

## A Study To Assess The Effectiveness Of Cognitive Behavior Play Therapy On The Level Of Self Efficacy Among Intellectual Disability Children

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### ABSTRACT

**Aims and objectives:** This study aimed to evaluate an effectiveness of cognitive behavior play therapy on self efficacy among intellectual disability school age children Background: Intellectual disability is not a disease .it is also known as normal learning disability and mental retardation . it is generalized neuro developmental disorder characterized by significantly impaired intellectual and adaptive functioning . It is defined by low level IQ under 70 percentage.In addition to deficit in two or more adaptive behaviour that affect every day.We are concentrating thire cognitive behaviour therapy it is contributing the both component relating to mental function and one relating to an individual functional skills in their daily environment. Intellectual disability disorder should have a some important signs can include Delay in reaching or failure to achieve milestones motor skills development. Slowness learning to talk or continued difficulties with speech and language skills after starting to talk

**Objectives:** The objective of the study was to determine the effectiveness of cognitive behavior play therapy on self efficacy among intellectual disability children.

**Methodology:** A non randomized controlled study was conducted among 150 childrens who is intellectual disability children at at selected disability care center The participants were selected using non randomization technique. The data collection tools consisted of demographic variables, , albert bandura efficacy scale by descriptive and inferential statistics.

**Results:** Cognitive behavior play therapy on self efficacy , which showed a statistical significance,  $F(1,138) = 123.89$   $p=.001$ , partial  $\eta_p^2 = .473$ . Within the experimental group analysis of repeated measures ANOVA proved a greater statistical significance  $F(1,138) = 0.327$ ,  $p<.001$ , partial  $\eta_p^2 = .002$ . The between group effect size of .473 represents moderate statistical significance between two groups and within group effect size of .002 shows the no statistical significance in the experimental group. The experimental patients showed a significant decrease in the pain compared to the control group.

**Conclusion:** The study reveals that theimproved self efficacy , were maintained nominal level among majority of the intellectual disability children when compared with the control group which proved that cognitive behavior play therapy was effective for the study participants.

**Keywords:** cognitive behavior therapy,play therapy,intellectual disability school age children

### 1. INTRODUCTION

Intellectual disability is not a disease .it is also known as normal learning disability and mental retardation . it is generalized neuro developmental disorder characterized by significantly impaired intellectual and adaptive functioning

It is defined by low level IQ under 70 percentage.In addition to deficit in two or more adaptive behaviour that affect every day.We are concentrating thire cognitive behaviour therapy it is contributing the both component relating to mental function

and one relating to an individual functional skills in their daily environment. Intellectual disability disorder should have a some important signs can include

- Delay in reaching or failure to achieve milestones motor skills development.
- Slowness learning to talk or continued difficulties with speech and language skills after starting to talk
- Difficulty with self help and self care skills getting dressed washing and feeding themselves.
- Poor planning or problem solving capacity
- Failing to grow intellectually or continue infant child like behaviour.
- Problem keeping up in school
- Failure adopt or adjust new situation.
- Difficulty and understanding and following social rules.

Intellectual disability and autism spectrum disorder is overlapping disorder because of they have a same clinical characteristic while diagnosing. Those with asd that hold symptoms of ID may be a grouped into a co-diagnosis in which they receiving treatment for this disorder. Differentiating between these two disorder will allow clinician to deliver or prescribe to appropriate treatment. So we would like to prefer cognitive behaviour play therapy

Cognitive behaviour play therapy (CBPT) is help to improve children's cognitive development and behavioural changes. In this method of treatment mainly improve the adaptive coping skills.

It is psycho social intervention that aims to improve mental health. In this therapy focus on the challenging and changing un helpful cognitive distortion.(thought , belief&attitude)so we plan to include the play therapy with these therapy .the play therapy is a method of meeting and responding to the mental healthneeds of children and extensively acknowledged by expres as an effective and suitable intervention in dealing with children's brain development.

Cognitive behaviour therapy mainly focus as verbal intervention and the play therapy focus on play to many as incompatible. CBPT can be used with children presenting with wide range of diagnosis such as selective mutism ,anxiety and phobias,encorposis and those who have experienced traumatic life events such as sexual abuse.In CBPT intervention can be categorized as either behaviour and cognitive behavioural method usually involve an alteration in activity,where as cognitive method deals with changes in thinging.

## 2. MATERIALS AND METHODS

The non-randomized research design was adopted for the present study. It is the most rigorous method of evaluating the self-efficacy of intellectual disability children between the experimental and control group.

**R**-Allocation of samples for the experimental group and the control group

**O1**- Pre-assessment of self efficacy for intellectual disability the experimental group

**O2**-pre assessment of self efficacy for intellectual disability children control group

**X**- Children who receives cognitive behavior play therapy

\*-Routine care.

### *Organization of Analysis*

The data analysis and its interpretation are described in the succeeding sections: Section 1: Baseline characteristics of the patients.

