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Effect of Filial Therapy on Behavioural Problems of Intellectually Disabled Children

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Abstract:

Background of the study

Children with intellectual disability have problems in adaptive behavior. The common health problems associated with intellectual disability are, convulsions, sensory impairments, and behaviour problems, delays in language development, emotional and social problems ***(Diagnostic and Statistical Manual of Mental Disorders, Fifth Ed. APA; 2013).*** *Filial Therapy is a non directive play therapy for children with emotional, social and behavioral problems. The filial therapist trains the parents on skills necessary for filial therapy. According to* ***Van Fleet (2004)****, filial therapy has been used successfully as a therapy for children to reduce behavioral, emotional and social problems. There is a growing need for interventions that include both behavioral and psychosocial components to better address the needs of children with intellectual disability.*

Objectives of the study

The main aim of the study was to assess the effectiveness of filial therapy on behavioural problems of intellectually disabled children.

Methods

A pre experimental pre test post test design was adopted. Fifty children with mild or moderate intellectual disability were selected for the study, 25 children were boys and 25 children were girls. The samples were selected with purposive sampling technique. The setting of the study was a selected Special school at Calicut district, Kerala. A demographic profoma and Child Behavior Checklist (CBCL) were administered for assessing the behavioural problems of intellectually disabled children. The descriptive and inferential statistics were carried out to find out the effectiveness of filial therapy on intellectually disabled children.

Results

The study results revealed that more than half (60%) of the children belonged to the age group of 13-17 years. More than half (58%) of children were belonged to nuclear family. Majority (96 %) of children participated in this research had moderate intellectual disability. The results of the study revealed that (44%) had started their schooling since 6-10 years. Forty eight percentages of mothers had secondary education. More than half (64%) of them were housewives. The family income were 5000- 10000rs for 72% of children, per month. The mean post test behavioural problem scores (39.84) of intellectually disabled children is less than the mean pre test scores (56.42). The findings revealed that the intervention (filial therapy) was very effective in reducing the behavioural problems of intellectually disabled children ($p<0.05$).

Key words: Intellectually Disabled Children, filial therapy, effectiveness, Special Schools

I. INTRODUCTION

The development of a healthy child actually begins before conception, with the parents' health and their genetic factors. It is important that, along with child's physical well-being, social and mental health also must be considered. The health of the family as a whole plays a major role in determining the health of the child in that family. Intellectually disabled children are the children with low IQ level and lack adaptive skills. Intellectual disability can be characterized by significant limitations in two or more of the following applicable adaptive skill areas such as communication, self care, home living, social skills, self direction, health and safety, functional academics, leisure and work.

Mentally challenged children are the children with intellectual disability and problems in adaptive behavior. Intellectual disability can be characterized by significant limitations in two or more of the following applicable adaptive skill areas such as communication, self care, home living, social skills, self direction, health and safety, functional academics, leisure and work. Mental retardation can be assessed with combination of IQ tests along within social adaptation test. There is a wide range of predisposing and precipitating factors which can result in an equally wide range of difficulties for mentally challenged children.

It is estimated that are nearly 24 million individuals in India are with intellectual disabilities, out of which approximately six million are moderately, severely or profoundly handicapped. Out of the 24 million, 0.8 million are adults over 20 years of age whereas 15 million are children below 10 years of age. **(CBR Manual: Concept and Extent of disability in India).** The risk of mild ID is highest among children of low socioeconomic status **(Durkin et al., 2007; Maulik et al., 2011**).

The training programs involving parents in various therapies can influence the emotional social, and behaviour problems of the children with intellectual disabilities. Psychoanalytic child therapy uses play as a means of establishing contact with the client, as a source of data, as a medium of observations, and as a method for interpretive communication **(Kottman, 2001)**. Filial Therapy is a non directive play therapy for children with emotional, social and behavioral problems. The filial therapist trains the parents on skills necessary for filial therapy. The skills are empathy, limit setting, structuring and imaginary playing. Then the parents spend a specific time for play with their child at home. According to **Van Fleet (2004)**, filial therapy has been used successfully as a therapy for children to reduce behavioral, emotional and social problems. Education and training of parents of these children proves to be worthwhile and it has direct impact on the quality of life of both parent and child.

II. OBJECTIVES AND METHODS

To assess the effectiveness of filial therapy on behavioural problems of intellectually disabled children.

Research Design

Pre experimental pretest posttest design was chosen for the study.

Setting of the study

The study was conducted at one selected special school at Calicut district, Kerala.

