



RESEARCH ARTICLE

EFFECTIVENESS OF PARENTAL BEHAVIOUR MANAGEMENT THERAPY AMONG THE CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVE DISORDER (ADHD)

^{1,*}Kalaiarasi, S., ²Dr. Govind, K. and ³Dr. Sibnathdeb

¹Ph.D., Scholar, Department of Psychology, Annamalai University, Annamalai nagar-608 002; ²Associate Professor and Head, Department of Psychology, Annamalai University, Annamalai nagar- 608002; ³Professor and Head, Dept. of Applied Psychology, Pondicherry University, Puducherry-605 014

ARTICLE INFO

Article History:

Received 20th June, 2024

Received in revised form

19th July, 2024

Accepted 19th August, 2024

Published online 30th September, 2024

Key Words

ADHD-Attention Deficit and Hyperactive Disorder, PBMT-Parental Behaviour Management Therapy.

*Corresponding author: Kalaiarasi, S.

ABSTRACT

This study is a quasi-experimental- pre-test and post-test design. The aim of this study is: examining the effectiveness of parental behaviour management therapy for children with ADHD'. The experiment was conducted with eight sessions weekly once or twice with the sample of Ten ADHD children and 10 Parents. This study examined the ADHD issue that exists in typical school-age children using a non-pharmacological method. This study found that after eight weeks of PBMT therapy, school children with attention deficit hyperactivity disorder (ADHD) had considerably reduced "inattention problems," "hyperactive," and both types of behaviour issues. The children's reading, writing, and Mathematics skills have significantly improved. The pupils behaved well in class, completed their assignments, and had good organizational abilities. During their intervention sessions with the therapist and their children, the parents expressed a great appreciation for the effectiveness of PBMT.

Copyright©2024, Kalaiarasi et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Kalaiarasi, S., Dr. Govind K. and Dr. Sibnathdeb. 2024. "Effectiveness of parental behaviour management therapy among the children with attention deficit and hyperactive disorder (adhd)". *International Journal of Current Research*, 16, (09), 29923-29929.

INTRODUCTION

One of the most prevalent psychological problems in children is Attention Deficit and Hyperactivity Disorder (ADHD). In general, boys tend to be more predictable than girls. Girls are more likely to exhibit inattentive behaviour than disruptive behaviour found in boys. ADHD is currently acknowledged as the most prevalent behavioural condition in children, with hazards for both males and females continuing far into adulthood. It can be recognized as a problem with children's public health in the community (Singh, 2015). According to Mark Mahone (2017), ADHD is a mental health condition that manifests as symptoms that begin in young children under the age of twelve but frequently last into adulthood. ADHD, or attention-deficit/hyperactivity disorder, can impair a child's capacity to focus in class or remain motionless, as well as their interactions with other kids and their family. Youngsters with ADHD frequently exhibit behaviours that can be extremely upsetting to other people. One kind of treatment that helps lessen these disruptive behaviours is behaviour therapy. As soon as issues are identified, behaviour treatment is frequently beneficial to begin.

The three main forms of ADHD, which interfere with a person's ability to operate in the brain, are "inattention, hyperactivity, and impulsivity" (APA, 2013). ADHD primarily affects children and adults. The hallmarks of attention deficit hyperactivity disorder (ADHD) include a pattern of impulsivity and/or lack of sustained attention that is more pronounced than is typical for kids of a given age and developmental stage (Sadock, 2010). The following traits are most frequently associated with children diagnosed with ADHD: hyperactivity, motor impairment, emotional instability, inability to finish tasks, poor focus and impulsive thinking, disorganization, and skipping school. Due to their attentional fluctuations, children with ADHD struggle academically and have learning issues (Sadock, 2011). The American Psychiatric Association DSM-IV categorizes ADHD into four categories.

Inattentive: When a child lacks attention, they frequently struggle to focus on small details and maintain their focus during games or tasks; appear unresponsive when spoken to directly, disobey instructions and leave assignments incomplete, become easily distracted by unrelated stimuli, and become forgetful during everyday activities (APA, 2013).

