Original Research Article

Effectiveness of Family Therapy for Psychological Wellbeing among the Parents of Attention Deficit Hyperactivity Disorder (ADHD) Children of Selected Institution of Indore (M.P.)".

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ABSTRACT

Today's children are tomorrow's responsible citizens of the world. There is a great to emphasize on children these days because of *that, a* very substantial proportion of the world's population, 35-45% constitutes young children. Attention deficit hyperactivity disorder (ADHD) is the phrase that is used to describe children who have significant problems with high level of distractibility or inattention, impulsiveness and often with excessive motor activity levels. The purpose of present study is to assess the effectiveness of family therapy for psychological wellbeing among the parents of attention deficit hyperactivity disorder (ADHD) children of selected institution of Indore. The quantitative research approach and pre- experimental design in that pre-test post-test design used in this study. 60 samples have been selected by using non probability purposive sampling technique. Parenting stress index was used to dictate stress level of parents. overall possible scores on the scale range from 18 – 90.the findings of the study revealed that the mean after the intervention stress score (21.7) is apparently lower than the mean before the intervention stress level score (54.31) so statically there was significant difference in stress level score of the parents of ADHD children.. There is a significant association between before intervention stress level and selected socio demographic variables such as total number of family members, total number of children, type of family, and occupation of parent. The association was calculated by chi square test. Thus, parenting stress index was found effective in reducing stress level of parents of attention deficit hyperactivity disorder (ADHD) children of HCL institution of Indore.

Keywords: ADHD, Parenting stress index

1 Introduction

All parents wish to do the best and give the best to their children, but often the greatest fear is that they themselves may in some way damage their children, or perhaps exacerbate, rather than ameliorate their difficulties.[1]The future of our country depends on positive mental health of our young people. Recent evidence by W H O indicates that by 2020 childhood neuropsychiatric disorders will rise proportionately by over 50%.

 Childhood and adolescent psychiatric disorders remain prevalent around the globe with median prevalence estimates of around 12%. An understanding of the mental and emotional development of children is essential., but at the same time every section of the school is likely to have around 15-20% of students who are not able to maintain satisfactory collateral progress.[2] Children's with ADHD often have been noted by their parents and teachers as destructive misbehaved and dullards. In addition parents often feel disgusted to manage such children the very thought of inattentiveness among such

 Children distance them from their normal counter parts in the social often they got blamed for no reason. [3].

Attention Deficit Hyperactivity Disorder (ADHD) is an important childhood psychiatric disability and is Well characterized on the diagnostic and statistical

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manual of mental disorders (DSM-IV) and International classification of diseases (ICD-10) criteria of psychiatric disorders. Currently the term Attention Deficit Hyperactivity Disorder has been adopted by the American Psychiatric Association (1994).

Attention Deficit Hyperactivity Disorder (ADHD) has many faces and remains one of the most talked-about and controversial subjects in education. Hanging in the balance of heated debates over medication, diagnostic methods, and treatment options are children, adolescents, and adults who must manage the condition and lead productive lives on a daily basis.

ADHD is found to be disorder inattention, impulsivity hyperactivity, its accompanying associated characteristics (cognitive deficits, speech and language impairments interpersonal difficulties and tasks and situational problems, and the disorders which often predict the development of more serious problems. So the identification and assessment of ADHD is in the hands of care givers, parents and teachers with their love, affection and humanistic approach with the children [4].

Attention deficit hyperactivity disorder {ADHD} is the most common diagnosed biological-behavioural disorder of childhood and it occurs in approximately 6 % to 9% of school aged children.1 A clinical profile carried out in India by Prahbhjot et al in 2000 pointed out that prevalence of ADHD is 10-20% .[5] Children are the greatest gifts of god to humanity. In India children form nearly 40%of the total population. The promotion of

healthy child development has became a major focus of world attention over the last 3-4 decades a lot of research needs to be done in the field, concerning children understanding of issues   and how to deal with them effectively [6]

2   Objective

1. To assess the psychological wellbeing before and after family therapy among the parents of attention deficit hyperactivity disorder (ADHD) children.
2. To assess the effectiveness of family therapy for psychological wellbeing among the parents of attention deficit hyperactivity disorder (ADHD) children.
3. To find out the association between selected demographic variables and pre test parenting stress scale score level.

