

Efficacy of Parent Training Programme in Rehabilitation and Education of Young Adults with Intellectual Disability in Haryana, India

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ABSTRACT

Persons with intellectual disability (ID) have right to live and to receive recognition. There is a strong need to strengthen the social, emotional, physical, and personal support systems among the families of these ID people and the society at large.

Aims: To assess the effectiveness of parent training programs for children with ID in enhancing the social-recreational-cultural activities.

Methods: Binet-Kamat Test of Intelligence and Quality of Life Scale for Persons with Disabilities was used. Analysis of covariance (ANCOVA) was applied to measure the changes in pre-test and post-test scores obtained by the participants in experimental and waitlist-control group before and after the Parent Training Programme.

Results: Parent training programs for individuals with intellectual disability are a practical and important intervention for enhancing the quality of life of parents as well as persons with ID, especially in the area of rehabilitation and education.

Conclusion: Parent training is a highly effective way to support parents and caregivers of individuals with intellectual disabilities (ID). Research has consistently shown that parent training can lead to significant improvements in various areas, including: Improving behavioral management, Enhancing communication, Increasing adaptive skill, Better emotional regulation: Increasing confidence and empowerment.

Keywords: Developmental disability, Activity restriction, Participation restriction, Parent management training.

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INTRODUCTION

Intellectual disability (ID) contributes to 10.8% of the burden in India (Shidhaye R (2020)). Parents of children with ID undergo untold amount of misery and emotional distress. There is caregiver strain due to unusual demands (including disrupted family and social relationships, parental distress, guilt). Parents face myriad of challenges while providing care to them. These challenges are often under reported, and affect their quality of life and increase their family burden. These parents feel a sense of failure, helplessness, and guilt (Dervishaliaj, 2013). It has been found that both parents of children with ID perceive an equal amount of family burden and poor psychosocial wellbeing and poor quality of life. Especially mothers of children with ID displayed lower physical health, impairment in social relationships, their psychological state, and poorer perception of the environment. Parents of children with ID have also been perceived as having poor psychosocial well-being. Negative correlations have been found between Quality of life, Family burden among parents

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of ID (Singh et al. 2016, Kumar et al. 2019, Rathee et al. 2019, Kumar et al. 2020, Kumar et al. 2021). Parenting children with ID may lead to difficulties with family functioning, parenting stress, and different parenting styles (Cuzzocrea et al. 2011). Parent Training programs (PTP) are organized in a purposeful, significant manner and it improves overall development of children with ID. Recreational activities play a key role in

integration the children with ID in the environment and society. Recreation has positive impact on individuals with ID, and gives them opportunities to engage (McMahon, 1998; McDonnell et al., 2018). Curtin et al. emphasize the need to provide physical and recreational activities for persons with Ids. Participation in leisure activities is a prerequisite for human development and has the potential to satisfy the basic social and psychological needs of persons with disabilities [Lord E & Patterson, 2008].

Parents are an integral part of the multi-disciplinary team. Approaches to collaborating with professionals and parents must be flexible. PTP of individuals with ID could be more effective. PTP provides parents with knowledge, guidance, and understanding about their children and how to respond to them positively, nurturing, and proactively. It has helped the parents increase their confidence and reduce the family burden. Evidence shows that parent training interventions for parents of children with ID may aid in parenting. However, given the low quality of the evidence for PTP, the results should be interpreted with caution. There is need to evaluate the effectiveness of parent training for parents with ID. (Coren et al., 2018). Hence, the study attempted to examine the difference between the experimental group and control

group regarding Quality of Life of Children with ID on rehabilitation, and education in terms of support, access, participation, and satisfaction, after the PTP.

Methods

Experimental research design before and after with waitlisted-control group was used to examine the effect of PTP on the quality of life of parents of children with ID. The study was conducted in three districts of Haryana namely Rohtak, Jhajjer, and Sonipat .

Participants

A 240 children ID was recruited for the study, of which 120 persons had mild ID, and their 120 parents (both mother and father) were also recruited. Further, 60 parents were randomly allotted in the experimental and control group respectively.

Tools Used

Binet-Kamat Test of Intelligence (Indian Adaptation) was used to assess the Intelligence Quotient (IQ) of the ID children to identify their level of intelligence (Kamat,1934). Under the supervision of first author (AP) BKT was administered. The Quality of Life Scale for Persons with Disabilities by Mishra (2001) was used to measure the rehabilitation and education dimensions of children with ID.

