

Effect of Filial Therapy on Behavioural Problems of Intellectually Disabled Children

Georly George¹, Dr. M Gandhimathi²

¹Professor

²Principal

^{1,2}Rani Meyyammai College of Nursing
Annamalai University, Annamalai Nagar
Chidambaram, Tamilnadu, India

Abstract-

out to find out the effectiveness of filial therapy on intellectually disabled children.

Background of the study

Children with intellectual disability have problems in adaptive behavior. The common health problems associated with intellectual disability are behaviour problems, convulsions, sensory impairments, and delays in language development, emotional and social problems (**Diagnostic and statistical manual of mental disorders, fifth ed. APA; 2013**). There is a growing need for interventions that include both behavioral and psychosocial components to better address needs of children with intellectual disability. 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.

Objectives of the study

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

Methods

A quazi experimental pre test post test design was adopted to assess the effectiveness of filial therapy on behavioural problems of intellectually disabled children. 50 children with mild or moderate intellectual disability were selected for the study, out of that 25 children were boys and 25 children were girls. The sample was selected with simple random sampling method. The setting of the study was a selected Special school at Calicut district, Kerala. A demographic questionnaire and Child Behavior Checklist (CBCL) by Thomas M. Achenbach 1980, administered for assessing the behavioural problems of intellectually disabled children. A descriptive and inferential statistics were carried

Results

In this study, results revealed that majority (60%) of the children belonged to the age group of 13-17 years. Majority (58%) of children belongs to nuclear family. Majority (96 %) of children in this research have moderate intellectual disability. The result of the study reveals that majority (44%) has started their schooling for 6-10 years. The educational status of the mothers of intellectually disabled children shows that majority (48%) of them have secondary education. Majority (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. The mean post test behavioural problem scores (39.84) of intellectually disabled children is less than the mean pre test scores (56.42). The standard deviation is 9.01 in pretest and 7.39 in post test. 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.

Conclusion

The behavioural problems among intellectually disabled children are very common and needs special attention by the parents and other care centers. In this study, filial therapy is found to be an effective measure to reduce the behavioural problems of intellectually disabled children.

Keywords- 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 each child within that family. This applies not only to children's physical health but to their emotional and social health, as well. Intellectually disabled children are the children with low IQ level and lack of adaptive skills. Intellectual disability can be characterized by significant limitations in two or more of the following applicable adaptive skill areas, communication, self care, home living, social skills, self direction, health and safety, functional academics, leisure and work.

It can be estimated that there are nearly 24 million individuals in India with intellectual disabilities, out of which approximately six million are moderately, severely or profoundly handicapped. The risk of mild ID is highest among children of low socioeconomic status (**Durkin et al., 2007; Maulik et al., 2011**). 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**).

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, 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.

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. 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

II. OBJECTIVES AND METHODS

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

Research Design

Quazi experimental pretest post 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 method 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 group consists of 50 children who 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
- Mentally challenged children who are enrolled in a special school
- Mentally challenged children whose Parents are willing to participate in study
- Mentally challenged children who come under mild and moderate level of mental retardation based on their IQ level
- Mentally challenged 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
3. Mothers who are not residing with the intellectually disabled children

Ethical consideration

The ethical committee 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 questionnaire is used to assess the baseline characteristics of the mothers and their intellectually disabled children. Child Behaviour Checklist developed by Thomas M. Achenbach, (1980) was used to assess the Behavioral Problems of intellectually disabled children. The Child Behavior Checklist now called the Achenbach System of Empirically Based Assessment is a parent report form to screen for emotional, behavioral, and social problems. 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 is to be used with children aged 6 to 18 years. It consists of 113 questions, scored on a three-point Likert scale (0=absent, 1= occurs sometimes, 2=occurs often). 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. The first day researcher has administered the socio demographic questionnaire and the 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 spends one week to train the mothers of mentally challenged children regarding the basic filial therapy skills such as Empathy, structuring, limit setting and imaginary play. The training sessions will be conducted in the school where the child studies. Parents get to practise the skills in the presence of therapist before they hold the first play session with their child at home. Thereafter the mother will hold a 30-minute play session with their child thrice a week at the same time and in the same place for 12 weeks in their home.

The filial therapy should be conducted in a confined place at home where the mother and child can sit comfortably. 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. 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. The self reported checklist has been filled by the mother after each play sessions and been communicated

with the researcher at the end of each month. The interventions lasted for 12 weeks. Post intervention data has collected after 3 months of intervention.

