

Research Paper

## Effectiveness of Psycho-Educational Intervention in Lowering Stress Levels among Parents of Children with Intellectual Disabilities

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### ABSTRACT

**Background:** Intellectual Disability (ID), previously referred to as Mental Retardation (MR), is a neurodevelopmental condition marked by considerable deficits in both intellectual and adaptive functioning. Intellectual disability affects 1% to 3% of children globally. Welcoming a child with a disability into a family and nurturing them into adulthood presents one of the greatest challenges a family may face. Psychoeducational Interventions (Group / Individual) have been developed for parents and siblings which has positively helped them to deal with the stress. These structured intervention programs based on education, skills acquisition, and the development of coping strategies have been shown to alleviate stress-related problems. This study aims to evaluate the effectiveness of psychoeducational interventions in alleviating stress among parents of children with intellectual disabilities. **Methodology:** *Sampling;* A purposive sample of 40 participants was selected for the study. 40 Parents (Mother) (20 Experimental; 20 Controls). *Assessment tool;* The Perceived Stress Scale, Sheldon Cohen et.al (1988) (PSS-10). *Study design;* Quasi-experimental design. *Study plan;* after obtaining informed, and written consent from the parent, data was collected in Hindi and Marathi using the Assessment tool Cohen Perceived Stress Scale (PSS-10) for measuring Stress before intervention. The Psychoeducational Intervention Plan for the experimental group consisted of a total of fifteen sessions which included understanding the problems, psycho-education about Intellectual Disabilities, counseling, journaling, yoga, and meditation. Post-test data collection was done after 20 weeks of pre-test evaluation. **Results:** Results revealed a significant difference with respect to the reduction in stress in parents in the EG as compared to CG due to psychoeducational interventions, with a t-value of 12.631(df=38) ( $p < 0.01$ ).

**Keywords:** *Intellectual disability, Parents, Psychological Stress, Psycho-educational Intervention, Psycho-education*

Intellectual disability is a condition that limits intelligence and disrupts the bodily abilities necessary for living and functioning independently. Symptoms of this lifelong condition appear during childhood. Intellectual disability is classified into four levels i.e. mild (IQ between 51 - 70), moderate (IQ between 36 and 50), severe (an IQ between 20 and

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35), and profound (an IQ less than 20) intellectual disability. Most children with ID will need some degree of assistance mentally, physically, and financially throughout their lives. Apart from impaired behaviors, children with Intellectual Disabilities also exhibit problem behaviors of various kinds such as stereotype behavior, and aggressive behavior which also causes stress in the caregivers. It may profoundly affect families' economic, social, and emotional functioning (Carr, 1988). Parents are at a much greater risk of developing guilt as well as emotional and familial difficulties and may have frequent phases of depression.

The mother is the primary caregiver working with the child 24/7, the burden of care (Heller et al,1997) and more stress (Herring et al, 2006). The extant literature suggested that mothers of such children experienced a greater amount of stress (e.g. Farber, 1960; Heller, Hsieh & Rowitz 1997; Peshawaria et al., 1998; Seshadri, Verma & Prashad 2000; Hedov, Anneren & Wikblad, 2000). Acceptance is also a major issue since all the families dream of a healthy child but the birth of a child with a disability proves to be a life-changing event. This affects interpersonal relationships and places the whole family system in a dilemma.

A psycho-educational intervention provides caregivers with essential knowledge of ID, addresses misconceptions, and promotes accurate understanding. The emphasis is on meeting the care needs of individuals with ID. It focuses on identifying and addressing cognitive distortions that could hinder effective caregiving, meeting the care needs of individuals with ID, and covering topics such as personal care, communication strategies, independence promotion, and the importance of medication adherence.

*Implications;* The lack of evidence-based programs to support caregivers has left them emotionally depleted (Smith Da Walt, Greenberg & Mailick 2018). Targeted psychoeducational programs have proven to be effective in reducing caregiver stress and improving outcomes for both caregivers and individuals with ID (Smith Da Walt et al. 2018). As far as we know, there are only a few studies addressing the effects of psycho-educational programs on the well-being and quality of life of caregivers who look after children with intellectual disabilities.

**Hypothesis:** Post-test stress will be lower as compared to pre-test among parents of CWID in the experimental group.

**Aim:** To study the efficacy of psychoeducational interventions among parents of children with intellectual disabilities in reducing stress.

