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Original Research Article

Effect of counseling process in reducing the psychological problem experienced by parent of mentally challenged children

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ABSTRACT

Mentally challenged condition of a child is not a disease. It is a condition of mental deficiency, a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control or external support. The conceptual framework of the study was based on Orlando Nursing process theory. Orlando spokes about "The Dynamic nurse-patient relationship", her theory reflects her belief that nursing practice should be based on the needs of the patient. The essence of her theory is its focus on the patient and his needs and the communicative interface between nurse and mothers. A pre-experimental, One-group pre-test post-test design was undertaken for the study. The independent variable for the study was the counseling process and the dependent variable was stress and anxiety of the parent of mentally challenged children selected special schools. The study was conducted in various special schools of M.P. The samples for the study were the parent of mentally challenged children selected special schools and the sample size for the study were 200. Non- probability purposive sampling technique was utilized to select the sample from the population. The data collection instrument was the Perceived Stress Scale and Hamilton Anxiety Scale to assess the stress and anxiety of the parent of mentally challenged children. After assessing stress and anxiety Counselling process was implemented for 30 minutes for 6 days. After intervention on 7th day the post-test knowledge was assessed. The investigator terminated the data collection process by thanking the respondents for their co-operation & participation. Mean percentage and standard deviation was used to explain the background variables. Chi-square was used to measure the association of background variables of patients. 't' test was used to assess the effectiveness of Counselling process to of mentally challenged children. The findings of the study have proved that there was a significance reduction in stress and anxiety among 200 mothers of mentally challenged children after administration of counseling process. In the pretest, 30 (15.0%) participants had low stress, 120 (60.0%) participants had moderate stress and 50 (25.0%) participants had high stress. Then intervention in the form of counseling was given and the same questionnaire read ministered. In the posttest, 120 (60.0%) participants had low stress, 50 (25.0%) participants had moderate stress and 30 (45.0%) participants had high stress. Thus, there was a decrease in the perceived stress level after counseling. In the pretest, 40 (20.0%) participants were having mild to moderate severity and 160(80.0%) participants were having moderate to severe severity. Then intervention in the form of counseling was given and the same questionnaire read ministered. In the posttest, 130 (65.0%) participants were having mild to moderate severity and 70 (35.0%) participants were having moderate to severe severity.

1. Introduction

Mentally challenged condition of a child is not a disease. It is a state of mental inadequacy, a condition of deficient

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mental development of such a sort & degree, that the individual is unequipped for adjusting to the ordinary condition of his colleagues so as to keep up presence freely of oversight, control or outer support. Parents & guardians assume a significant job in helping children to develop and create to their maximum capacity. As children grow in the families they most essentially rely upon their parents or guardians for basic needs support such as food, shelter, education, protection & care at all times but especially during life difficulties & times of crisis.[1] Mental clutters in childhood & adolescence can be constant & very upsetting, requiring appropriate consideration, help & support from caregivers.[2]

Thus, guardians & relatives living with children with psychological instability have extra duties & roles to care for them as they do for other healthy children. In this investigation 'children' signifies any male or female people not over twelve years old, & a 'parent' is a biological mother or father or anybody who assumes that role. A natural mother or father or anyone who expect that job. The significance of family support for the growth & development of children & the job it plays as a determinant of whether children will get mental health care or not, cannot be overemphasized.[3]

Diagnosis of intellectual disability in children incites a time of disequilibrium followed inevitably by a change in accordance with existence with or without undue strain. There are various stresses which develop & reemerge after some time. Discrepancies between expectations & the performance of the disabled child continue bringing feelings of unhappiness.[4]

A parent shows a series of responses in the wake of realizing that their child is disabled. These incorporate shock, denial, guilt, regret, rejection dismissal & acceptance. Questions like 'why me?' 'How might it be?'[5] continue rising without answers, which undergo terrific guilt feelings, experience intense distress, have strong under expectations of achievement, may have unreasonable objectives, might need to get away from structure responses & ultimately go to acknowledge the child.