Hyperactivity: Fidgeting or wriggling in one's seat but not staying sit when instructed to do so, excessive running or climbing in inappropriate places, difficulties playing quietly, excessive chatting, and acting as though propelled by a motor skill are all signs of hyperactivity. Impulsivity shows up as a delay in responding and a hard time waiting for their turn (APA, 2013).

Impulsivity: Impulsive people scurry through homework without looking up the correct answers. Because they miss important steps for the appropriate approach such as observing, gathering information, analysing, creating an action plan, considering all possible answers, making a decision, congratulating themselves if the answer is correct, or analysing the information and all alternatives again if the answer is incorrect children receive incomplete information and respond instinctively without thinking (Orjales, 2002).

BEHAVIOUR THERAPY

The foundation of behavioural therapy is behaviourism, the belief that taught behaviours can be modified and that we learn from our surroundings. The concept of changing behaviour was initially proposed by American Psychologist Edward Thorndike in the early 1900s, which is when behaviourism first emerged. Over the last ten years, a growing number of psychotherapists have been treating children by using behavioural approaches (Bijou, 1966). Attention-deficit/hyperactivity disorder (ADHD) can be effectively treated with behaviour therapy, which also helps children with behaviour, self-control, and self-esteem issues. When parents give it to young children, it works best. The majority of specialists advise behaviour therapy for school-age children with ADHD who are below than 12 years old. In order to assist their child in overcoming the ADHD issue at school, home, and in social situations, parents who receive training in behaviour therapy also learn how to handle ADHD.

NEED AND IMPORTANCE OF BEHAVIOUR THERAPY

The goal of behaviour therapy for children is to assist them in altering their behaviour. It could involve working through emotionally trying situations or providing practical aid, including help with arranging chores or finishing schoolwork. A youngster receiving behaviour treatment is also taught how to keep an eye on their own actions. Learning to reward or praise oneself for desired behaviour is the aim of behaviour therapy.

Positive or negative reinforcement for specific behaviours can also be given by parents and instructors, which can aid in a child's behaviour regulation. Children with ADHD can benefit from applying behavioural treatment in conjunction with instruction to enhance their social skills (Roma Dona, 2016). A sort of behaviour therapy called parent behaviour management training teaches parents how to control their children's behaviour. One of our parenting counselling services is called "parent behaviour management therapy." BPT instructs parents on how to enhance their child's behaviour through the use of positive reinforcement. Children with a variety of behavioural disorders, such as conduct disorder (CD), oppositional defiant disorder (ODD), aggressiveness, and ADHD, may find it beneficial (Mahvash Raghbi et al, 2014).

PARENTS TRAINING IN BEHAVIOUR MANAGEMENT OF THE CHILDREN

Parent Behaviour Therapy is another term for 'Parent Education in Behaviour Management'. Families ought to seek out a therapist who specializes in educating parents of children with ADHD.

- Equipping parents with the knowledge and abilities to control their child's behaviour through structure, consistent punishment, and positive reinforcement.
- Teaching parents' constructive methods to engage and speak with their kids.
- Giving the parents and their child daily practice.
- Holding twice or three weekly meetings with the parent(s) to discuss the child(ren) in need, track their development, and offer guidance and support until they are satisfied.
- Examining the child's academic progress based on their school report card.

On the other hand, parents and therapists create a list of objectives for enforcing good discipline and moulding kids in order to assess their cognitive abilities. Because of the aforementioned information, the present researcher decided to investigate the use of behavioural therapy in children with attention deficit hyperactivity disorder (Irene M J van der Fels et al, 2015).

This study aims to examine the 'Effectiveness of Parental Behaviour Management Therapy among Children with ADHD'.

BEHAVIOUR MODIFICATION TECHNIQUES AND INTERACTIVE SESSIONS: Teachers and parents of children with ADHD need to be trained in behaviour modification techniques and set high standards for their children. Parents need to provide their children with appropriate encouragement and feedback regarding their actions. Parents should support them as well, and they need to develop good behaviours to boost their self-esteem. Parents and teachers should ignore improper behaviour and commend desired behaviour. Encourage the children to use the self-reporting and self-monitoring systems. The teacher's classroom management will determine the modifications of behaviour to hyperactive children (Mary Atkinson & Garry Cornby, 2002).

