



Efficacy of Interventions in the Management of Habit Disorders in Junior High School Students

KEYWORDS

Behavioral interventions – habit disorders – junior high school students.

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ABSTRACT

The present study is an attempt to examine the effect of behavioral interventions in with an objective of reducing the intensity of habit disorders in junior high school students. Habit Disorders Schedule was used to assess the nature and intensity of certain habit disorders. A select sample (N=60) with moderate intensity levels of certain habit disorders are subjected to interventions. The effectiveness of interventions through a pre and post test design was found to be effective.

Introduction:

As the childhood is the foundation period of all behavior, most Psychologists (especially Sigmund Freud) view that the early years of life constitute a crucial period for building the behavior repertoire. Each child's experiences are unique to itself, because its cumulative experiential mass varies from those of others and the child develops its own distinctive personality during this formative period. Parents, the teacher and significant others bond with the child to influence the child's habits. Experiments with children go to show that the child's psychological environment and those with whom the child interacts determine and mould much of its habits. The child's behavior is influenced by certain objective determinants which include his individual characteristics and those of his family structure, his intelligence, physical status, ordinal position in the family structure, its size, and his/her sex. If the child is a twin, a stepchild, an adopted child, or illegitimate, it affects his behavior in certain ways. The neighborhood in which he lives and the children who are available to him in the environment, values held by his parents direct his own attitudes and actions, and the presence of relatives in his home or nearby may influence his behavior (Jersild, 1954).

Certain behavioral deviations in the child manifest due to interpersonal determinants like for eg., fixation of immaturity, neglect, unbalanced social experience, rejection of responsibility, distortion of parental role, damaged self-respect, excessive punishment, and freedom to defy and attack (Mowrer, 1948).

Back ground:

Effect of various interventional techniques related to habit disorders were found to be effective. Owens, France and Wiggs, (1999) studied behavioral and cognitive-behavioral treatments for sleep disturbance in infants, pre-school, and school-age children. Treatment areas are dyssomnias (disorders of initiating, maintaining, or excessive sleep) and parasomnias (behaviours which occur predominantly during sleep). Interventions aimed at preventing sleep disorder through targeting infant sleep patterns were also examined. It was concluded that, for families willing to undertake behavioral and cognitive-behavioral interventions, some treatments appear effective for some infant and certain sleep problems. Sleep disturbances are common among youth, yet objective assessments of sleep in children with obsessive compulsive disorder (OCD) have been scanty (Eric et al., 2008).

Oliver and Thelen (1996) explored how children's perceptions of peer influence were associated with their eating and body image concerns and how children's eating concerns and perceptions of peer influence differed by grade and gender. Several studies support the efficacy of interpersonal psycho-

therapy (IPT) in the treatment of eating disorders. Treatment outcomes are likely to be augmented through a greater understanding, and hence treatment targeting the mechanisms whereby IPT induces therapeutic gains (Rieger et al., 2010).

Nail biting (NB) presents in a significant proportion of referrals to a mental healthcare clinic setting. Nail biting in the child and adolescent mental healthcare setting is a common problem in a clinical population, easily visible in consultation and relatively unintrusive to ask about. If present, its detection can then be followed by looking for other more subtle stereotypic or self mutilating behaviors (Tanaka et al., 2008). Ghanizadeh and Shekoochi (2011) studied parents of 743 primary school children who reported NB behavior of their children and themselves. Nail biting behavior in the last three months was found to be 20.1% in girls and the rate in boys was 24.4%, 36.8% of the children with NB had at least one family member with nail biting. The prosocial behavior is related to lower social relationship ability. This lower ability may be another explanation for higher emotional problems in children with NB. The most striking findings of the study by Ghanizadeh and Shekoochi (2011) are that emotional and behavioral problems are more common in children with nail biting than those without nail biting. More than one fifth of children have this habit. This behavior is age dependent but it is not gender related.

Studies reported in the foregoing indicate a need for further studies on habit disorders in Indian context.

Keeping this in view the present study was contemplated with an objective to assess the role of behavioral interventions (in pre and post design) in the management of select habit disorders viz., sleep disorders, eating disorders such as lack of appetite, food finickiness, and nail biting among junior high school students.

Sample, Method and Tools:

The total sample for the study was 60 boys and girls with moderate levels of habit disorders (screened) in the age group of 11-14 years drawn from the data set on a total sample of 180 students in four Zilla Parishad High Schools located in Chittoor district of Andhra Pradesh. These 60 subjects were randomly divided into two groups. One group was treated as Experimental group (N=30) which was subjected to intervention programme and other was treated as Control group (N=30) which was not exposed to any intervention. An Interventional package consisted of behavior modification techniques (BMTS) viz., individual counseling, family counseling, Peer Support Counseling, use of rewards/ reinforcers, awareness training and Cognitive Behaviour Therapy (CBT). Plan and execution of different interventional procedures

(BMTS) in the management of Habit disorders are described in Table 1.