2. Need for the Study

Mental retardation makes a person incapable of living an independent life. In India, family bears the main burden of caring for such persons unlike in the developed world. Family members, particularly parents, are more affected by the condition. Normally the people in the society & the professional workers do not feel the actual stress & the burden to the extent it is experienced by the family members of the MR child.[6] There is need to find out how disability due to mental retardation is affecting parents of such persons in order to help those who are having negative impact &to find out how they are positively affected so that others can be helped in the same manner. Aim of this study was to know the type of impact of having a MR child on the parents.[7] From the above investigations it shows that there is need of certain treatments or counseling session in elevating the parent's knowledge on mental health issue & their impact. Counseling session may help parents to deal with the stress & anxiety & psychological issues.[8]

As a specialist or examiner himself felt that absence of stress management in the parents of mentally challenged children. So the researcher planned to give counseling to parents to manage the psychological problems.[9]

2.1. Problem statement

A study to determine the effectiveness of counseling process in reducing the psychological problem experienced by parent of Mentally Challenged children of selected special schools at Madhya Pradesh.

3. Objectives

1. To assess the pre-test & post test score of psychological problems of parent of mentally challenged children before and after counselling session.
2. To evaluate the effectiveness of counseling process in reducing the psychological problems experienced by parent of mentally challenged children.
3. To determine the association of pre-test score stress and anxiety of parent anxiety of parent of mentally challenged children with their selected demographic variables at $P<0.05$ level.

3.1. Hypothesis

H1 -There will be significant difference between pre and post counseling session score of parents of mentally challenged children.

H2 - There will be significant association of stress and anxiety pre-test score of parent of mentally challenged children with their selected demographic variables at $P< 0.05$ level.

3.2. Assumptions

1. Parent of mentally challenged children may have some psychological problem.
2. Counseling process may be reduce psychological problem of parent of Mentally challenged children.
3. Acceptability of counseling process among parent.
4. Parent may give their free, frank & honest response.

3.3. Delimitations

1. This study is delimited to the mothers of moderately of mentally challenged children.
2. This study is delimited to special schools of M.P.

3. This study is delimited to mentally challenged children of 8-12 years.

4. Research Methodology

4.1. Research approach

Research approach used id qualitative approach based on numerical data, or quantities, and is concerned with the detection of general laws and examination of aggregated views.

4.2. Research design

t is the pre-experimental design. In this design, the investigator introduces base measures before and after treatment. This design is widely used in educational research. In this study, one group pre-test post-test design was used for assessment of the level of stress and anxiety, before and after counseling process on parents of mentally challenged. The level of stress and anxiety regarding counseling process was again assessed using the same tool. The difference in the score was examined to evaluate the effectiveness of counseling.

5. Research Variables

5.1. Independent variable

An independent variables is the variables that stands alone and is not dependent on any other. In the present study, the independent variable refers to counseling process.

5.2. Dependent variable

The dependent variables is the variables that the in the present study, dependent variable refers to the level of stress and Anxiety.

5.3. Extrageneous variables

Socio demographic variables like age, religion, educational status, occupational, family income, type of family, Numbers of children, Gender of affected child, Family history of mentally challenged, and Marital status of mother.

5.4. Settings of the study

The current study Was conducted in Selected Special School of Indore, Dewas, Ujjain, Bhopal and Dhar district of M.P. the selection of the setting was done on the basis of feasibility of conducting the study, availability of the subject and cooperation the authorities.

5.5. Area of the data collection

In Madhya Pradesh there are 548 special schools. In this present study area of data collection are Indore, Dewas, Ujjain, Bhopal and Dhar district of M.P.

