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**[SKIRDS]** IT is an NGO nongovernment organization which was started in 1997 august 6<sup>th</sup> it is registered under the Karnataka societies registration act 1960 which was legal binding by the Indian societies registration act 1860 Which was monitor by the government of India constitution .

The society registered body is consisting by the Prof.Dr.Shivalingaiah Mallappa. During post doctoral degree program 1996-1997-98 in Jnanabharathi campus BUB. Bangalore.560056. initially constitute with 9 member of classmates. those who are all discussed and finalised in the name of SUVARNA KARNATAKA INTEGRATED RURAL DEVELOPMENT SOCIETY[R] IRESPECTIVE OF CAST CREED COLLER AND RELIGIOUS WITH UNBODNING OF GEOGRAPHICAL AREA ACCROSS THE GLOBALLY ESTABLISHMENT IT AIMS AND OBJECTIVES OF THE ACTIVITIES.

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HIMSELF, SO WE SATRTED UNDERGRADUATE, POST GRADUATE PHD, PROGRAMS ASSOCIATED WITH VARIOUS UNIVERSWITIES IN THE GLOBALLY, PRESENTLY WE ARE TIUP WITH CENTRAL CHRISTIAN UNIVERSITY BLANTRY, MALAWI COUNTRY, AND ASIAN INTERNATIONAL UNIVERSITY MANIPUR, THROUGH THE INSTITUTE IS OFFER TO STUDIES OF VARIOUS SPECIALITY SUBJECTS FROM THE YEAR OF 2020-21, IS ON REGULAR, PART TIME ONLINE DISTANCE FULL TIME BAISS. THE INSTITUTE IS CONSISTING 50 FACULTY MEMBERS AND 15 NON ACADEMICAL STAFFS ARE WORKING IN VARIOUS STREAMS.

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# INTERNATIONAL JOURNAL OF SUVARNA KARNATAKA STUDIES AND RESEARCH PUBLICATIONS

## Plagiarism:-

## Article Review Rewriter Tool:-

This is a originality checking of research articles, automatic article rewriter that will rewrite any given text into readable text along. To use this Article Rewriter, copy and paste your content into the text box below and then click on the 'Re-write Article' CHECKING button.

What is a Paraphrase?

Definition: Paraphrasing is about restating a statement without changing the context of the text or passage by using other words.

Meaning: Paraphrasing is the restatement or rewording of a text or passage to expand, clarify, and summarize the content without plagiarizing. It is generally used when you need to rephrase online essays, research papers, and pieces of journalistic content.

What is a Paraphrasing Tool?

The paraphrasing tool is an advanced facility that figures out the most appropriate way to rephrase online a text. There are different shades of meanings in English, and this language is full of nuance. Therefore, the paraphrase online tool weighs many factors before deciding which will be the right words and sentence formation to rephrase the content.

Usage:- Paraphrasing is used to formulate the ideas of someone in your own words to pass plagiarism. It is all about rewriting a passage without altering the original context. While writing down a piece of content, you are actually trying to present ideas and thoughts about a particular topic. There is an option of backing up your argument by either paraphrasing or quoting someone. The paraphrasing helps you to portray a strong understanding of the topic. The paraphrasing of content also gives more freedom to convey the same idea in your own words. Suppose you're jotting down something for a general audience, then you may have to simplify a domain-specific argument. It will help you effectively convey the exact idea or thought in simple words.



The paraphrasing tool is of great assistance in this regard; you would be able to instantly produce content without getting into any convoluted process. Generally, the paraphrase online facility is used for removing plagiarism from the content. It is quite a good approach to rephrase online, as it helps in multiple ways.

**Deepens understanding of a Topic** Suppose you want to have a deeper understanding of a critical or technical topic, but the subject-related terms aren't easy to comprehend. In that case, an online paraphrase generator could be your ultimate companion. You would only need to upload content on it, and it will paraphrase for you in simple and easy-to-understand words. Therefore, to understand a topic, you can use a paraphrasing tool online. **Keeps Your Integrity Intact**

Plagiarism isn't acceptable in any case; it is highly unethical. Whether you are a writer, student, researcher, or teacher, there is a need to keep your integrity intact. You need to express your ideas and thoughts in your own words to demonstrate your commitment to ethical scholarship. If you want to pen down a passage from another source, you need to use a paraphrase online tool. It will remove duplication from your content, and you will be able to present the same ideas in your own way. As a result, you'll be able to keep your integrity intact.

**Summarizes a Lengthy Text**

The paraphrasing tool is excellent for summarizing a broad text into a few lines or pages. Some constraints disallow people to read everything. With the help of paraphrasing, you would be able to summarize information to meet the needs of the audience as you would not have to go through a longer report or piece of content.

**Minimizes the Need to Use Quotes**

There are cases where you need to convey specific information in a particular context. If you are overly relying on quotes, there are chances that it may lead to dull text or monotony. If you add too many quotes, the reader will perceive that you haven't understood the original document. However, if you paraphrase online, the recurrence of quotes will be reduced. Additionally, the readability of the content will also be enhanced. **How to Use the Paraphrasing Tool?** First things First, access the online paraphrasing tool.

Afterward, submit the text to the paraphrasing tool. You can either upload a file from your device or copy-paste the text in the given box.

Click the "Rephrase Article" button to initiate the process.

The tool will start the processing and alter the content by keeping the real essence and context intact. As the results are generated, they will be displayed on your screen instantaneously.

Lastly, you can copy the rephrased version of the text or download the file on your device with a single click.

## **Tips & Examples**

The best paraphrasing tool is about rephrasing someone else's ideas in your own words. However, the meaning and essence of the original text stay intact. You need to bear in mind that paraphrasing is not about just replacing the words with their synonyms. It is about rewriting the content with the same context by keeping ideas and thoughts the same. It helps in avoiding plagiarism, which is an unethical activity.

