated between problems in the Achenbach child behaviour checklist and socio demographic variables(a one child family ,other social circumstances related to family)study results in no strong evidence emerged of a distinct psychopathology associated with children from single-child families ,and there was a significant correlation between being an only child and having behavioral problems.

Studies related to causes of behavioral problems:

Basker and Blacher (2005), conducted a study to correlate the behavioral problems of child and related domains of parent well being (depression and marital adjustment) as well as the mothering effect of a personality trait, dispositional optimism.. Participating children were classified as developmentally delayed, borderline or non delayed . Mother and fathers wellbeing and child behavior problems were assessed. Child behavior problems were strongly related to scores on personality traits of parents. Children whose behavior problems were high had mothers who were less optimistic and so some interventions for parent to enhance both parenting skills and psychological wellbeing should be available in school that may be beneficial for such programmes to focus not only on behavior management strategies but also on parents belief systems.

Thatsum et al., (2009), conducted a study to evaluate prevalence and risk factors for emotional and behavioral problems in dependent children of cancer patients .The sample comprised of 350 ill parents, 250 healthy partners and 352 children .Parents asserted the child's psychological functioning using the child behavior checklist, used and the parental depression used the general functioning subscale of the family assessment device , quality of life using short form questionnaire , and that study found girls are at higher risk of psychosocial problems than boys and also that study concluded that there was a higher risk of problems when the father was ill than when the mother was ill and the best predictor of internalizing problems in children were parental depression , and also the best predictor of externalizing problems in children were family dysfunction that results indicate the need for a family – oriented approach to psychological support of cancer patient.

Twardella et al.,(2009), conducted a study to evaluate the association of postnatal exposure to second hand tobacco smoke on childhood behavioral problems after taking maternal smoking during pregnancy into account. A cross sectional survey of school children in relation to exposure to second hand tobacco smoke in the child's home was assessed via a parent questionnaire .The study concluded second hand tobacco smoke exposure at home appeared to be associated with an increased risk of behavioral problems among school children.

Syed et al., (2009), conducted a study to determine emotional and behavioral problems among school children. A cross sectional survey of school children of certain towns within Karachi metropolitan area was conducted Strength and difficulties questionnaire (SDQ) and it was filled by parents and primary school teachers for the

same children. Demographic data of parents, teachers and children were also collected using a separate performa. Results revealed that parents rated 34.4% of children as falling under the abnormal category on SDQ. Whereas slightly higher estimates 35.8 % were reported by the teacher. Study concluded that, prevalence of child mental problems was higher and there was also a gender difference in prevalence; boys had higher estimates of behavioral / externalizing problems , whereas emotional problems were more common among females. There is a need for developing programs to train, sensitive and mobilize teachers and parents regarding child's psychological, emotional and behavioral problems.

Study related to manifestations of behavior problems

Richards (1994) stated that, occasional wetting at night is not abnormal in children under five. Children cannot be expected to have enough bladder control to keep dry all night before they are 3-4 years old. It may be caused by emotional upset or an infection or other illness and major life changes, like, moving house or starting school or playgroup causes emotion upset for both parents and school children and that study concluded cutting down on drinks before bedtime and alarm treatment to void may help the child to reduce bedwetting problem .

Studies related to parent – child interaction therapy

According to Eyberg et al.(2005)The parent – child interaction therapy sessions are started by noting whether PCIT seems appropriate for their family & asking the parents their expectations & clarifying any incorrect expectations

Parent child interaction therapy involves two treatment phases. The first phase is called child – directed interaction or CDI where the parents are taught the play therapy skills that can be used to describe specific problems of their child that CDI should affect eg) help their child calm down & feel less angry , improve attention & focus , learn to cooperate , strengthen their already warm relationship with their child, help them start to enjoy being around their child again

The second phase is called parent – directed interaction or PDI. It involves learning specific discipline techniques to teach their child to obey their directions & to decrease problem behaviours that bother others

BASIC RULES OF CDI

THE DON'T RULES

The first rule is to avoid commands .Commands try to direct the play by suggesting what the child should do. Commands take over the lead of the play. If the child doesn't obey, the play could stop being fun – CDI is a time when the child is to learn that its fun to get along and play together nicely.

Avoid questions – a question asks for an answer from the child. Questions take over the lead of the conversion. Questions sometimes suggest disapproval.

Avoid criticism- Criticism is a negative or contradictory statement about the child. It points out mistakes rather than providing correction. Criticism tells the child what NOT to do .It lowers a child self esteem and creates a negative interaction.

THE DO RULES-THE PRIDE SKILLS

P is for praise-praise compliments a child about his or her behaviour. Labelled praise is specific praise. It is more effective because it lets the child know exactly what you like and increase the behaviour that it describes and also increases child's self esteem.

R is for reflection. Reflect your child's appropriate talk. Reflection is repeating/paraphrasing what the child is saying .It improves and increases child's speech and language.

I is for imitation. Imitate the child's appropriate play. It means doing the same thing your child is doing. It shows the parents approval of child's activity, teaches child how to play well with others.(taking turns)

D is for description .Describing the positive things the child is doing. It makes the play interesting and fun. It models speech and teaches vocabulary and concepts.

E is for enthusiasm .Being enthusiastic during special time with the child. It means that act happy and natural while playing with the child. It includes positive tough laughter , a tone of voice that expresses interest.

Good toys to use in CDI.

Creative toys

Construction toys such as

Legos

Blocks

Tinker toys

Play sets such as

Farms

Houses

Towns.

Toys to avoid in CDI

Rough play (balls0

Aggressive play (super hero figures)

Messy play (finger paints)

Board games

Books and video

Puppets, toy telephones.

The study findings of Hembree – kigin & Mc Nell, (1995) showed improvements in parenting skills & attitudes after PCIT. Research reveals that parents & caretakers completing PCIT typically demonstrate improvements in reflective listening skills , use more pro -social verbalization ,direct fewer sarcastic comments & critical statements at their children , improve physical closeness to their children & show more positive attitudes.

Vijayalakshmi (2000) CMC Vellore conducted a comparative study to assess the child rearing practices of parents of children with psychosocial problems & parents of children without psychological problems among 150 parents with children. Sample was

selected under convenient sampling technique. Tool used for this study was self administered questionnaire. Analysis were done by using descriptive & inferential statistics. The results showed that in group A none of the parents followed excellent child rearing practices,36.66% followed good practices,43.33%followed average practices & 20 % followed poor practices overall majority of the parents in group B followed excellent & good practices. Eyberg et al (2001) Hood & Eyberg (2003) conducted a study on lasting effectiveness of PCIT. Follow up studies report that treatment gains are maintained overtime.

According to Gallagher (2003), improvements in child behavior .A review of 17 studies that included 628 children identified as exhibiting a disruptive behavior disorder concluded that involvement in PCIT resulted in significant improvement in child behavior functioning .Commonly reported behavior outcomes of PCIT included both less frequent & less intense behavior problems as reported by parents & teachers , increase in clinic – observed compliance , reductions in inattention & hyperactivity , decreases in observed negative behaviors such as whining or crying reductions in the percentage of children who qualify for a diagnosis of disruptive behavior disorder .

According to the study done by Timmer, Urquiza, Zebell & McGrath(2005) 110 physically abusive parents ,only one-fifth (19%) of the parents participating in PCIT had re-reports of physically abusing their children after 850 days ,compared to half (49%) of the parents attending a typical community parenting group (Chaffin et .al., 2004).Reductions in the risk of abuse following treatment were confirmed by another recent study among parents who had maltreated their children. Chadwick center on children & families (2005) conducted a study which revealed, adaptability for a variety of

populations .Studies support the benefits of PCIT across genders & across a variety of ethnic groups .

Pincus, Choate, Eyberg & Barlow (2005) states that usefulness of PCIT in treating multiple issues .Adapted versions of PCIT also have been shown to be effective in treating other issues such as separation anxiety, depression, self - injurious behavior, attention deficit hyperactivity disorder (ADHD) and adjustment following divorce .

According to Samantha .L .William (2009) Parent child interaction therapy (PCIT) is empirically supported treatment that uses in -vivo coaching to facilitate the parent – child relationship over the course of 12- 14 parent – child therapy sessions. Coaching includes therapist observation through a one- way mirror & direct instruction to guide parental response to child behavior during the session. During the Child Directed Interaction, the emphasis is on shared enjoyment &empathic understanding through child – directed play interactions. The remaining sessions known as Parent – Directed interaction, teach parents how to promote positive behavior & reduce disruptive, negative behavior. The effectiveness of PCIT for improving attachment & reducing problematic behaviors has been well established .The effectiveness of PCIT is supported by a growing body of research increasingly identified on inventories of model & promising treatment programs. Atleast 30 randomized clinical outcomes studies have found PCIT to be useful in treating at-risk families & children with behavioral problems.

According to Beth et al ., (2008) the results of a pilot trial of an evidence – based treatment parent child interaction therapy (PCIT) for boys aged 5 – 12 with high functioning autism spectrum disorders & clinically significant behavioral problems. The study also included an investigation of the role of shared positive affect during the course

of therapy on child & parent outcomes. The intervention group showed reductions in parent perceptions of child problem behaviors, as well as an increase in child adaptability . Shared positive affect in parent - child dyads & parent positive affect increased between the initial & final phases of the therapy. Parent positive affect after the first phase was related to perceptions of improvement in problem behaviors and adaptive functioning.

Sharon. K .Millard (2008) conducted a study to investigate the efficacy of parent-child interaction therapy (PCIT) with young children who stutter. That was a longitudinal study, multiple single subject study. The participants were 6 children who had been stuttering for longer than 12 months. Stuttering frequency data obtained during therapy and post therapy were compared with the frequency and variability of stuttering on the baseline phase. Four of six children significantly reduced stuttering with both parents by the end of the therapy phase. It was concluded that PCIT can reduce stuttering in preschool children with 6 sessions of clinic based therapy and 6 weeks of parent-led, home based therapy. The study highlights the individual response to therapy.