Table I: Details of Interventional Strategies Administered towards Habit disorders

S. No.	Type of Habit disorder	Type of behavioral intervention given	Experimental Group	Control Group	Total
1.	Disturbing dreams	CBT	6	6	12
2.	Restlessness in sleep	CBT	6	6	12
		Lack of appetite			
3.	Group A Group B	1. Individual Counseling	3	3	6
		2. Peer Support Counseling	3	3	6
		Food finickiness			
4.	Group A Group B	1. Individual Counseling with their mothers	3	3	6
		2. Individual counseling without their mothers	3	3	6
		Nail biting			
5.	Group A Group B	1. Mild aversive stimulus	3	3	6
		2. Rewarding the positive responses	3	3	6
Total			30	30	60

Discussion:

The efficacy of behavioral interventions in minimizing the intensity of select habit disorders was examined using Experimental and Control group design with pre and post intervention assessments. The results indicate (Table 2) that Cognitive Behavioral intervention was found to be effective in both the sleep disorders (disturbing dreams, restlessness in sleep) among the subjects in Experimental group and not significant in the subjects of control group. But in the eating disorders viz., lack of appetite and food finickiness, the pre and post test scores did not differ significantly in different interventional methods used for the subjects in Experimental group and in the control group subjects as well. This could probably because, as the subgroups were small in size (n=3) the mean differences may not be statistically significant. Nevertheless, in this sort of special sample or special interventional studies (like in clinical sample), consideration of big group (larger in size) may not be possible. Therefore, for purposes of interpretation one can consider the magnitude of mean differences. When we look at the mean trends in pre and post test sessions in Experimental group, (for lack of appetite) there was a reduction in the magnitude of intensity (for e.g., pre test Mean= 8.7; post test Mean = 5.6) in the group with Individual counseling and also in the group with Peer support counseling (Pre test Mean= 8.6; Post test Mean=5.7). This only demonstrate that Individual counseling, and Peer support counseling were effective in reducing the intensity of the habit disorder viz., lack of appetite. In the habit disorder viz., food finickiness, both Individual counseling along with their mothers and Individual counseling without mothers were found to be effective in the subjects in the Experimental group. But no such change in the intensity in the subjects of control group. Behavioral intervention for nail biting shows the same trend of observation in the subjects of Experimental group and control group. The present study findings on Nail Biting are in concurrence with the earlier studies, for example studies of Ghanizadeh and Shekoochi(2011).

Table-II: Efficacy of Different Behavioral Interventions in the Management of Habit Disorders

S. No.	Type of Habit disorder	Type of behavioral intervention given	Experimental group			Control Group		
			Pre	Post	t	Pre	Post	t
1.	Disturbing dreams	CBT (N=6)	17.3	11.3	2.22*	17.3	17.5	1.5@
2.	Restlessness in sleep	CBT (N=6)	17.2	10.4	2.26*	17.2	17.4	1.5@
3.	Lack of appetite							
A.	Group A	1. Individual Counselling (N=3)	8.7	5.7	1.41@	8.7	8.8	0.75@
B.	Group B	2. Individual counseling without their mothers (N=3) Total N=6	8.6	5.6	1.41@	8.6	8.7	0.75@
4.	Food finickiness							
A.	Group A	1. Individual Counselling with their mothers (N=3)	8.7	5.7	1.41@	8.8	8.9	0.75@
B.	Group B	2. Individual counseling without their mothers (N=3) Total N=6	8.8	5.6	1.41@	8.7	8.8	0.75@
5.	Nail biting							
A.	Group A	1. Mild aversive stimulus(N=3)	8.9	5.8	1.41@	8.9	8.8	0.75@
B.	Group B	2. Rewarding the positive Responses(N=3) Total N=6	8.7	5.9	1.41@	8.7	8.6	0.75@

**Significant at 0.05 level; *Significant at 0.01 level; @ Not Significant

Review of studies highlight that sleep problems are associated with a range of serious adverse consequences. Evidence reviewed also points to sleep disturbance as one possible contributor to weight gain, co morbid substance use, and impulsivity. As stated by some studies in the review, childhood sleep problems have been associated with a range of adverse cognitive and academic outcomes, as well as increased impulsivity and emotional disorders such as anxiety and depression. Anxious children reported going to bed significantly later and had significantly less sleep on school nights compared to non-anxious children but no significant differences in sleep onset latency, number of awakenings or time awake during the night, daytime sleepiness, or fatigue. It is evident that children receiving CBT showed significant improvements in sleep latency, wake after sleep onset, and sleep efficiency, but not total sleep time.

As Scriberras et al., (2009) stated caregivers should also be advised to follow sleep strategies such as : advice about normal sleep, setting bedtimes and sleep hygiene: using a sleep diary and a sleep plan, limit setting to help the client to sleep; relaxation, returning the subject to bed overnight checking method, i.e., returning to check on the subject at set times and bedtime fading. Similar procedure which was followed in the present study was found to be effective.

There is an ample evidence of research indicate that a significant part of daily eating behaviors consists of habits. Thus, the concept of habit is increasingly incorporated into studies investigating the behavioral and psychosocial determinants of food choice, yielding evidence that habit is one of the most powerful predictors of eating behavior. Parents of children who were problem eaters showed no characteristic differences in training practices or attitudes(Casey et al.,1989).

The present study results on the effectiveness of Behavior interventional strategies for various habit disorders studied clearly demonstrated the significant role of Behavior modification interventions in reducing the intensity of habit disorders.

To conclude, the severity of habit disorders would significantly interfere with social, emotional and educational opportunities of subjects. Thus the present study would be a meaningful addition for school going children in high school age years. The knowledge generated in the study is helpful for school guidance and counseling programmes. The results suggest that there is a need to develop awareness on habit disorders especially for parents which will help in promoting well being of children and family.

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