A written permission was obtain from the respective authorities prior to data collection and pilot study. The study was conducted at selected special schools are as follows:

Table 1: Area of data collection

S. No.	Name of the special schools	No. of samples
1	Rotary club Indore	60
2	Parth women and special child development society, Indore	25
3	Indore society for mentally challenged, Indore	20
4	Samarth psychotherapy and counseling centre, Indore	30
5	Saksham special school, Dewas	25
6	Premsagar special School, Ujjain	20
7	Shalom special school for mentally challenged, Dhar	20

5.6. Population

5.6.1. Target population

Target population is the entire population in which the researcher is interested and would like to generalize the results of the study. Target population, which represent the entire group or all the elements like individuals or objects that meet certain criteria for inclusion in the study.

In this study target population: All parent of mentally challenged children in selected special school of Madhya Pradesh.

5.6.2. Accessible population

Parents of mentally challenged children in selected special school of Madhya Pradesh who are present at the time of data collection and meeting inclusive criteria.

5.7. Sample and sampling size

Sample: 200, In this study, sample consisted of parent of mentally challenged children in selected special school of M.P.

5.7.1. Sample technique

In the present study, Non probability Purposive sampling technique.

5.8. Inclusion criteria

1. Parent who is taking care for mentally challenged children in selected schools of M.P.
2. Parent mentally challenged children of 8-12 years.
3. Parent of Mentally challenged children who are willing to participate in the study.
4. Parent of mentally challenged children who are available at the time of data collection.

5. Parent of mentally challenged children those who can understand Hindi or English.

5.9. Exclusion criteria

1. Parents of mentally challenged children who are not interested in study.
2. Mentally challenged children above 12 years.
3. Parent of mentally challenged children who do not know Hindi and English.
4. Parent of Mentally challenged children who are not available at the time of data collection.

5.10. Description of the final tool

Section I: Demographic Data: Included Socio-demographic variables contain 10 items like age, religion, educational status, occupational, family income, type of family, numbers of children, gender of affected child, Family history of mentally challenged, and Marital status of mother.

Section II: Consist of standardizes tools to assess Stress level of the parents of Mentally challenged children administering Perceived Stress Scale with 10 items.

Table 2: Distribution of perceived stress scale score

Level of Stress	Score
Low Stress	0-13
Moderate Stress	14-26
High Perceived Stress	27-40

The score is allotted to the subjects who gives answer

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often

Reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this:

0 = 4
1 = 3
2 = 2
3 = 1
4 = 0.

Section III - Consist of standardizes tools to assess Anxiety level of the parents of Mentally challenged children administering Hamilton Anxiety Scale with 14 items.

Table 3: Distribution of hamilton anxiety scale score

Level of Anxiety	Score
Mild Severity	<17
Mild to Moderate Severity	18-24
Moderate to Severe	25-30

The score is allotted to the subjects who gives answer

0 = Not present
1 = Mild
2 = Moderate
3 = Severe
4 = Very severe.

Pilot study: A small-scale version, or trial run, done in preparation for a major study.

Table 4:

S.No	Name of the schools	No. of samples	No. of samples	Total Sample
1.	Anubhuti vision sewa sansthan	30	30	30

The predominant objective of the pilot study was to help investigator to become familiar with use of tools and find out any difficulties while conducting main study. It aimed to assessed the feasibility of the study, becoming more familiar with the procedure and makes plans for analysis.

The sample size for pilot study was 30 were taken from which subject was excluded from main study. Data for pilot study were collected from subjects who fulfilled the inclusive criteria. The purpose of the study was explained to the subject. Pretest was conducted and counseling was given. After one week posttest was administered using the same tools which was used in pretest.

Data was analyzed by statistical test. The pilot study did not show any change in the design of standard tool used by researchers.

Table 5: Comparison of the pre-test and post-test of PSS on parent of mentally challenged children

Group	No.	Perceived Stress Score [Mean ± SD]	't' value	P value
Pretest	30	26.27± 2.49	18.764, df=29	P<0.05
Posttest	30	21 ± 1.87		

The mean PSS posttest score was 21 lower than PSS mean score of pretest 26.27. The mean difference between the score of pretest and posttest significance at ($p<0.05$) level.