Population

Children with mild or moderate intellectual disability and their mothers were selected for this study.

Sampling technique

Purposive sampling technique was adopted to select the subjects for the current study.

Sample size

A total sample of 50 children with mild or moderate intellectual disability along with their mothers was selected for this study. There were 25 boys and 25 girls in the sample. The sample received the filial therapy along with routine care in the special school.

Criteria of sample selection

A. Child

Inclusion criteria

- Children with intellectual disability in the age group of 6-17 years of both gender
- Intellectually disabled children who are enrolled in a special school
- Intellectually disabled children whose Parents are willing to participate in study
- Intellectually disabled children who come under mild and moderate level of mental retardation based on their IQ level
- Intellectually disabled children who reside with their parents
- Children who can understand Malayalam

Exclusion criteria

- Mentally challenged children with sensory deficit
- Mentally challenged children who have motor skill disorders
- Children who are sick during the period of data collection
- Children who is undergoing other psychotherapies

B. Mothers

Inclusion criteria

1. Mothers of children with mild and moderate intellectual disability
2. Mothers of children who admitted in selected special schools of Calicut district , Kerala
3. Mothers who are able to read English or Malayalam
4. Mothers who are willing to participate in the study
5. Mothers who are in the age group of 25 to 55 years

Exclusion criteria

1. Mothers who are having any sensory impairment
2. Mothers who are with any intellectual disability

Ethical consideration

The ethical clearance was obtained from Iqraa International Research Centre, Calicut district, Kerala to conduct the study. Permission obtained from Pratheeksha special school, Calicut to conduct the study. The researcher has collected informed consent from the participants of the study.

Description of data collection instrument

A socio demographic profoma was used to assess the baseline characteristics of the mothers and their intellectually disabled children. The Child Behaviour checklist was used to assess the behavioral problems of intellectually disabled children. The CBCL's questions are associated with problems on a syndrome scale in eight different categories: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior.

Scoring

The CBCL/6-18 checklist is to be used with children aged 6 to 18 years. It consists of 113 questions, scored on a three-point Likert scale. The time frame for item responses is the past six months. The 2001 revision of the CBCL/6-18 is made up of eight syndrome scales: anxious/depressed, depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior.

Data collection procedure

The data collection procedure started in the month of October, 2019 at Pratheeksha special school, Calicut district, Kerala. After obtaining permission from the institutions, the children and their mothers were selected by using simple random sampling technique. Informed consent has taken from the participants. As per the instruction of researcher, mothers of intellectually disabled children along with their children were assembled in the school for data collection. In pretest researcher has introduced herself and informed the purpose of the study. Researcher has given instructions to the participants regarding how to fill up the socio demographic proforma and CBCL.

Filial therapy

Filial therapy is a special kind of non directive play therapy in which the parents play with their children in home environment after getting training from the therapist. Filial therapy was developed in 1960s by Psychologists called Bernard and Louise Gurney.

Firstly, the researcher has trained the mothers of intellectually disabled children regarding the basic filial therapy skills such as Empathy, structuring, limit setting and imaginary play. The training sessions were conducted in the school where the child studies. Parents practised the skills in the presence of therapist with their children and mastery was ensured before they hold the first play session with their child at home. The filial therapy should be conducted in a confined place at home where the mother and child can sit comfortably. The mothers were advised to practice filial therapy with their child, thirty minutes per day, and thrice a week at the same time and in the same place for 12 weeks in their home.

Children play with variety of play materials in the presence of mother. In filial therapy the child gets to lead the play, not mother. The mother has to put the child's feelings, thoughts and even actions into words, without questioning, teaching or praising. (E.g. The most important thing is that the mother learns a simple method to set limits on the child's behaviour. Mother practices these skills in mock play sessions during training with the researcher. Telephonic quires were encouraged and clarifications were given for mothers whenever required. The interventions lasted for 12 weeks. Post intervention data was collected after 3 months of intervention.