## **Use contextual synonyms**

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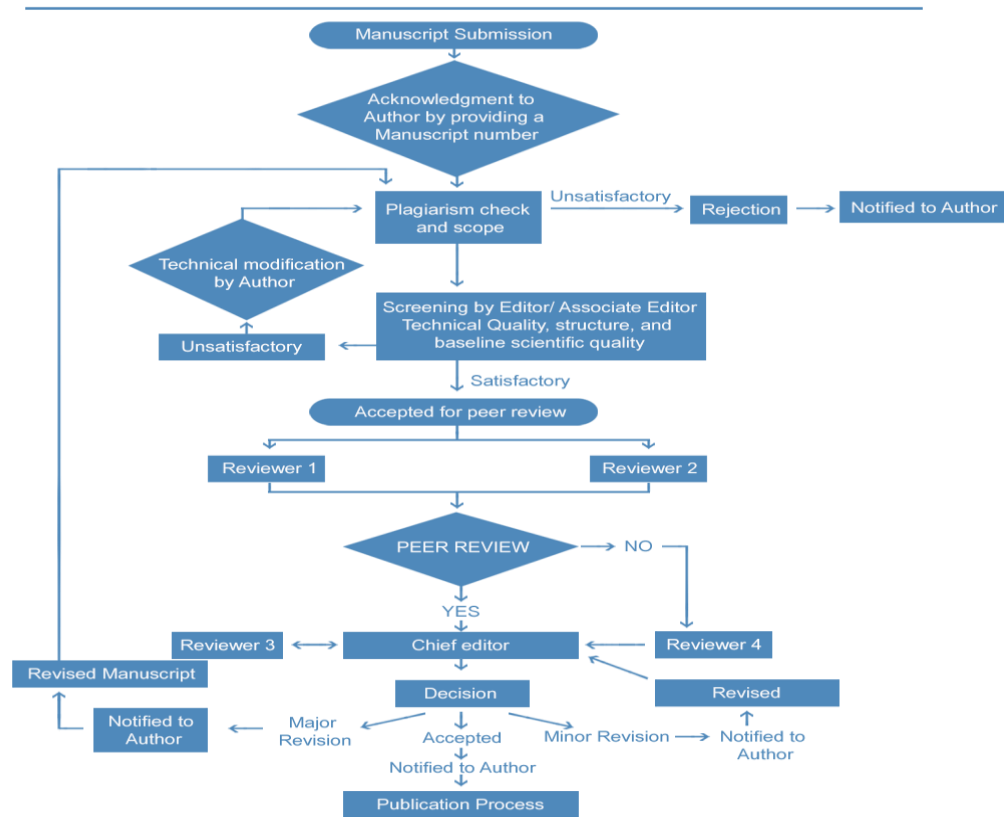
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1\*MR.DHARMENDAR JAGJIVANDAS SOLANKI

@2\*PROF.DR.SHIVALINGAIAH.MALLAPPA.(C)

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Article NO-2

### EFFECTIVENESS OF SOCIAL SKILLS TRAINING IN THE MANAGEMENT OF ADHD AMONG SPECIAL STUDENTS

1\*MRS.BHARANI® 2\*Prof.Dr.CHANDRAMOHAN

#### ABSTRACT:

Neurodevelopmental disabilities are affecting the functions of neurological system and the brain. Types if neurodevelopmental disorders include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual disorder, Specific Learning disorder, Communication disorder, Motor disorder and Cerebral Palsy. Attention Deficit Hyperactivity Disorder includes behaviour disorders such as Inattention, Hyperactivity/Impulsivity, Oppositional/Defiant disorder, Conduct disorder and Anxiety/Depression. If these symptoms are present at home, school or work setting, then the individual is prone to be suffering from Attention Deficit, Hyperactivity Disorder. The aim of the

present study was to find out the Effectiveness of Social Skills training in the management of ADHD among special students. Attention Deficit Hyperactivity Disorder impairs academic and family life. Once it is identified at an early stage, special students can be helped to lead a successful life. Social skills training helps the special students to carry out daily activities of life and focus on academics. The main objectives of the present study are to improve social skills among Attention Deficit Hyperactivity Disorder through Social skills training and to find out gender difference, if any, among boys and girls in overcoming the Attention Deficit Hyperactivity Disorder symptoms. Wolraich et al., have used Vanderbilt

Parent ADHD Rating Scale to assess the symptoms of Attention Deficit Hyperactivity Disorder among special students. Special Students, studying at various Special Schools at Chennai, are chosen for the present study. 120 special students are allotted randomly to control and experimental group, 60 in each group, 30 boys and 30 girls, with mild Attention Deficit Hyperactivity Disorder. Experimental group is exposed to Social Skills training for three months. Results show that there is an extremely significant difference ( $p < .0001$ ) existing in the performance. Experimental group is faster ( $p < .0001$ ) than the control group in overcoming the ill-effects of Attention Deficit Hyperactivity Disorder among special students. Experimental girls are faster ( $p < .0001$ ) than the boys in overcoming the ill-effects of Attention Deficit Hyperactivity Disorder symptoms after Social skills training. Among special students. Social skills training is less time consuming, more economical and one of the best techniques of overcoming the ill-effects of Attention Deficit Hyperactivity Disorder symptoms.

Keywords: Social skills training, Attention Deficit Hyperactivity Disorder, special students, academic and occupational success

## INTRODUCTION

Neurodevelopmental disabilities are affecting the functions of neurological system and the brain. Diagnostic Statistical Manual - V renamed the disorders of infancy, childhood and adolescents as Neurodevelopmental disorders. Types of neurodevelopmental disorders include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual disorder, Specific Learning disorder, Communication disorder, Motor disorder and Cerebral Palsy.