2.1 Hypothesis

H_1:- there will be significant different between pre-test and post-test score of parenting stress scale.
H_2:- there will be significant association between demographic variables with pre-test parenting stress score

2.2 Material and Methods

Research approach: Quantitative research approach
Research design: Pre - experimental pre-test post-test design to measure the level of psychological wellbeing among the parents of attention deficit hyperactivity disorder (ADHD) children.

2.3 Variables

Independent variable: Family therapy on parents of Attention Deficit Hyperactivity Disorder children.
Dependent variable: Psychological wellbeing of the parents on Attention Deficit Hyperactivity Disorder.
Exogenous variable: Demographic data include Age, Sex, Educational, qualification, etc.
Research setting: CHL Hospital located in Indore City, with total strength of 60 parents of ADHD children.
Population: In the present study population refers to the all parents of ADHD children in Indore.
Target population: The target population in this study comprised of all the parents of ADHD children those who are under treatment in Hospitals of Indore, M.P.
Accessible population: The accessible population in this study was parents of ADHD children those who are under treatment in selected Hospitals (HCL) of Indore, M.P
Sample and sample size: 60 parents of ADHD children in selected Institute in Indore**.**
Sampling technique: Non probability purposive sampling technique was used to select the sample

Criteria for selection of Sample:
Inclusion Criteria
1. Parents who are available at time of data collection selected institute of Indore.

2. Parents who have ADHD children aged between 5-10 years.
Exclusion Criteria
1. Parents who are selected for pilot study.
2. Parents with visual, auditory disabilities, language and psychological problem.

2.4 Development & description of the tool
The steps followed in the development of tool were:
Section A: Socio demographic variables.
It consists of 11 items regarding demographic characteristics of the parents of ADHD children Item included in the demographic data collection are Age of parents, Religion, Marital status, Education, Total number of family members, Total family income, Total number of children, Type of family, Occupation of parent, Family affected with any mental disorder, Attended any therapy/ counselling previously.
Section B: Parenting Stress Index.
This section contains parenting stress index with 18 item related to stress score level of parents. It represents low score to signify a low level of stress, and a high score to signify a high level of stress. Overall possible scores on the scale range from 18 – 90. Mild stress 18 – 42 score, Moderate Stress 43- 66 score, Severe stress 67-90 score.

2.5 Data collection procedure:
The data collection was done after obtaining written permission from the CHL HOSPITAL at Indore. The investigator introduced himself to the sample & explained the purpose and consent was obtained from each sample.60 samples who have stress (psychological wellbeing) were selected by Non probability purposive sampling techniques. Pre test were taken with keep of Parenting Stress scale. Family therapy intervention was given after the pre-test for 40-50 min. Family therapy was given 3 sessions for 15-20 days. The post intervention stress score was assessed after 7 days of intervention by parenting stress scale. Data collection process was terminated by thanking the
respondent for their active participation and co-operation..

3   Results &Research Findings

Section-I: Social demographic Variables
1   **Age of parents**: Age of parents of ADHD children of selected institution of Indore. Majority 20(33%) belong to the age group of 31- 40, 20(33%) were belong to the age group of 21-30, 16(27%) were belong to the age group of >40 year and   4(07%) were belong to the age group of <20 year of age.
2   **Religion**: Religion of parents of ADHD children. 29(48%) were Hindu, 21(35%) were Muslim, 04(07%) were Sikh, 06(10%) were other.
3   **Marital Status**: There were 52(87%) Married, 00(00%) were Unmarried, 05(08%) were Divorced, 03(05%) were Widow.
4   **Education parents**: There were 05(09%) Illiterate, 17(28%) were Primary education, 24(40%) were

Higher education, 14(23%) were Graduate or more.