Eyberg et al (2009) conducted a study in which, behavioral screening and preventive intervention were implemented for 3- to 6-year-olds in pediatric primary care with subclinical behavior problems.111 children were screened with the Eyberg Child Behavior Inventory. 30 children who scored within one standard deviation of the normative mean whose mothers indicated wanting help for their child's behavior were randomized to one of two abbreviated versions of Parent-Child Interaction Therapy (PCIT) for use in pediatric primary care: (1) a 4-session group preventive intervention called Primary Care PCIT (PC-PCIT); or (2) written materials describing basic steps of PCIT and guidelines for practice, called PCIT Anticipatory Guidance (PCIT-AG).

Decreases in child problem behaviors and ineffective parenting strategies, and increases in parental feelings of control were not significantly different between versions at post-intervention or 6-month follow-up. Changes during intervention were significantly larger for both groups than changes during pretreatment baseline, with moderate to large effect sizes.

Timmer ,Susan G, Ware, Lisa M, Urquiza, Anthony J, Zebell, Nancy M(2010) compared the effectiveness of Parent-Child Interaction Therapy (PCIT) in reducing behavior problems (e.g., aggression, defiance, anxiety) of 62 clinic-referred, maltreated children exposed to interparental violence (IPV) with a group of similar children with no exposure to IPV (N = 67).. Results showed significant decreases in child behavior problems and caregivers' psychological distress. Stress in the parent role related to children's difficult behaviors and the parent-child relationship decreased from pre- to post treatment.

CHAPTER III

RESEARCH METHODOLOGY

Research methodology provides a brief description of the method adopted by the researcher in this study .Research methodology includes research approach, research design, the setting the population, the sample criteria, or sample selection, method of sample selection, description of the tool, validity, reliability, pilot study, procedure for data collection , plan for data analysis & the protection of human subjects

RESEARCH APPROACH

The research approach used for this study is experimental approach .As described by Polit (2001) experimental approach is a study to explore the dimension of a phenomenon to develop hypothesis & the relationship between phenomenon

RESEARCH DESIGN

One group pre test- post test pre experimental design was applied to determine the effectiveness of parent – child interaction therapy on behavior problems among school age children with behavior problems in Annanagar , Madurai. This design may be diagrammatically represented as below:

Group	pretest	intervention	posttest
Experimental group (G1)	O1	X	O2

G 1 - Experimental group

O1 - Pre- test experimental group

O2- Post test experimental group

X - Intervention

Independent variable- Parent child interaction therapy

Dependent variable- Behavioral problems

SETTING OF THE STUDY

This study was conducted in Annanagar , Madurai.The population was 529 members.

STUDY POPULATION

The target population of the study was children with behavioral problems in Annanagar , Madurai

SAMPLE

Children with behavioral problems who fulfilled the inclusion criteria.

SAMPLE SIZE

The study was carried out among 40 children with behavior problems.

SAMPLING TECHNIQUE

In the phase I, According to the convenience of the investigator , Annanagar at madurai was selected for the study .By convenient sampling, 200 parents were interviewed .In phase II, Out of 200 , 50 children with behavioral problems were identified .Among which 40 children were selected by simple random sampling method.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA-

Children with behavioral problems in Annanagar , madurai.

Children with in the age group of 6-12 years.

Children of both sexes.

Mothers of children with behavior problems were included

EXCLUSION CRITERIA-

Those who were not willing to participate

Mothers who were not co-operative.

DATA COLLECTION TOOL

PART – I

Consists of demographic data of the child .It includes age of the child ,sex, education , birth order ,age of the mother, occupation family income

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

SCORING PROCEDURE –

Description	score
Never	1
Sometimes	2-4
Always	5-7

TOTAL SCORE-

0-84 - Mild behavioral problem

85-168 – Moderate behavioral problem

169-252 - severe behavioral problem

TESTING OF THE TOOL

Validity-

The content of the tool was given to five experts in the field of pediatric nursing, pediatric medicine, psychiatric medicine. Two from pediatric medicine, two from pediatric nursing and one from psychiatric medicine. Depending upon the suggestions given by the experts , the tool was modified.

RELIABILITY

Reliability of the tool was checked by split half technique .Reliability of the modified Eyberg child behavior inventory was found to be r = 0.8.The tool was found to be reliable.

INTERVENTION

Parent child interaction therapy is an empirically supported treatment that uses in-vivo coaching child directed interaction ,emphasis is on PRIDE to facilitate the parent child relationship.It was carried out in two sessions. During the first session called child directed interaction the emphasis is on PRIDE skills. That indicates Praise, Reflection, Imitation, Reflection, Enthusiasm.In the second phase called parent directed interaction, the emphasis is on discipline and compliance.

PILOT STUDY

In order to test feasibility, reliability, relavence, and practicability of the study ,pilot study was conducted among 5 children with behavioral problems in Annanagar ,Madurai. Data was analyzed for suitability and feasibility. The pilot study subjects were excluded from the main study. The study was found to be feasible.

DATA COLLECTION PROCEDURE

Formal permission was obtained from concerned authority . The period of data collection was 6 weeks .Data collection was done by home to home visit. Samples were selected by two phases. In phase I,according to the convenience of the investigator ,Annanagar , Madurai was selected for the study .By convenient sampling , 200 parents were interviewed.Out of 200 , 50 cildren with behavioral problems were identified.

Among which 40 children were selected by simple random sampling method. On the day of data collection the researcher introduced herself to the children and the parents & verbal consent was obtained. The study was explained to them in their mother tongue. Doubts were clarified & the researcher assured them about the confidentiality of the information obtained from them . Initially mothers were interviewed in order to collect demographic data .the investigator conducted pretest to assess the behavioral problem .After doing the pretest on the same day , play materials like building blocks, crayons were provided. parent – child interaction therapy was given to the parents and children with behavior problems for 7 days. Therapy was given for 30 minutes to 6-7 children per day .After the intervention on 14th day posttest was conducted to detect reduction in behavior problems among children by the same modified Eyberg child behavior inventory .

PLAN FOR DATA ANALYSIS

Data analysis done in accordance with the objectives of the study. The data was analyzed by both descriptive and inferential statistics. The data was organized, tabulated, summarized, and analyzed. The plan for data analysis was divided as follows.

DESCRIPTIVE STATISTICS

Frequency , percentage and mean were used for the analysis of the data.

INFERENTIAL STATISTICS

Paired 't' test were used to determine the difference between pre-test and post-test .the level of significance used to test the hypothesis was 0.05.Chi square was used to determine the association between behavior problems of the children and selected demographic variables such as age, sex, education of the child and monthly income, and occupation of the mother.

PROTECTION OF HUMAN RIGHTS

The proposed study was conducted after the approval of the research committee permission . Permission was obtained from the authority the purpose and other details of the study was explained to study subjects & informed verbal consent was obtained. Assurance was given to the study subjects on the anonymity and confidentiality of the data collected from them.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of the sample, classification, analysis and interpretation of the data, to conclude the achievement of the objectives of the study. The data collected is tabulated and described as follows:

Presentation of the findings of the study

Section I

Frequency distribution & percentage of samples based on children's demographic profile .

Section II

a) Distribution of samples based on selected behavioral problems before intervention.
b) Distribution of samples based on selected behavioral problems after intervention.
c) Distribution of samples based on the pre test and posttest scores of children with behavioral problems.

Section III

a. Comparison of mean pretest and posttest score pertaining to argued with parents about rules
b. Comparison of mean pretest and posttest scores pertaining to get angry when doesn't get own way

c. Comparison of mean pretest and posttest scores pertaining to doesn't obey house rules on own

d. Comparison of mean pretest and posttest scores pertaining to verbally fought with sisters and brothers

e. Comparison of mean pretest and posttest scores pertaining to refused to obey until threatened .

f. Comparison of mean pretest and posttest scores pertaining to constantly seeked attention

g. Comparison of mean pretest and posttest scores pertaining to failed to finish tasks or projects

h. Comparison of mean pretest and posttest overall behavioral problems scores among children with behavioral problems.

Section IV-

a. Association between the behavioral problems score and selected demographic variables.

SECTION - I

TABLE - I

FREQUENCY DISTRIBUTION & PERCENTAGE OF SAMPLES IN RELATION TO THE CHILDREN'S DEMOGRAPHIC DATA

(N= 40)

DEMOGRAPHIC VARIABLES	F	%
Age of the child		
6 - 9 years	29	72.5
10 - 12 years	11	27.5
Sex		
Male	17	42.5
Female	23	57.5
Birth order		
First order	28	70
Second order	12	30
Educational status		
I - III Std	27	67.5
IV - VII Std	13	32.5
Age of the mother		
20 - 25 years	22	55
26 - 30 years	12	30
31 - 35 years	6	15
Mothers occupation		
Self employed	8	20
Coolie	15	37.5
Housewife	17	42.5
Monthly income		
Above poverty	31	77.5
Below poverty	9	22.5

The above table I depicts the demographic variables. In the group out of 40 children 29 (72.5%) were between the age of 6 - 9 years, 11 (27.5%) were between the age of 10 - 12 years.