III. ANALYSIS AND FINDINGS

The data collected from samples were analyzed by using descriptive statistics and inferential statistics tabulated as below

Table 1. Distribution of demographic characteristics of the children N=50

Sl no.	Socio demographic variables		Number	Percentage (%)
1.	Age of the child in years	6-11	22	44
		12-17	28	56
2.	Gender	Male	25	50
		Female	25	50
3.	Religion	Hindu	15	30
		Muslim	35	70
		Christian	0	0
4.	Type of family	Nuclear	29	58
		Joint	21	42
5.	Level of intellectual disability	Mild	2	4
		Moderate	48	96
6.	Duration of schooling	≤1 year	15	30
		1-5 years	13	26
		6-10 years	22	44
7.	Educational status of mothers	Primary	10	20
		Secondary	24	48
		Higher secondary	16	32
8.	Occupational status of mother	House wife	32	64
		Clerical / administrative work	10	20
		Technical/ professional work	1	2
		Coolie/ daily wages	7	14
9.	Family income in rupees per month	<5000	2	4
		5001-10000	36	72
		10001-15000	11	22
		≥15001	1	2

Table 1 depicts that 56% of the children belongs to the age group of 12-17 years .Equal number of boys and girls participated in the study. The data reveals that majority (70%) of the children belongs to Muslim religion and there is no one belongs to the Christian category. More than half (58%) of children belongs to nuclear family. Majority (96 %) of children in the study had moderate intellectual disability. The result of the study reveals that majority (44%) has started their schooling between 6-10 years. The educational status of the mothers of intellectually disabled children shows that 48% of them had secondary education. More than half (64%) of the mothers were housewives. The family income per month shows that majority (72%) belongs to a monthly income of 5000- 10000rs per month.

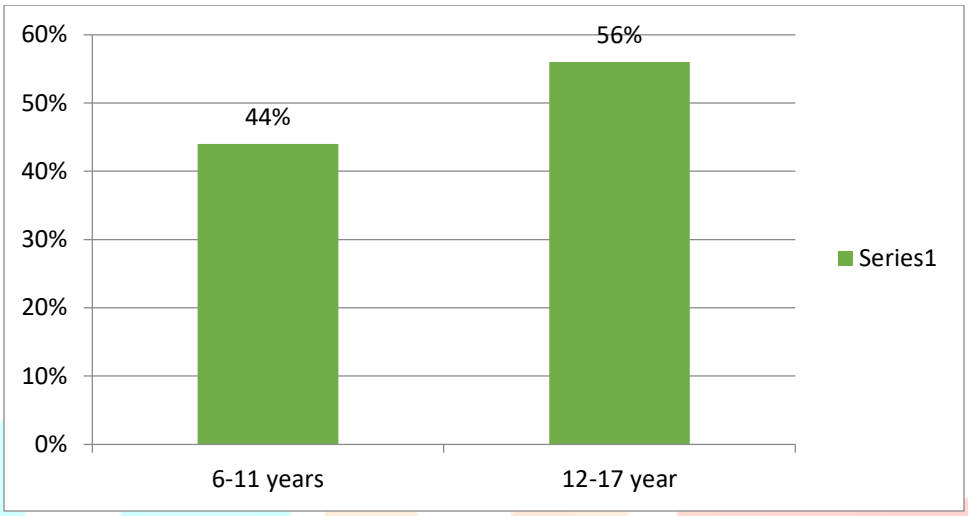

Fig: 1. Bar diagram showing the age wise distribution of children with mild or moderate intellectual disability.

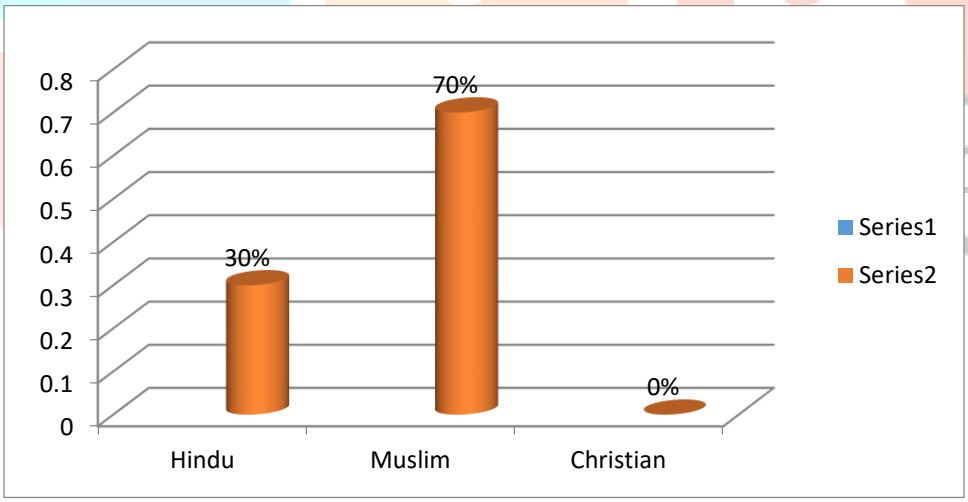

Fig:2. Cylindrical diagram showing the distribution of sample based on their religion

