

## Introduction of Life Skill Training among Caregivers of Behavioural Disordered Children: A Short Communication

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### ABSTRACT

A pretesting of a life skill intervention was conducted through workshop among caregivers of children with behavioural disorders as a part of an experimental study with the aim to introduce the selected domains of life skill training intervention and to test the understanding and acceptability. After obtaining ethical clearance and recommendation from the respective authority and formal permission of the head of the institution and consent from the respondent a two days workshop conducted in April 2022. A developed, translated and validated self administered questionnaire on i) awareness to behavioural disorders (except autism), b) communication, c) problem solving and c) stress management skills were introduced before and after the session among conveniently selected 16 caregivers. LST domains were conceptualized based on Life skill training module for adolescence and caregivers' skill training module by WHO. The contents were introduced in several teaching learning sessions using lecture, discussion, experience sharing, warm up, participant's activity, home work and doubt clearance. Feedback obtained from the participants to evaluate their perception, satisfaction and opinion. The findings depicted that majority (75%) of them were parent and majority of them were females, mean age of the participants were 28 years. Cent percentages of them had no life skill training prior. There is a statistically significant mean difference in knowledge questionnaire. More than ninety five (95.39%) percentage of them completely agreed to learn this

specific LST intervention. Cent percentage of them satisfied with the training sessions. Cent percentage of them completely agreed to suggest others to participate in this type of sessions. Mean post test PSS score were reduced indicating the intervention's impact on stress perception of the caregivers. The outcome of this workshop was submitted to the experts, suggestions were accepted, required modification ascertained and implemented in pilot study conducted at The Calcutta Medical College & Hospital, Kolkata, West Bengal.

**Keywords:** Life skill training intervention, Caregivers, Behavioural disorders, Communication skill, Problem solving skill

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**Objectives:** This article is intended to report the outcome of introducing and testing the life skill training intervention among caregivers of children with behavioural disorders.

## INTRODUCTION

Psychological health of the primary caregivers has an impact on the outcome of the behaviour of the children with ADHD, CD and ODD. The emotional and behavioural issues range from 6.33% to 43.1% among children in Indian setting.<sup>[1,2,3]</sup> The behavioural complexities diagnosed with ADHD, CD and ODD ranges from 1.30% to 28.9%, 30% to 75% and 4 % to 16% respectively increases the physical, emotional, social, and cognitive and relationship problems on their caregivers.<sup>[1,4,5,6,7,8,9,10]</sup> Primary caregivers reported high level of stress (mean 33.31; Mousavi et al, 2019; anxiety 35%; Thomas KS et al), poor quality of life , social , financial and caregiving burden , losing of self - efficacy and dissatisfaction of life irrespective of subtype.<sup>[10,11,12,13]</sup> Ample of evidence reported about the family caregiver's burden and psychological issues of caring child with attention deficit hyperactivity disorder (ADHD). Studies on caregivers addressing conduct disorder (CD) and oppositional defiant disorder (ODD) are very few.

Evidence of interventional studies reported about cognitive behaviour therapy, problem solving skill, supportive therapy and interaction therapy for the suffered children, educational interventions give emphasis on the broad area of child psychiatry in relation to ADHD; preparing the child and parent for behaviour modification, managing symptoms, need based psycho-education, mind fullness intervention, therapeutic interaction, counseling etc.<sup>[10,12, 14, 15,16,17,18,19]</sup>

Researchers recommend towards the empowering of caregivers. Parents caring children with chronic illness like behavioural disorders are in threat to misbalance their day-to-day life, they are in need of developing abilities to take care of self which will help them to maintain their wellbeing and aid as a preventive measure of disease precipitation they are prone too.

Family oriented approach is considered as the part of multimodal management approach which is addressed as an supportive aid provided by the trained non specialist to empower the skills of the parent <sup>[19]</sup>

Life skills are the abilities of an individual to balance day to day life. It is the behaviours that enable individuals to adapt and deal effectively with the demands and challenges of lives. <sup>[20]</sup> According to WHO, ten core life skills are

self awareness, empathy, critical thinking, decision making, problem solving, effective communication, interpersonal relationship, coping with stress and coping with emotion. [21,23]

LST gives the benefit of dealing challenges of life effectively, preventing the care services discontinuation or interruption, developing abilities to explore alternatives, enables effective communication, skills in problem solving and enriches the individual in managing stress. [22]

Certain skills may be more or less relevant for the individual depending on the life circumstances, environmental and cultural context. Educating a parent/ family caregivers in skills for dealing with behavioural disorders helps them to manage and guide the children in adulthood and enable them to promote their well-being. There is an evidence of effectiveness of WHO life skill training on parent of mental retardation, visually impaired child, emotional regulation. [24,25,26]

In account of reviewed literature and discussion with the experts of psychiatry, pediatrics, psychiatric nursing and some unstructured interview and group discussion with the parent attending child guidance clinic; domain of life skills are identified and planned to introduce. Those are an understanding to the behavioural disorders, effective communication, ways to solve the problem and managing stress.

Caregiver acquiring a disease management skill, communication skill, problem solving skill and stress management skill play a crucial role to combat stress and maintain quality of life. It has influence on building confidence and self belief to handle the unwanted situation. As like as the caregiver; children's wellbeing may be restored.