Regarding Sex, in the group of 40 children, 23 (57.5%) were female and 17 (42.5%) were male .Regarding the Birth order, in the group of 40, 28 (70%) were first born,12 (30%) were second born children. With regard to educational status, 27 (67.5%) were in Ist - IIIrd std and 13 (32.5%) were in IVth - VIIth std. Regarding the Age of the mother ,22 (55%) were between 20 - 25 years, 12 (30%) were between 26 - 30 years,6 (15%) were between 31 - 35 years. With regard to mother's occupation, the mothers 17(42.5%) were housewives, 15(37.5%) were coolie and 8(20%) were self employed. Regarding Monthly income, the majority 31(77.5%) were above poverty line and 9 (22.5%) were below poverty line

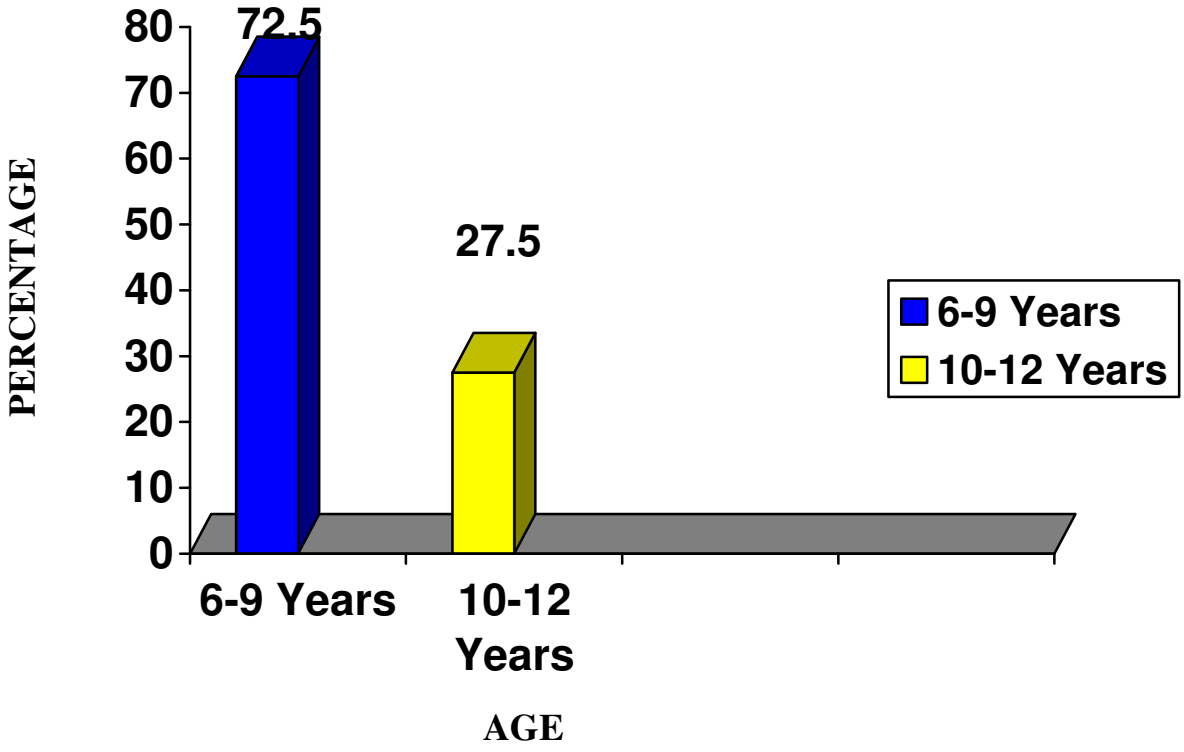

Fig 2: Distribution of samples in relation to age of the children

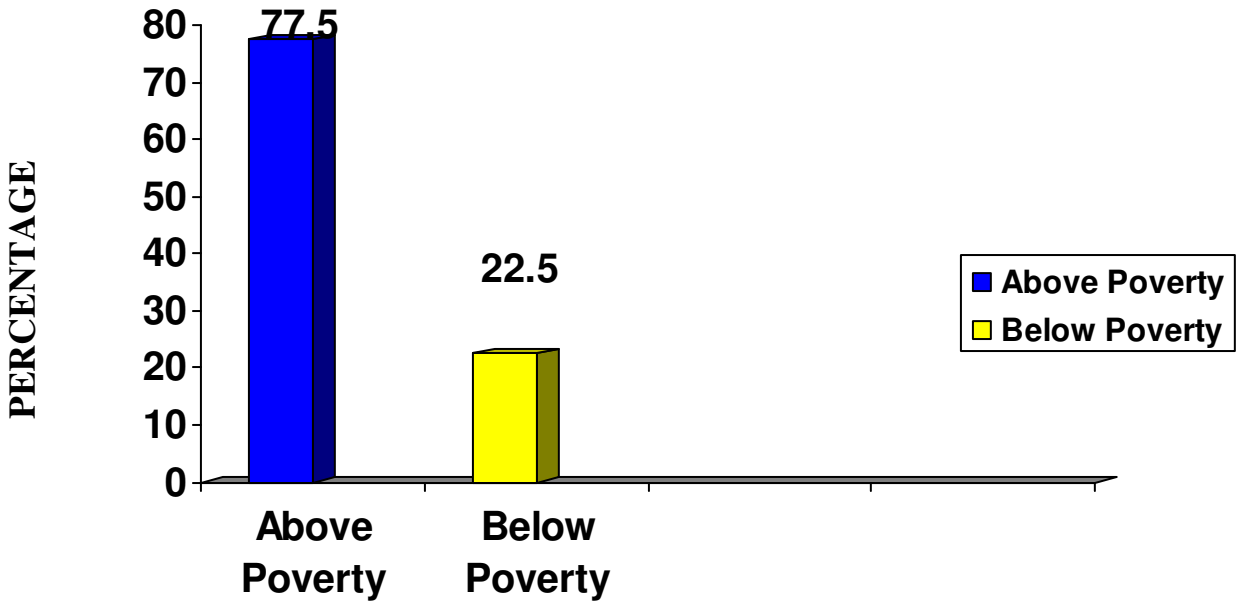

Fig 3: Distribution of samples in relation to monthly income

SECTION - II

TABLE - II

A Distribution of samples based on selected behavioural problems before intervention.

N-40

ITEMS	NEVER		SOMETIMES		ALWAYS	
	F	%	F	%	F	%
Argues with parents about rules	6	15	6	15	28	70
Gets angry when doesn't get own way	7	17.5	6	15	27	67.5
Doesn't obey house rules on own	9	22.5	3	7.5	28	70
Verbally fights with sisters and brothers	8	20	6	15	26	65
Refuses to obey until threatened	6	15	8	20	26	65
Constantly seeks attention	3	7.5	-	-	37	92.5
Fails to finish tasks or projects	3	7.5	1	2.5	36	90
Dwadles in getting dressed	-	-	5	12.5	35	87.5
Slow in getting ready for bed	-	-	1	2.5	39	97.5
Cries easily	1	2.5	4	10	35	87.5
Steals	6	15	12	30	22	55
Physically fights with friends of own age	-	-	10	25	30	75
Is easily distracted	-	-	16	40	24	60
Dwadles or lingers at meal time	-	-	11	27.5	29	72.5
Refuses to go to bed on time	1	2.5	19	47.5	20	50

ITEMS	NEVER		SOMETIMES		ALWAYS	
	F	%	F	%	F	%
Lies	1	2.5	10	25	29	72.5
Has poor table manners	-	-	1	2.5	39	97.5
Has temper tantrum	-	-	11	27.5	29	72.5
Hits parents	11	27.5	10	25	19	47.5
Teases or provokes	-	-	2	5	38	95

Table II depicts that in the pretest 6 (15%) of children never argued with parents about rules ,6 (15%) sometimes and 28 (70%) always argued with parents about 7 (17.5%) never, 6 (15%) sometimes, 27 (67.5%) always get angry when doesn't get own way among 40 samples ,9 (22.5%) never, 3 (7.5%) sometimes , 28 (70%) always doesn't obey house rules on own in the pretest, 8 (20%)never , 6 (15%) sometimes, 26 (65%) always verbally fights with sisters and brothers among 40 samples ,6 (15%) never, 8 (20%) sometimes, 26 (65%) always constantly seeks attention. In the pretest, 3 (7.5%) never, 1(2.5%) sometimes ,36 (90%) always fails to finish tasks or projects in the pretest, 5(12.5%) sometimes, 35(87.5%) always dawdles in getting dressed . In the pretest, 1(2.5%) sometimes, 39(97.5%) always slow in getting ready for bed. In the pretest, 1(2.5%) never, 4(10%) sometimes, 35(87.5%) always cries easily. In the pretest, 6(15%) never, 12(30%) sometimes, 22(55%) always steals. In the pretest, 10(25%) sometimes, 30(75%) always physically fought with

friends of age. In the pretest, 16(40%) sometimes, 24(60%) always was easily distracted. In the pretest, 11(27.5%) sometimes, 29(72.5%) always dawdles or lingers at meal time In the pretest, 1(2.5%) never, 19(47.5%) sometimes, 20(50%) always refused to go to bed on time. In the pretest, 1(2.5%) never, 10(25%) sometimes, 29(72.5%) always lies. In the pretest, 1(2.5%) sometimes, 39(97.5%) had poor table manners. In the pretest, 11(27.5%) sometimes, 29(72.5%) had temper tantrum. In the pretest, 11(27.5%) never, 10 (25%) sometimes, 19(47.5%) always hits parents. In the pretest, 2(5%) sometimes, 38(95%) always teases or provokes

TABLE – 3

B. Distribution of samples based on selected behavioral problems after intervention

(N= 40)

ITEMS	NEVER		SOMETIMES		ALWAYS	
	F	%	F	%	F	%
Argues with parents about rules	31	77.5	8	20	1	2.5
Gets angry when doesn't get own way	22	55	12	30	6	15
Doesn't obey house rules on own	36	90	1	2.5	3	7.5
Verbally fights with sisters and brothers	30	75	4	10	6	15
Refuses to obey until threatened	35	87.5	5	12.5	-	-
Constantly seeks attention	27	67.5	6	15	7	17.5
Fails to finish tasks or projects	32	80	3	7.5	5	12.5
Dawdles in getting dressed	22	55	14	35	4	10
Slow in getting ready for bed	20	50	15	37.5	5	12.5
Cries easily	21	52.5	18	45	1	2.5
Steals	32	80	8	20	-	-
Physically fights with friends of own age	27	67.5	11	27.5	2	5
Is easily distracted	26	65	2	5	12	30

ITEMS	NEVER		SOMETIMES		ALWAYS	
	F	%	F	%	F	%
Dwadles or lingers at meal time	22	55	17	42.5	1	2.5
Refuses to go to bed on time	26	65	14	35	-	-
Lies	23	57.5	9	22.5	8	20
Has poor table manners	15	37.5	19	47.5	6	15
Has temper tantrum	17	42.5	23	57.5	-	-
Hits parents	27	67.5	12	30	1	2.5
Teases or provokes	19	47.5	20	50	1	2.5

In the posttest, among 40 samples, 31 (77.5%) never, 8 (20%) sometimes, 1 (2.5%) never argued with parents about rules. Regarding getting angry when doesn't get own way, 22 (55%) never, 12 (30%) sometimes, 6 (15%) always among 40 samples, 36 (90%) never, 1 (2.5%) sometimes, 3 (7.5%) were always doesn't obey house rules on own in the posttest, 30 (75%) never, 4 (10%) sometimes, 6 (15%) were always verbally fighting with sisters and brothers. Regarding refuses to obey until threatened, 35 (87.5%) never, 5 (12.5%) sometimes, no child always refused after the therapy. Among 40 samples, 27(67.5%) never , 6(15%) sometimes , 7(17.5%) always constantly seeking attention.

