

TimeLine

Effect of Cognitive Behaviour Therapy on Quality Life of Parents of Special Children

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ABSTRACT

The aim of the present research was to study the effect of cognitive behavior therapy on quality life of parents of special children. It is a field experimental study in which the parents of special children were given Cognitive Behaviour Therapy before and after administration of Quality of Life Scale of WHOQOL-BREF Scale of Orley (1996) in which cognitive behavior therapy was taken as independent variable and quality of life was taken as dependent variable. With the help of incidental purposive sampling technique 60 parents of special children were taken as a sample whose age ranged between 25 – 38 years. Results revealed insignificant difference on all the dimensions of quality of life scale as the parents of special children seem to display a higher burden and a significant impairment in their quality of life.

Key words: *Cognitive Behaviour Therapy, Quality of life, Special Children*

INTRODUCTION:

The presence of a child with disability in the family calls for a lot of adjustment on the parents and other family members.

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Although the unmet needs of parents of children with disabilities are universally linked to stress, there could be some cultural differences in the way this stress impacts parents and their quality of life (*Malhotra et al., 2012*).

Studies have reported that parents of children with various disabilities experience heightened stress, overburden and marginalization in society, sense of self blame, tiredness or exhaustion. Commenting that little attention has been given to the health outcomes of caregivers of disabilities, *Talley and Crews (2007)* identify care-giving as an issue that must be considered in the context of health (physical and psychological) that vary across the lifespan according to the characteristics and developmental levels of both caregivers and care recipients. Thus, it has been concluded that disability impacts the whole family and the determination of appropriate conceptualization of family outcomes requires an understanding of the impact of members' with disability on family members. This involves three main issues - 1) stress and care-giving burden and quality of life, 2) impact on family functioning and 3) eco-cultural adaptation. Care-giving and its related burden is considered to be an important aspect in determining the quality of life of caregivers. Quality of Life (QoL) as a concept has been increasingly accepted as an important outcome measure in patients and caregivers of chronic illnesses. QoL includes the conditions of life resulting from the combination of the effect of complete range of the factors such as those determining health, happiness and a satisfying occupation, education, social and intellectual attainments, freedom of actions and freedom of expression. The concept is further understood as an individuals' perception of their position in life in context of the culture and value systems in relation to their goals, expectations, standards and concerns (*Katschnig, 2006*).

CBT for parents of special children captures a broad range of behavioural treatments including those targeting operant learning processes, motivational barriers to improvement and traditional variety of other cognitive-behavioural interventions (*Raina et al., 2004*). Overall, these interventions have demonstrated efficacy in controlled trials and may be combined with each other or with pharmacotherapy to provide more robust outcomes.

Summers et al. (2005) found significant improvement in QoL of parents of special children over three months. The physical, psychological, social, and environment domains of QoL in subjects were significantly lower before treatment initiation than the healthy controls.

The study confirms poor quality of life in parents of special children before intervention. Regular follow-up in an out-patient setting along with the caregivers improve the compliance and enables the parents to pursue their work and take up other responsibilities. This enhances the self-esteem and achieves complete relaxation, thereby improving their quality of life.

Findings stress the need of public health officials to incorporate quality of life as an important measure to evaluate treatment outcome in parents of special children whose natural course consists of relapses. Treatment of quality of life with a favorable outcome is possible with minimal financial resources, regular follow up, and the involvement of caregivers. There is a need to create general awareness in public that special children require immediate attention.

Katschnig (2006) revealed that QoL improvement after a residential treatment was related to low QoL scores at admission. Improvement in physical component of QoL was

related to baseline and good somatic status. Improvement in mental component of QoL was related to other dependence.

Statement of Problem:

Keeping the above views the following problem is taken –
“**Effect of Cognitive Behaviour Therapy on Quality Life of Parents of Special Children**”

Objectives:

1. To know the level of quality of life among parents of special children
2. To reveal the effect of cognitive behaviour therapy on quality of life of parents of special children

Hypotheses:

In order to find out the effect of treatment on quality of life, certain expected relationship formulations were made. For the present research process, the following alternative hypotheses were formulated -

1. Parents of special children will be having poor level of quality of life.
2. There will be improvement in the perceived quality of life after cognitive behavior therapy.

Significance of the study:

The rationale behind these hypotheses is based on the studies of *Fizman & Wolf (1991)*, *Vitaliano et al. (2003)* and *Berill & Brown (2006)*.

Design:

This is a field experimental study in which the parents of special children were given Cognitive Behaviour Therapy before and after administration of Quality of Life Scale. In the present research, cognitive behavior therapy was taken as independent variable and quality of life was taken as dependent variable. The design of the research is as follows –

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Group	Pre Test	Treatment	Post Test
Parents of Special Children	Administration of Quality of Life Scale	Cognitive Behaviour Therapy (3 times in a week for 40 min.)	Administration of Quality of Life Scale

Sample:

The incidental purposive sampling technique is being used in the selection of sample. 60 parents of special children were taken as a sample whose age ranged between 25 – 38 years. The educational level for all the subjects was graduation and above. Only those parents of special children were selected, whose child was institutionalized. The sample was drawn from Jodhpur city of Rajasthan State. Before selection of sample, permission was taken from the authorities.