Causes of neurodevelopmental disorder are genetic, biological, psychosocial and environmental factors. Chromosomal disorder, infectious disorder and nutritional deficiencies cause neurodevelopmental disorders. Other causes are due to maternal use of alcohol, tobacco or illicit drugs during pregnancy, maternal malnutrition language, social and emotional deprivation.

Attention Deficit Hyperactivity Disorder includes behaviour disorders such as Inattention, Hyperactivity/Impulsivity, Oppositional/Defiant disorder, Conduct disorder and Anxiety/Depression. If these symptoms are present at home, school or work setting, the individual is said to be suffering from Attention Deficit, Hyperactivity Disorder.

Symptoms of inattention includes trouble staying focused, easily distracted or gets bored with the task before it is completed, appears not to listen when spoken to, has difficulty remembering things and following instructions, need repeated motivation to follow instructions, doesn't pay attention to details or makes careless mistakes, has trouble in staying organised, planning ahead and finishing tasks, frequently loses books, toys or other items and forgetful in daily activities.

Symptoms of hyperactivity/impulsivity includes constant fidgets and squirms, has difficulty in sitting still, plying quietly or relaxing, excessively runs or climbs inappropriately, driven like a motor, talks excessively, blurts out answers before question is completed, gets angry very soon, unable to wait for his/her turn, intrude others conversation and acts without thinking.

Worldwide study shows that Attention Deficit Hyperactivity Disorder is prevalent in 8% to 11% among children. It is more common among boys than girls. Symptoms persists even beyond childhood.

Intervention for Attention Deficit Hyperactivity Disorder includes psychologists treatment for behaviour problems, Social skills training by Occupational therapist for improving activities of daily life and Speech therapy,

if speech is delayed or communication disorder exists , parental counseling for parenting techniques and Special school education for academics.

Social skills are important because they are the foundation for having positive relationships with others, with partners, friends and for career. Social skills allow to connect with other people on a level that is important in life for deeper relationships with others. Equipping people, who have no social skills or practice in social skills with necessary tools, is becoming a major challenge.

Social Skills are the gate way for success and social competence. Developmental disabilities is an impairment associated with social skills training. Social Skills Training is a type of psychotherapy that works to help children to improve their social skills so that they can become socially competent. Social Skills Training is predominantly a behavior therapy. Social skills training use behavioral theories and techniques to communicate their feelings. Social skill training refers to the ability to express feelings and desires to others and communicate interest.

A student, who is socially maladaptive, may be shy, withdrawn from social environment or aggressive. Social deficits may concur with academic deficits with associated disorders of Attention

Deficit Hyperactivity Disorder and Learning Disabilities. These students are unpopular among class peers, they are often loners in school, but comfortable with adults or younger children.

Review of world wide literature reveals the effect of positive impact of Social Skills Training for Attention Deficit Hyperactivity Disorder. Social skills training help Attention Deficit Hyperactivity Disorder students to be successful on academic and family life (Yoong (2021), Dhanavendan (2021), Kinkuri Sahib Kaur & Ranjit Pathak (2019), Simran Ochani Devi (2019), Gupta et al., (2019), Kumar Raj (2019), Kelley (2017) and Keith C Radley (2016).

### **PROBLEM OF THE STUDY**

The effect of social skills training in the development of social adaptability skills among Attention Deficit Hyperactivity Disorder. Social developmental skills among children with developmental disabilities can be improved by five different ways i.e. encouraging eye-contact, teaching them emotions, developing communication skills, giving them the right environment and preparing them for higher social skills. Use of pharmaceutical treatments have lot of side effects. Developmental skills therapy helps the students to manage and improve social developmental skills. There can be tangible and intangible benefits that

can be observed in students with developmental disabilities, if developmental skills are taught in a systematic and structured manner. The present study is an attempt in this direction to further improve the social skills among the students with Attention Deficit Hyperactivity Disorder.

### **RESEARCH DESIGN**

The research will be an experimental research study. Study will be conducted, using matched group training. This test involves matched group research design principles for testing the hypothesis. The area of study for the experimental intervention is special students with Attention Deficit Hyperactivity Disorder.

### **AIM**

The aim of the present study was **to** find out the Effectiveness of Social Skills training in the management of ADHD among special students

### **OBJECTIVES**

Attention Deficit Hyperactivity Disorder impairs academic and family life. Once it is identified at an early stage, special students can be helped to lead a successful life. Social skills training helps the special students to carry out daily activities of life and focus on academics.

- To improve social skills among Attention Deficit Hyperactivity Disorder through Social skills training

- Use Social Skills Training, for betterment in behaviour and ways to communicate their feelings
- To find out gender difference, if any, among boys and girls in overcoming the Attention Deficit Hyperactivity Disorder symptoms

## **HYPOTHESIS**

The following hypotheses are drawn from the review of worldwide literature:

- ❖ Social Skills Training is effective in overcoming the Attention Deficit Hyperactivity Disorder symptoms among special students
- ❖ Social Skills Training is effective on overcoming behavioural disorders of Attention Deficit Hyperactivity Disorder among special students
- ❖ Boys are better than the girls in overcoming the Attention Deficit Hyperactivity Disorder symptoms after intervention

## **SAMPLING DESIGN**

500 Special Students, studying at various Special Schools, age ranging from 5 - 15 years, undergoing training at different Special Schools, Chennai, are chosen for the present study. Out of 500 special students, 120 special students, 60

CONTROL		EXPERIMENTAL	
BOYS	GIRLS	BOYS	GIRLS
30	30	30	30

each in control and experimental group re allotted randomly, 30 boys and 30 girls, with mild Attention Deficit Hyperactivity Disorder.