Among 40 samples , 32(80%) never, 3 (7.5%) sometimes, 5 (12.5%) always failing to finish tasks or projects. In the posttest, 22(55%) never, 14(35%) sometimes, 4(10%) always dawdles in getting dressed. Among 40 samples, 20(50%) never, 15(37.5%) sometimes, 5(12.5%) slow in getting ready for bed. In the posttest,

21(52.5%) never, 18(45%) sometimes, 1(2.5%) always cries easily among 40 samples, 32(80%) never, 8(20%) sometimes steals. In the posttest, 27(67.5%) never, 11(27.5%) sometimes, 2(5%) always physically fought with friends of own age. Among 40 samples, 26(65%) never 2 (5%) sometimes, 12(30%) always was easily distracted in the posttest, 22(55%) never, 17(42.5%) sometimes , 1(2.5%) always dawdles or lingers at meal time. Among 40 samples,26(65%) never, 14(35%) sometimes refused to go to bed on time. In the posttest, 23(57.5%) never, 9(22.5%) sometimes, 8(20%) always lies among 40 samples, 15(37.5%) never, 19(47.5%) sometimes, 6(15%) always had poor table manners. In the posttest, 17(42.5%) never, 23(57.5%) sometimes had temper tantrum. Among 40 samples, 27(67.5%) never, 12(30%) sometimes, 1(2.5%) always hits parents. In the posttest, 19(47.5%) never, 20(50%) sometimes, 1(2.5%) always teased or provoked

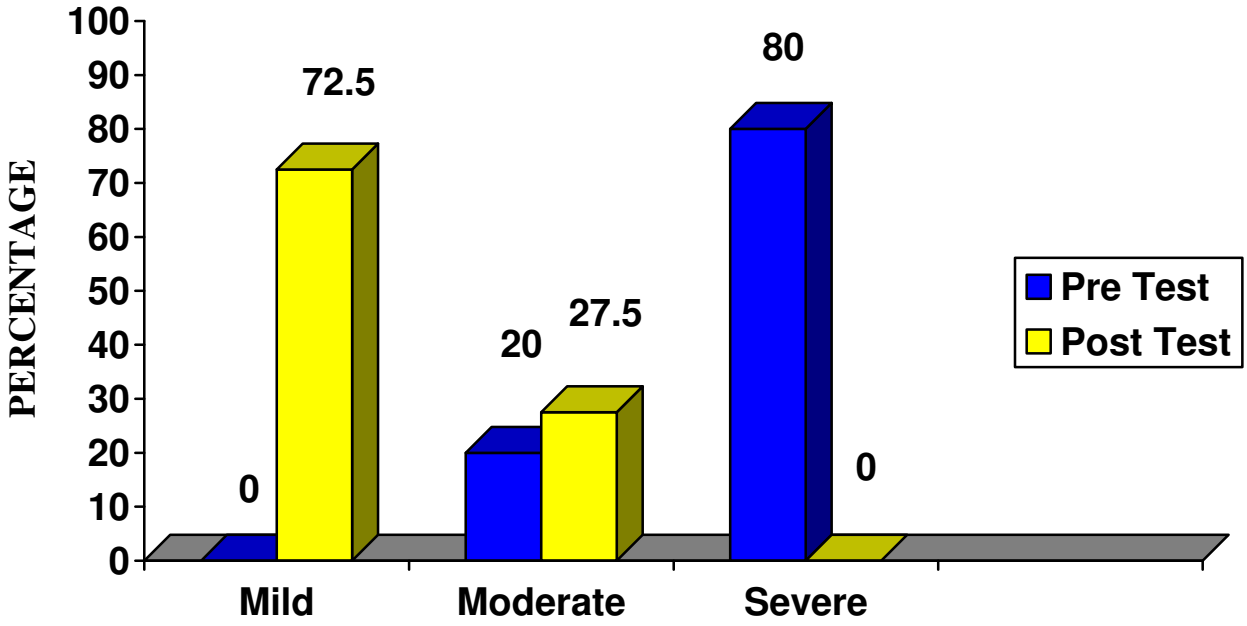

Fig 4: Distribution of samples based on the total pre test and post test scores of children with behavioral problem.

TABLE – 4

C. Distribution of samples based on the total pre test and post test behavioral problems scores of children

(N= 40)

MEASUREMENT	MILD		MODERATE		SEVERE	
	F	%	F	%	F	%
Pretest	-	-	8	20	32	80
Posttest	29	72.5	11	27.5	-	-

Table 4 depicts that , in the pre test no one had mild behavior problems, 8 (20%) have moderate behavior problems, 32 (80%) had severe behavior problems

SECTION - IV

TABLE - 5

Comparison of mean pretest and posttest behavioral problems scores pertaining to arguing with parents about rules

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	6.57	3.46	9.75*	0.05
Postest	40	1.87	1.19		

* Significant at 0.05 level

Table 5 shows that the mean posttest score (1.87) after parent - child interaction therapy was lesser than the mean pretest score (6.57). The obtained t value of 9.75 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in arguing with parents about rules.

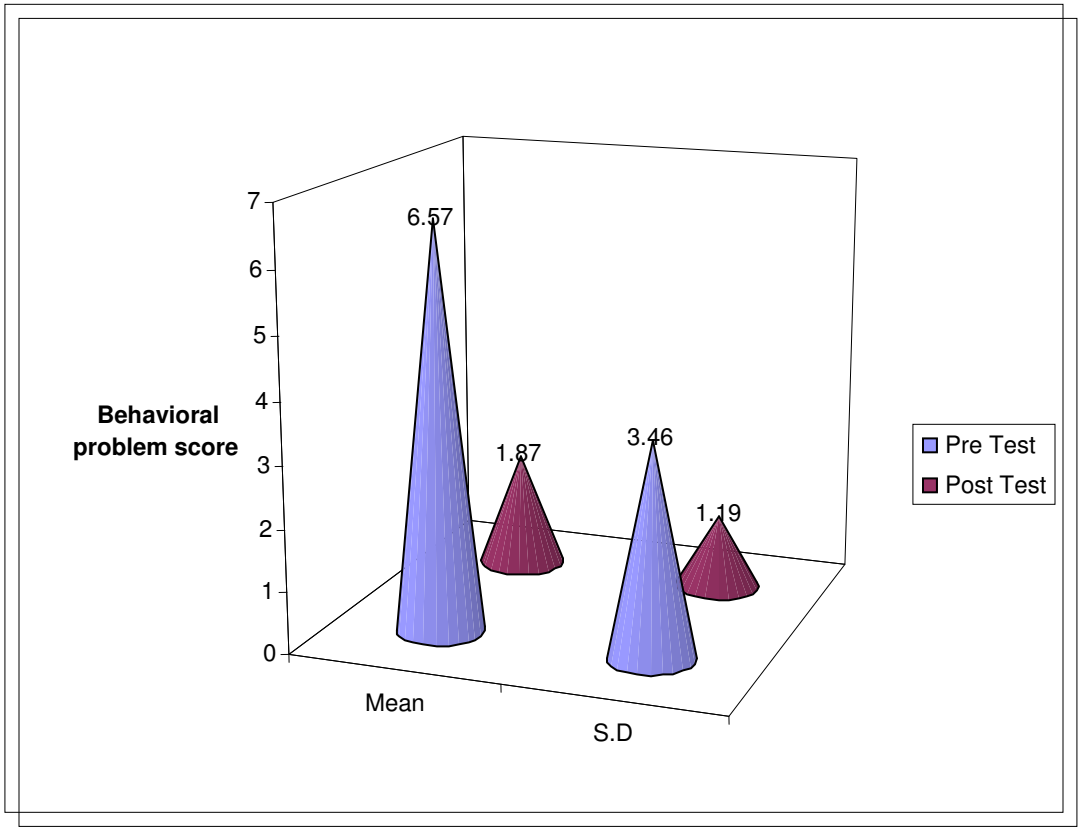

Figure :5 Comparison of mean pretest and posttest scores pertaining to arguing with parents about rules.

TABLE - 6

Comparison of mean pre test and post test behavior problem scores pertaining to gets angry when doesn't get own way

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	5.37	2.17	8.57*	0.05
Posttest	40	2.57	1.91		

* Significant at 0.05 level

Table 6 shows that the mean posttest score (2.57) after parent - child interaction therapy was lesser than the mean pretest score (5.37). The obtained t value of 8.57 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in getting angry when doesn't get own way

TABLE - 7

Comparison of mean pre test and post test behaviour problem scores pertaining to doesn't obey house rules on own

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	5.07	2.13		
				10.36 *	0.05
Posttest	40	1.7	1.26		

* Significant at 0.05 level

Table 7 shows that the mean posttest score (1.7) after parent - child interaction therapy was lesser than the mean pretest score (5.07). The obtained t value of 10.36 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in disobedience.