Table 1: Showing Socio-demographic details of the study and control group

<i>Variable</i>	<i>Item</i>	<i>Experimental group (N = 60) N (%)</i>	<i>Control group (N = 60) N (%)</i>
Age	Mean± SD	34 ± 7	30.92 ± 3
Gender	Male	18 (30%)	10(16.67%)
	Female	42(70%)	50(83.33%)
Residence	Urban	45(75%)	34(56.67%)
	Rural	15(25%)	26(43.33%)
Marital status	Married	50(100%)	50(100%)
Occupation	Unemployed	12(20%)	3(5%)
	Housewife	40(66.67%)	43(71.67%)
	Salaried	6(10%)	7(11.67%)
	Business\self employment	2(3.33%)	7(11.67%)
Religion	Hindu	58(96.67%)	57(95%)
	Sikh	2(3.33%)	3(5%)
Education	Illiterate	23(38.33%)	1(1.66%)
	< Secondary	25(41.67%)	33(55%)
	> Secondary	12(20%)	28(43.33%)
Family type	Joint	25(41.67%)	32(53.53%)
	Nuclear	35(58.33%)	28(46.67%)

Table 2: Study Design

	<i>Pre-test</i>	<i>Post- Test</i>
Experimental Group	60 Parents (Both Father & Mother)	60 Parents (Both Father & Mother)
Waitlisted Control Group	60 Parents (Both Father & Mother)	60 Parents (Both Father & Mother)

Procedure

The study was divided into two phases. In the first phase of the study, permission was obtained from the special schools in Haryana. The Binet-Kamat Test of Intelligence was administered to 200 individuals with ID between the age group of 15 and 25 years. Out of 200 individuals with ID, 60 individuals in the experimental and another 60 individuals in control groups were randomly allotted. The selected sample of 120 children in experimental and control Group with ID were administered the quality of life scale for persons with disabilities," individually to examine their quality of life. **In the second phase**, PTP was conducted for the experimental group at regular intervals (quarterly) for two days (each day for 06 hours) throughout one year for the parents. They were exposed to PTP through different modes, i.e., lectures method, providing written materials, audio-video presentations, individual and group counseling, role plays, and Group discussions, etc. In the PTP, many topics related to ID and its issues were taken, which are as follows: (a) Stress Management/Coping Strategies, (b) ID (Issues and Management), (c). Misconceptions about Mental Retardation. (d). Behavior Modification (e) Training to Children with ID (f) Child Abuse, (g) Role of Families and Parents. (h) Govt. Schemes and Benefits. (i) Points to be remembered. After one year of training, all the subjects, i.e., 60 parents (Both father and mother) in the experimental and 60 parents (both father and mother) in the control Group, were re-assessed to assess the efficacy of a parent training program on the quality of life scale for the children with ID. ANCOVA was applied to measure the changes before and after PTP regarding quality of life of children with ID.

RESULTS

Table 3 showed an F value of .125, which is not significant at a .05 level of significance, indicating no significant difference between the experimental and control groups on their pre-test scores, i.e., the independent variables and covariate, that is, the outcome is not different across the group and satisfied the assumption to apply Analysis of Covariance.

Table 4 showed the F value 1.71, which is not significant at a .05 level of significance, indicating no difference in the between-subject effects on group time pre-test and thus satisfied the assumption of homogeneity of regression to

qualify for analysis of covariance to test the significant difference between experiential and control group on the dependent variable, i.e., post-test scores of Rehabilitation and Education dimension of the quality of life of the children with mental retardation with covariate independent variable, i.e., pre-test scores of Rehabilitation and Education dimension.

After applying analysis of covariance to test the significant difference between the experimental group and control group on the dependent variable, i.e., post-test scores of the Rehabilitation and Education dimension of quality of life of the children with ID, the F value came out to be 55.22** which is significant at .01 level of significance (Table-5) and the mean values of post-test scores of the experimental group (21.63) and the control group (19.57) revealing the significant improvement on the Rehabilitation and Education dimension of quality of life of the children with mental retardation in the experimental group than the control group.

DISCUSSION

The present study was designed to see the effect of PPT on the rehabilitation and education dimension in terms of its four domains, support, access, participation, and satisfaction, after the Parent Training Program. Table(4) reveals the significant improvement in the dimension of quality of life of the children with ID in the experimental group compared to the control group. In Table 4, the F value came out to be 55.22**, which is significant at a .01 level of significance, and the mean values of post-test scores of the experimental and control groups came out to be 21.63 and 19.57, respectively. The higher mean value of the experimental group in their post-test scores indicates a significant improvement in the Rehabilitation and Education dimension of the quality of life of the children ID in the experimental group than the control group. This reveals the significant difference in the experimental and control groups

Table 3: Quality of Rehabilitation and Education Dimension of Quality of Life of the Children with ID

<i>Source</i>	<i>Sum of squares</i>	<i>df</i>	<i>Means square</i>	<i>F value</i>
GROUPS (Pre-Test scores)	.408	1	.408	.125
Error	386.990	118	3.280	
Total	45764.250	120		

Table 4: shows the scores of quality of rehabilitation and education dimensions of quality of life of the children with ID in the experimental and control groups to test the regression homogeneity

Source	Sum of Squares	df	Means square	F value
GROUPS* (Pre-Test scores)	168.297	1	168.297	1.713
Error	11493.433	117	98.234	
Total	1381324.000	120		

Table 5: The F Value Table shows the difference between the experimental and control groups regarding the rehabilitation and education dimensions of the quality of life of the children with ID in the post-test.

