

Turkish Online Journal of Qualitative Inquiry (TOJQI)  
Volume 12, Issue 3, June 2021: 4682- 4691

Research Article

**Parent Management Training as an Effective Behaviour Modification Intervention – A  
Study with Special Reference to Habitual Offenders in Tirunelveli, Tamilnadu, India**

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**ABSTRACT**

This current paper presents a description of Parent Management Training (PMT) as an effective intervention technique. One of the most frequent mental problems among offenders is conduct disorder. PMT is given in order to modify the behaviour of offenders with conduct disorder. PMT provides favorable results for both parents and children. PMT is a psychological therapy that teaches parents to handle destructive actions of their children. PMT's goals are to strengthen parental competence in coping with behavioral issues and to improve the adaptive behaviour. A total of 20 samples were selected from Tirunelveli for the purpose of the experiment. The experimental research design has been employed for the purpose of the present study. It is clearly evident that there is a behavioral change in offenders after the intervention.

**Keywords:** Parent Management Training, Conduct disorder, Offenders, Intervention program.

**INTRODUCTION**

Parent Management Training (PMT), a social learning-based therapy, teaches parents how to understand and improve the antecedents and effects that lead to the production and preservation of habitual offenders externalizing behavior. Restorative justice aims to enable the habitual

offenders to repair the emotional and material damage caused by violence. One of the most researched psychosocial interventions in child destructive behaviour is parent management training (PMT), but a significant disparity is created between abundant academic studies and the lack of availability of PMT in clinical training and practice. It is the only type of treatment that has had a substantial and long-term positive impact on offenders conduct problems. Effective short and long term results for offenders have been shown and repeated. The parent management procedures have been designed for a wide range of clinical and preventive populations. Specific clinical programmes have been developed for families with offenders who exhibit disruptive behaviour and conduct problems. Parent Management Training (PMT), in which only parents participate, is regarded as one of the most well-researched and promising strategies for addressing externalizing behaviors in offenders.

This PMT, also known as behavioral parent therapy (BPT) is a form of training program aimed at changing parenting activities towards offenders. It offers parents practical strategies for improving offender's conduct (such as aggression, hyperactivity, temper tantrums, and difficulty following directions). It prevents children's violent behavior and improves the mental health of parents. PMT was developed in the 1960s by psychologists who researched ways to improve the actions of adolescents by taking measures to alter adult behavior. Parenting considerations include constructive contact with children, monitoring and evaluation, the use of positive methods of discipline, consistency in the execution of such discipline, and the use of physical discipline. It is one of the most extensively studied treatments for destructive behaviors, especially Unusual and behavioral disorders.

It is an evidence-based curriculum offered to parents to improve parenting behaviors and minimize coercive parent-child interactions. It is known as a well-established intervention for preventing and managing child behavior issues, based on more than 50 years of study. This has been effective in preventing youth delinquency and arrests, as well as enhancing their quality of living. Implementing PMT can be more difficult if parents are unable to completely participate due to psychopathology, diminished cognitive ability, high relationship stress, or failure to attend weekly sessions. Parent management training (PMT) programs begin with an evaluation of symptoms and current functioning, and these symptoms are continuously monitored throughout counseling. A thorough evaluation of both child behavior and parenting skills can help with recovery preparation and can also be used to track treatment outcomes.

It has been suggested that improving basic parenting strategies should minimize behavioral problems of their children who are offenders and a threat to society. There are many big types of strategies aimed at improving parental activities and preventing potential problem behaviour. These services include parenting, parent education, and support groups for parents, in-home parent or parent education, and participation for parents in youth groups. Such programs could also increase the results for the offender himself.