TABLE - 8

Comparison of mean pre test and post test behaviour problem scores pertaining to verbally fighting with sisters and brothers

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	4.82	2.08	12.57*	0.05
Posttest	40	2.07	1.84		

* Significant at 0.05 level

Table 8 shows that the mean posttest score (2.07) after parent - child interaction therapy was lesser than the mean pretest score (4.82). The obtained t value of 12.57 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in verbally fighting with brothers and sisters

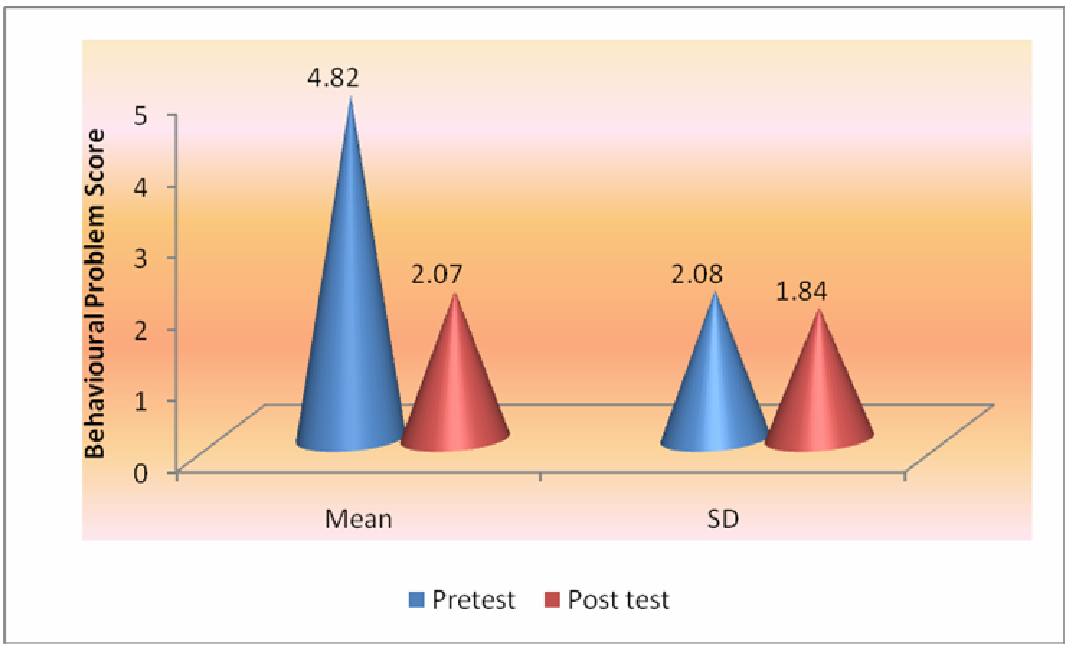

Figure:6 Comparison of mean pretest and post test scores pertaining to verbally fighting with sisters and brothers

TABLE - 9

Comparison of mean pre test and post test behavioural problem scores pertaining to refuses to obey until threatened

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	4.92	2.10		
Posttest	40	1.77	1.11	11.29*	0.05

* Significant at 0.05 level

Table 9 shows that the mean posttest score (1.77) after parent - child interaction therapy was lesser than the mean pretest score (4.92). The obtained t value of 11.29 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in refuses to obey until threatened

TABLE - 10

Comparison of mean pre test and post test behaviour problem scores pertaining to constantly seeking attention

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	6.02	1.35		
Posttest	40	2.4	1.01	13.03*	0.05

* Significant at 0.05 level

Table 10 shows that the mean posttest score (2.4) after parent - child interaction therapy was lesser than the mean pretest score (6.02). The obtained t value of 13.03 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in constantly seeking attention

TABLE - 11

Comparison of mean pre test and post test behaviour problem scores pertaining to failing to finish tasks or projects

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pretest	40	6.2	1.98		
				13.48 *	0.05
Posttest	40	1.85	1.66		

* Significant at 0.05 level

Table 11 shows that the mean posttest score (1.85) after parent - child interaction therapy was lesser than the mean pretest score (6.2). The obtained t value of 13.48 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in failing to finish tasks.

TABLE - 12

Comparison of mean pre test and post test behavioural problems score among children with behavioural problems

MEASUREMENT	N	MEAN	SD	't' value	'p' value
Pre test	40	177.92	135.63		
				14.79*	0.05
Post test	40	68.9	32.48		

* Significant at 0.05 level

To findout if there is any difference between the mean behavioural problem scores before and after the parent - child interaction therapy, the null hypothesis was stated as follows:

Ho - The mean posttest behavioral problems score of the children with behavioral problems will not be significantly lesser than the mean pretest behavioral problem score who will have parent - child interaction therapy.

Table - 12 shows that the mean posttest score (68.9) after parent child interaction therapy was lesser than the mean pretest score (177.92). The obtained t value of 14.79 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples & there is reduction in behavior problem. The above findings supports the research hypothesis. So the researcher rejects the null hypothesis and accepts research hypothesis.

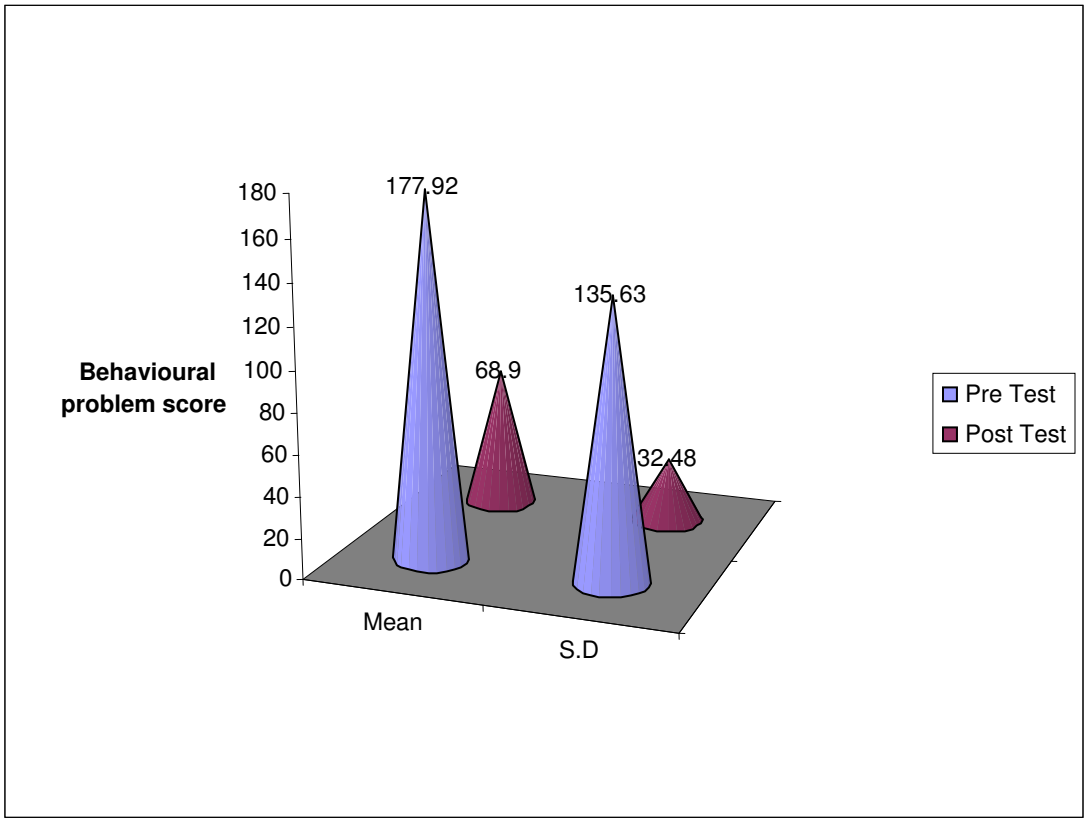

Figure: 7 Comparison of mean pretest and post test scores among children with behavioural problem

SECTION - III

TABLE - 13

Association between the behavioural problems score and selected demographic variables

VARIABLES	ABOVE MEAN	BELOW MEAN	Df	$\chi 2$	'p' value
Age of the child					
6-9 years	10	19	1	6.67 *	0.05
10-12 years	8	3			
Sex					
Male	7	10	1	0.72 #	0.05
Female	13	10			
Birth order					
First order	11	17	1	1.15 #	0.05
Second order	7	5			
Educational status					
I - III Std	12	15	1	1#	0.05
IV - VIIStd	8	5			
Age of the mother					
20 - 25 years	6	16			
26 - 30 years	5	7	2	0.71 #	0.05
31 - 35 years	2	4			

VARIABLES	ABOVE MEAN	BELOW MEAN	Df	$\chi 2$ ' p'value
Mothers occupation				
Self – employed	3	5		
Coolie	8	7	2	2.04 # 0.05
Housewife	11	6		
Monthly income				
Above poverty	11	20	1	5.42 * 0.05
Below poverty	6	3		

*Significant at 0.05 level

#Not significant at 0.05 level

This section deals with the association between posttest mean score of children with behavioural problems with selected demographic variables like age, sex, birth order, educational status, age of the mother, mothers occupation, monthly income . Table 13 shows that there is significant association between the age of the child and the posttest mean behavioural problem score. There is no significant association between the sex of the child and the posttest mean behavioural problem score. There is no significant association between the birth order of the child and the posttest mean behavioral problem score. There is no significant association between the educational status of the child and the posttest mean behavioural problem score. There is no significant association between the age of the mother and the posttest mean behavioural problem score. There is no significant association between the mother occupation and the posttest mean behavioral problem score.

CHAPTER – V

DISCUSSION

The study was conducted to evaluate the effectiveness of parent - child interaction therapy on the behavior among children with behaviour problems in selected areas of Madurai. The study findings are discussed in this chapter with reference to the objectives, framework and hypothesis stated in chapter - I

Demographic characteristics of the samples

Among 40 school age children, 29 (72.5%) were between the age of 6 - 9 years, 11 (27.5%) were between the age of 10 - 12 years .Regarding sex, in the group of 40, 23 (57.5%) were female and 17 (42.5%) were male.

