

Efficacy of Cognitive Behaviour Therapy on Attitude and Anxiety among Parents of Intellectually Disabled Children

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Abstract: When a child is born and diagnosed with special needs, parents or their primary caregivers face with unexpected challenges and parenting itself becomes a challenging task. They are filled with a sense of inadequacy, grieve the loss of the perfect baby, feel angry towards themselves or the child for the condition, and overwhelmed whilst managing the child's various medical appointments or when administering medication. They undergo various emotions like guilt, depression, rejection, disappointment, uncertainty and resentment towards themselves or others in relation to the child, causing them to avoid interaction leading them to seclusion. This paper aims to study the effectiveness of Cognitive Behaviour Therapy Attitude and Anxiety among Parents of Children with Intellectual Disability. The sample consisted of ten parents, each having a child/children with intellectual disability, taken from general services at NIMH. Both parents have undergone eight 45-minute sessions of cognitive-behavioral training for about three months. Before and after the intervention, the Attitude Scale of Parents towards their mentally retarded children which included five components of love, acceptance, embarrassment, frustration, disappointment and over-protection and Hamilton Anxiety Rating Scale was administered to both of them. The findings from the paired t test revealed that 1) the effects of intervention in decreasing negative attitude and its sub-scales were statistically significant in both mothers and fathers. 2) There was a significant difference among fathers and mothers in terms of anxiety in post treatment. Thus, cognitive behavior therapy can be effective in reducing the negative attitude and anxiety among parents of intellectually disabled children.

Keywords: Intellectual Disability, Cognitive Behaviour Therapy, Attitude, Anxiety

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I. INTRODUCTION

The first five years of a child's life are the most critical in terms of development. It is during this time that 90 percent of a child's brain growth occurs, accompanied by the cognitive development that often determines the course of the child's future. When a child is born or diagnosed with special needs, parents or their primary caregivers face with unexpected challenges and parenting itself becomes a challenging task. A disabled child in the family calls for a lot of adjustment on the part of parents as well as other family members.

Intellectual disability (AAIDD, 1976) defined it as a "Disability characterized by significant limitations in both intellectual functioning (also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on) and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18". Adaptive behavior refers to a collection of conceptual skills (language and literacy; money, time, and number concepts; and self-direction), social skills (interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized, and practical skills (activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone) that are learned and performed by people in their everyday lives.

Parental attitudes and reactions also determine the treatment seeking pattern of these parents (Chaturvedi and Malhotra, 1982) and mainly arise out of the sense of frustration in carrying out the parental role of nurture (Zuckerberg et al., 1968). It has been suggested that the prevalence of intellectual disabilities (and especially more severe intellectual disabilities) may be up to three times higher amongst the South Asians aged five to thirty-two (Emerson et al., 1997), though this has been contested (McGrother, Bhaumik, Thorp, Watson & Taub, 2002). South Asian parents of individuals with intellectual disabilities also reported feelings of shame and stigma from their community for having a family member with intellectual disability (Crook, Grant, Cooper & Mathers, 2008; Katbamna et al., 2000). Stigma towards intellectual disabilities can lead to isolation and shame (Katbamna et al., 2000); cause emotional distress in individuals with intellectual disabilities and their

families; impact on service uptake by both individuals with intellectual disabilities and their carers; and can make it difficult to implement policies.

In Indian culture, there is much emphasis on religious beliefs. Mostly parents interpret the events positively or negatively that is they are either blessed or punished by god depending on their past deeds. Even mentally retarded children are considered due to punishment by god. Sometimes such children are left on to mercy of god and are not provided appropriate facilities for their recreation and rehabilitation in society. Jacobs (1969) states that the father less readily accepted the diagnosis and while working towards adjustment is overprotective and embarrassed, whereas the mother developed warmth and a closer relationship with her mentally retarded child than the father. Beck (1959) found that mothers developed a compensating attitude toward their retarded children—which lead to neglect of the father and other children in the home.

Several studies indicated that parents can develop self-blame characteristics in response to their child's disability. Bristol and Schopler (1984) reported that approximately one third of the parents blamed themselves for their child's autism related disorder. Mickelson, Wroble and Helgson (1999) reported that 14% of the parents attributed their child's disability to some fault of their own. Folkman (2010) mentioned that the relationship between hope and coping is dynamic and reciprocal. Each in turn supports and is supported by the other, particularly in managing uncertainty and coping with a changing reality. One way for a person to have hope during challenging times is to have goals. With goals, parents would be able to focus on their child's achievements, however tiny these successes are, such as being able to drink two sips of milk instead of one.