5 **Family members**: Majority 49(82%) parents were having 2-4 members, 08(13%) were having 5- 7, 08(05%) were having more than 5 members.

6 **Total family Income:** Majority n= 26(43%) family were earning >10000 Rs, n= 12(20%) were earning <5000 Rs, n= 22(37%) were earning 5001-10000 Rs.

7 **Total number of children**: n=50(83%) paents were having < 2 children, n=06(10%) parents were having 3-5 children, n= 04(7%) parents were having >5 children.

8 **Type of family:** n= 27(33%) family were belonged to Nuclear family, n=24(42%) were belonged to Joint family, n=09(25%) were belonged to Extended family.

9 **Occupation of parents**: n=04(07%) were in Government, 35(58%) were in Private, 21(35%) were in other occupation of parents.

10 **Family affected with any mental disorder:** n=56(93%) were have no mental disorder, n=02(03%) family affected with children, n=01(02%) family affected with Maternal mental health, n= 01(02%) mental disorder with Paternal,.

11 **Attended any therapy/counselling**: N=85(51%) didn't attend any therapy/counselling. n=09(15%) were attended therapy/counselling.

Section-II: Before and after intervention stress level of parents of ADHD children of selected institution of Indore

Table No. 1: Grading of sample based on before and after intervention score   N=60

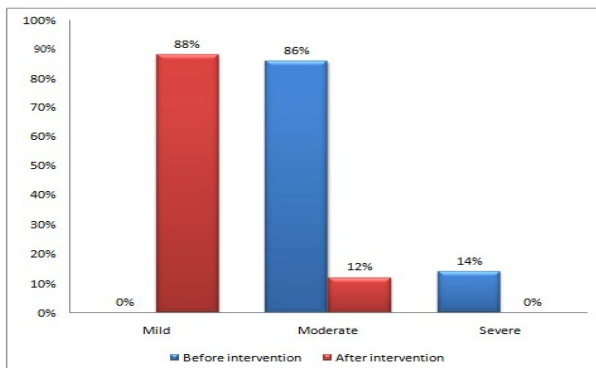| Score	Grade	Before Intervention		After intervention	
		Frequency	Percentage	Frequency	Percentage
18-42	Mild	00	00%	53	88%
43-66	Moderate	50	86%	07	12%
67-90	Severe	10	14%	00	00%

Figure no 1: shows frequency and percentage comparison of before and after intervention stress level score

Table No. 1 & figure no-1 shows frequency and percentage comparison of before and after intervention stress level score .The maximum stress level score before intervention n=50(86%) were having score between 43-66 and n=10(14%)were having 67-90 score & after intervention n=53(88%) were between 18-42 score and n=7(12%) were between 43-66 score.

Section Iii: Effectiveness of Family Therapy for Psychological Wellbeing and Reduce the Stress Level Score.

Table No. 2: Comparison Mean before and after intervention Stress score   N=60

Stress Score	Mean	SD	Mean difference	"t" value	P-Value
Before Intervention	54.31	11.07	32.61	22.28	1.01*
After Intervention	21.7	8.20			

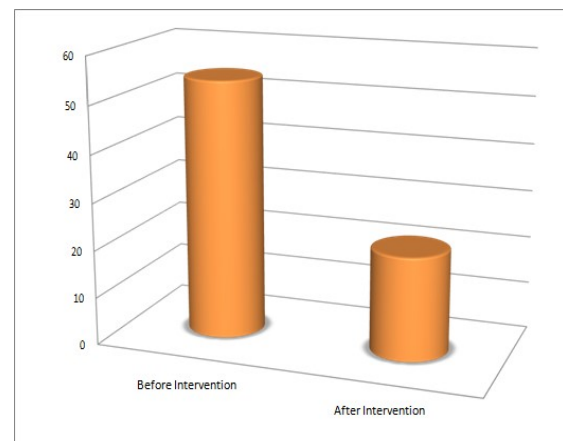**Paired "t" test applied, P value = 0.05, Significant.**