Regarding the birth order, in the group of 40, 28 (70%) were first born, 12 (30%) were second born children with regard to educational status, 27 (67.5%) were in Ist - IIIrd std and 13 (32.5%) were in IVth - VIIth std.

Regarding the age of the mother, 22 (55%) were between 20 - 25 years, 12 (30%) were between 26 - 30 years, 6 (15%) were between 31 - 35 years. With regard to mother's occupation, the mothers 17(42.5%) were housewives, 15(37.5%) were coolie and 8(20%) were self employed.

Regarding monthly income, 31(77.5%) were above poverty line and 9 (22.5%) were below poverty line

.

THE FIRST OBJECTIVE OF THE STUDY WAS TO FINDOUT THE BEHAVIOUR BEFORE AND AFTER PARENT - CHILD INTERACTION THERAPY AMONG CHILDREN WITH BEHAVIOUR PROBLEMS

The findings of the study showed that, in the pretest 8(20%) had moderate behaviour problems and 32(80%) had severe behaviour problems. In the post test, 29(72.5%) had mild behavioural problems,11(27.5%) had moderate behaviour problems and no one had severe behaviour problems.

In the pre test 6 (15%) of children never argued with parents about rules ,6 (15%) sometimes and 28 (70%) always argued with parents about 7 (17.5%) never, 6 (15%) sometimes, 27 (67.5%) always get angry when doesn't get own way among 40 samples, 9 (22.5%) never, 3 (7.5%) sometimes, 28 (70%) always doesn't obey house rules on own. In the pre test, 8 (20%)never, 6 (15%) sometimes, 26 (65%) always verbally fought with sisters and brothers. Among 40 samples, 6 (15%) never, 8 (20%) sometimes, 26 (65%) always constantly seeked attention. In the pre test, 3 (7.5%) never, 1(2.5%) sometimes, 36 (90%) always failed to finish tasks or projects. In the pre test, 5(12.5%) sometimes, 35(87.5%) always dawdles in getting dressed. In the pre test, 1(2.5%) sometimes, 39(97.5%) always slow in getting ready for bed. In the pre test, 1(2.5%) never, 4(10%) sometimes, 35(87.5%) always cried easily. In the pre test, 6(15%) never, 12(30%) sometimes, 22(55%) always steals. In the pre test, 10(25%) sometimes, 30(75%) always physically fought with friends of age. In the pre test, 16(40%) sometimes, 24(60%) always was easily distracted distracted. In the pre test, 11(27.5%) sometimes, 29(72.5%) always dawdles or lingered at meal time. In the pre test, 1(2.5%) never, 19(47.5%) sometimes, 20(50%) always refused to go to bed

on time. In the pre test, 1(2.5%) never, 10(25%) sometimes, 29(72.5%) always lied. In the pre test, 1(2.5%) sometimes, 39(97.5%) had poor table manners. In the pre test, 11(27.5%) sometimes, 29(72.5%) had temper tantrum. In the pre test, 11(27.5%) never, 10 (25%) sometimes, 19(47.5%) always hits parents. In the pre test, 2(5%) sometimes, 38(95%) always teased or provoked

In the post test, among 40 samples, 31 (77.5%) never, 8 (20%) sometimes, 1 (2.5%) never argued with parents about rules. Regarding getting angry when doesn't get own way, 22 (55%) never, 12 (30%) sometimes, 6 (15%) always. Among 40 samples, 36 (90%) never, 1 (2.5%) sometimes, 3 (7.5%) were always doesn't obey house rules on own. In the posttest, 30 (75%) never, 4 (10%) sometimes, 6 (15%) always verbally fought with sisters and brothers. Regarding refuses to obey until threatened, 35 (87.5%) never, 5 (12.5%) sometimes, no child always refused to obey until threatened after the therapy. Among 40 samples, 27(67.5%) never, 6(15%) sometimes, 7(17.5%) always constantly seeked attention.

A mother expressed that,

"After parent child interaction therapy,

I feel free to be myself &

I was able to see a difference in my child"

Among 40 samples, 32(80%) never, 3 (7.5%) sometimes, 5 (12.5%) always failed to finish tasks or projects. In the posttest, 22(55%) never, 14(35%) sometimes, 4(10%) always dawdles in getting dressed. Among 40 samples, 20(50%) never, 15(37.5%) sometimes, 5(12.5%) slow in getting ready for bed. In the post test, 21(52.5%) never, 18(45%) sometimes, 1(2.5%) always cried easily. Among 40 samples,

32(80%) never, 8(20%) sometimes steals. In the post test, 27(67.5%) never, 11(27.5%) sometimes, 2(5%) always physically fought with friends of own age

A young school age child expressed that,

"I fight with my peers was my weakness,

right now ,

I don't fight with others"

Among 40 samples, 26(65%) never 2(5%) sometimes, 12(30%) always was easily distracted. In the posttest, 22(55%) never, 17(42.5%) sometimes, 1(2.5%) always dawdles or lingered at meal time. Among 40 samples, 26(65%) never, 14(35%) sometimes refused to go to bed on time. In the posttest, 23(57.5%) never, 9(22.5%) sometimes, 8(20%) always lied. Among 40 samples, 15(37.5%) never, 19(47.5%) sometimes,6(15%) always had poor table manners. In the posttest, 17(42.5%) never, 23(57.5%) sometimes had temper tantrum. Among 40 samples, 27(67.5%) never, 12(30%) sometimes,1(2.5%) always hits parents. In the posttest, 19(47.5%) never, 20(50%) sometimes,1(2.5%) always teased or provoked. In the pretest no one had mild behaviour problems, 8 (20%) have moderate behaviour problems, 32 (80%) had severe behaviour problems.

The following studies supports the above findings

Eyberg et al, (1995) conducted a study to examine the effectiveness of Parent - Child Interaction Therapy (PCIT) for young children (ages 3 to 7) with high functioning autism and clinically significant behavioral problems. Four children with their mothers

received treatment as an A-B single-subject experimental design and their behavioral problems were assessed 6 times by the Eyberg Child Behavior Inventory (ECBI). The study concluded that there was a decrease in behavioral problems for all participants following the implementation of PCIT

Helen Mc Conachie et al (2008), conducted a study to determine the prevalence of child behavioural problems reported by parents in rural Bangladesh and total of 4003 children aged 2 – 9 years were identified during population based survey of 2231 households and predetermined sample of 499 was selected of which health professional saw 453 (90.8%) for structured physical and neurological examination ,standardized testing of cognition and adaptive behaviour and parent report of developmental history and behavioural problems and this study resulted prevalence of behavior impairments was (14.6%) and majority were somatic complaints, including nocturnal enuresis and pica. Problems such as aggression or restlessness were infrequently reported behaviour problems were significantly associated with malnutrition (prevalence ration 2.1,95%)and cognitive motor or seizure disabilities (prevalence ration1.8, 95%) and that study concluded the prevalence and nature of reported behaviour impairments in rural Bangladesh have public implication for public health planning

THE SECOND OBJECTIVE OF THE STUDY WAS TO FINDOUT THE EFFECTIVENESS OF PARENT – CHILD INTERACTION THERAPY ONBEHAVIOUR AMONG CHILDREN WITH BEHAVIOUR PROBLEMS

Comparison of mean pre test and post test scores pertaining to arguing with parents about rules the mean post test score (1.87) after parent - child interaction therapy was lesser than the mean pre test score (6.57). The obtained t value of 9.75 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evident of betterment among the samples and there is reduction in arguing with parents about rules. Comparison of mean pre test and post test scores pertaining to gets angry when doesn't get own way the mean posttest score (2.57) after parent - child interaction therapy was lesser than the mean pre test score (5.37). The obtained t value of 8.57 at df - 39 was significant at 0.05 level.

This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in getting angry when doesn't get own way. Comparison of mean pre test and post test scores pertaining to doesn't obey house rules on own , the mean post test score (1.7) after parent - child interaction therapy was lesser than the mean pre test score (5.07). The obtained t value of 10.36 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in disobedience.

Comparison of mean pre test and post test scores pertaining to verbally fighting with sisters and brothers , the mean posttest score (2.07) after parent - child interaction therapy was lesser than the mean pre test score (4.82). The

obtained t value of 12.57 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in verbally fighting with brothers and sisters. Comparison of mean pre test and post test scores pertaining to refuses to obey until threatened , the mean post test score (1.77) after parent - child interaction therapy was lesser than the mean pre test score (4.92). The obtained t value of 11.29 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in refuses to obey until threatened.

Comparison of mean pretest and post test scores pertaining to constantly seeking attention, the mean post test score (2.4) after parent - child interaction therapy was lesser than the mean pre test score (6.02). The obtained t value of 13.03 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in constantly seeking attention. Comparison of mean pre test and post test scores pertaining to failing to finish tasks or projects , the mean post test score (1.85) after parent - child interaction therapy was lesser than the mean pre test score (6.2). The obtained t value of 13.48 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples and there is reduction in failing to finish tasks.

Comparison of mean pre test and posttest behavioural problems score among children with behavioural problems, the mean post test score (68.9) after parent child interaction therapy was lesser than the mean pretest score (177.92).

The obtained t value of 14.79 at df - 39 was significant at 0.05 level. This indicates that the difference in mean was evidence of betterment among the samples & there is reduction in behaviour problem.

During the observations many mothers expressed that, ***"They never know that there are therapies to reduce behavioral problems and these children can be helped to improve their behavior"***

The above finding is supported by the following study. Timmer et al (2005) conducted a study to examine the effectiveness of parent child interaction therapy with maltreating parent child dyads .PCIT uses a social learning framework , is a dyadic intervention that is designed to alter specific patterns of interaction found in parent child relationships. Previous research suggests that maladaptive & high risk characteristics found in maltreating parent – child dyads may be responsive to PCIT. About 136 biological parent – child dyads in which 91 of the children had been maltreated , out of that 91,about 59 of the parents had maltreated their children and were thus considered to be at highrisk of repeating the abuse. The study results shows that there was a decreases in child behavior problems , there was a decrease in parental stress & there was a decrease in abuse risk fro pre –to – post treatment for dyads with & without a history of maltreatment.