### **METHODOLOGY**

**Sampling:** A purposive sample of 40 participants was selected for the study. Out of forty mothers, 20 were selected for the experimental group, and the rest 20 were assigned to the control group.

**Assessment tool:** The Perceived Stress Scale, Sheldon Cohen et.al (1988) (PSS-10) is the most widely used psychological instrument for measuring the perception of stress.

**Study design:** Quasi-experimental design -Experimental/control group intervention design.

**Study plan:** Ethics; after obtaining ethical clearance from the Department of Psychology review committee the researcher contacted the pretest data from special schools for special

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children located in Navi Mumbai. Parents of ID children gave written and informed consent for data collection. The questionnaire was translated into Hindi and Marathi languages and parents were assured of the confidentiality of the data collected.

Assessment tool Cohen Perceived Stress Scale (PSS-10) was used to measure stress in both the experimental and control groups. After taking the pre-test data the experimental group was contacted weekly for psychoeducational intervention with sessions including the following activities in chronological order; Understanding the needs and concerns of mothers, psychoeducation about ID, sharing printed information from relevant sources, skill building in dealing with stress, counselling, guided imagery therapy and journaling, yoga, and mindful meditation, Parent-child communication games, discussing the future concerns and understanding the need for self-care. **A total of 15 online sessions** were conducted over **20 weeks for parents** of children with intellectual disability. The control group did not receive any psychoeducational intervention. The post-test was administered to all participants during the last session of the 20th week.

<b>Interventions given to the experimental group</b>	
<b>Session 1</b>	Group sessions for both EG & CG; Understanding the needs and concerns of the mother
<b>Session 2</b>	Rapport Building / Ice-breaking Activities
<b>Session3</b>	Pre-test Assessment on Stress, Burnout, and Adjustment
<b>Session4</b>	Psychoeducation about ID. Homework given
<b>Session5</b>	Sharing of printed information about ID from authentic sources
<b>Session6</b>	Telecommunication
<b>Session7</b>	Skill building in dealing with stress
<b>Session8</b>	Counselling: Identify areas of strength in their skill set and knowledge
<b>Session9</b>	Visualization (Guided Imagery Therapy), Journaling
<b>Session10</b>	Mindfulness Meditation
<b>Session11</b>	Yoga, Breathing exercises, Chanting Om
<b>Session12</b>	Homework given
<b>Session13</b>	Parent - child Communication Games, Sharing likes and dislikes
<b>Session14</b>	Discussing their future concerns, Creative activity on Pebble Stones, Review of Homework, and Gratitude exercise
<b>Session15</b>	Practicing self-care & respite, the Importance of me-time and related activities, the Importance of routine and designing one own personal routine

Post-test data collection for both the experimental and control groups was done among all participants during the last session on the 20th week of collection using the same PSS -10 tool. Scores between 0 and 13 would be categorized as low stress, scores between 14 and 26 as moderate stress, and scores between 27 and 40 as high perceived stress.

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**RESULTS**

*Table 1: Sociodemographic details of mothers of CWID*

Sociodemographic details of mothers	Frequency n (%)
<b>Age Group (in years)</b>	
30-40	18 (45%)
41-45	22 (55%)
<b>Education</b>	
Primary	15 (37.5%)
Secondary	12 (30%)
Higher Secondary	8 (20%)
Graduation	5 (12.5%)
<b>Employment</b>	
Employed	14 (35%)
Un-employed	26 (65%)

*Table 2: Sociodemographic details of CWID*

Sociodemographic details of CWID	Frequency n(%)
<b>Age Group (in years)</b>	
9-13	19 (47.5%)
14-17	21 (52.5%)
<b>Gender</b>	
Male	24 (60%)
Female	16 (40%)
<b>Disabling Conditions</b>	
Intellectual Disability	32 (80%)
Intellectual disability with Cerebral Palsy (CP)	2 (5%)
Intellectual disability with Down syndrome (DS)	6 (15%)

**Analysis of Pre-test and Post-test Scores of Parents**

On completion of the psychoeducational interventions over the period of 20 weeks for 15 sessions, post-testing was done for all parents on the variable mentioned above in the EG. As the groups were equated at the pre-test, an independent t-test was run to determine the significance of the difference in the Post-test scores on the above variable between the parents in the EG and the CG. The significance of the difference in the post-test scores determined the efficacy of psychoeducational interventions in reducing stress among parents. The analysis of the post-test scores of parents in the experimental group (EG) and the control group (CG) is discussed in Tables 3 and 4 below.