III. ANALYSIS AND FINDINGS

The data collected from samples were analyzed by using descriptive statistics like mean, standard deviation and percentage and inferential statistics.

**Table 1. Distribution of demographic characteristics of sample
N=50**

Sl no.	Socio demographic variables		Number	Percentage (%)
1.	Age of the child	6-11 years	22	44
		12-17 year	28	56
2.	Gender of the child	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	Coolie/daily wages work	7	14
		Clerical administrative work	10	20
		Technical/professional work	1	2
		House wife	32	64
9.	Family income in rupees per month	<5000	2	4
		5001-10000	36	72
		10001-15000	11	22
		15001-20000	1	2

Table 1 depicts that majority of the children belongs to the age group of 12-17 years (56%). 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. Majority (58%) of children belongs to nuclear family. Majority (96 %) of children in this research have moderate intellectual disability. The result of the study reveals that majority (44%) has started their schooling for 6-10 years. The educational status of the mothers of intellectually disabled children shows

that majority (48%) of them have secondary education. Majority (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.

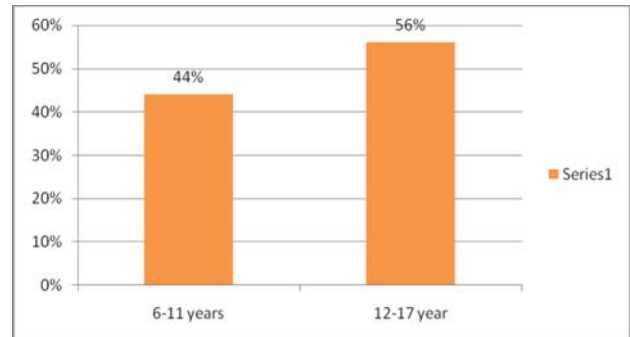


Fig: 1. Bar diagram showing the age wise distribution of children with mild or moderate intellectual disability.

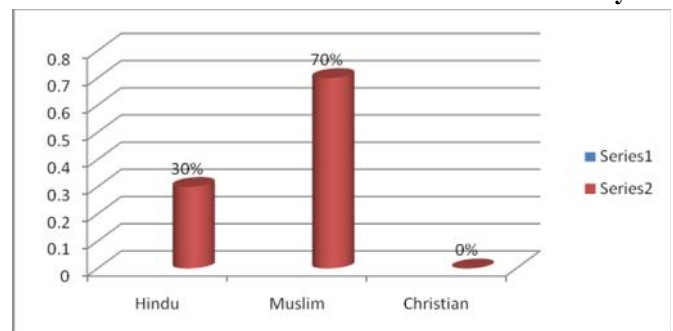


Fig:2. Cylindrical diagram showing the distribution of sample based on their religion

**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
Bordelrine 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. Majority (46%) 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.

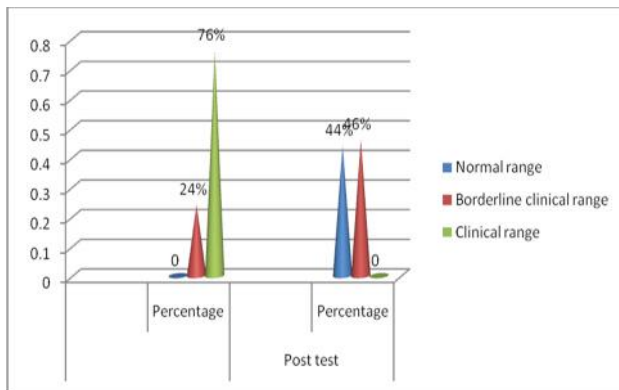


Fig: 3: Cone diagram showing the distribution of samples based on their range of behavioural problems

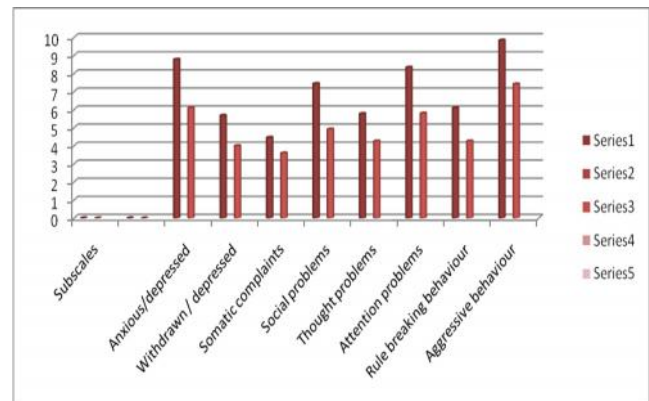


Fig: 4: cylindrical diagram showing the distribution of pretest and post mean scores of samples based on the subscales of CBCL.

