

COGNITIVE BEHAVIOR THERAPY AND ITS IMPACT

Mahbuba Khanum¹, Mahfuz Bazzaz²

^{1,2} Bangladesh Open University, Gazipur, Bangladesh

*Corresponding Author: Mahbuba Khanum

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ABSTRACT

The focus of the study was to test the influence of cognitive behavior therapy on parents with disable children. For this purpose, we used the experiment method and measured quality of life of parents with disable children before and after administration of cognitive behavior therapy. The methodology of the study was quantitative, experimental, survey based, and before-and-after research design. In this design, the quality of life was considered as an independent variable and the administration of the cognitive behavior therapy as independent variable or as an intervention. The duration of therapy was 2 months based on 2 times in a week on regular basis. the therapy was administered in a hospital in Dhaka, Bangladesh based on an NGO funded project. The results showed that parents with disable children showed significant improvement in psychological, social relationship, and environment domains of quality of life after receiving the behavior cognitive therapy. the results for the physical health dimension turned out to be insignificant. The study concludes that parents with disable children may be provided cognitive behavior therapy in order to improve their quality of life.

Keywords: Quality of Life, Therapy, Cognitive, Disable, Parents, Bangladesh.

INTRODUCTION

Parents who got a child with disability bring a lot of challenges. Mostly, the presence of disable child also poses stress to parents, however, based on different culture, there can be differences in terms of parents handling of stress (Malhotra, 2012). Previous studies show that disable child in a family bring a lot of exhaustion, tiredness, sense of self blame, marginalization in a society, overburden, and heightened stress (Talley and Crews, 2007).

In this context, the role of society, healthcare system, and other economic conditions also plays their role. In general, disability of a child influences the conditions of entire family. Three main issues are important there. First, there is stress and care-giving burden and quality of life. Second, there is impact on normal functioning of a family life. Third, there is requirement of eco-cultural adaptation. The burden of caregivers plays important role in caregiver quality of life. The concept of quality of life (QoL) is regularly used as an important outcome measure in patients and caregivers of chronic illnesses. The concept of quality of life is based on range of factors such as freedom of expression and actions, social and intellectual attainments, education, satisfying occupation, happiness, and health. Furthermore, the concept is based on individual's perception of their position in life in the context of culture and value systems in relation to their concerns, standards, expectations, and goals (Katschnig, 2006).

Cognitive behavioral therapy of parents with disable children include a broad range of behavioral treatment such as cognitive-behavioral interventions, motivational barriers to improvement, and operant learning processes (Raina, et al., 2004). The outcome of these interventions is that they are efficient and provide some robust results.

A study investigated the influence of quality of life of parents with disable children who were administered with cognitive therapy. The result of the study was that significant improvement in physical, psychological, social, and environmental domains were observed associated with this cognitive therapy.

Another study by Katschnig (2006) showed that parents with disable children who were administered the cognitive therapy experienced increase in their quality of life index. The improvement was more prominent in the mental domain of quality of life. Despite the good benefits associated with cognitive therapy, there are fewer studies conducted about cognitive therapy and quality of life connection especially in the domain of Bangladesh context.

Objectives of the Study

Based on the discussion above, in present study, the following objectives are set

- To test the influence of cognitive behavior therapy on the quality of life of parents with disable children.

Hypotheses of the Study

The hypotheses of the study are based on cognitive behavior therapy and quality of life connection.

H₀: there is no significant influence of cognitive behavior therapy on quality of life of parents with disable children

H₁: there is significant influence of cognitive behavior therapy on quality of life of parents with disable children

Significance of the Study

The significance of the study is that it is fill the literature gap by investigating the issue in the local context. The practical significance of the study is that it provides useful insights about quality of life, cognitive behavior therapy, and their connection in the context of parents with disable children in the Dhaka, Bangladesh.