Table 1

Level of Attention Deficit Hyperacvity Disorder

LEVELS OF ADHD		
Levels	Number	Percentage (%)
Normal	150	30
Mild	200	40
Moderate	100	20
Severe	50	10

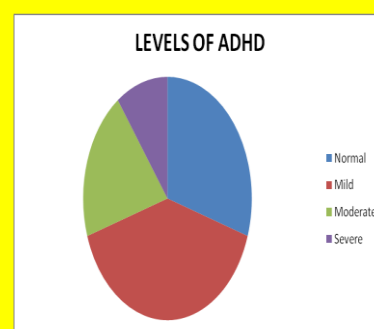


Figure 1: *Levels of Attention Deficit Hyperactivity Disorder*

Table 2

Sample Characteristics

Figure 2 : *Sample characteristics*

Table 1-2 and Figure 1-2 show the levels of Attention Deficit Hyperactivity

DIFFERENT LEVELS OF ADHD			
DIMENSIONS		CONT ROL	EXPERIME NTAL
Inattention		6	0.40
Hyperactivity/Impulsivity		7	0.93
Oppositional/Defiant disorder		5	0.23
Conduct disorder		5	0.35
Anxiety/Depression		3	0.17
Overall Raw Scores		26	2.08

Disorder on Vunderbilt ADHD Parent Rating Scale to find whether the parents are able to understand and complete all the statements in the questionnaire. Out of 500 special students, 150 students (30%) are Normal and asymptomatic on Attention Deficit Hyperactivity Disorder, 200 (40%) special students are having mild Attention Deficit Hyperactivity Disorder, 100 (20%) special students are moderate on Attention Deficit Hyperactivity Disorder and 50 (10%) special students are having severe signs of Attention Deficit Hyperactivity Disorder. Out of 200 special students, 120 students are allotted randomly control and experimental group, 60 special students in each group, 30 boys and 30 girls for the final study.

### **METHOD OF DATA COLLECTION**

For matching the group in experimental design, the special student are administered with Vunderbilt ADHD Parent Rating Scale to assess symptoms of

Attention Deficit Hyperactivity Disorder among special students. Short

details of the psychological test is given below:

#### **Vanderbilt Parent ADHD Rating Scale**

- Wolraich et al., (2003) has developed the Vanderbilt Parent ADHD Rating Scale to assess the symptoms of Attention-Deficit Hyperactivity Disorder. It assesses symptoms of 6 behavioural disorders such as Inattention, Hyperactivity/Impulsivity, Oppositional/Defiant Disorder, Anxiety or Depression. It is 4 - Point rating scale such as 0 - No symptoms, 1 - Mild symptoms, 2 - Moderate symptoms, 3 - Severe symptoms. There are 47 statements and it usually takes 30 minutes to complete the testing.

**Scoring** : Standard scoring procedure is adopted.

The study was conducted in three phases. In phase one, preliminary formalities and administration of test were done. In the second phase, intervention in the form of Social Skills Training is conducted. In the third phase, post test, i.e. six months after intervention and follow up are done.

#### **STATISTICS**

Data are analysed through SPSS 19 Version for testing the hypotheses and drawing the conclusions.



## RESULTS AND

Param	Sum Squ	df	Mean Squ	F-Value	P -
Pretest	3.938835	119	3.3099	0.5516	N
Posttest	125.5	119	1.0546	25.8926	<.001
Follow	125.5	119	1.0546	25.8926	<.001

## DISCUSSION

The findings of the present study are discussed on Table 3-5 and Figures 3-4

*Table 3*

Mean Vunderbilt ADHD Parent Rating Scale Raw scores of control (n=60) Vs. experimental (n=60) group over three pretest Vs posttest phases of training

*Table 4*

ANOVA:Mean Overall Vunderbilt ADHD Rating Scale Raw scores of control (n=60) Vs. experimental (n=60) group over three phases of training

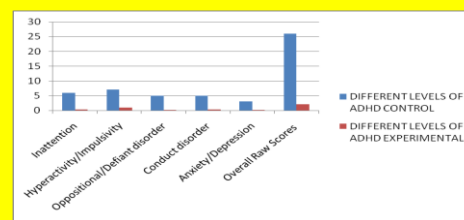
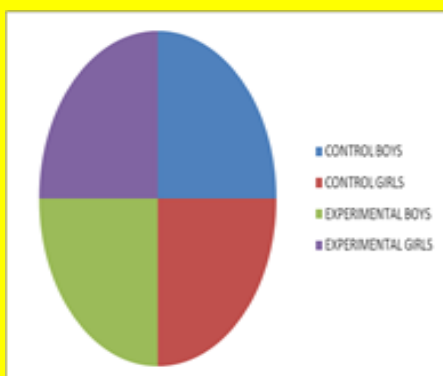


Figure 3: *Mean Overall Vunderbilt ADHD Rating Scale Raw scores of control Vs. experimental group over three phases of training*

Tables 3-4 and Figure 3 show Mean Overall Vunderbilt ADHD Rating Scale Raw scores of control and experimental group over three phases of training. It is seen from the table that control and experimental group are high on Mean Overall Vunderbilt ADHD Rating Scale during pretest. Calculated F - Value (0.5516) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both the groups special students are suffering from mild ADHD symptoms.

Post test and follow-up analysis reveal that experimental group is low on Mean. Various dimensions of Mean Overall Vunderbilt ADHD Rating Scale Raw scores than the control over three phases of testing, compared to the pretest. Calculated Posttest F- Value (2589.26) and

Follow - up F - Value (7818.75) are higher than the tabular value, hence, there is an extremely significant difference ( $p < .0001$ ) existing in the performance. Experimental group are lower ( $p < .0001$ ) than the control group on Mean various dimensions Vunderbilt ADHD Rating Scale of Raw scores over three phases of testing. Experimental group is faster ( $p < .0001$ ) than the control group in overcoming the ill-effects of ADHD symptoms.