Table 2: Distribution of intellectually disabled children based on their level of behavioural problem in pre test and post test according to CBCL

N =50

Behavioral problems	Pretest		Post test	
	Number	Percentage (%)	Number	Percentage (%)
Normal range	0	0	22	44
Borderline clinical range	12	24	23	46
Clinical range	38	76	0	0

Table 2 depicts that majority (78%) of the children were in the clinical range category in pretest. The results shows that 24(%) of the children having a border line clinical range of behavioural problems in pretest. The post test data reveals that there is no children belong to the clinical range and 44% of children belong to the normal range. Forty eight percentages of children belongs to borderline clinical range in the post test. It is interpreted that the intervention has some effect on behavioural problems of intellectually disabled children and there is a decrease in number of children in clinical range of behavioural problems.

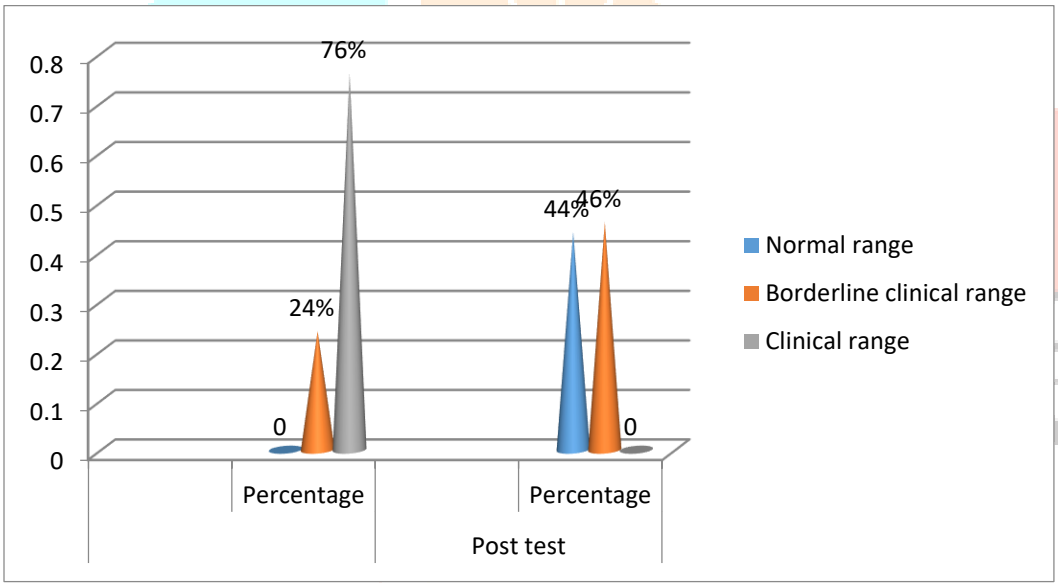

Fig: 3: Cone diagram showing the distribution of samples based on their range of behavioural problems

Table 3: Mean Percentage Distribution and Standard Deviation of behavioural problems of intellectually Disabled Children in pre test and post test

N=50

Variable	Mean score		Standard deviation		Paired t test	P value
	pretest	Post test	pretest	Post test		
Behavioral problems	56.42	39.84	9.01	7.39	10.06	<.00001

Table 3 depicts the mean post test scores (39.84) of behavioural problems of intellectually disabled children were less than the mean pre test scores (56.42). The standard deviation is 9.01 in pretest and 7.39 in post test. It reveals that there was a significant decrease of behavioural problems after intervention. The paired t test value (10.06) at 0.05 level of significance shows that the intervention (filial therapy) was very effective in reducing the behavioural problems of intellectually disabled children.