Over time, as the child and his/her parents absorb more information and their implications, they would in turn begin to formulate more realistic expectations and shift their focus from hoping for unrealistic outcomes, such as a cure, to hoping for more plausible outcomes, such as hope in living longer than expected, being well cared for and supported, having good pain and symptom control, and hope of getting to certain milestones. In 2014, Diane Joseph, Johnson Neelamegam examined the mothers attitude towards their mentally retarded children. It was found that mothers had a positive attitude towards their children who are mentally retarded. It was also found that mother's educational status influenced their attitude and knowledge towards their mentally retarded children than mother's locality or background.

Allison M. Smith (2013) studied the cognitive behavioural treatment of childhood anxiety. The present study examined the efficacy of a ten-session parent-only CBT intervention delivered individually to parents of anxious children (ICBT) in comparison to a ten week wait-list control condition (WL). It was found that the ICBT intervention was more effective than the WL condition in reducing total number of anxiety disorder diagnoses, the total parent-rated interference of those diagnoses, and the total clinician-rated severity of those diagnoses (via structured diagnostic interview), as well as reducing maternal protective parenting behaviors.

Effect of Cognitive Behavior Group Therapy on Parenting Stress in Mothers of Children With Autism was studied by Maryam, Riahi and Niloufar (2015). The findings indicated a significant differences between scores of pretest and post-test in parental stress ($P = 0.03$) and sub-scales of parental distress ($P = 0.01$). Cognitive behavior group therapy was found to be an important part of interventions used to decrease parenting stress of mothers of children with autism.

Statement of the Problem

To study the effect of cognitive behaviour therapy on attitude and anxiety among parents of intellectually disabled children

Aim of the study

The study aims at finding out the effect of cognitive behaviour therapy on attitude and anxiety among parents of intellectually disabled children

Objectives of the Study

1. To find out the effectiveness of cognitive behaviour therapy on attitude among mothers of intellectually disabled children
2. To study the effectiveness of cognitive behaviour therapy on anxiety among mothers of intellectually disabled children
3. To find out the effectiveness of cognitive behaviour therapy on attitude among fathers of intellectually disabled children
4. To study the effectiveness of cognitive behaviour therapy on anxiety among fathers of intellectually disabled children

Hypotheses

1. There will be a significant improvement in increasing the positive attitude among mothers and fathers of intellectually disabled children post intervention (cognitive behaviour therapy)
2. There will be significant improvement in reducing the level of anxiety among mothers and fathers of intellectually disabled children post intervention (cognitive behaviour therapy)

Research Design

The present study is Ex-post facto research in its design. Data has been collected by using random sampling method.

Sample

Participants were taken from the general services of the NIMH, Secunderabad.

Sample consisted of 10 parents i.e., 10 mothers and 10 fathers belonging to same family falling between the age from starting from 21-45.

Sample Characteristics

Table 1 Showing the Participants Gender, Age and the Child

Sl.No	Participants	Gender	Age
1	10	Male	21- 45
2	10	Female	21-45

Inclusion Criteria

- 1) Parents Having Children/ child who is intellectually disabled.
- 2) Parents who score moderate to very severe anxiety on HAM-A and
- 3) Attitude
- 4) Parents belonging to nuclear family structure
- 5) Parents having biological children

Exclusion Criteria

- 1) Parents of children having an associated more than two disabilities like visual impairment, person with cerebral palsy, hearing impaired, suffering with any Psychiatric Disorder will not be included.
- 2) Parents whose age is above 45
- 3) Parents who are single
- 4) Parents participating in any other study or treatment

Tools Used in the Study

As the study is based on an intervention, for a pre-test and post test, Attitude Scale of parents towards their mentally retarded children and Hamilton Anxiety Rating Scale.

Attitude Scale of Parents towards their mentally retarded children (Adapted from Parekh, 1988: Schaefer & Bell, 1958: Thurstone, 1959)

The questionnaire comprising fifty statements of a Likert-type scale served as the measuring instrument. The researcher asked questions using a rating scale to obtain information that a yes/no answer would not divulge, (see Appendix A). A Likert type scale questionnaire provides questions which are standard and which can be compared from person to person. Less articulate respondents are not at a disadvantage. The questionnaire for the present study was developed using statements from the Parental Attitude Research Instrument - PARI (Schaefer & Bell, 1958), the Thurstone Sentence Completion Test (Thurstone, 1959) and Parekh (1988). Questions were designed to provide information on parent behaviour, perceptions, reactions, values, feelings etc., which is the definition of attitude used in this Study. Respondents had to indicate to which degree they agree (or not) with each statement by encircling the number corresponding to one of five response categories varying from "strongly agree" to "strongly Disagree".