## REVIEW OF LITERATURE

**Mabe (2003)** investigated the efficacy of Parent Management Training (PMT) as a treatment for children with Conduct disorder (CD). A summary of the challenges involved in treating conduct disorder is included, as well as the practical relevance of PMT in treating behavior disordered adolescents, scientific evidence for PMT's efficacy, and comments on PMT's shortcomings in treating conduct disorder. It is suggested that in terms of conduct disorder therapy, PMT is a conceptually sound method that has good scientific evidence for success and is particularly susceptible to group transmission. Given the dynamics of conduct disorder, it is proposed that a multisystemic approach to treatment would most definitely be required, with PMT playing an important role.

**Kazdin (1992)** examined the impact on children (age 7-13 years) referred for an extreme antisocial behavior, of the problem solving skills training (PSST) and of the adult management training (PMT). Children and families were automatically allocated to one of three conditions: PSST, PMT, or PSST and PMT mixed. It was expected that (1) each therapy will enhance child functioning (reduce total deviance and violent, antisocial, and delinquent behaviour, and raise prosocial competence); and (2) PSST and PMT together would result in more pronounced, widespread, and long-lasting improvements in child functioning and greater changes in parent functioning (parental stress, depression, and overall symptoms). The findings of the post-treatment and one-year follow-up confirmed the expectations. The combination of PSST and PMT resulted in more pronounced improvements in child and parent functioning and put a larger proportion of adolescents beyond the continuum of nonclinic (normative) stages of functioning.

**Kazdin (1997)** analyzed parent management training (PMT) as a therapy for oppositional, violent, and antisocial behaviour. Recent literature on the effectiveness of PMT is assessed, as well as variables that lead to treatment outcome, the continuum of results specific to the child, parents, and families, and treatment variants currently in use. Limitations are often addressed in terms of treatment impact, therapeutic implementation, and treatment distribution. PMT is one of the most well researched therapy methods for children and teenagers. Despite the vast number of randomized trials attesting to its effectiveness, fundamental concerns regarding the extent scale and long-term effects persist.

**Enebrink et al. (2012)** investigated the effectiveness of an Internet-based parent-training curriculum for adolescents with behavioral issues. The dose-response ratio and program expenses were also taken into account. Parents of 104 children (aged 3 to 12 years) were assigned at random to either parent preparation or a waitlist management condition. A baseline diagnostic evaluation was performed, and parent ratings of infant externalizing habits and parent interventions were done before and during therapy, as well as at the 6-month follow-up. Furthermore, during the therapy, parents in the intervention group recorded using fewer harsh and inconsistent discipline, as well as more constructive praise. At the 6-month follow-up, the effects on behavioral disorders remained. The observations confirmed the effectiveness of parent training delivered across the Internet, with results similar to certain group-based parent training initiatives. Because of its effectiveness, low expense, and increased accessibility, this protocol is a good match for a stepped- care model.

**Kling et al. (2010)** demonstrated the effects of a parent management training (PMT) technique for parents of children aged 3 to 10 in the sense of routine social services. Self-referred parents with children with behavior difficulties (aged 3 to 10) were randomly allocated to one of three groups: 11 practitioner-assisted community sessions (PMT-P), a single teaching workshop accompanied by self-administration of the training content (PMT-S), or a waitlist monitoring group. At the posttest, intent-to-treat analyses revealed that both PMT-P and PMT-S increased parent competence and decreased infant behavior issues as compared to the waitlist. At the 6-month follow-up, all teaching conditions demonstrated substantial gains. In both the posttest and follow-up, PMT-P outperformed PMT-S on tests of infant behavior issues. Parental competencies and homework fidelity improved, which mediated improvements in child behavior. The study's findings have implications for large-scale distribution of parent management training via various modes of delivery.

## **2. METHODOLOGY**

The aim of this study is to investigate the conduct disorder of habitual offenders. It also looks at symptoms and risk factors change before and after intervention for conduct disorder.

### **Objectives**

1. To assess the level of antisocial personality disorder prevalent among the habitual offenders.
2. To study the impact of Parent Management Training on the possible antisocial behavior.

### **Hypothesis**

**H<sub>a1</sub>:** There will be a significant difference in offender's conduct disorder before and after counseling intervention program.