Table 4: Distribution of samples based on the pre test and post test subscale scores based on CBCL

N=50

Variable	Subscales	Mean score	Standard deviation	Mean score	Standard deviation
		Pre test		Post test	
Behavioural problems	1. Anxious/depressed	8.78	2.20	6.1	1.52
	2. Withdrawn / depressed	5.68	1.68	4.0	1.24
	3. Somatic complaints	4.46	1.56	3.6	1.15
	4. Social problems	7.44	2.15	4.92	1.66
	5. Thought problems	5.78	2.08	4.26	1.44
	6. Attention problems	8.34	2.42	5.8	1.69
	7. Rule breaking behaviour	6.10	2.19	4.26	1.95
	8. Aggressive behaviour	9.84	3.15	7.42	2.58

The table shows that the aggressive behavior subscale had the highest mean pre test score (9.84) and highest post test scores (7.42). The somatic complaints subscale had the lowest pre test score (4.46) and lowest post test scores (3.6) . The mean scores of samples in all the subscales are more in pre test than the post test. There is a decrease in mean post test scores than the mean pre test scores in all the subscales after filial therapy. That reveals the effectiveness of intervention in decreasing the behavioural problems of the intellectually disabled children.

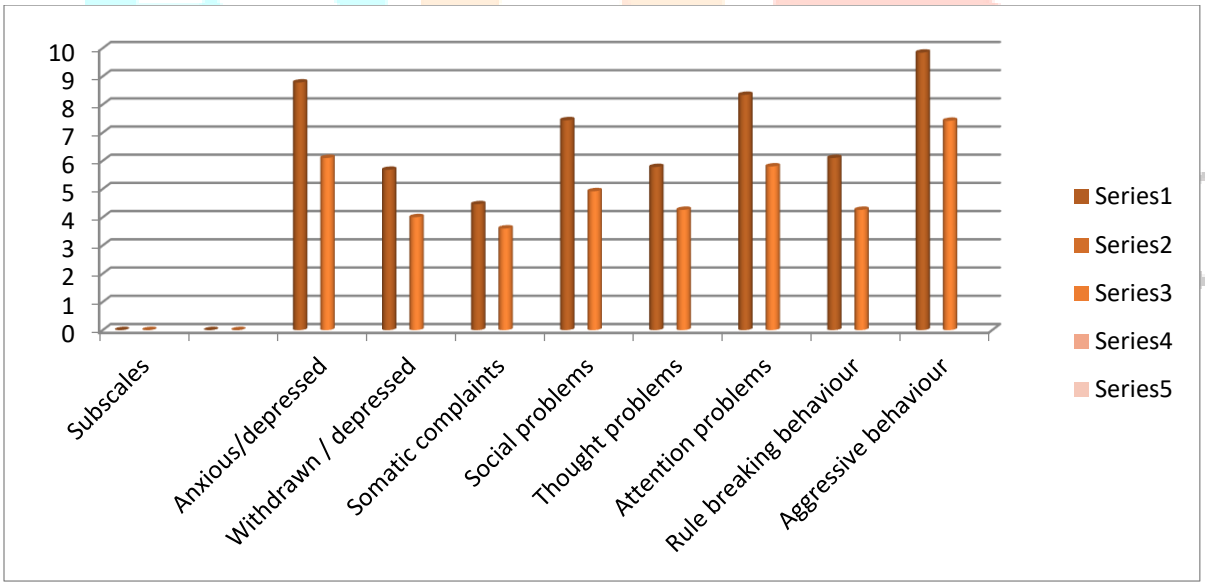

Fig: 4: cylindrical diagram showing the distribution of pretest and post mean scores of samples based on the subscales of CBCL.

IV. DISCUSSION

There is a growing need for interventions that include both behavioral and psychosocial components to better address the needs of children with intellectual disability. Parents can be involved in any part of education and training of their children. Various therapeutic services can improve an intellectual disabled child's adaptive skills. The therapies include Occupational Therapy, Speech Therapy, Physical Therapy, Pharmacotherapy, Behavior therapy and Psycho Therapy. The results shows that majority (78%) of the children were in the clinical range category in pre test and 24(%) of the children having a border line clinical range of behavioural problems. The mean scores of samples in all the subscales were more in pre test than the post test. There was a decrease in the mean post test scores than the mean pre test scores in all the subscales after filial therapy. That revealed the effectiveness of intervention in decreasing the behavioural

problems of the intellectually disabled children. The paired t test value (10.06) at 0.05 level of significance shows that the intervention (filial therapy) was very effective in reducing the behavioural problems of intellectually disabled children.

V.CONCLUSION

Intellectual disability continues to be growing challenge for the parents of children with low IQ level in specific and to the societies in general, worldwide. Parents of children with intellectual disability face difficulties and experience stress in management of their children. The behavioural problems among intellectually disabled children are very common and needs special attention by the parents and other care providers. In this study, filial therapy is found to be an effective measure to reduce the behavioural problems of intellectually disabled children. Informal parental reports suggested that parents experienced improved relationships with their children.

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