PARENTS' INTERACTIVE TRAINING SESSIONS

Session 1: Outlining the child's ADHD condition to the parents and getting their consent to move forward with more therapy sessions.

Session 2: Strengthen the bond between parents and children for the greatest comprehension of treatment

Session 3: Promoting the child's positive behaviour and disregarding their negative behaviour in order to ensure smooth operation and see that the best activities are taught.

Session 4: Assessing the child's behaviour changes, if any, following the conclusion of the third PBMT session.

Session 5: Reviewing the child's best-learned lesson from the previous session and choosing the most efficient methods of reinforcement.

Session 6: Children who are deprived may choose to stay longer if they receive the right encouragement and support.

Session 7: Let the child ask questions about how consistency in learning and behaviour with peers and neighbours relates to their self-esteem and self-control as a means of extending activities to society (Zwi M, Jones, (2011).

Session 8: Drawing conclusions and evaluating the child's development in light of the PBMT and behaviour therapy interventions provided by the school instructors and therapist.

Consequently, if the parents and children worked together to successfully complete eight sessions, the researcher had been able to regulate the kids' behaviour, and the parents assisted their kids in making notes about how effective the therapy was for them to use in future. This allowed the benefits of both BT and PBMT to be documented.

REVIEW OF STUDIES

The most prevalent behavioural disorder is attention-deficit hyperactivity disorder (ADHD). For pre-schoolers with ADHD, behavioural intervention is thought to be beneficial. Parental education, behavioural treatment, attention training, relief therapy, and play therapy were also included in the behavioural intervention group. Based on therapeutic sessions that help in pre-schoolers' improvement and decreased their symptoms of ADHD, children were assessed (Huang et al., 2021). The impact of a novel Parent Involvement-Child Behavioural Management Program (PICBMP) on attention deficit hyperactivity disorder (ADHD) symptoms in school-age children with ADHD in Thailand was investigated in a study by Ubon Wannakit et al. (2022). 60 children between the ages of 6 and 12 who had been diagnosed with ADHD, together with their parents, were randomly assigned to either the PICBMP or usual care group in this Pre-test-Post-test control group trial. Those allocated to the PICBMP group participated in an 8-week behaviours management program designed for parents of children with ADHD in addition to receiving usual care; the control groups were only given usual care.

The t-test and descriptive statistics were employed in the data analysis. At the pre- and post-test, children who received the PICBMP showed noticeably less symptoms of ADHD than those who received standard therapy. Following their parents' attendance at the PICBMP, the children in the intervention experimental group experienced a significant reduction in their symptoms of ADHD. The results of this study provide evidence for the PICBMP's efficient in reducing symptoms of ADHD. In order to regulate ADHD in children, Mahvash Raghbi et al. (2014) investigated the effects of behavioural therapy and parent education. This study used a pre-test-post-test design and involved 61 ADHD children who were chosen at random from Iran. For the parents of the children, there were eight sessions of behavioural treatment and eight sessions of parent education using the Barkley technique. A set of researcher-made questionnaires with DSM IV-based diagnostic symptoms and features for ADHD served as the measuring tool.

Findings: 52 boys and 9 girls between the ages of 6 and 14 took part in the study. The mean ratings indicated a decrease in symptoms following the intervention. The findings showed that behavioural treatment and parent education were useful in managing the behaviours of children with ADHD. Children with ADHD can benefit substantially from the findings of this study. According to Mohsen Amiri's research from 2023, training sessions can help parents feel less stressed, stop their children from externalizing their behaviours, and enhance their behavioural functioning in ADHD children. A control group, pre- and post-test measurements, and a quasi-experimental design were employed in this investigation. Male students with combined ADHD and their mothers participated in the study. The sample comprised thirty mothers who were split into experimental and control groups after being chosen by convenience sampling. Following the training, the identical questionnaires were filled out by both groups as post-tests. The t-test and analysis of covariance were used to analyse the collected data. According to the study, Barkley's (2006) Parent Training Program helped children with ADHD have less behavioural issues or oppositional defiant disorder. In particular, it reduced their hostility and enhanced their behaviours at home. When compared to children in the control group, the program was especially successful among mothers who were part of the experimental group. The outcomes showed a statistically significant improvement in children's behaviours at home and a decrease in hostility.