Hamilton Anxiety Rating Scale (HAM-A)

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. It was developed by Max Hamilton (1959) The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where <17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe.

Procedure

The aim of the study was to find out the effectiveness of cognitive behaviour therapy among parents of intellectually disabled children. So this research is done in three phases

- Phase one : Pre-Intervention Assessment
- Phase two: Intervention
- Phase three: Post-Intervention Assessment

Pre-Intervention Assessment

The parents were given a brief description of the study and confidentiality was assured. The consent of mother and father) was taken. Once rapport is built, questionnaire on attitude was handed over to them. After completing it, rating scale was administered to them. They were asked to give the answer that came first to their mind. Once both the questionnaires were filled in by the parents, it was collected and later the pre-test scores were calculated.

Intervention

For intervention, the researcher used the cognitive behavioural therapy. Counselling skills, cognitive Restructuring and cognitive thought record sheet were used in helping the client to modify their negative attitudes. Counselling techniques, relaxation, visualization, breathing techniques and guided imagery were employed. The intervention was conducted in general services at NIMH. A total of eight sessions each for both mother and father were conducted separately. It was conducted thrice a week for each client. Once the rapport is built, the researcher went on to conduct the therapy. The session started with reviewing the clients mood as to how he/she was feeling that day and moving on to setting an agenda. The purpose of setting an agenda was to maximise the use of time in session and to make sure certain items are covered. The content of the agenda included both the researcher items and client items so that it could be a useful dialogue on what to cover and when to cover it. Once the agenda is clear, the session targets are set with the researcher asking what the client would want to talk about that particular day. Initially, it is started at the symptom level and then working towards the underlying issues. One issue at a time was taken. Towards the end of the session homework for the client was given and feedback was taken as to how the whole session went for the client.

Post Intervention

After the 8 sessions, one day gap was given for post-intervention assessment. Post-intervention assessment of each subject was done in the similar way as done in the pre-intervention assessment by administering a questionnaire on attitude and a rating scale on anxiety to find out the effectiveness of cognitive behaviour therapy among parents of intellectually disabled children. After completing it, post-intervention scores were obtained.

Data Analysis

The data was analyzed using Statistical Package for Social Sciences (SPSS 20). The statistical techniques used to analyze the data was paired t test to analyze the Mean, Standard Deviation, Mean difference and t. Mean and SD was used to find out the deviation among the group of same sample.

II. RESULTS & DISCUSSION

The first five years of a child's life are the most critical in terms of development. It is during this time that 90 percent of a child's brain growth occurs, accompanied by the cognitive development that often determines the course of the child's future. when a child is born or diagnosed with special needs, parents or their primary caregivers face with unexpected challenges and parenting itself becomes a challenging task. A disabled child in the family calls for a lot of adjustment on the part of parents as well as other family members. It might result in mostly having a negative attitude and anxiety. The aim of this study is to find out the efficacy of cognitive behaviour therapy on attitude and anxiety among parents of intellectually disabled children. The results show that there is a significant difference in increasing the positive attitude, decreasing the negative attitude and also reducing the level of anxiety among the parents of intellectually disabled children.

It's very important for parents to have a positive attitude when bringing up a child with disability as it helps a child to grow healthy in viewing oneself. Table-2 Shows The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Mothers of Intellectually Disabled Children. It was found that there was a reduction of negative attitude in mothers post intervention. Table-3 Shows The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Father's of Intellectually Disabled Children. As mothers are the primary care givers, they undergo a lot of stress which might result in having negative attitude. Helping mothers to understand their

reactions towards the child would help in bringing up the child in a moving forward. There was found to be a significant difference in reducing the negative attitude. Mothers had more negative attitude compared to fathers (C. K. Rastogi, 1981).

Table 2 Showing The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Mothers of Intellectually Disabled Children

	Variable - Attitude		N	Mean	SD	Mean diff.	T- value
1	Love and Acceptance	Pre-Test	10	21.30	5.478	1.900	8.143**
		Pst-Test		23.20	5.007		
2	Embarrassment	Pre-Test	10	9.00	2.160	1.400	4.583**
		Pst-Test		7.60	2.119		
3	Frustration	Pre-Test	10	9.80	1.229	1.600	9.798**
		Pst-Test		8.20	.919		
4	Disappointment	Pre-Test	10	7.50	1.958	1.500	9.000**
		Pst-Test		6.00	1.700		
5	Over-Protection	Pre-Test	10	10.60	1.350	1.800	13.500**
		Pst-Test		8.80	1.476		