*Table 3: Pre-Test Observations*

PRE	Mean EG	SD	Mean CG	SD	Df	t	f	p
	<b>23.95</b>	3.441	<b>23.75</b>	2.989	38	0.196	0.922	<b>NS</b>

**Note: EG: experimental group, CG: control group, NS: Non-significant**

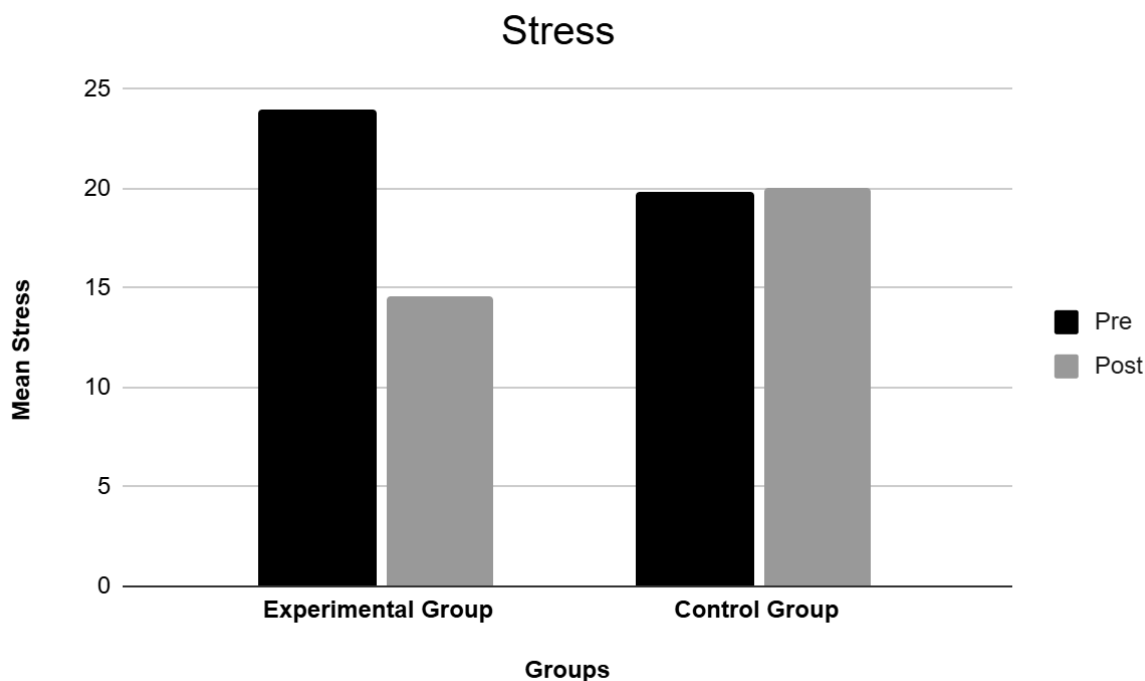
Pre-test Mean score, SD of Stress on Perceived Stress Scale (PSS) of the Parent in the Experimental Group and the Control Group with no significant difference.

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**Table 4: Comparative Analysis of Post-Intervention**

Stress	Mean EG	SD	Mean CG	SD	Df	t	p
	14.55	2.395	24.15	2.412	38	12.631	Sig**

Note: EG: experimental group, CG: control group \*\* sig.0.01



**Figure 1: Comparison of Mean in Pre and Post-test results on Stress for the EG and CG of parents.**

The figure shows the Pre-test, Post-test Mean, SD, t-score, and the significance level of stress among the parents in the EG and the CG. There was a significant difference in the Mean performance in the post-test of both the groups.

The 20 participants who received the intervention Experimental Group (M=14.55, SD= 2.395) compared to the 20 participants in the Control Group (M =24.15, SD=2.412) demonstrated significantly reduced Stress,  $t(12.63) = p < 0.05$  as can be seen from above table. The results indicate that the psychoeducational intervention was effective in significantly reducing Stress among parents of children with Intellectual Disability in the experimental group.