METHOD OF STUDY

- The first is the survey approach, which uses the Vanderbilt-ADHD-DSM-IV Criteria -Parents' Rating Scale to gather data on ADHD students from Puducherry's schools.
- The second one is an experiment in which parents were taught how to manage children with ADHD through the use of behavioural therapy and interactive sessions led by school teachers and therapists. The experiment was called "Parental Behaviour Management Therapy (PBMT)". As a result, quasi-experimental pre-test-post-test designs were used to perform this investigation. Pre-test and post-test results were compared in order to assess the impact of treatment (X). However, this design did not include a control group.
- There are two purposes for an experimental design. It creates the comparison conditions needed by the experiment's hypotheses and allows the researcher to interpret the study in a meaningful way by statistically analysing the data (Radha Mohan, 2011).

SAMPLE AND SAMPLING TECHNIQUES

Two procedures and techniques were used after the sample selection. The Quantitative Research Survey method was the first approach. Children with Attention Deficit and Hyperactivity Disorder (ADHD) were selected from among 317 students in the fourth, fifth, sixth, and seventh grades in Puducherry, India. The researchers employed basic random sampling procedures. The "Attention Deficit and Hyper Active Disorder (ADHD)-DSM-IV Criteria" test was used to determine that the ten (10) students in the sample had ADHD (APA, 2000). The samples of parents (father or mother) and their kids with ADHD behaviours issues make up the second sample selection method.

Purposive sampling procedures were used to pick ten of them (ten parents and ten children with ADHD). The two group of samples were considered for the "Parental Behaviour Management Therapy" experiment, which included eight interactive sessions over eight weeks, including a pre-test preparatory session. Parents were encouraged to come once or twice a week to school. In the past, they were cautioned to attend the intervention session during their free afternoon/evening hours without interfering with their regular school schedule or their obligations at home. The researcher/therapist conducted behaviours therapy sessions with the ten (10) identified ADHD youngsters along with their parents, they were permitted to attend the intervention sessions and ask any questions they had in order to receive treatment training. Then, the assessment of Parents PBMT report were used for the Pre-Test and Post-Test.

INSTRUMENTS USED FOR THIS STUDY

PARENTAL BEHAVIOUR MANAGEMENT THERAPY (PBMT) FOR ADHD CHILDREN: The 'Parental Behaviour Management Therapy' scale was developed and constructed by the researcher S. Kalaiarasi along with the co-authors of Dr. (Mrs). Govind and Dr. Sibnath Deb. This tool consists of 12 items with five-point rating scale of responses are "Poor, Average, Good, Very Good and Excellent". The scoring process of the PBMT rating scale was scored as 'Poor means 1, Average 2, Good 3 Very Good 4 and Excellent means 5. One can be evaluated by the level of influence of the PBMT based on the scores between the range of 12 to 60. The level of PBMT was measured by the criteria of mean of the score. The mean (M) is an average, above the mean score is high and below the mean, low. The data can be calculated for the applications of scoring procedure of PBMT (Table-2).