Df=9, **p<0.01

The above table shows the pre and post intervention mean scores, standard deviation, mean difference and t value on the various domains related to attitude among mothers of intellectually disabled children. The t-value in each domain i.e., love and acceptance 8.14, embarrassment 4.58, Frustration 9.79, Disappointment 9.0 and over-protection 13.5 shows that the results are significant. Hence, the hypothesis that there will be a significance in the effectiveness of cognitive behaviour therapy on attitude among mothers of intellectually disabled children is proved. It shows The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Mothers of Intellectually Disabled Children. It was found that there was a reduction of negative attitude in mothers post intervention.

Table 3 Showing The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Father's of Intellectually Disabled Children

	Variable - Attitude		N	Mean	SD	Mean df	t
1	Love and Acceptance	Pre-Test	10	23.79	5.314	1.400	8.573**
		Pst-Test		25.10	5.087		
2	Embarrassment	Pre-Test	10	6.40	1.838	1.000	4.743**
		Pst-Test		5.40	1.265		
3	Frustration	Pre-Test	10	8.40	1.33	1.11	11.0**
		Pst-Test		7.40	1.430		
4	Disappointment	Pre-Test	10	6.80	1.814	1.600	7.236**
		Pst-Test		5.20	1.398		
5	Over-Protection	Pre-Test	10	5.60	1.430	.700	4.583**
		Pst-Test		4.90	1.101		

**p<0.01;

The above table shows the pre and post intervention mean scores, standard deviation, mean difference and t value on the various domains related to attitude among mothers of intellectually disabled children. The t-value in each domain i.e., love and acceptance 8.57, embarrassment 4.74, Frustration 11.0, Disappointment 7.23 and over-protection 4.5 shows that the results are significant. Hence, the hypothesis that there will be a significance in the effectiveness of cognitive behaviour therapy on attitude among fathers of intellectually disabled children is proved. It Shows The Effectiveness of Cognitive Behaviour Therapy On Attitude Among Father's of Intellectually Disabled Children. As mothers are the primary care givers, they undergo a lot of stress which might result in having negative attitude. Helping mothers to understand their reactions towards the child would help in bringing up the child in a moving forward. There was found to be a significant difference in reducing the negative attitude. Mothers had more negative attitude compared to fathers (C. K. Rastogi, 1981).

Table 4 Showing the overall Mean, SD, Mean Difference and t-value on The Effectiveness of Cognitive Behaviour Therapy On Anxiety Among Mothers of Intellectually Disabled Children

Variable		N	Mean	SD	Mean df	t
Anxiety	Pre-Test	10	23.50	3.440	2.900	8.333
	Pst-Test		20.60	3.373		

**p<0.01

The above table shows the t-value at 8.33 which is significant. Thus, proving the hypothesis that there is a significant difference in reducing the anxiety among mothers of intellectually disabled children in the level of anxiety.

Table 5 Showing the Mean, SD, Mean Difference and t-value on The Effectiveness of Cognitive Behaviour Therapy On Anxiety Among Father’s of Intellectually Disabled Children

Variable		N	Mean	SD	Mean df	t
Anxiety	Pre-Test	10	21.80	3.327	1.900	19.00**
	Post-Test		19.90	3.178		

**-p<0.01

The above table shows the t-value at 19.0 which is significant proving the hypothesis that there will significant decrease in the level of anxiety among fathers post intervention.

This shows that the Individual Pre and Post-Test Scores On The Level of Anxiety in Mothers After The Intervention. Table-15 Shows The Overall Mean, SD, Mean Difference and t-value on The Effectiveness of Cognitive Behaviour Therapy On Anxiety Among Mothers of Intellectually Disabled Children. The Individual Pre and Post-Test Scores of Anxiety Among Fathers of Intellectually Disabled Children. Table-17 Shows the Mean, SD, Mean Difference and t-value on The Effectiveness of Cognitive Behaviour Therapy On Anxiety Among Father’s of Intellectually Disabled Children. Parents are found to be more anxious in relation to their future which leads to stress (Allison M. Smith, 2013). Gallagher (2008) reported that the parents of children with mental disabilities registered high depression and anxiety scores and the majority met the criteria for possible clinical depression and anxiety. There was a decrease in the levels of their anxiety in both parents post intervention.

Overall this study replicates the findings of the previous researches. Hence the hypothesis that cognitive behaviour therapy therapy aids in reducing negative attitude and anxiety among parents of intellectually disabled children is proved to be significant.

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