With training, the experimental group is lower than the control group on

VARIOUS DIMENSIONS OF ADHD			
DIMENSIONS		CONT ROL BOYS	EXPERIME NTAL GIRLS
Inattention		6	0.40
Hyperactivity/Impulsivity		7	0.93
Oppositional/Defiant disorder		5	0.23
Conduct disorder		5	0.35
Anxiety/Depression		3	0.17
Overall	Raw Scores	26	2.08

Mean. Various dimensions of Vunderbilt ADHD Rating Scale Raw scores over three phases of training. This may be due to regular practice of Social skills training. They are capable of improving attention, concentration, interpersonal contacts, cognitive, social, emotional, sensory skills after training

Hypothesis stated “The Social skills training is effective in overcoming the ill-effects of ADHD symptoms among special students” is accepted. Social skills training helps special students in overcoming the ill-effects of ADHD symptoms.

The findings of the present study is corroborated with the research findings of Yoong (2021), Dhanavendan (2021), Kinkuri Sahib Kaur & Ranjit Pathak (2019), Simran Ochani Devi (2019), Gupta et al., (2019), Kumar Raj (2019), Kelley (2017) and Keith C Radley (2016). They have brought out the fact that social skills training is effective in the management of ADHD symptoms among school students.

### Comparison of Gender difference

Table 5

Mean *Overall* Vunderbilt ADHD Rating Scale *Raw scores of control boys Vs. experimental girls over pretest and posttest phases of training*

Table 6

ANOVA:Mean Overall Vunderbilt ADHD Parent Rating Scale Autism Raw scores of control boys (n=30) Vs.

Parameter	Sum of Squares	df	Mean Square	G-Value	P-Value
Pretest	34.134033	129	34.1	0.99	N
Posttest	5576630	129	55	1043	<.00
Follow-up	5508580	129	55	1118	<.00

Experimental girls (n=30) over three phases of testing

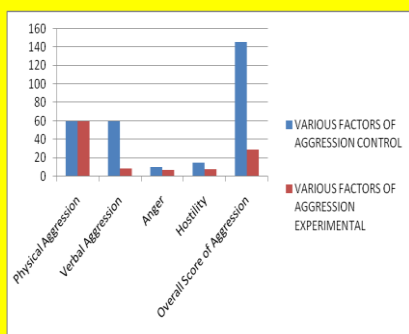


Figure 4 : *Mean Overall Vanderbilt ADHD Parent Rating Scale Raw scores of control boys Vs. Experimental girls over three phases of testing*

Tables 5-6 and Figure 4 show Mean Overall Vanderbilt ADHD Parent Rating Scale Raw scores of control boys and experimental girls over three phases of testing. It is seen from the table that control boys and experimental girls are high on Indian Scale for Assessment of Autism Raw scores during pretest. Calculated F - Value (0.9987) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both the group of students are

suffering from mild autism spectrum disorder symptoms.

Post test and follow-up analysis reveal that experimental girls are lower ( $p < .0001$ ) than the control boys on Mean Various dimensions of Vanderbilt ADHD Parent Rating Scale Raw scores over three phases of testing, compared to the pretest. Calculated Posttest F- Value (1043.85) and Follow - up F - Value (1118.84) are higher than the tabular value, hence, there is an extremely significant difference ( $p < .0001$ ) existing in the performance. Experimental girls are lower ( $p < .0001$ ) than the control boys on Mean various dimensions of Vanderbilt ADHD Parent Rating Scale Raw scores over three phases of testing. Experimental girls are faster ( $p < .0001$ ) than the control boys in overcoming the ill-effects of autism spectrum disorder symptoms.

With training, the experimental girls are lower than the control group on Mean. Various dimensions of Indian Scale for Assessment of Autism Raw scores over three phases of testing. This may be due to regular practice of Social skills training. They are capable of improving interpersonal contacts, cognitive, social, emotional, sensory skills after training. Social skills training is more effective in the management of ADHD symptoms.

Hypothesis stated “The Boys are faster than the girls in overcoming the ill-effects ADHD symptoms through Social skill training” is rejected. In fact, girls are better than the boys in the overcoming the ill-effects of ADHD symptoms. Social skills training is more effective to overcome the ill-effects of ADHD symptoms among special students.

## SUMMARY AND CONCLUSIONS

The matched design, experimental study clearly indicates that Social skills training will help to overcome the ill-effects of ADHD symptoms . The study also shows that the changes in the wellbeing have been carried out for a longer duration of time, indicating that real learning has taken place. Social skills training enables psychological wellbeing, enhances attention and concentration, ill-effects of behavioural disorders, positive outlook and positive emotional state as assessed through Vunderbilt ADHD Parent Rating Scale. This study strongly suggests that Social skills training improve social adaptability skills and enhances psychological wellbeing and academic success among school students.

## Major Findings of the study

- ❖ Social Skills Training is effective in developing various dimensions of ADHD among special students
- ❖ Experimental group is free from ADHD symptoms such as Inattention, Hyperactivity/Impulsivity, Oppositional/Defiant disorder, Conduct disorder, Anxiety and Depression after intervention
- ❖ Experimental girls are fast in overcoming the ill-effects of ADHD symptoms

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Article NO-3

## **EFFECTIVENESS OF COGNITIVE BEHAVIOUR THERAPY IN PROMOTING PSYCHOLOGICAL WELLBEING AMONG OLD AGED PERSONS SINITTA**

**1\*CATHERINE, P<sup>\$</sup>, 2\*Dr V CHANDRAMOHAN<sup>©</sup>**

### **ABSTRACT:**

Psychological well-being is one's level of psychological happiness/health, encompassing life satisfaction and feelings of accomplishment. Psychological wellbeing encompasses the person's perspective on life, including not only perceptions of physical health but also of self- esteem, self-efficacy, relationships with others and satisfaction with life. Aim of the present study is to find out the effectiveness of Cognitive behaviour therapy in promoting psychological

wellbeing among Old aged persons. Many Old aged persons, living at Old Age Homes, are not happy. 500 Old aged persons are administered with Psychological Wellbeing Scale. 120 Old aged persons with poor psychological wellbeing are identified as a sample for the present study. 60 Old aged persons are allotted to each control and experimental group, 30 males and 30 females in each group. Experimental group Old aged persons are exposed to Cognitive

behaviour therapy whereas the control group is not exposed to any therapeutic intervention. Results clearly indicate that experimental group Old aged persons are higher ( $p < 0.0001$ ) than the control group after intervention. Comparison of gender differences show that experimental females are happier ( $p < 0.0001$ ) than the control group males after intervention. Cognitive behaviour therapy is more effective in psychological wellbeing among Old aged persons.