**DISCUSSION**

Parents’ psychological well-being is of prime importance. The research emphasized intervention programs to reduce parental stress. The psychoeducational intervention increased the parents' ability to understand, use, monitor, and manage their own emotions in an enhanced manner which not only relieved stress but also helped intervention programs to reduce parental stress (Davis, 1985; Schilling & Schinke 1984), because high levels of parental stress may, parents may behave in ways that negatively affect the functioning of children with disability (Hastings 2002). Studies suggest that parents who experience higher stress levels interact differently with their children, compared to parents who experience

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lower stress levels, and they respond differently to their children's problematic conduct (Conger, R., Patterson, G.R., & Ge, X., 1995).

According to Patton et al (2018), caring for children with intellectual disabilities increases the risk of physical health conditions that are etiologically associated with chronic stress. such as obesity, cardiovascular diseases, autoimmune diseases, and gastrointestinal disorders. chronic stress may also increase the risk of marital disruption and family breakdown or dysfunction e.g., low cohesion.

In this context, Oh & Chang, 2014 proposed that a Psychoeducational intervention program should be conducted to modify or reform the child, caregivers, and/or family stressors and assist them in adapting to everyday challenges related to the care of children with intellectual disabilities and enable them to access to treatment resources they need to development and implementation of a psychoeducational program become an important element of to minimize psychological stress and improve adjustment among families caregivers of children with intellectual disabilities. The program also included professional counseling sessions in which participants were introduced to the practice of various stress management strategies (e.g. biofeedback, mindfulness), acceptance, and problem-solving skill strategies.

This method improved the psychological and mental health of parents and other caregivers.

The intervention in the study mainly focused on reducing stress. Psychoeducation given to parents in this study was conducted in groups. This method improved the psychological and mental health of parents and other caregivers.

The implementation of the program in groups can trigger the spirit and curiosity about the condition of the child in each member of the group, establish familiarity, encourage and support members to be frank with one another regarding the child's condition.

The implementation of the program carried out in groups indirectly improved the ability of coping in mothers, because through group sessions all perceived problems would be discussed then spontaneously caused reactions to support each other. Participants were engaged in fun game activities, yoga followed by asanas, mindfulness meditation, and practicing Self-care to build coping skills to deal with stress. Opening up, sharing their feelings and concerns, and counseling support during interventions gave them feelings of optimism.

Group psychoeducation helped respondents better articulate their emotions and encourage one another.

Psychoeducational intervention increases their knowledge, understanding, and coping skills to deal with stress. To take on challenges is also clearly brought out in the feedback received from the participants in the Post-test introspective questions. The intervention improved their child-rearing practices and coping with the stressors. As reported by 100% of the group. 65% of participant thought their capacity to manage stress before psychological intervention was very poor; 20% thought it was fair, only 15% thought it was Good and 0% thought it was excellent. The result shows that psychoeducational intervention can reduce stress levels among parents of children with intellectual disabilities (p-value sign -0.005)

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The results of the current study, the feedback analysis of the participants, and research evidence support the fact that Psychoeducational Intervention positively reduces stress among parents. Hence the hypothesis proposed that “The group of Participants who have undergone psychoeducational intervention will reduce stress as compared to the group of participants who have not undergone psychoeducational intervention” is supported and accepted.

### **Recommendations**

This study recommended that psychoeducation should be provided for caregivers caring for children with intellectual disabilities to offer appropriate information and psychological support and guide them to know how to deal with their child’s problems to decrease stress. Further research can be carried out within the scope of the intact family.

### **CONCLUSION**

The total level of psychological stress has significantly decreased post-implementation of the psychoeducational program. Most of the parents reported extra demands of care are the prominent factors, decreased leisure time and the other one being disturbed behavior of the child are the major factors, due to the high level of parenting stress among our studied samples, psychoeducational intervention is needed for parents to improve their diagnostic knowledge and coping skills, in turn, leads to enhanced their rearing and training practice for the better outcome of the child with an intellectual disability.

### **Abbreviations**

- **ID** - Intellectual Disability
- **CWID** - Children with Intellectual Disabilities
- **EG** - Experimental Group
- **CG** - Control Group

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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