Table 6: Comparison of the pre-test and post-test of hamiltonanxiety scale on parent of mentally challenged children

Group	No.	Hamilton Anxiety Score [Mean ± SD]	't' value	P value
Pretest	30	42.33 ± 4.12	4.408, df=29	P<0.05
Posttest	30	25.1 ± 4.08		

The mean Hamilton Anxiety Scale posttest score was 25.1 lower than Hamilton Anxiety Scale mean score of pretest 42.33.

6. Result and Discussion

Section A: Demographic variables of primary mothers.

Section B: Assessment of pretest and posttest of perceived stress scale

The Table 8 shows the distribution of participants according to pretest and posttest perceived stress level. In the pretest, 30 (15.0%) participants had low stress, 120 (60.0%) participants had moderate stress and 50 (25.0%) participants had high stress. Then intervention in the form of counseling was given and the same questionnaire readministered. In the posttest, 120 (60.0%) participants had low stress, 50 (25.0%) participants had moderate stress and 30 (45.0%) participants had high stress.

Section C: Assessment of pretest and posttest of Hamilton Anxiety scale.

The Table 9 shows the distribution of participants according to pretest and posttest Hamilton Anxiety Score. In the pretest, 40 (20.0%) participants were having mild to moderate severity and 160 (80.0%) participants were having moderate to severe severity. Then intervention in the form of counseling was given and the same questionnaire readministered. In the posttest, 130 (65.0%) participants were having mild to moderate severity and 70 (35.0%) participants were having moderate to severe severity.

Section D: Effectiveness of counseling process to reduce psychological problems of parent of mentally challenged children.

The Table 10 shows the comparison of pretest and posttest knowledge score. The mean pretest perceived stress score was 23.35 ± 5.16, while the posttest perceived stress score was 16.25 ± 5.49. The difference was found to be statistically significant ($p<0.05$), showing a significantly lower posttest perceived stress score in comparison to the pretest perceived stress score. Thus, the intervention was helpful in reducing the perceived stress score.

The Table 11 shows the comparison of pretest and posttest knowledge score.

The mean pretest anxiety score was 27.60 ± 2.42, while the posttest anxiety score was 23.90 ± 3.07. The difference was found to be statistically significant ($p<0.05$), showing a significantly lower posttest anxiety score in comparison to the pretest anxiety score. Thus, the intervention was helpful in reducing the anxiety score.

Section E: Association between demoghraphic variable and pretest score of perceived stress scale.

The Table 12 shows the association between demographic variables and pretest perceived stress score.

The test of association was done between age, religion, education, occupation, family income, type of family, number of children, gender of affected child, family history of mentally challenged and marital status of mother with pretest perceived stress score.

Table 7: Distribution of participants according to demographic variables

S. No.	Demographic Variable	Number	Percentage
1.	**Age**		
	20-25 years	0	0.0
	26-30 years	67	33.5
	31-35 years	120	60.0
	36-40 years	13	6.5
2.	**Religion**		
	Hindu	56	28.0
	Muslim	70	35.0
	Christian	74	37.0
	Others	0	0.0
3.	**Education**		
	Primary	56	28.0
	Higher education	55	27.5
	Graduate	84	42.0
	Professional qualification	5	2.5
4.	**Occupation**		
	Housewife	88	44.0
	Government	112	56.0
	Private	0	0.0
	Other	0	0.0
5.	**Family Income**		
	Rs. 10000-Rs. 15000	35	17.5
	Rs. 15000-Rs. 20000	22	11.0
	Rs. 20000-Rs. 25000	107	53.5
	Rs. 25000-Rs. 30000 and above	36	18.0
6.	**Type of Family**		
	Nuclear	65	32.5
	Joint	82	41.0
	Extended	53	26.5
7.	**Number of children**		
	One	33	16.5
	Two	112	56.0
	Three	55	27.5
	Four	0	0.0
8.	**Gender of affected child:**		
	Male	90	45.0
	Female	110	55.0
9.	**Family history of mentally challenged:**		
	Yes	71	35.5
	No	129	64.5
10.	**Marital status of mother**		
	Married	160	80.0
	Separated	24	12.0
	Widow	0	0.0
	Divorced	16	8.0
	Total	200	100.0