**Key words:** Old aged persons, Cognitive behaviour therapy, psychological wellbeing, Psychological wellbeing Questionnaire, Old age homes

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## INTRODUCTION

Psychological well-being is one's level of psychological happiness/health, encompassing life satisfaction and feelings of accomplishment. Psychological

wellbeing encompasses the person's perspective on life, including not only perceptions of physical health but also of self-esteem, self-efficacy, relationships with others and satisfaction with life. Psychological well-being has a significant relationship with physical and mental health. Psychological well-being is one's level of psychological happiness/health, encompassing life satisfaction and feelings of psychological wellbeing the person's perspective on life, including not only perceptions of physical health but also of self-esteem, self-efficacy, relationships with others and satisfaction with life (Ryff, (1982, 1989); Bryan & Veroff, (!982), Ryff et al., (2008).;

Psychological wellbeing is expected to be higher if a person has the level of social interaction desired. Psychological wellbeing will be lower if an individual has fewer close friends than desired. Social relationships and social interactions are often found in exercise and

sport settings. Feelings of accomplishment and potential attainment of a person's potential is also related to psychological wellbeing. Once individual reached his/her potential in one or more of life's domains. Psychological wellbeing will be expected to be higher. Psychological wellbeing may be tied to satisfaction with life (King et al., (1987), Schmutti & Ryff, (1997); Loper et al., (2003); Greenfield & Marks (2004); Chang & Chnag, (2005); Haldrich & Ryff (1993); .

Cognitive behaviour therapy helps the patient to reduce or eliminate the behavior and thinking patterns that are contributing to his/her suffering and to replace dysfunctional patterns of behavior and thought with patterns that promote health and psychological well-being. Studies affirms the efficacy of Cognitive Behaviour Therapy in treating depression reducing anxiety symptoms and enhancement of wellbeing (Jayanthi Rani & Gayathri, 2014).

Cognitive-behavioral therapy is a popular treatment for a number of common mental health problems, including mild to moderate major depressive disorder, generalized anxiety disorder, panic disorder, social phobia, and bulimia nervosa. Cognitive behaviour therapy helps patients reduce or eliminate thinking styles and behavior patterns that contribute to suffering. Typically a therapist and patient work together to replace dysfunctional patterns with those that promote health and well-being. Older adults can benefit from Cognitive behaviour therapy. Geriatric patients can benefit from cognitive-behavioral therapy alone. Cognitive behaviour therapy is a relatively short-term treatment that can be administered effectively to individuals, couples, families, or groups (Darcy Cox & . D'Oyly (2011; Jayanthi Rani, Gayathri, (2014); Urry et al., 2014); (Kitanya & Murker (2020)



A study conducted in the early 1990s exploring the relationship between well-being and aspects of positive functioning. Ryff's model indicates that persons, who aspired more for financial success relative to affiliation with others or their community scored lower on various measures of psychological well-being.

Mental health and emotional well-being are as important in older age as in any other stage of life. Old age brings special pressures unique upsets and profound biological changes. People become more prone to illness and injury as they are in the advancement of aging. They are likely to experience the stress of loss of spouses, friends and adult children and the loss of former activities. Old aged persons are not psychological wellbeing. They are unable to meet the requirements of their day- to- day life activities. The present study is an attempt in this direction.

## **AIM**

Aim of the study is to find out the effectiveness of Cognitive behaviour therapy in enhancing psychological wellbeing among Old aged persons.

## **OBJECTIVES**

Old aged persons are suffering from physical, mental, emotional and sociological issues during old age. Once it is identified at an early stage, they can be helped in enhancing their psychological wellbeing and live happily towards the end of their life through Cognitive Behaviour Therapy.

- To find out the effectiveness of Cognitive behaviour therapy in enhancing psychological wellbeing through Cognitive Behaviour Therapy.
- To find out gender differences, if any, among men and women, in enhancing P\

- psychological wellbeing through Cognitive Behaviour Therapy.

## **HYPOTHESIS**

- (Ha) Cognitive behaviour therapy is effective in enhancing psychological wellbeing among Old aged\w\ persons.
- (Ha) Males are better than Females in enhancing Psychological wellbeing through Cognitive Behaviour Therapy

## **TOOL FOR THE STUDY**

Carol D Ryff (1984, 1989) has developed Psychological Wellbeing Scale to assess Psychological wellbeing among old age persons. This test assesses six measures of psychological wellbeing such as Autonomy, Personal Growth, Environmental Mastery, Positive relations with others, Purpose in life and Self-acceptance. Its is a 7- point Rating Scale (1- Strongly Agree; 2 – Somewhat Agree; 3- A little Agree; 4- Neither Agree nor Disagree; 5 – A little Disagree; 6- Somewhat

Disagree; 7- Strongly Disagree). It has 18 statements. It usually takes 30 minutes to complete the tes (Ryff et al., (2004); Ryff, Burton & Singer, (2004).

**Scoring:** The minimum score is 18. The maximum score is 126. The statements Q1,Q2,Q3,Q8,Q9,Q11,Q12,Q13,Q17 and Q18, which are the total 10 in number , should be reversed- scored. The remaining 10 statements numbered such as Q4,Q5,Q6, Q7,Q10, Q14,Q15 and Q16 are scored straight as it is. The items in each aspect will be scored separate, the raw scores constitute total scores for each aspect.