**H<sub>a2</sub>:** There will be a significant difference in parenting style before and after Parent Management Training.

**H<sub>a3</sub>:** There is a significant difference between Gender and their Conduct Disorder.

**H<sub>a4</sub>:** There is a significant difference between gender and their parent management training.

### **Participants**

The respondents in the study are habitual offenders in the Tirunelveli District. A total of 20 habitual offenders between the ages of 13-15 and 16-18 years were chosen as respondents.

### **Materials**

The following tools were used to analyze the data:

**A questionnaire was developed to assess the conduct disorder of habitual offenders.**

Gibbs, Barriga, and Potter generated the scale in 2001. It was used to evaluate cognitive distortions in antisocial offenders. It is a paper-pencil tool used to detect distorted thinking in individuals. The questionnaire used to assess the conduct disorder of habitual offenders identifies four distinct cognitive distortions: self-centeredness, blaming others, mislabeling, and assuming the

worst.

The How I Think Questionnaire (Gibbs, Barriga & Potter, 2001) was used to assess the conduct disorder of offenders. It consists of 54 items used to assess individuals distorted thinking.

Cronbach's alpha value for the questionnaire used to assess the conduct disorder of habitual offenders was 0.984. Cronbach's reliability coefficients are above 0.7, which is acceptable and shows very good reliability (Nunnally, 1978).

### **Parenting questionnaire (Frick, 1991)**

Frick created Alabama Parenting Questionnaire in 1991. The Alabama Parenting Questionnaire (APQ) evaluates five aspects of parenting that are associated with the etiology and treatment of externalizing problems. Parenting aspects include positive child interaction, supervision and observation, use of positive discipline methods, consistency in applying such discipline, and use of corporal punishment.

The scale is self-administered, with the same answer format for all questions. On a five-point scale, participants indicate their agreement with the statement such as Never, Almost never, Sometimes, Often, and Always.

The parent management training questionnaire had a Cronbach's alpha value of 0.985. Cronbach's coefficients of reliability are greater than 0.7, which is acceptable and indicates very high reliability (Nunnally, 1978).

### **Procedure**

Offenders with conduct disorders were selected from Tirunelveli district. The importance of counseling intervention was explained in detail to habitual offenders and their parents, and those willing to participate in psychotherapy were included in the study with their parents consent. The study was carried out in 13 sessions. It takes 50 minutes per day for each session.

### **Data analyses**

MANOVA (Multivariate Analyzes of Variance), pre-test and post-test were used to analyze the data.

## **3. ANALYSIS**

### **Mean score of Conduct Disorder of Habitual Offenders Before and After Administering the Counseling Intervention Program.**

*H<sub>ad</sub>: There will be a significant difference in offender's conduct disorder before and after counseling intervention program*

The Mean, SD score were calculated for conduct disorder of offenders before and after the counseling intervention program.

### ***Changes in conduct disorder of the offenders followed by counseling intervention program***

Variable	Pre-test (n=20)	Post-test (n=20)	t - value	p - value
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	Mean	SD	Mean	SD		
<b>Conduct Disorder of Habitual Offenders</b>	193.75	48.124	122.0	44.74	5.62	.000

**Table 4.1**

Significant at 5% level

From the table 4.1, it is inferred that the mean scores of Post-test (122.0) was less than Pre-test (193.75) results with respect to conduct disorder. The P value (.000) is statistically significant at 5% level. Hence the alternate hypothesis is accepted. This indicates that there is a statistically

significant difference in offender's conduct disorder before and after counseling intervention program.

Community-based intervention, which promotes child and parent involvement in the intervention and allows the intervention to seek community support in order to maintain any changes in the child's behavior that occur during the intervention period. It takes into consideration the multitude of potential contributing factors, such as an underlying medical condition, as well as many other probable causes, which may be affecting a child's antisocial and aggressive conduct (Paul J Frick 2009).