Table 8: Distribution of participants according to pretest and posttest perceived stress

Perceived Stress	Pretest		Posttest	
	No.	%	No.	%
Low stress (0-13)	30	15.0	120	60.0
Moderate stress (14-26)	120	60.0	50	25.0
High stress (27-40)	50	25.0	30	15.0
Total	200	100.0	200	100.0

Table 9: Distribution of participants according to pretest and posttest hamilton anxiety level (HAM-A)

Hamilton Anxiety Score	Pretest		Posttest	
	No.	%	No.	%
Mild severity (<17)	0	0.0	0	0.0
Mild to moderate severity (18-24)	40	20.0	130	65.0
Moderate to severe (25-30)	160	80.0	70	35.0
Total	200	100.0	200	100.0

Table 10: Comparison of mean pretest and posttest perceived stress score

Group	No.	Perceived Stress Score [Mean ± SD]	't' value	P value
Pretest	200	23.35 ± 5.16	14.674, df=199	P<0.05
Posttest	200	16.25 ± 5.49		

Paired 't' test applied. P value < 0.05, Significant

Table 11: Comparison of mean pretest and posttest hamilton anxiety score

Group	No.	Hamilton Anxiety Score [Mean ± SD]	't' value	P value
Pretest	200	27.60 ± 2.42	11.878, df=199	P<0.05
Posttest	200	23.90 ± 3.07		

Paired 't' test applied. P value < 0.05, Significant

There was a statistically significant association seen between the demographic variables – education, occupation, number of children and family history of mentally challenged with pretest perceived stress score (P<0.05).

There was no statistically significant association seen between the demographic variables – age, religion, family income, type of family, gender of affected child and marital status of mother with pretest perceived stress score (P>0.05).

Section F: Association between demoghraphic variable and pretest score of hamilton anxiety scale.

The Table 13 shows the association between demographic variables and pretest anxiety score.

The test of association was done between age, religion, education, occupation, family income, type of family, number of children, gender of affected child, family history of mentally challenged and marital status of mother with pretest anxiety score.

There was a statistically significant association seen between the demographic variables –occupation and marital status of mother with pretest anxiety score (P<0.05).

There was no statistically significant association seen between the demographic variables – age, religion, education, family income, type of family, number of children, gender of affected child and family history of mentally challenged with pretest anxiety score (P>0.05).

7. Summary

Family caregivers of people with substance process on anxiety abuse are exposed to psychological problems that diminish their life quality and satisfaction. The purpose of this study was to diagnose the efficacy of quality-of-life intervention on stress and life satisfaction of family caregivers of individuals with substance use problem counseling based on quality of life exerted a significantly positive impact on reducing the severity of stress and improving life satisfaction among family caregivers of individuals with stress and anxiety. Therefore, it is highly recommended that healthcare service providers incorporate this counseling approach use to increase the well-being and mental health of family caregivers.

8. Conclusion

The study concluded that the counseling process is effective in reducing the psychological problems of parent. The study recommended the utilization of counseling process by community health nurses, nurse researchers, nurse administrators, nurse educators and health care professionals to reduce stress and anxiety of mothers of

Table 12: Association between demographic variables and pretest score perceived stress scale