Source	Sum of squares	df	Means square	F value
GROUPS (Post Test scores)	117.471	1	117.471	55.222
Error	248.888	117	2.127	
Total	51515.500	120		

on the health and wellness dimension of the quality of life of the children with ID or the improvement in the quality of life of these children on its rehabilitation and education dimension in the experimental group than the control group after the PPT. The earlier studies support the result of the study. It has been mentioned that education is important for all children but even more important for children with disabilities or special needs, as it can mean the difference between a socially fulfilling, intellectually stimulating, and economically productive life and a future with few of these qualities (Aron, & Loprest, 2012). Education and rehabilitation also have the potential to affect the health of children with ID by strengthening their abilities to advocate for themselves, manage chronic health conditions, and finally improve their quality of life during childhood and later in life. Further, many disabilities are actually manifestations of physical or mental limitations within specific social or environmental contacts and of the behavioral or performance expectations of socially defined roles, which are the challenges that can only be answered through rehabilitation and education of these children along with the education and awareness of their parents. Rehabilitation and community-based rehabilitation is a strategy for equalizing opportunities, poverty reduction, and social inclusion of persons with disabilities, which strengthen the physical and psychological well-being of children with ID against the demanding conditions of society in the area of health, social, and educational and more over empowerment and livelihood. (Krishnamurthy, 2011)

Drossman et al. (2000) probed the effect of family training on the feelings of sadness, tiredness, guilt, and psychological pressure of parents with ID. At the end of this training

program, the parents had a greater feeling of success and reported fewer problems and better abilities for making decisions. The parents with ID were increasingly vulnerable to stress and other problems related to mental health, and this stress negatively affected the ID children. The training of stress management techniques to parents of ID children resulted in a reduction of social avoidance style, negative attributions to the child, and improvement of affective relations and enhancement of parents' mental health as well as their children (Anthony et al. 2007). Trostre (2001) explained that teaching strategies for effective coping with mental pressures to parents of children with ID had positive effects on the reduction of their stresses and mental health improvement of both the parents and children with ID. Parents' training of individuals with ID is effective in enhancing the quality of life of individuals with ID. At present, it demands our society to achieve the goal of positive mental health and enhance the quality of life of an individual with ID as well as their parents. So, professionals/policymakers/researchers are responsible for accepting this challenge and providing care to this vulnerable and needy person.

The professionals (mainly special educators/mental health professionals) can help the parents cope with the crisis by examining the resources of the Family, including role structure and emotional and financial stability. They can help them deal effectively with the situation (Kumar et al. 2019). It has been observed that PTP of children with ID effectively enhances the quality of life dimensions of income, access, and maintenance of Individuals with Intellectual Disability (Paswan & Kumar 2021). Recent findings also support the present study that there was a significant difference between the experimental and control groups, and the quality-of-life perceptions of the parents with ID who participated in the training improved. (Paswan & Kumar 2021). Training and care of ID persons in India is a serious challenge for those who are connected in any way for planning, financing, or providing services for ID persons and their families. PTP is effective and important for enhancing Social-Recreational-Cultural activities and the quality of home and community living dimensions of the quality of life of children with ID.

The lack of these targeted parenting programs in the community may be a substantial barrier and vary by geographic location. Specific training of professionals regarding how to help parents with ID and an evolving disability funding environment is required. It may create a new pathway to support these needy parents. (Paswan & Kumar 2024a, Paswan & Kumar 2024b). The approaches to the collaboration of professionals and parents with ID must be flexible in considering differing family situations and philosophies. May & Harris K (2020) emphasized better quality research and longer-term follow-up studies are needed, with increased inclusion of fathers. The

lack of these targeted parenting programs in the community may be a substantial barrier and vary by geographic location. Specific training of professionals in how best to help parents with intellectual disability and associated service development in an evolving disability funding environment may create a new pathway to support these parents in need. This meta-analysis on the effectiveness of interventions targeting the parent-child relationship in families of children with intellectual disability identified a significant effect of intervention in improving the parent-child relationship and medium to significant effects on child outcomes. (Fang, et al 2022, Kulasinghe, et al, 2023).

Limitations

Few limitations of this study may be addressed in the future (a) the present research is delimited to children having mild and moderate levels of mental retardation (b) delimited to only two dimensions of quality of life.

CONCLUSION

PTP is effective and important for enhancing the rehabilitation and education dimension of the quality of life of children with ID. PTP of individuals with ID is the practical interventional approach. The lack of availability of these targeted parenting programs in the community may be a substantial barrier and vary by geographic location. Specific training of professionals regarding how to help parents with ID and an evolving disability funding environment is required. It may create a new pathway to support these needy parents.

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