Based on the impact of the treatment or interactive sessions, the scale's efficacy can be applied to samples and for the treatment of a specific group. Regarding the efficacy of the treatment or intervention, the mean value differs from group to group. This application was created particularly to help parents to deal with their own who had ADHD issues. This is only applicable if the parents of children with ADHD have completed or attended at least seven to eight weeks of Parental Behaviour Management Therapy intervention sessions with their children, as led by the researcher/therapist, or if the parents have received training from a behavioural therapist or psychological counsellor who works with ADHD children. This scale can be used for treatments which don't make use pharmaceuticals. Parents of children with ADHD between the ages of four and twelve, may find this PBMT tool useful. In order to resolve any communication issues between the kid and parents or between the therapist and parents under supervision, the school teacher and the therapist must engage with the parents and children during the intervention session. When taking the BT, the duties of the therapist, parents, and school administration are increasingly crucial. One should commend the school administrators for their cooperation. It will be more successful to use pre- and post-tests for children with ADHD behaviour. The PBMT-Report Scale is given to the responders, who can be either the mother or the father, and they have five to ten minutes to complete it before the Parental Behaviour Management (Pre-Test) Therapy. Two months later, the same parents of the ADHD children are given the PBMT-Report Scale again (post-test).

TOOL DEVELOPMENT PROCEDURE OF THE PBMT: Before the development of the PBMT tool, the author of this study conducted a Pilot Study consisting of 20 items with the sample size of 21 parents (mother 17 and father 4) and these items are followed with the above said rating criteria of 1 to 5 scores. After the Pilot Study, this tool underwent the item analysis using by Chi Square Test (Goodness of fit). The 0.01 level significant 12 items are considered as selected items and the not significant 08 items at 0.01 level are not considered/rejected. Therefore, the item was reduced as 12 from 20 in the PBMT Final Version Scale.

VANDERBILT (VB)-ADHD PARENT RATING SCALE (DSM-IV)-Revised Criteria: This scale was adopted by the researcher to identify the ADHD school children. This tool is suitable for the age group of 4-20-year-old children. It consists of 18 items and measures the disorder problems of 'Inattention and Hyperactive/Impulsive (HA/IM) and both Inattention & Hyperactive / Impulsive Behaviour' of the school children. The given Table-3 shows, the scoring procedure of the ADHD Scale.

Reliability of the ADHD- DSM-IV Revised Tool: The Cronbach Alpha for 'Inattention, hyperactivity, impulsivity, and the total score was 0.86, 0.88 and 0.92 respectively for the ADHD Rating Scale Parent Rating as mentioned in the Manual (Verhulst, VC and Jan var Dar Ende, 2006)

Validity of the ADHD-DSM-IV Revised Tool: Subscales of the Rating Scale -IV parent version correlated significantly with parent reported impulsivity, hyperactivity, conduct problem and learning problems 0.45, 0.45 and 0.66, respectively for inattention. 0.78, 0.65 and 0.45 for respectively hyper activity impulsivity.

Norms: The ADHD- DSM-IV revised rating scale was standardised on 2000 parent ratings and 2000 teacher ratings of school children aged 4-20 years.

DELIMITATIONS

This study is delimited in the following manner

- The ADHD students studying in the normal school environment at 5th and 6th Standard were selected.
- The age group of the children was between 9 to 11
- Non- Pharmacological Therapy Treatment was used by the researcher to the ADHD children.
- This study is a dual method one for data collections survey and Experiment)
- For Data collection this study followed a survey method to identify the ADHD children among the normal school by the application of VB-ADHD -DSM-IV criteria.
- The Experimental Method to conduct the experiment of Parental Behaviour Management Therapy (PBMT) and for Behaviour therapy interactive session to the parents with ADHD children
- This study consists of two groups of samples the first group is children with ADHD and the parents.

Reliability of PBMT: The Parental Behaviour Management Therapy Scale (PMBT) satisfies the Split -Half Reliability which is ($r= 0.83$). It also satisfies the Spearman Brown Reliability Coefficient which is ($r= 0.91$).

Table 1. Quasi experimental: Pre-test and post-test design for Parental behaviour management therapy (pbmt)

Experimental Group	Pre-Test (Scores of PBMT Report before intervention)	Therapy (X) PBMT- Interventions	Post -Test (Scores of PBMT Report after interventions)
Parents and ADHD Children. group consists of Ten (Two Group) [Parent-10, Children-10]	Parental Behaviour Management Therapy. Pre-Test Rating Scores about their Children with ADHD Problem. (Before Intervention & Therapy Session of Parents & ADHD Children by Therapist cum- Researcher).	Behaviour Intervention Session and Behaviour Therapy to the Parents & ADHD Children (Eight weeks Interventions (weekly once/ twice)	Parental Behaviour Management Therapy Rating Scores about their Children with ADHD Problem. (After Intervention Session and therapy to the Parents & ADHD children by Therapist-cum Researcher.
PBMT can be Assessed by the Parents' Report about their Child			(12 items)

Table 2.