Section 2 cognitive behavior play therapy on self efficacy among intellectual school age children

Frequency and Percentage Distribution of Demographic Variables Among intellectual school age children Experimental and Control Group (N=140)

Demographic variable	Experimental group	Control group	Chi-square	p-value
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	<i>n</i>	%	<i>n</i>	%		
<b>Age</b>						
5-6	2	2.9	1	1.4		
7-8	10	14.3	10	14.3		
9-10	35	50	37	52.9	0.411	0.938
11-12	23	32.9	22	31.4		
<b>Gender</b>						
Male	58	82.9	64	91.4		
Female	12	17.1	6	8.6	2.295	0.130*
<b>Education status of parents</b>						
Non formal	14	20	12	17.1		
Primary school	13	18.6	28	40		
Secondary school	21	30	18	25.7	8.814	0.320
Graduate	22	31.4	12	17.1		
<b>Occupation of parents</b>						
Employed	28	40	30	42.9		
Unemployed	17	24.3	25	35.7		
Home maker	17	24.3	10	14.3	4.10	0.251
Retired	8	11.4	5	7.1		

Table 2 (contd.,) (N=140)

Demographic variable	Experimental group		Control group		Chi-square	p-value
	<i>n</i>	%	<i>n</i>	%		
<b>Type of family</b>						
Nuclear	21	30	26	37.1		*
Joint	49	70	44	62.9	0.801	0.371
<b>Income</b>						
<10000	19	27.1	23	32.9		

10,000-20,000	35	50	29	41.4	1.061	0.588
20,001-30,000	16	22.9	18	25.7		
<b>Place of living</b>						
Urban	20	28.6	16	22.9		*
Rural	50	71.4	54	77.1	0.598	0.439
<b>Type of Diet</b>						
Vegetarian	19	27.1	18	25.7		
Non-Vegetarian	46	65.7	43	61.4	1.271	0.530
Mixed diet	5	7.1	9	12.9		
<b>Are you practicing any Complementary therapy</b>						
Yes	24	34.3	16	22.9		
No	46	65.7	54	77.1	2.240	0.134*

Note: Income is in Indian Rupees. \*Fishers exact test value was considered.

Data in Table 2 reveals majority of them were in joint family 70% in the experimental group and 62.9% in the control group. In relation to place of living, most of them were in rural areas 71.4% in the experimental group and 77.1% in the control group. Most of them had the monthly family income between 10,000 and 20,000 Indian Rupees i.e., 50% in the experimental group and 41.4% in the control group. In relation to diet most of them were non vegetarian 65.7 % in experimental group and 61.4 % in control group.

**Table 2 Mean Scores of Prelevel of self efficacy among intellectual disability school age children (n=150)**

Experimental Group (n=70)			Control Group (n=70)	
Self efficacy	Mean	SD	Mean	SD
	47.24	8.09	46.50	9.00

Data in table 5 reveals the mean scores of self efficacy before the intervention . The mean scores of pre level of self efficacy in the experimental group and control group were 47.24 (8.09) and 46.50 (9.00) respectively.

**Table 3 Comparison of Level of self efficacy among intellectual disability school age children (n=150)**

Experimental group(n=70)	Control group(n=70)
<b>Level of self efficacy</b>	

		<i>n</i>	%	<i>n</i>	%
	Cannot do alld(<17)	3	4.3	2	2.9
<b>Baseline</b>	Moderate(18-24)	11	15.7	7	10.0
	Highlydo (25-56)	56	80.0	61	87.1

Table 6 reveals the level of self efficacy among the intellectual disability children . in the experimental group i.e. 80% and 87.1% in the control group, 15.7% of them in the experimental group and 10% in the control group had moderate level of anxiety on baseline and regarding Post test self efficacy among the intellectual disability children , most of them had self efficacy in the experimental group i.e., 50 % and 80% in the control group, 38.6% of them in the experimental group and 12.9% in the control group had moderate level of self efficacy ,

**Table 3 F value for self efficacy among the intellectual school age children in Before, After and Follow-up phases of Cognitive Behaviour play Therapy**

#### Within-Subject Effects

Phases	Sum of Squares	df	Mean Square	F	Sig
Time	9725.76	1.63	5951.43	13.36	**
Error	57506.91	129.10	445.44		
0.01 level Significant**					

The result of Repeated Measures ANOVA of the intellectual disability school age children in self efficacy presented in Table 15. s showed a significant difference in the intellectual disability children . The results of the Repeated Measures ANOVA ( $F(1.63, 129.10) = 13.36, p = 0.00, \eta^2 = .145$ ) showed a significant difference in the Before, After, and Follow-up phase of the intellectual disability. The study results show that Cognitive Behaviour play Therapy was very effective and improved self-efficacy among children with intellectual disability.

### 3. CONCLUSION

The study reveals that the level of self efficacy improved when compared with the control group which proved that cognitive behavior play therapy was effective for the study participants

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