THE THIRD OBJECTIVE OF THE STUDY WAS TO FINDOUT THE ASSOCIATION BETWEEN THE BEHAVIOUR PROBLEMS AND SELECTED DEMOGRAPHIC VARIABLES SUCH AS THE AGE, SEX, BIRTH ORDER,EDUCATIONAL STATUS, AGE OF THE MOTHER, OCCUPATION, MONTHLY INCOME

The finding of the study revealed that there is a significant association between the age of the child and the post test mean score. There is no significant association between the sex of the child and the post test mean score. There is no significant association between the birth order of the child and the post test mean score. There is no significant association between the educational status of the child and the post test mean score. There is no significant association between the age of the mother and the post test mean score. There is no significant association between the mother occupation and the post test mean score. There is a significant association between the monthly income of the family and the post test mean score.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter includes the summary of the study conclusion , nursing implications and recommendations for further research are presented.

Summary of the study

The purpose of the study was to correlate effectiveness of parent –child interaction therapy on behavioural problems among school age children at Annanagar, Madurai.

The following objectives were set for this study ,

- ✓ To assess the behavioral problems before and after parent - child interaction therapy among school age children .
- ✓ To determine the effectiveness of parent – child interaction therapy on
- ✓ behavior problems among school age children.
- ✓ To associate the behavioral problems of the children and selected demographic variables (like age of the child, sex, educational status, family income, education of the mother, occupation of the mother.)

The conceptual framework of this research was based upon Daniel Stuffle beam's programme evaluation model .instrument used was Modified Eyeberg child behaviour inventory. Convinience sampling and simple random sampling technique was used to select the samples of the study. Data were collected from 40 school age children residing at Annanagar ,madurai

Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (paired t test and chi - square test) were used to analyze the data and to test study hypothesis

Major findings of the study

1. Half of the children with behavior problems 29(72.5%) were between 6 – 9 years.
2. The monthly family income of the 31(77.5%) respondents were above poverty line and 9(22.5%) were below poverty line
3. In the pretest 8(20%) of the children had moderate behavior problem,32(80%) of the children had severe behavioral problem
4. In the posttest 29(72.5%) of the children had mild behavior problem,11(27.5%) had moderate behavior problem.
5. The mean posttest score (1.87) after parent - child interaction therapy was lesser than the mean pretest score (6.57). This indicates that there is reduction in arguing with parents about rules.
6. The mean posttest score (2.57) after parent - child interaction therapy was lesser than the mean pretest score (5.37). This indicates that there is reduction in getting angry when doesn't get own way.
7. The mean posttest score (1.7) after parent - child interaction therapy was lesser than the mean pretest score (5.07). This indicates that there is reduction in disobedience.
8. The mean posttest score (2.07) after parent - child interaction therapy was lesser than the mean pretest score (4.82). This indicates that there is reduction in verbally fighting with brothers and sisters

9. The mean posttest score (1.77) after parent - child interaction therapy was lesser than the mean pretest score (4.92). This indicates that there is reduction in refuses to obey until threatened.
10. The mean posttest score (2.4) after parent - child interaction therapy was lesser than the mean pretest score (6.02) . This indicates that there is reduction in constantly seeking attention.
11. The mean posttest score (1.85) after parent - child interaction therapy was lesser than the mean pretest score (6.2). This indicates that there is reduction in failing to finish tasks.
12. There was a significant association between the behavioral problems of the child and selected demographic variables such as age of the child, monthly income.

Conclusion

The study brought out the following conclusion

1. Most 29 (72.5%) of the children with behavioral problems were between 6 – 9 years
2. Many 31(77.5%) of the children were below poverty line
3. Most of the children in the pretest had severe 32(80%) behavior problems
4. After giving parent – child interaction therapy no child had severe behavioral problem
5. Parent child interaction therapy had a significant influence on reducing behavior problems among school age children.

IMPLICATIONS

The findings of this study have several implications in the following fields;

Implications for nursing practice

1. The study findings reveal the importance of nurses in improving the parent – child interaction.
2. Their findings signify the importance of implementation of parent – child interaction therapy on behavior.
3. Continuing education programme can be planned for nurses to update their knowledge and practice of parent child interaction therapy on improving the behavior among children with behavior problems.
4. Based on that teaching can be given to the general public about parent child interaction therapy .Using audio visual aids like video films, film strips, role playing, and distributing pamphlets.
5. In the hospital, video shows, counseling on behavioral problems & parent child interaction therapy can be given in the ward and OPD.
6. Nurses must use every opportunity to educate the parents about the parent child interaction therapy in the ward as well as in the community setup.

Implications for nursing education

This study has proved that after giving parent child interaction therapy there is betterment of behavior among the samples and there is reduction in behavior problems. The behavioral problems can be given more hours, giving more emphasis on parent child interaction therapy that can be added in the nursing curriculum and preventive measures can be adopted to prevent the occurrence of behavior problems in school age children.

Nurse educators must update their knowledge in order to teach the public.

Implications for nursing research

Professional organizations in nursing are convinced of importance of nursing research , as a major contribution to meeting the health and welfare needs of the children .One of the aims of nursing research is to expand and broaden the scope of nursing. The expanded role of the professional nurse emphasis the activities which promote prevention and health maintenance behavior among the mothers of school age children regarding behaviour problem and parent child interaction therapy indicates that there is a great scope for further research

Implications for nursing administration

- The nursing administrators especially of pediatric ward can organize continuing nursing education on behavioral problems and parent child interaction therapy.
- The administrator can encourage the nurses to use different therapies in improving behavior & reducing behavioral problems among school age children.
- A considerate amount in the budget can be allocated for organizing the CNE programme & in preparing and maintaining parent child interaction therapy materials.
- A staff nurse can be trained specially to administer parent child interaction therapy.

- ❖ Nursing administrator could arrange for as who demonstrate excellent behavior to receive awards like “child with most good behaviors”
- ❖ The administrator should arrange seminar on parent child interaction therapy

LIMITATIONS

1. This study was conducted only with 40 samples. If it is more than that the values will change.
2. This study was conducted only at Annanagar ,Madurai. So it cannot be generalized to other areas.
3. The school-age children 6-12 years were only selected for the study. So the findings cannot be generalized to other ages.

RECOMMENDATIONS

Based on the findings of the study the investigator proposed the following recommendation

1. Similar study can be conducted using the posttest after one month , six months and one year to see the retention of knowledge.

2. Similar study can be conducted in the urban and rural areas also.

3. The study can be conducted with large sample.

4. The same study can be conducted in the hospital also.

5. Same study can be conducted by using different teaching methods.

6. Same study can be conducted to see the prevalence of behavioral problem among children at different age groups.
7. Similar study can be done to compare the effectiveness of Parent child interaction therapy and counseling the mother or using other therapies.

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APPENDIX – I

Letter Seeking Permission to Conduct Study at Selected Corporation area in Madurai.

Ref : UT : SHNC 2010

Sacred Heart Nursing college
Ultra Trust,
4/235, College Road,
Thasildar Nagar,
Madurai – 625 020.

To

The Medical Officer,
Madurai Corporation,
Madurai.

Respected Sir / Madam,

Sub : Sacred Heart Nursing college, Madurai – Project work of M.Sc., (Nursing) student – permission requested – reg.

We wish to state that ……, Final Year M.Sc., (Nursing) student of our college has to conduct a research project, which is to be submitted to the Tamilnadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of university requirements.

The topic of the research project is "***A study to assess the effectiveness of parent child interaction therapy on behavioral problems among schoolage children residing at Annanagar, Madurai*** **".**

We therefore request you to kindly permit her to do the research work in the Corporation area (Annanagar) under your valuable guidance and suggestions.

Thanking you,

Yours faithfully

Principal
For Sacred Heart Nursing College,
Ultra Trust.

APPENDIX – II

Letter requesting opinions and suggestions of experts for establishing content validity of tool

From

Mrs. R.Sowmya,
II Year M. Sc (Nursing),
Sacred Heart College of Nursing,
Madurai – 20.

To,

Respected Sir / Madam,

SUB: Requesting opinions and suggestion of experts for the content validity and validity of tool.

I am a post graduate student (Pediatric Nursing) of Sacred Heart Nursing College. I have selected the below mentioned topic for research project submitted to DR. M.G.R. Medical University, Chennai as a fulfillment of Master of Science in Nursing.

TITTLE OF THE TOPIC:

"A study to assess the effectiveness of parent child interaction therapy on behavioral problems among the school age children residing at Annanagar , Madurai.

With regard to this may I kindly request you to validate my content and tool for its relevancy. I am enclosing the objectives of the study. I would be highly obliged and remain thankful for your great if you could validate and send it as early as possible.

Thanking You.

Place: Your's faithfully,
Date:

R.Sowmya.

Encl: 1) Problem statement
2) Demographic Profile
3) Content of parent child interaction therapy
4) Modified eyberg child behavior inventory.

APPENDIX – III

List of experts consulted for content validity of research tool

1. Dr.S.Nataraj rathnam MD,Dch,DNB,

   Assistant Professor of Pediatrics,

   Government Rajaji Hospital,

   Madurai.

2. Dr.Karuppasamy M.S(gen):D.L.O.,M.Ch.(paed)

   Assistant Professor

   Government Rajaji Hospital,

   Madurai.