The Autonomy subscale items are Q15,Q17 and Q18

The Environmental Mastery subscale are Q4,Q8 and Q9

The Personal Growth subscale items are Q11, Q12 and Q14

The Positive Relations with Others subscale items are Q6,Q13 and Q16

The Purpose in Life subscale items are Q3, Q7 and Q10

The Self- Acceptance subscale items are Q1,Q2and Q5

Higher the score greater the psychological wellbeing. Lower the score poor psychological wellbeing.

## **SAMPLING DESIGN**

Out of 500 Old aged persons, 120 Old aged persons of low psychological wellbeing age ranging from 60 to 80 years, living at Old age Residential Homes constitute as a sample for the present study. Random sampling technique will be adopted to select the sample. The sample will be divided in two groups, control and experimental groups with 60 subjects 30 males and 30 females in each group. The Control group will not be exposed to Cognitive Behaviour Therapy, whereas Experimental group will be exposed to Cognitive behaviour Therapy once in a day, between 4 to 6 pm, for three months. Both the samples will be administered with psychological wellbeing Scale before and after management. Follow-up will be

conducted after 6 months to see the effect of sustenance of psychological wellbeing after Cognitive Behaviour Therapy among Old age Persons.

Review of worldwide literature reveals that Cognitive behaviour therapy is effective in enhancing psychological wellbeing. Brikman et al., (1978), Seligman et al., (2005), Berridge & Kingelbach (2011), Darcy Cox & . D'Oyly (2011), Jayanthi Rani & Gayatri,S.,(2014). Diener (2015), Buchetti & Conzo (2017), Ryff, CD., & Singer (2008), Seligman & Jikszentmihalzi (2014) &, Popescu (2016); Boffo et al.,(2017), . They have found out from their studies that Cognitive behaviour therapy enhances psychological wellbeing among individuals

## **STATISTICS**

Data were analyzed through SPSS 19 Version for testing the hypotheses and drawing the conclusions.

## **PILOT STUDY**

### *Table.1*

Levels of Psychological wellbeing during Pilot Study (n=500)

PSYCHOLOGICAL WELLBEING		
Grade	Number	Percentage (%)
Very good	75	15
Good	75	15
Average	150	30
Poor	200	40

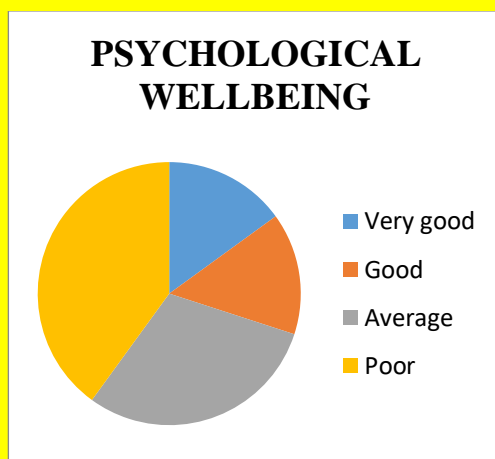


Figure 1: Levels of Psychological wellbeing during Pilot Study

PARAMETERS	PSYCHOLOGICAL WELLBEING	
	CONTROL	EXPERIMENTAL
Males	30	30
Females	30	30

Table 1 and 1 show the levels of psychological wellbeing among Old aged persons during Pilot study. Out of 500 Old aged persons, 250 males and 250 females, are administered with Psychological Wellbeing Questionnaire. 75 (15%) Old aged persons are Very Good on Psychological wellbeing, 75 (15%) subjects are Good on Psychological wellbeing, 150 (30%) subjects are average on Psychological wellbeing, and 200 subjects (40%) are poor on Psychological wellbeing. Old aged persons are able to understand and complete all the statements in the questionnaire. Out of 200 Psychological wellbeing, 120 Old aged persons constitute as a sample, 60 in each group control and experimental, with 30 males and 30 females in each group, for the final study.

Table 1

Frequency distribution of the Sample

Figure 1: *Sample chracteristics*

Table 2 and Figure 2 show

Test Phase	Category	Mean	SD	Sig.
<b>Overall Raw score</b> Pretest	Control group	35	7	NS
	Experimental group	35	5	
Posttest	Control group	35	4	0.0001
	Experimental group	115	*18	
Follow-up	Control group	35	7	0.0001
	Experimental group	118	*4	

The group is made up of 60, thirty males and 30 females in the control are matched with the experimental group of 60, 30 males and 30 females on the dependent variable, with poor psychological wellbeing. Purposive sampling method is adopted for the selection of sample.

A descriptive statistics and mixed model factorial ANOVA are used to analyze differences over time and between

PARAM	SUM of Squares	df	Mean Square	F	P - value
Overall of Psychological Wellbeing					
Pretest		11			
Posttest	19331	1	1934	764	<.0001
Follow-up	2081	1	2080	129	<.0001

the four categories of Old aged persons.

For analyzing the data SPSS, Version 19 is used. Descriptive statistics for the Old aged persons on various dimensions of psychological wellbeing is presented below and discussed along with results of mean, SD, 't' and factorial Analysis of variance.

### Table 3

Mean Overall raw score of control Vs. experimental group over three phases of testing

### Table 4

ANOVA: Mean Overall Raw score of control (n=60) Vs. experimental group (n=60) on three phase of testing

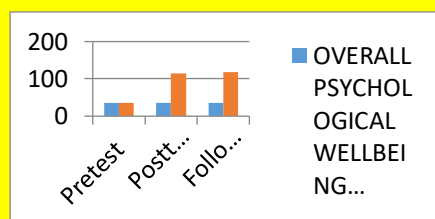


Figure 4: Mean Overall raw score of control Vs. experimental group over three phases of testing

Table 3-4 and Figure 4 show Mean Overall raw score and Sd of control Vs. experimental group over three phases of testing. It is seen from the table that control and experimental group are low on Overall Psychological wellbeing during pretest. Hence, the sample selected for the study is a homogeneous sample. Both the groups of Old aged persons are poor on psychological wellbeing

Table 3-4 show the Mean Overall Raw score of control Vs. experimental group of Old aged persons. On pretest, the calculated F - Value is lower (1.4558) than the tabular value, hence, there is no

significant difference existing between the control Vs. Experimental group. It is a homogeneous group with poor psychological wellbeing.