RESEARCH METHODOLOGY

Design

The design of the study is before and after experimental study. The experiment included parents of disable children who were administered cognitive behavior therapy. we collected score on the quality of life scale for parents with disable children before administering the cognitive behavior therapy. afterwards, the parents were provided cognitive behavior therapy for 2 months. The quality of life was measured after completion of 2 months and results were compared. In summary, the design of the study is based on group which included parents with disable children. The pre-test was measurement of quality of life scale. The treatment was administration of cognitive behavior therapy for 2 times in a week for 2 months' time period. The post-test was administration of quality of life scale.

Sample

The sampling was nonrandom convenience and purpose sampling. The sample consisted of 60 parents' pairs who had one or more disable children in their family. The mean age of the parent was 37 with range of 24 to 43. The cognitive behavior therapy was administered in a hospital in Dhaka based on a local NGO funded project.

Data Collection Tool

The survey was main method of data collection which was based on pre-designed scale. The quality of life scale was adapted from Orley (1996) consisted of physical health, psychological health, social relationships and environment. The physical health activities consisted of activities of daily life including work capacity, sleep and rest, pain and discomfort, mobility, energy and fatigue, and dependence on medicine substances and medical aids.

The psychological scale consisted of factors including memory, concentration, thinking, learning, spiritual beliefs, self-esteem, positive feeling, negative feeling, and appearance image.

The social relationship dimension consisted of personal relationships and social relationships.

The environment scale consisted of factors including transport, physical environment, participation, opportunities for leisure, opportunities for acquiring new information, home environment, accessibility and quality, health and social care, freedom, financial resources, and physical safety and security.

Procedure

The procedure was that for each parent's pair, a separate questionnaire was administered. The data was collected using the survey method administered on each parent pair within the hospital facility before and after the experiment administration.

Data Analysis

For data analysis, we used the coding system and utilized the before and after t-statistics.

Ethical Issues

All parents who participated in the survey were clearly informed about the survey, its purpose, the study nature, and so on. Parents were assured about steps taken for not leaking the private information of the parents to the public or any other organization.

RESULTS

Table 1

Comparison of Mean Score on Quality of Life Dimensions

Dimension	Before	After	t-stat	Significance
Physical Health	22.30	21.56	1.34	0.075
Psychological dimension	8.65	13.54	2.56	0.004
Social relationship	4.54	9.73	3.53	0.001
Environment	21.33	26.78	4.05	.004

The results of the physical health dimension before and after shows that on this dimension, parent scored 22.30 before administering the cognitive behavior therapy, and scored 21.56 after the therapy administration. The results are statistically insignificant shows no significant difference between these two scores (t-stat=1.34, $P>.05$).

The results of the psychological dimension before and after shows that on this dimension, parent scored 8.65 before administering the cognitive behavior therapy, and scored 13.54 after the therapy administration. The results are statistically significant shows significant difference between these two scores (t-stat=2.56, $P<.05$).

The results of the social relationship dimension before and after shows that on this dimension, parent scored 4.54 before administering the cognitive behavior therapy, and scored 9.73 after the therapy administration. The results are statistically significant shows significant difference between these two scores (t-stat=3.53, $P<.05$).

The results of the environment dimension before and after shows that on this dimension, parent scored 21.33 before administering the cognitive behavior therapy, and scored 26.78 after the therapy administration. The results are statistically significant shows significant difference between these two scores (t-stat=4.05, $P<.05$).

Discussion

Overall, our results show that parents with disable children who were provided cognitive behavior therapy for 2 months on regular interval shows improvement in quality of life domains including social, environmental, and psychological. These results are matching with earlier findings which also shows that cognitive behavior therapy produce positive influence on parents with disable children (e.g. Hedov, et al.,2000). Another study by Summers, et al., (2005) showed that parents of disable children may face a lot of stress which can be relieved up to some extent providing suitable cognitive behavior therapy is provided to them.

CONCLUSION

The conclusion of the study is that cognitive behavior therapy is a useful technique which produces positive influence on parents of disable children. In other words, if cognitive behavior therapy is administered on parents with disable children, it can help in reducing some of the negative effects on these parents such as stress and fatigue and improve positive outcomes such as social connection and psychological outcomes.

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