3. N.Suresh kumar

   Assistant Professor

   Dept. of Psychiatry

   Government Rajaji Hospital,

   Madurai

4. Mrs.Sarojini,MSc.N

   Lecturer

   Sacred Heart Nursing College

   Madurai

5. Mrs.Jothilakshmi,MSc.N

   Lecturer

   Sacred Heart Nursing College

   Madurai

APPENDIX - IV

DEMOGRAPHIC DATA

1. Age of the Child:

   6-9 years

   10 -12 years

2. Sex:

   Male

   Female

3. Birth order:

   First order

   Second order

4. Educational status :

   I Std - III Std

   IV Std - VII Std

5. Age of the mother:

   20 - 25 years

   26 - 30 years

   31 - 35 years

6. Mothers occupation:

   Self – employed

   Coolie

   Housewife

7. Monthly income:

   Above poverty

   Below poverty

APPENDIX - V

MODIFIED EYBERG CHILD BEHAVIOR INVENTORY

S. No	Items	1	2	3	4	5	6	7
1.	Dwadles in getting dressed							
2.	Slow in getting ready for bed							
3.	Argues with parents about rules							
4.	Cries easily							
5.	Steals							
6.	Physically fights with friends of own age							
7.	Is easily distracted							
8.	Dwadles or lingers at meal time							
9.	Refuses to go to bed on time							
10.	Gets angry when doesn't get own way							
11.	Yells or screams							
12.	Lies							
13.	Has poor table manners							
14.	Does not obey house rules on own							
15.	Has temper tantrums							
16.	Hits parents							
17.	Teases or provokes other children							
18.	Physically fights with sisters and brothers							
19.	Has short attention span							

20. Has difficulty concentrating on things
21. Refuses to do chores when asked
22. Acts defiant when told to do something
23. Whines
24. Is careless with toys and other objects
25. Verbally fights with sisters and brothers
26. Interrupts
27. Has difficulty entertaining self alone
28. Refuses to eat food presented
29. Refuses to obey until threatened
30. Sasses adults
31. Destroys toys and other objects
32. Verbally fights with friends of own age
33. Constantly seeks attention
34. Fails to finish tasks or projects
35. Is overactive or restless
36. Wets the bed

APPENDIX - VI

MODIFIED EYBERG CHILD BEHAVIOUR INVENTORY

வ. எண்	கேள்விகள்	1	2	3	4	5	6	7
1.	ஆடைகளை அணிவதில் தாமதம்							
2.	தூங்கத் தயாராவதில் தாமதம்							
3.	பெற்றோரின் விதிமுறைகளுக்கு விவாதம் செய்தல்							
4.	எளிதில் அழுதல்							
5.	திருடுதல்							
6.	தன் வயது நண்பர்களுடன் சண்டை போடுதல்							
7.	எளிதில் திசை திரும்புதல்							
8.	சாப்பிடும் நேரத்தில் தாமதம் அல்லது சாப்பாட்டை மீதம் வைத்தல்							
9.	சரியான நேரத்தில் தூங்கப்போவதை மறுத்தல்							
10.	தன் விருப்பம் நிறைவேறாத போது கோபப்படுதல்							
11.	கூச்சலிடுதல் அல்லது அழுதல்							
12.	பொய் கூறுதல்							
13.	சரியான முறையில் சாப்பிட மறுத்தல்							
14.	வீட்டு விதிமுறைகளுக்கு கீழ்ப்படியாமை							
15.	அடம் பிடித்தல்							
16.	பெற்றோரை அடித்தல்							
17.	பிற குழந்தைகளைத் துன்புறுத்தல் அல்லது கேலி செய்தல்							
18.	சகோதரர் அல்லது சகோதரிகளிடம் சண்டையிடுதல்							
19.	கவனக்குறைவாக இருத்தல்							
20.	ஒரு காரியத்தின் மீது ஒருமுகப்படுத்துவதில் சிரமம்.							
21.	ஏதாவது வேலை செய்யச் சொன்னால் அதை மறுத்தல்							
22.	ஏதேனும் சொன்னால் அடங்காதிருத்தல்							
23.	முணுமுணுத்தல்							
24.	பொம்மை மற்றும் பிற							

	பொருட்கள் மீது கவனமில்லாது இருத்தல்							
25.	சகோதரர், சகோதரிகளிடம் வாக்குவாதம் செய்தல்							
26.	தலையிடுதல்							
27.	தனியாகப் பொழுது போக்குவதில் சிரமம்							
28.	பரிமாறிய உணவை சாப்பிட மறுத்தல்							
29.	தண்டிக்கும் வரை பின்பற்றுவதை மறுத்தல்							
30.	பெரியோரை எதிர்த்துப் பேசுதல்							
31.	பொம்மை மற்றும் பிற பொருட்களை அழித்தல்							
32.	தன் வயது நண்பர்களோடு வாக்குவாதம் செய்தல்							
33.	எப்போதும் கவனத்தை ஈர்த்தல்							
34.	வேலைகளை அல்லது ஒரு செயலைச் செய்து முடிக்காமலிருத்தல்							
35.	துறுதுறு என்றிருத்தல் அல்லது ஓய்வில்லாமலிருத்தல்							
36.	படுக்கையில் சிறுநீர் கழித்தல்							

APPENDIX - VII

INTERVENTION

PARENT CHILD INTERACTION THERAPY

Parent child interaction therapy is an empirically supported treatment for conduct disordered young children that places emphasis on improving the quality of the parent – child relationship & changing parent child interaction patterns.

- Step 1 - Introducing oneself to the parents and the child.
- Step 2 - Maintaining a good rapport with the family.
- Step 3- Explaining about parent child interaction therapy.
- Step 4- Creating a play situation by providing play articles like building blocks ,crayons ,etc.
- Step 5-Phase I-Enhancing relationship(Child – directed interaction) and building a secure bond between the parent and child .
- Step 6-Instructing parents to use positive reinforcement. Encouraging them to use "PRIDE" skills.
    - **Praise:** Parents provide praise for the child's appropriate behavior- for example telling them, "good job cleaning up your crayons"- to help encourage the behavior and make the child feel good.
    - **Reflection:** Parents repeat and build upon what the child says to show that they are listening and to encourage improved communication.
    - **Imitation:** Parents do the same thing that the child is doing , which shows approval and helps teach the child how to play with others.

- **Description:** Parents describe the child's activity (eg.,"you 're building a tower with blocks") to demonstrate interest and build vocabulary.
- **Enthusiasm:** Parents are enthusiastic and show excitement about what the child is doing.

❖ Step 7-Guiding parents to praise wanted behaviors , like sharing ,and to ignore unwanted or annoying behaviors, such as whining (unless the behaviors are destructive and dangerous)

❖ Step 8- Parents are taught to avoid criticism or negative words- such as "no", "don't" , "stop" or "quit" and instead concentrate on positive directions.

❖ Step 9- Parents are given homework sessions each day to practice newly acquired skills with their child.

❖ Step 10- Phase II- Discipline and compliance (parent – directed interaction). Establishing a structured consistent approach to discipline.

❖ Step 11- Parents are taught to give clear and direct commands to the child.

❖ Step 12- When a child obeys the commands parents are instructed to provide labeled, or specific praises (eg, "Thankyou for sitting quietly").

❖ Step 13- Parents are also given homework in this phase to aid in skill acquisition.

❖ Step14- Closing the session with thanks for their cooperation.

APPENDIX - VIII

பெற்றோர் - குழந்தைகள் இன்டரேக்ஷன் தெரபி

நிலை 1 – பெற்றோர், குழந்தைகளிடம் அறிமுகம்

நிலை 2 – குடும்பத்தினருடன் நல்லுறவு கடைபிடித்தல்

நிலை 3 – பெற்றோர் - குழந்தைகள் இன்ட்ரேக்ஷன் தெரபியைப் பற்றி விளக்குதல்

நிலை 4 – விளையாட்டுப் பொருட்களை வழங்குதல்

நிலை 5 – பெற்றோர் மற்றும் குழந்தைகளுக்கு நடுவே நல்ல பந்தத்தை உருவாக்குதல்

நிலை 6 – பெற்றோர், குழந்தைகள் இன்டரேக்ஷன் தெரபிக்கு தேவையான திறன்களை கற்றுக் கொடுத்தல். அவை பின்வருமாறு

- ✓ புகழ்தல் - புகழ்தல் குழந்தைகள் நல்ல செயல்களை செய்ம் போது புகழ வேண்டும்.
- ✓ பிரதிபலித்தல் – பெற்றோர், குழந்தைகளை பிரதிபலிக்க வேண்டும்.
- ✓ பின்பற்றுதல் - பெற்றோர், குழந்தை செய்வதைப் போலவே பின்பற்ற வேண்டும்.
- ✓ விவரித்தல் - பெற்றோர், குழந்தைளுடன் பேரார்வத்தோடு பழக வேண்டும்.
- ✓ பேரார்வம் - பெற்றோர், குழந்தைகளுடன் பேரார்வத்தோடு பழக வேண்டும்.

நிலை 7 – பெற்றோர், குழந்தையின் நன்நடத்தையை புகழ வேண்டும். தவறு செய்தால் பொருட்படுத்தாமல் விட வேண்டும்.

நிலை 8 – பெற்றோர், குழந்தைகளிடம் குறைகளை பிடிப்பதை விட வேண்டும்.

பெற்றோர, ‘‘இல்லை’’, ‘‘நிறுத்து’’, ‘‘விடு’’, ‘‘வேண்டாம்’’, போன்ற சொற்களை பயன்படுத்தக் கூடாது.

நிலை 9 – பெற்றோர், குழந்தையுடன் தினமும் கற்றுக்கொண்ட திறனை பயிற்சி செய்ய வேண்டும்.

நிலை 10 – பெற்றோர், குழந்தைகளை தங்கள் கட்டுப்பாட்டிற்கு கொண்டு வர வேண்டும்.

நிலை 11- பெற்றோர், குழந்தைக்குத் தெளிவாக ஆணையிட வேண்டும்.

நிலை 12 – பெற்றோரின் ஆணையை குழந்தை நிறைவேற்றும் போது புகழ வேண்டும்.

நிலை 13 – பெற்றோர் கற்றுக்கொண்டதை குழந்தையுடன் வீட்டில் பயிற்சி செய்ய வேண்டும்.

நிலை 14 – குடும்பத்தினரிடம் நன்றி சொல்லி விடைபெறுதல்.