Scoring Procedure of Parental Behaviour Management Therapy (PBMT) Scale		
Low level	Average Level	High Level
Below Mean	Mean	Above Mean

Table 3. Scoring procedure of the Vanderbilt (VB) -ADHD DSM-IV Revised Parent Rating Scale

Types of ADHD	Item No. / (Total)	Scoring Procedure	Range of Scores
Inattentive (IA)	1-9 (9 Items)	Requires Six or more counted behaviours from the questions 1-9 in the rating of 'Often' and 'Very Often'	12-18
Hyperactive/ Impulsive (HA/IM)	10-18 (9 Items)	Requires Six or more counted behaviours from the questions 10-18 in the rating of 'Often' and 'Very Often'	12-18
Combined: Inattention & Hyperactive / Impulsive	1-18 (18 Items)	Requires Six or more counted behaviours each on both from the questions (IA & HA/IM) in the rating of 'Often' and 'Very Often'	24-36

Table 4. Paired sample t-test Mean difference between pre-test and post-test for effectiveness of PBMT on ADHD-children and their parents

PAIR	PBMT and Types of ADHD: Pre-Test and Post Test	Mean	N	SD (σ)	t-value	p-value
PAIR 1	PBMT: Pre- Test	17.50	10	3.17	19.25	0.000
	PBMT: Post-Test	49.70	10	2.86		
PAIR 2	Inattentive: Pre-Test	15.50	10	1.84	19.02	0.000
	Inattentive: Post- Test	2.80	10	0.63		
PAIR 3	Hyperactive: Pre -Test	19.40	10	3.06	15.22	0.000
	Hyperactive: Post-Test	2.60	10	0.84		
PAIR 4	Combined: Inattentive & Hyperactive: Pre-Test	33.90	10	3.67	22.07	0.000
	Combined: Inattentive & Hyperactive: Post-Test	9.10	10	1.85		
PAIR 5	Academic Performance of the ADHD Children Pre-Test	4.30	10	0.48	23.539	0.000
	Academic Performance of the ADHD Children Post-Test	14.10	10	1.45		
PAIR 6	Classroom Behaviour Performance of the ADHD Children Pre-Test	5.10	10	0.32	31.881	0.000
	Classroom Behaviour Performance of the ADHD Children Post-Test	21.70	10	1.49		

Validity of PBMT: The 'Parental Behaviour Management Therapy (PMBT) scale satisfies 'face and content validity' with discussion and opinion of Guide, Co - Guide and experts in Behaviour Therapy. It also satisfies the internal validity.

OBJECTIVES

- To Study the Effectiveness of Parental Behaviour Management Therapy (PBMT) with respect to the Academic Performance and Class Room Behavioural Performance of the ADHD Children.
- To Study the Effectiveness of Parental Behaviour Management Therapy (PBMT) with respect to the types of ADHD children such as
- Inattentive (IA)
- Hyperactive/ Impulsivity (HA) and
- Both (IA & HA/IM)

HYPOTHESES

- There is no significant effect on Parental Behaviour Management Therapy (PBMT) with respect to the 'Academic and Class Room Behavioural Performance' of the ADHD children.
- There is no significant effect on 'Parental Behaviour Management Therapy (PBMT) with respect to types of ADHD children.

ANALYSIS OF PBMT FOR ADHD CHILDREN

The data were analysed by descriptive analysis and differential analysis using paired sample t-test to test the hypotheses framed for this study in order to arrive the results. The pre- test and post- test scores of the Parent Behaviour Management Therapy (PBMT) for children with ADHD were analysed.

Paired Sample T-Test: The applications of the Paired Sample t-test include repeated-measures designs.