## METHODS

A randomized controlled trial is proposed as an clinical prospective study among caregivers of the children diagnosed with attention deficit hyperactivity disorder, conduct disorder and oppositional defiant disorder. Before conducting a pilot study; Pre-testing of the life skill training intervention was conducted by a two days workshop. The domains of life skill intervention are considered based on the assessed need of the caregivers, comprehensive review of literature and opinion obtained from the specialist of the department of Psychiatry, Pediatrics, Psychology and investigator's professional experiences. The intervention is developed and conceptualized based on life skill training module for adolescence and care givers skill training by WHO.<sup>21,23</sup> To test the relevancy and applicability of the content a 25 items multiple choice questionnaire were prepared and administered among 16 caregivers related to the selected domains as follows a . Awareness to behavioural disorders ( ADHD, CD & ODD), b. Communication ,c. Problem solving and d. Stress management skills. A fourteen items feedback form related to the perception of the training among the participant have been prepared and obtained.

Steps followed are 1. Step 1: Assess the needed skills of the caregivers, 2. Step 2: Decision making on needed area or domains of life skills training, 3. Step 3: Finalize the Domain of life skill training module, 4. Step 4: Development of the content of life skill training module, Steps 5: Preparation of multiple choice questionnaire on content of life skill training module, 6. Step 6: Blue print of the training schedule, 7. Step 7: Testing validity of the module, 8. Step 8: Imparting modifications suggested by the experts, 9. Steps 9: Translation of the material to local language, 10. Step 10: Linguistic validation, Steps 11: Pre- testing of the module. Steps 12: Obtaining feedback of the participants, 13.

Steps 13: Imparting required modification recommended by the expert after pretesting, 14. Steps 15: Planning for pilot study; testing reliability, feasibility and applicability of the LST material among caregivers of the children with ADHD, CD and ODD.

### Validity

**Content validity:** Content validity of LST material is established by giving them to the panel of 11 experts; Psychiatrist-3, Mental Health Nursing specialty: 2, Community Health Nursing Specialty-1, Pediatric nursing Specialty-1, Psychologist -4 and Statistician-1. Rating of the relevance of the item in terms of study concept were done in a 1-4 (scale); 1= not relevant at all, 2= somewhat relevant needs major modification, 3= quiet relevant, 4= highly relevant. The multiple choice questionnaire and feedback form were validated by five experts. Linguistic validity of the Bengali and English version were ascertained from 2 experts.

I-CVI= number of expert scoring the item as 3 Or 4 (quiet/highly relevant)/ total number of experts. Items with I-CVI below 0.6 is planned to be drop from the measure. SCVI also calculated. Modification of the content of the domains related to LST module were accomplished according to experts' suggestions.

**Table 1:** Content validity index of instruments

Sl. Number	Domains of life skill training intervention	ICVI	SCVI
1.	Awareness to behavioural disorders	0.89	
2.	Communication skill	0.85	
3.	Problem solving skill	1	
4.	Stress management Skill	0.93	
	LST Material		0.897

The life skill training material were administered among caregivers at Indian Institute of Mother and child welfare dated 29<sup>th</sup> -30<sup>th</sup> April 2022 from 10-30 am to 4-30 pm. After obtaining the formal permission from the head of the institution; twenty two caregivers were invited to attend the workshop through phone calls. Among 22 caregivers 16 were selected conveniently .Lecture, discussion and demonstration method applied to introduce the domains of life skills. PPT and leaflets were used to deliver the session. Participants are allowed to practice the behaviour in group activity. Self administered questionnaire containing 25 items in relation to awareness to childhood behavioural disorders, communication skills, problem solving skills and stress management skills measure the cognitive, co-native and psychomotor skills before the start of the session and after the completion of the session.

**Group session structure and goal:** Each session is delivered for 2 hrs. and comprises of warm up exercise; recapitulation of key messages and tips of previous session, discussion of home practice experiences, presentation of

caregivers story, role play and question answer session for teaching learning practices. Introduction of new session with key messages and activities for learning and feedback. Closing the session with homework.

## RESULT

Among the 16 participants 75 % (12) were parent, 12.5% (2) psychologist and 12.5% (2) were nursing staff. Mean age of the participants were 28 years. Majority (75%) of them were female. In terms of general education 80% had higher secondary passed. Most of them had more than 2years of caring experiences.

Increased mean post test score related to questionnaire on life skill training indicates that the material is effective, 95.39% of them completely agreed to learn this specific LST programme. Cent percentage of them satisfied with the training sessions. Among the parent 80 % like 4 sections of LST. 95% felt more aware about the matter related to behavioural disorders after the session, 91.2 & 87.3% feel confident to understand the communication and stress management skills respectively & 76.78% showed confidence to understand steps of problem solving. Cent percentage of them completely agreed to suggest others to participate in this type of sessions. They also asked to increase the days of the workshop. Cent percentages of them reported that the language is easy to understand. In addition, the findings also revealed that mean perceived stress score ( pre workshop mean PSS was 23.42 and post workshop mean PSS was 20.15 ) were reduced after the workshop.

## CONCLUSION

This pre pilot workshop indicates that the material of the programme is easy to understand and acceptable to the primary and secondary caregivers. Post workshop qualitative and quantitative evaluation denotes areas to be improved and modification of the content ascertained prior to pilot testing.

**Ethical consideration:** The main study has been cleared from the Institutional ethics committee of R.G.KAR. Medical College and Hospital, Kolkata, West Bengal; vide memo. No. RKC/456 dated 07/06/2021. Formal administrative permission is obtained from Director of Health Services, Govt. of West Bengal, Dept of Health and Family Welfare, West Bengal. HNG/5P-06-2021/244 Dated 03/03/22. Ethical approval was obtained in accordance with the Local authority.

**Conflict of interest:** The authors declare that this work has been conducted without any financial or commercial relationships which may confer the conflict of interest.

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