Tool:

For the present research study quality of life scale was the main tool selected and used for collecting the data. A brief description of these is given below –

1. **WHOQOL-BREF Scale of Orley (1996):** This scale measures the quality of life that looks at domain level profiles – Physical Health, Psychological, Social Relationships and Environment.
 - a. **Physical Health** – Activities of daily living, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest, Work Capacity.
 - b. **Psychological** – Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality/Religion/Personal beliefs, Thinking, learning, memory and concentration.
 - c. **Social Relationships** – Personal relationships, Social support, Sexual activity.

- d. Environment** – Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure activities, Physical environment (pollution/noise/traffic/climate), Transport.

Procedure:

Each subject was given the scale individually by the investigator. The scale was administered under proper and adequate testing conditions. All the instructions were strictly followed, which was given by the author of the scale in the manual. Session of test ended with an expression of thanks to the subjects for their cooperation.

All the subjects were given Cognitive Behaviour Therapy between Pre Test and Post Test Sessions. It was three times in a week and of 40 minutes for each session.

Scoring of the obtained data of the scale was done with the help of manual available for the scale used. After tabulating the scores, the data was statistically analysed, for significant difference.

RESULTS AND DISCUSSION

Table – 1: Showing Mean, SD and ‘t’ scores on Physical Health Dimension of Quality Life Scale.

Test	Groups	N	Mean	SD	‘t’
Physical Health	Before	60	17.80	3.38	1.12, NS
	After	60	18.51	3.61	

Table – 2: Showing Mean, SD and ‘t’ scores on Psychological Dimension of Quality of Life Scale.

Test	Groups	N	Mean	SD	‘t’
Psychological Dimension	Before	60	9.76	3.47	.28, NS
	After	60	9.58	3.69	

Table – 3: Showing Mean, SD and ‘t’ scores on Social Relationships Dimension of Quality of Life Scale.

Test	Groups	N	Mean	SD	‘t’
Social Relationship	Before	60	6.78	2.16	.55, NS
	After	60	7.01	2.41	

Table – 4: Showing Mean, SD and ‘t’ scores on Environment Dimension of Quality of Life Scale.

Test	Groups	N	Mean	SD	‘t’
Environment	Before	60	20.71	3.93	1.20, NS
	After	60	21.55	3.62	

Tables 1 to 4 indicate that on Quality of Life Scale the parents of special children have obtained higher mean scores in post test session on PH. (M = 18.51, SD = 3.61), SR. (M = 7.01, SD = 2.41) and E. (M = 21.55, SD = 3.62) as compared to their pre test sessions (M = 17.80, SD = 3.38), (M = 6.78, SD = 2.16), (M = 20.71, SD = 3.93) respectively. But no significant difference was found between both the sessions on PH. (t = 1.12), SR. (t = .55), E. (t = 1.20) which reveals that CBT has no effect in post test session as the subjects were still dependent on medicinal substances & medical aids as in pre session. After CBT, no significant change is reported among the subjects for their quality of life. Hence, the characteristics like experiencing pain & discomfort, often feeling fatigue & sleepy & their working efficiency was affecting. As far as personal relationship & sexual activity is concerned, it was also found to be similar in both the sessions. The home environment, financial resources & social support also did not improved as cognitive behaviour therapy had no impact on quality of life of the subjects. Quality of life as regard to health & social care was accessible as before. On dimension P. of Quality of Life Scale the parents of special children have obtained higher mean scores in pre test session (M = 9.76, SD = 3.47) than in post test session (M = 9.58, SD = 3.69). Insignificant difference was found between both the

sessions on P. ($t = .28$). Here also, CBT has no impact on the psyche of the subjects because when they were getting opportunities for acquiring new information & skills, they were not able to make use of their thinking, learning, memory & concentration. They were possessing faith in religion & were thinking that the almighty will be taking care of them. It also shows that the subjects were reluctant and do not want to change their life style.

The present findings seem to be in support with *Hedov et al. (2000)* which confirms poor quality of life in parents of special children before intervention. The regular follow-up with the family members in out-patient setting enables the patients achieve complete abstinence, thereby improving their quality of life. *Summers et al. (2005)* stated that emotional incompetencies may disturb the emotional reactivity of parents of special children that may lead to serious consequences in coping with life, escape from boredom, and relief from pain, stress and strain, just to maintain a high sense of self-esteem and to expand ones' consciousness. Thus, the problems in adjustment appear to be an altered state of the parents that arises as a consequence of adaptive failure and non-adaptive challenge. It can be classified as frustration, conflict and pressure, all of which are closely related. It is a necessary positive force leading to effective work and maintenance of good health.

CONCLUSION:

Thus, it can be concluded that parents of special children seem to display a higher burden and a significant impairment in their quality of life. These finding must be taken into account in policy making to provide better and more specific supports and interventions for various disabilities. More attention should be given to parents' (and in particular mothers') needs. Social support and different coping strategies should be developed to respond positively to individual changing needs and in buffering

parents from the stress of having a child with disability. New research should be conducted to measure the effectiveness of these strategies. In addition, effective and sustainable psycho-social programs are needed to provide necessary support for the special needs of the children and their families. Special children are a part of society and require special attention. The Indian approach fully recognizes that in a traditional society, social support is a vital input in bringing the erring individuals back to the mainstream.

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Conflict of Interest:

The authors colorfully declare this paper to bear not conflict of interests

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