To evaluate the Effectiveness of Parental Behaviour Management Therapy before and after the interactive session-cum-therapy, the researcher has used the paired sample t-test to analyse the differences between the Pre-Test and Post Test performance of the variables PMBT and ADHD. This paired-samples t tests compare scores on two different variables but for the same group of cases (Table-4).

RESULTS

According to the present researcher, "Parental Behaviour Management Therapy" assessment, 83 percent of children with ADHD scored higher on the post-test, with a mean score of 49.60 and SD (σ) of 2.86. Compared to the eight weeks of "Parental Behaviour management and interactive therapy session," the children's difficulties with "inattention, hyperactivity, and the combination form of "inattentive & hyperactive" disorder are greatly reduced. On the other hand, when it comes to Parental Management Behaviour Therapy, the ADHD children's academic performance and classroom behaviours performance have significantly improved (Table 1).

The paired sample t-test reveals a significant difference at the 0.01 level between the PBMT Pre-Test and Post-Test scores. It reveals that "Parental Behaviour Management and Intervention Therapy" is a more successful method for lowering the disorder issues of both parents and their children with ADHD who attend school. Children classified as "inattentive," "hyperactive," and "inattentive & hyperactive" had significantly different pre-test and post-test scores at the 0.01 level (Table 1). Thus, "Parental Management Behaviour Therapy" is quite useful for ADHD children and their parents in terms of the child's likelihood behaviours and active attention. Additionally, this PMBT significantly enhanced both "Classroom Behaviour Performance" and "Academic Performance."

DISCUSSION

Nowadays, the Parental Behaviour Management Therapy (PBMT), is an effective therapy approach for the ADHD children. These approaches are the foundation of the Barkley model of parent therapy for children with ADHD. The similar approach was used in the current study, which has an effect in reducing ADHD issues. Additionally, the PBMT supports the findings of the Thai study conducted by Ubon Wannakit et al. (2022) entitled as the "Effectiveness of Parent Involvement-Child Behaviour Management". The key to improving the normal behaviour of children with ADHD and eliminating their negative behaviours is 'parental involvement in behaviour management'.

School children's combined problem of "inattention and hyperactivity" was in low level by the behaviour therapy technique. The current study also demonstrates that school children's ADHD symptoms considerably decreased their inattentive, hyperactive issues. To assist children with the disorder in becoming as normal as possible by the time they are twelve years old, but before ADHD is identified in the family or at school between the ages of four and six. Both treatment and medication can be used to treat the severity of ADHD (Xin-Xin Huang,2021).

CONCLUSION

This study is a quasi-experimental- pre-test and post-test design. The aim of this study is 'Examining the effectiveness of parental behaviour management therapy for children with ADHD'. According to the guidelines provided by the ADHD-DSM-IV Revised criteria, the researcher initially identified ADHD youngsters in the classroom setting (APA, 2000). For the eight weeks that the experiment was conducted in a school setting, only 10 pupils and their parents alone were found and who cooperated. This study examined the ADHD issue that exists in typical school-age children using a non-pharmacological method. ADHD is a neurological condition that affects children from the age of 4 to 12 and has an impact on their behaviour. The Puducherry government, the Directorate of School Education, the concerned schools, and the parents of the corresponding ADHD children granted ethical approval for this study. The study's conclusions will have implications for both society and school children. This study found that after eight weeks of PBMT therapy, school children with attention deficit hyperactivity disorder (ADHD) had considerably reduced "inattention problems," "hyperactive," and both types of behaviour issues. The children's reading, writing, and Math skills have significantly improved. The pupils behaved well in class, completed their assignments, and had good organizational abilities. During their intervention sessions with the therapist and their kids, the parents expressed great appreciation for the effectiveness of PBMT.

ACKNOWLEDGEMENT

I acknowledge my thanks to the contributors to the citations mentioned in this research paper. I thank to my Guide and Co-Guide for their support of preparation and completion of this research work.