Posttest and follow-up analysis reveal that experimental group is high on overall psychological wellbeing, compared to the pretest. With intervention, the experimental group is higher ( $p < 0.0001$ ) than the control group on Overall Psychological wellbeing raw scores. This may be due to regular practice of Cognitive behaviour therapy.

Comparison of control and experimental group performance reveal that experimental group is high on various dimensions of psychological wellbeing such as Autonomy, Environmental Mastery, Personal Growth, Positive relations with others, Purpose in life and Self-acceptance. With intervention, the experimental group is high on psychological wellbeing than the control

group. This may be due to regular practice of Cognitive behaviour therapy. Old aged persons are high on psychological wellbeing after intervention. Old aged persons are independent in spending their time, they like autonomy in every wake of their life, understanding and having complete control over environment, interested in personal growth, maintains positive relationship with others at the home, having aim and goals in their life, accept themselves as they are and remain high in psychological wellbeing after intervention. They are emotionally matured and focus on the training very well. They are capable of handling their problems and problems of others.

Hypothesis stated “ Ha : Cognitive behaviour therapy is effective in enhancing various dimensions of Psychological wellbeing among old aged persons” is accepted. Practicing Cognitive behaviour therapy enhances psychological wellbeing among Old aged persons.

The findings of the present study is corroborated with the research study conducted by Brikman et al., (1978), Seligman et al., (2005), Berridge & Kingelbach (2011), Darcy Cox & . D'Oyly (2011), Jayanthi Rani & Gayatri,S.,(2014); Jikszentmihalzi (2014) &, Popescu (2016);. Diener (2015), Buchetti & Conzo (2017), Ryff, CD., & Singer (2008), Boffo et al.,(2017), , Seligman &C . They have found out from their studies that Cognitive behaviour therapy enhances psychological wellbeing among Old aged persons

## Gender Differences

*Table 5*

Mean Overall raw score of control males  
(n=30) Vs. experimental females  
(n=30) over three  
phases of testing

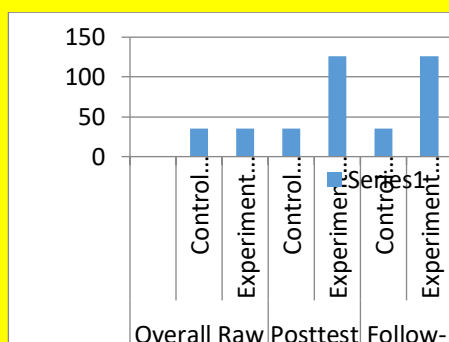
Test Phase	Category	Mean	Sd	Sig.
<b>Overall Raw score</b>	Control group	35	7	NS
Pretest	Experimental group	35	5	
Posttest	Control group	35	4*	0.0001
	Experimental group	126	11	
Follow-up	Control group	35	7*	0.0001
	Experimental group	126	9	

**Table 6**

ANOVA: Mean Overall Raw score of control males (n=30) Vs. experimental

PARAMETER	SUM OF SQUARE	df	Mean Square	F-Value	P-Value
Overall Raw psychological Pretest		1 29			N
Posttest	62210	1 29	62350	3501.29	<.001
Follow-up	6237	1 29	62465	4656.57	<.001

females (n=30) on three phase of testing



**Figure 5:** Mean Overall raw score of control males Vs. experimental females over three phases of testing

Table 5-6 and Figure 5 show Mean Overall raw score and Sd of control males Vs. experimental females over three phases of testing. It is seen from the table that control males and experimental

females are low on Overall psychological wellbeing during pretest. Hence, the sample selected for the study is a homogeneous sample. Both the groups of Old aged persons are poor on psychological wellbeing

Table 5-6 show the Mean Overall Raw score of control males Vs. experimental females Old aged persons. On pretest, the calculated F - Value is lower (1.4558) than the tabular value, hence, there is no significant difference existing between the control males Vs. experimental females. It is a homogeneous group. Both the groups are suffering from poor psychological wellbeing.

Posttest and follow-up analysis reveal that experimental group females are high on overall Psychological wellbeing, compared to the prettest. The calculated F-value in posttest (3501.29) and follow-up (4656.57) is greater than the tabular



values. With intervention, the experimental females are higher ( $p < 0.0001$ ) than the control males on Overall psychological wellbeing raw scores. This may be due to regular practice of Cognitive behaviour therapy.

Comparison control and experimental group gender difference reveal that experimental females are high on various dimensions of psychological wellbeing such as Autonomy, Environmental Mastery, Personal Growth, Positive relations with others, Purpose in life and Self-acceptance. With intervention, the experimental females are high on psychological wellbeing than the control group males. This may be due to regular practice of Cognitive behaviour therapy. Old aged persons are high on psychological wellbeing after intervention. Old aged persons are independent in spending their time, they like autonomy in day-to-day life activities, understanding and having complete control over

environment, interested in personal growth, maintains positive relationship with others at the home, having aim and goals in their life, accept themselves as they are and remain high in psychological wellbeing after intervention. They are emotionally matured and focus on the training very well. They are capable of handling their problems as well as problems of others.

Hypothesis stated ( $H_a$ ) Males are better than Females in enhancing psychological wellbeing through Cognitive Behaviour Therapy” is rejected. Infact, females are better than males in enhancing the psychological wellbeing through intervention.

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