S. No.	Demographic Variable	Pretest perceived Stress Score			c2 value	P value
		Low Stress	Moderate Stress	High Stress		
1.	**Age:**					
	20-25 years	0	0	0		
	26-30 years	11	42	14	3.827,	0.430,
	31-35 years	18	72	30	df=4	NS
	36-40 years	1	6	6		
2.	**Religion**					
	Hindu	7	35	14		
	Muslim	10	36	24	6.672,	0.154,
	Christian	13	49	12	df=4	NS
	Others	0	0	0		
3.	**Education**					
	Primary	13	36	7		
	Higher education	7	35	13	15.082,	P<0.05
	Graduate	10	44	30	df=6	
	Professional qualification	0	5	0		
4.	**Occupation**					
	Housewife	4	59	25		
	Government	26	61	25	13.481,	P<0.05
	Private	0	0	0	df=2	
	Other	0	0	0		
5.	**Family Income**					
	Rs. 10000-Rs. 15000	6	19	10		
	Rs. 15000-Rs. 20000	4	12	6	4.077,	0.666,
	Rs. 20000-Rs. 25000	13	65	29	df=6	NS
	Rs. 25000-Rs. 30000 and above	7	24	5		
6.	**Type of Family**					
	Nuclear	11	42	12		
	Joint	13	50	19	5.093,	0.278,
	Extended	6	28	19	df=4	NS
7.	**Number of children**					
	One	2	17	14		
	Two	19	65	28	9.752,	P<0.05
	Three	9	38	8	df=4	
	Four	0	0	0		
8.	**Gender of affected child**					
	Male	14	55	21	0.249,	0.883,
	Female	16	65	29	df=2	NS
9.	**Family history of mentally challenged**					
	Yes	13	48	10	7.111,	P<0.05
	No	17	72	40	df=2	
10.	**Marital status of mother**					
	Married	23	93	44		
	Separated	5	14	5	4.778,	0.311,
	Widow	0	0	0	df=4	NS
	Divorced	2	13	1		
	Total	**30**	**120**	**50**		

Pearson chi-square test applied. P value < 0.05 was taken as statistically significant

Table 13: Association between demographic variables and pretest anxiety score

S. No.	Demographic Variable	Pretest anxiety Score			c2 value	P value
		Mild Severity	Mild to moderate severity	Moderate to severe severity		
1.	**Age**					
	20-25 years	0	0	0	1.176, df=2	0.555, NS
	26-30 years	0	16	51		
	31-35 years	0	21	99		
	36-40 years	0	3	10		
2.	**Religion**					
	Hindu	0	11	45	0.770, df=2	0.680, NS
	Muslim	0	12	58		
	Christian	0	17	57		
	Others	0	0	0		
3.	**Education**					
	Primary	0	16	40	4.286, df=3	0.232, NS
	Higher education	0	11	44		
	Graduate	0	12	72		
	Professional qualification	0	1	4		
4.	**Occupation**					
	Housewife	0	8	80	11.688, df=1	P<0.05
	Government	0	32	80		
	Private	0	0	0		
	Other	0	0	0		
5.	**Family Income**					
	Rs. 10000-Rs. 15000	0	8	27	2.599, df=3	0.458, NS
	Rs. 15000-Rs. 20000	0	6	16		
	Rs. 20000-Rs. 25000	0	17	90		
	Rs. 25000-Rs. 30000 and above	0	9	27		
6.	**Type of Family**					
	Nuclear	0	15	50	0.699, df=2	0.705, NS
	Joint	0	16	66		
	Extended	0	9	44		
7.	**Number of children**					
	One	0	5	28	1.617, df=2	0.446, NS
	Two	0	21	91		
	Three	0	14	41		
	Four	0	0	0		
8.	**Gender of affected child**					
	Male	0	19	71	0.126, df=1	0.722, NS
	Female	0	21	89		
9.	**Family history of mentally challenged**					
	Yes	0	18	53	1.971, df=1	0.160, NS
	No	0	22	107		
10.	**Marital status of mother**					
	Married	0	32	128	6.667, df=2	P<0.05
	Separated	0	8	16		
	Widow	0	0	0		
	Divorced	0	0	16		
	Total	**0**	**40**	**160**		

Pearson chi-square test applied. P value < 0.05 was taken as statistically significant

mentally challenged children.

9. Source of Funding

None.

10. Conflict of Interest

None.

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