Figure no 2: shows the comparison of Mean before and after intervention

Table no 2 and figure no-2 shows the comparison of Mean before and after intervention Stress score the mean after the intervention stress score (21.7) is apparently lower than the mean before the intervention stress level score (54.31). There was significant difference in stress level score of the parents of ADHD children in CHL hospital of Indore. The difference between before and after the intervention stress level score is t=22.28 P=1.01 significant and it was significant. Statistical significance was calculated by using student's paired 't' test. So Research **Hypothesis H1** has been accepted.

The research hypothesis was formulated to evaluate the family therapy for psychological wellbeing among the parents of ADHD children in CHL Hospital of Indore.

Table No. 3: Associations between levels of stress score before intervention and selected demographic variable.   N=60

S. N	Selected demographic variable	Before intervention stress score			χ2 value	P Value
		Mild	Moderate	Severe		
1.	Total number of family members 2-4 5-7 8 or more	0 0 0	40 18 22	9 0 1	2.30 df=2	0.25 S
2.	Total no. of Children <2 3-5 >5	0 0 0	43 04 03	7 2 1	1.65 df=2	0.25 S
3	Type of Family Nucleus Joint Extended	0 0 0	23 21 06	4 3 3	2.16 df=3	0.32 S
4	Occupation of parents Government Private Other	0 0 0	03 31 16	1 4 5	2.16 df=2	0.22 S

Findings shows that Parents in stress level before intervention have a significant association with **Total number of family members** (χ2 value = 2.30, df-2, P value = 0.25, Significant),, **Total number of children** (χ2 value = 1.65, df-2, P value = 0.25, Significant), **Type of family** (χ2 value = 2.16, df-2, P value = 0.32, Significant)and **Occupation of parent**(χ2 value = 2.16, df-2, P value = 0.22, Significant. These types of association are statistically significant and it was calculated using Pearson chi square test/Yates corrected chi square test.

H₂: Table no.3 reveals that there is a significant association between before intervention stress level and selected demographic variables accepted as Total number of family members, Total number of children, Type of family, Occupation of parent. The association was calculated by Chi square test. Therefore the research hypothesis H2 has been accepted.

4 Discussion

1. Distribution of parents of ADHD children according to demographic variables: It consists of 11 items regarding demographic characteristics of the parents of ADHD children.
2. In present study stress level of the mean before the intervention score was (21.7) is apparently lower than the mean before the intervention stress level score (54.31). The statically there was significant difference in stress level score of the parents of ADHD children in CHL hospital of Indore. The calculated values are compared and paired test is applied at 0.05 level of significant. The tabulated "t" value 59 degree of freedom is 1.67 and calculated "t" value 22.28 level of significant.
3. The research hypothesis was formulated to evaluate the family therapy for psychological wellbeing among the parents of ADHD children in CHL hospital of Indore.
4. There will be significant difference between before and after the stress level score at the level of (p <0.05) by the researcher was accepted.
5. There was a statistically significant association seen between before intervention score and demographic variables such as the Total number of family members, Total number of children, Type of family, Occupation of parent.

5 Summary

It deal with the major finding of the study in line with objects, hypothesis, and the study shows that there was statistically significant the reduce the stress level of the parents of ADHD children after the family therapy where the t value is 22.28 (P= 1.01*) P= 0.05. In this study RH1 made by the investigator is accepted that one is significant difference in stress level after intervention of family therapy for psychological wellbeing (stress).

6 Conclusion

There was significant difference between the mean before intervention, 54.31 and after the intervention 21.7 among parents of ADHD children. Family therapy was effective to reduce the stress level of the parents of ADHD children. Family therapy also creates a desire to know more about the psychological wellbeing of parents of ADHD children. Reduce the stress level can bring about the changes in practice, care.

References

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