REFERENCES

- APA 2000 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR). American Psychiatric Association, Washington DC.
- Barkley, R. A. 2006. Attention-Deficit/Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. New York: Guilford Press.
- Clinical Practice Guideline 2000. Diagnosis and Evaluation of the Child with Attention-Deficit / Hyperactivity Disorder. Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder, American Academy of Paediatrics, Vol.105, No.5 Pp.1158-1170.
- Eleanor E. Macco 2000. Parenting and Its Effects on Children: On Reading and Misreading Behaviour Genetics. Annual Review of Psychology. 2000. Vol.51, pp.1-27.
- Mahvash Raghobi Samaneh Fouladi; Nour Mohammad Bakhshani (2014) Parent Training and Behaviour Therapy on Behaviours of Children with Attention Deficit-Hyperactivity Disorder. Health Scope. 2014 May, Vol. 3, No.
- Mark Mahone, E and Martha B. Denckla 2017. Attention-Deficit/Hyperactivity Disorder: A Historical Neuropsychological Perspective. Published online by Cambridge University Press (CUP): 04 December 2017J,

- Journal of International Neuropsychological Society, Oct, Issue. Vol. 23, No.9-10, pp. 916-929.
- Mohsen Amiri, Mahdis Norouzi, Faeze Rostamian, Maryam Pasyar, Somaye Tavasoloian- Ghomashchi, Ehsan Malahmadi, 2023. Impact of Parental Behaviour Training for Mothers of Children with ADHD on Reducing Aggression and Maladaptive Behaviour in their Children. International Journal of Behaviour Science, Vol.17, No.3, Autumn 2023.
- Radha Mohan 2011. Research Methods in Education, Neel Kal publishers, Hyderabad.
- Romadona, N. F., Listiana, A., & Kurniati, E. (2016). Bimbingan Dengan Teknik Perilaku (Behavioural Therapy) Untuk Meningkatkan Keterampilan Sosial Anak ADHD (Attention Deficit/Hyperactivity Disorder). Jurnal Ilmu Pendidikan dan Pengajaran, Vol. 3 No. 2, 220.
- Sadock B, Sadock V, Ruiz P. Comprehensive Textbook of Psychiatry. 10th ed. Philadelphia: Lippincott Williams & Wilkins; 2017. p.5329-537
- Ubong Wannakit (2022), M.S., Jintana Yunibhand, Chanokporn Jitpanya 2022. The Effectiveness of a Parent Involvement-Child Behavioral Management Program on Attention Deficit Hyperactivity Disorder Symptoms among Thai School-age Children. Journal of Health Science and Medical Research. Vol.40(5), pp. 509-518.
- Verhulst, VC and Jan van der Ende (2006) Assessment Scales in Child and Adolescent Psychiatry, Taylor & Francis, UK.
- Xin-Xin Huang, Ping Ou, Qin-fang Qian and Yan Huang 2021. Long-term effectiveness of behavioural intervention in preschool children with attention deficit hyperactivity disorder in Southeast China – a randomized controlled trial. BMC Paediatrics Open Access Journal Vol.21, No.561, pp.1-9
- Irene M J van der Fels) and Sanne C M Te Wierike et al 2015. The relationship between motor skills and cognitive skills in 4–16-year-old typically developing children: A systematic review
- Mary Atkinson, Garry Hornby (2002) Mental Health Handbook for Schools Behavioural Sciences, Education, Routledge Publishers, UK
- Zwi M, Jones H 2011, Thorgaard C, York A, Dennis JA. Parent training interventions for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. Cochrane Database Syst Rev. 2011; (12)
- Singh A, Yeh CJ, Verma N, Das AK. Overview of Attention Deficit Hyperactivity Disorder in Young Children. Health Psychology Res. 2015 Apr 13;3(2):2115.
- Orjales, I. 2002. Deficit DE attention con hiperactivado: Manual para padres y educadores. Madrid: CEPE.
- Bijou S.W, Birnbrauer J.S, Kidder J.D, Tague C. Programmed instruction as an approach to the teaching of reading, writing, and arithmetic to retarded children. The Psychological Record. 1966; Vol.16: pp.505–522.