#### **Mean score of Pre-test and Post-test of Habitual Offenders with respect to Parent Management Training**

*H<sub>a2</sub>: There will be a significant difference in parenting style before and after Parent Management Training*

The Mean, SD score were calculated for Pre-test and Post-test with respect to Counseling Intervention Programs Pre-test.

#### ***Changes in Parenting style followed by Parent Management Training***

**Table 4.2**

Variable	Pre-test(n=20)		Post-test(n=20)		t - value	p - value
	Mean	SD	Mean	SD		
<b>Parenting approach</b>	160.75	43.537	106.45	47.82	3.82	.001

Significant at 5% level

From the table 4.2, it is inferred that the mean scores of Post-test (106.45) was less than Pre-test (160.75) results with respect to Parent Management Training. The P value (.001) is statistically significant at 5% level. Hence the alternate hypothesis is accepted. This indicates that there is a statistically significant difference in parenting style before and after Parent Management

Training.

The PMT is also an excellent therapy for early education indications of depression, both in terms of decreasing harmful child influence and enhancing good emotional coping, and also in terms of lowering disruptive behavior often associated with inner symptoms (Chapman et al., 2015).

*H<sub>a3</sub>: There is a significant difference between Gender and their Conduct Disorder*

**Table 4.3**

Multivariate Analysis of Variance of the offender's Gender and their Conduct Disorder.

Dependent variable	Source	df	SS	MS	F	p
Conduct Disorder	Between groups	2	1201.42	600.71	.306	.740
	Within groups	17	33349.53	1961.74		
	Total	19	34550.95			

\*p>0.05

There was a statistically significant effect in the Gender of offender and their Conduct Disorder ( $F_{(2, 17)} = .306$ ,  $p > 0.05$ ; Wilk's Lambda = .842; partial eta squared = .082), and therefore the alternate hypothesis stating that the offender's Conduct Disorder will be influenced by their Gender is rejected.

Delinquent male and female adolescents who were deemed to be at stage two moral reasoning development were shown to have equal reasoning in terms of morality (individualistic and instrumental). Although, delinquency was shown to be different across the genders, men were found to be more delinquent than females. Delinquency was described as actions against victim that are publicly prohibited for no larger purpose in society (Engels et al., 2005).

*H<sub>a4</sub>: There is a significant difference between gender and their parent management training*

**Table 4.4**

Multivariate Analysis of Variance of the offender's gender and their parent management training.



Dependent variable	Source	df	SS	MS	F	p
Parent management training	Between groups	2	569.39	600.71	.216	.808
	Within groups	17	22377.56	1316.33		
	Total	19	22946.95			

\*p>0.05

There was a statistically significant effect in the gender of offender and their parent management training ( $F_{(2, 17)} = .216$ ,  $p > 0.05$ ; Wilk's Lambda = .842; partial eta squared = .082), and therefore the alternate hypothesis stating that the offender's parent management training will be influenced by their gender is rejected.

The effectiveness of parent management training (PMT) programs in the treatment of disruptive behavior problems in offenders demonstrates that parental involvement in treatment programs should not be considered optional in these situations. However, despite the fact that parent management training programs have shown significant effect sizes, many of families that need assistance in coping with violent behavior have been unable to access these successful programs (Pearl 2009).

#### 4. CONCLUSION

Parent Management Training is a well-researched technique for counseling habitual offenders. An intervention program in which parents are taught social learning practices for changing their behavior. PMT is a specialized intervention technique, not a generic approach to parent-child interaction. In this intervention, offenders and their families received PMT and significantly improved over the course of the intervention, regardless of whether they received the standard or enhanced version of the intervention program. The behavior of the offender has changed by the end of the intervention program and their parents lead it into a better life. In addition to the outcomes of offenders, significant improvements were evident in the parents of the offender. Parenting practices, the main focus of the intervention programme, have also been enhanced. This was evident in the evaluation of parent and therapeutic adherence to the techniques trained during the sessions. The conclusion is that parent management training which was given to the parent of the offenders will change the behavior of the offenders.

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