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
	pre:est	Post tes:	pre:est	Post test		
Behavioural problems	56.42	39.84	9.01	7.39	10.06	<.00001

Table 3 depicts that the mean post test scores (39.84) of behavioural problems of intellectually disabled children is 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 is 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	4.52	1.66
	5. Thought problems	5.78	2.08	4.26	1.44
	6. Attention problems	8.34	2.22	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	2.28

The table shows that the aggressive behavior subscale has the highest mean pre test score (9.84) and highest post test scores (7.42). The somatic complaints subscale has the lowest pre test score (4.46) and lowest post test scores (3.6) in behavioural problems of sample. The mean scores of samples in all the subscales are more in pre test than the post test. There is a decrease in the 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.

IV. DISCUSSION

There is a growing need for interventions that include both behavioral and psychosocial components to better address 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 are more in pre test than the post test. There is a decrease in the 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. 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 centers. In this study, filial therapy is found to be an effective measure to reduce the behavioural problems of intellectually disabled children. Informal parental reports of changes suggest that parents saw improved relationships with

their children, their own confidence increased, generalization of skills, and improvements with regard to behavior problems.

REFERENCES

- [1] Winek, J., Lambert-Shute, J., Johnson, L., Shaw, L., Krepps, J., & Wiley, K. (2003). Discovering the moments of movement in filial therapy: A single case qualitative study. *International Journal of Play Therapy*, 12(1), 89–104.
- [2] Peshawaria R, Menon D.K (1991) theory and practice – working with the families of children with mental handicap in India. Secunderabad: NIMH.
- [3] Raina, Sunil K., Sushil R, and Renu N., Prevalence of Mental Retardation among Children in RS Pura Town of Jammu and Kashmir. *Annals of Indian Academy of Neurology* (2012). 15.1: 23-26.
- [4] Agrawal, Shagun, Vijay R. Bogula, Kausik Mandal, Rashmi Kumar, and Shubha R. Phadke. Aetiologic Spectrum of Mental Retardation and Development Delay in India. *Indian Journal of Medical Research* [internet]. 2012 [cited 2015 Feb28]; 136: 436-444.
- [5] Bhagya, B, and A Ramakrishna. Prevalence of Mental Retardation among children in Mangalore. *Nitte University Journal of Health Science* [internet]. 2013 [cited 2015 Feb28] 3.4: 63-66.
- [6] Guerney, L. F. (1983) Introduction to filial therapy: training parents as therapists. In Keller, P. A., Ritt, L. G. (Eds.), *Innovations in clinical practice: a source book*. Vol. 2. Sarasota, FL: Professional Resource Exchange. Pp. 26–39.
- [7] Glazer-Waldman, H. R., Zimmerman, J. E., Landreth, G. L., Norton, D. (1992) Filial therapy: an intervention for parents of children with chronic illness. *International Journal of Play Therapy*, 1, 31–42.
- [8] ratton, S., Landreth, G. (1995) Filial therapy with single parents: effects on parental acceptance, empathy, and stress. *International Journal of Play Therapy*, 4, 61–80.
- [9] Ramgopal C.N (1988) a study on behaviour disorders in moderate mental retarded children and its relation to parental attitude. M.Phil Dissertation submitted to MIMHANS, Bang Lore University.
- [10] Varma K, Kishore M.T (2009) Needs of Indian Parents having children with intellectual disability. *International Journal of Rehabilitation research* 32:71-76
- [11] World Health Organization (2001). *International classification of functioning disability and Health: ICF*. Geneva: WHO
- [12] Park, K. Handicapped Children. In *Parks text book of preventive and social medicine* (18th ed., p. 428). (2005). Jabalpur: M/s Banarsidas Bhanot. 12. Beckman, P. Comparison of mothers' and fathers' perceptions of the effect of young children with and without disabilities. *American Journal on Mental Retardation* (1991) 95, 585-595.
- [13] Einfeld, S. L. & Tonge, B. J. (1996) 'Population Prevalence of Psychopathology in Children and Adolescents with Intellectual Disability. II: Epidemiological Findings', *Journal of Intellectual Disability Research* 40 (Part 2): 99-109.