

## CHAPTER 4

### FINDINGS OF THE STUDY

#### 4.1 Introduction

This chapter reports the findings of the study to examine the effects of Abbreviated Intensive PCIT on noncompliance behaviour among ADHD preschool children throughout four assessment phases: pre-treatment (A<sub>1</sub>), post-treatment (B<sub>1</sub>-F<sub>1</sub>, B-MT and F<sub>1</sub>). There were four different instruments have been used by the researcher. First, the ECBI was administered to measure the level of disruptive behaviour among child respondents. Second, the DPICS-III instrument was administered to measure parent's verbalisation and child compliance behaviour toward parent's commands. Third, the TAI instrument was administered to measure parents satisfaction with the treatment provided. Fourth, the open-ended question through semi-structured interview was conducted to explore parents' perceptions and experiences about the Abbreviated Intensive PCIT. This study outlined eight research questions in order to achieve the study objectives.

#### 4.2 Research Question 1

*What are the effects of Abbreviated Intensive PCIT on the level of disruptive behaviour in ADHD preschool children?*

In understand the effect of Abbreviated Intensive PCIT on the level of disruptive behaviour in ADHD preschool children, the instrument of ECBI has been administered. Thus, the ECBI was measured the level of child's disruptive behaviours in terms of their frequency on a 7-point Likert scale from (1) *never*, to (7) *always*. The higher scores (over clinical cut-off of 131) reflect greater concern about the child's behaviours. Then, the ECBI scores between pre-treatment ( $A_1$ ) and post-treatment (B-IT, B-MT and  $F_1$ ) have been compared.

#### 4.2.1 Baseline ( $A_1$ ) Assessment

The acceptable baseline in this study referred to the stability in ECBI scores of not less than 131 and at least three days in a row when the child showed consistent scores. Therefore, all dyads have similar baseline assessment of three days before they started the treatment. The baseline assessment was conducted by researcher to look for behavioural trends before the treatment has been implemented. These assessment data collected during baseline allowed the researcher to describe the effects of the treatment on the targeted behaviour. It has been found that, the highest ECBI mean score during  $A_1$  assessment for three days, Days 1, 2 and 3 was obtained by Dyad 5 as ( $M=178$ ). The second and the third highest of ECBI scores were obtained by Dyad 4 ( $M=174.3$ ) and Dyad 3 ( $M=170.6$ ). The results found that, the ECBI scores for all dyads during  $A_1$  were stable and consistent, and did not less than 131 (cut-off for clinical significance score). Since the lowest mean score of ECBI was 160 obtained by Dyad 6, the results suggested that all dyads have severe level of disruptive behaviour (refer to Table 4.1).

Table 4.1: ECBI Scores during  $A_1$ 

Dyad (Child)	Day 1	Day 2	Day 3	Mean
1	163	162	162	<b>162.3</b>
2	156	157	157	<b>156.6</b>
3	171	171	170	<b>170.6</b>
4	175	174	174	<b>174.3</b>
5	178	178	178	<b>178</b>
6	160	160	160	<b>160</b>

#### 4.2.2 Intensive Treatment (B-IT) Assessment

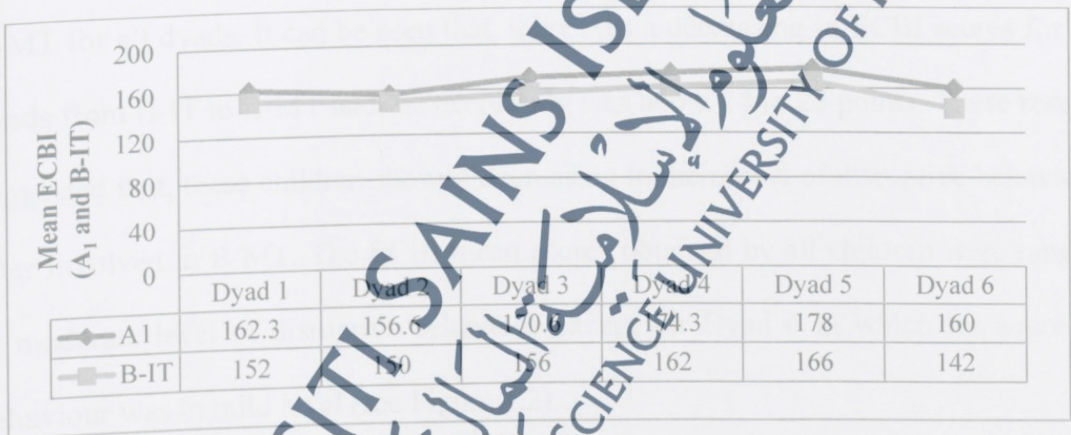
It was 5-session of B-IT which conducted on five weeks consecutively for all dyads. During B-IT, parents were required to complete ECBI before the treatment session. Thus, each parent had to complete five ECBI assessments in order to evaluate ADHD children' behaviour progress in relation to the treatment. It has been found that, the highest ECBI mean score decreased was obtained by Dyad 6 ( $M=142$ ,  $SD=13$ ) in which it was 18 points decreased from his  $A_1$  (baseline) score. The lowest ECBI mean score decreased was obtained by Dyad 2 ( $M=150$ ,  $SD=6.6$ ) in which it was 6.6 points decreased from his  $A_1$  score. The results indicated that, even though all dyads' scores were more than the clinical cut-off (131), however, their ECBI mean scores were declined prior to initiation in B-IT as compared to  $A_1$  scores before the treatment implemented (see Table 4.2).

Table 4.2: ECBI Scores during B-IT

Dyad (Child)	B-IT1	B-IT2	B-IT3	B-IT4	B-IT5	Mean	SD
1	160	158	150	150	142	<b>152</b>	7.2
2	156	156	150	148	140	<b>150</b>	6.6
3	170	163	152	150	145	<b>156</b>	10.2
4	174	170	163	155	148	<b>162</b>	10.6
5	178	170	165	160	158	<b>166</b>	8.07
6	160	150	140	130	130	<b>142</b>	13

The Figure 4.1 shows the comparison between ECBI mean scores between (A<sub>1</sub>) and (B-IT) for all dyads. It can be seen that, there was a decreasing in ECBI score for all dyads from A<sub>1</sub> to B-IT and the decreasing was about 6.6 to 18 points. These results suggested that, these ADHD children showed decreasing in their level of disruptive behaviour after involved in B-IT. The comparison made between A<sub>1</sub> with B-IT showed that, before the treatment, the ECBI mean scores obtained by all children were ranged in severe level of behaviour. Then, after the treatment implemented, Dyads 1, 2 and 6 obtained the scores within moderate level, whereas Dyads 3, 4 and 5, their ECBI scores were still within the range of severe level of behaviour.

Figure 4.1: ECBI Mean Scores Comparison between A<sub>1</sub> and B-IT



#### 4.2.3 Maintenance Treatment (B-MT) Assessment

Following the B-IT, all dyads continued to be assessed in B-MT for another six weeks. The face-to-face sessions were alternated with 1-month weekly of 30-minute telephone calls and two Booster sessions in 2-hour of each session in weeks five and six. Thus, each parent had to complete six ECBI assessments (4-time during telephone calls and 2-time during Booster sessions). It has been found that, the highest ECBI

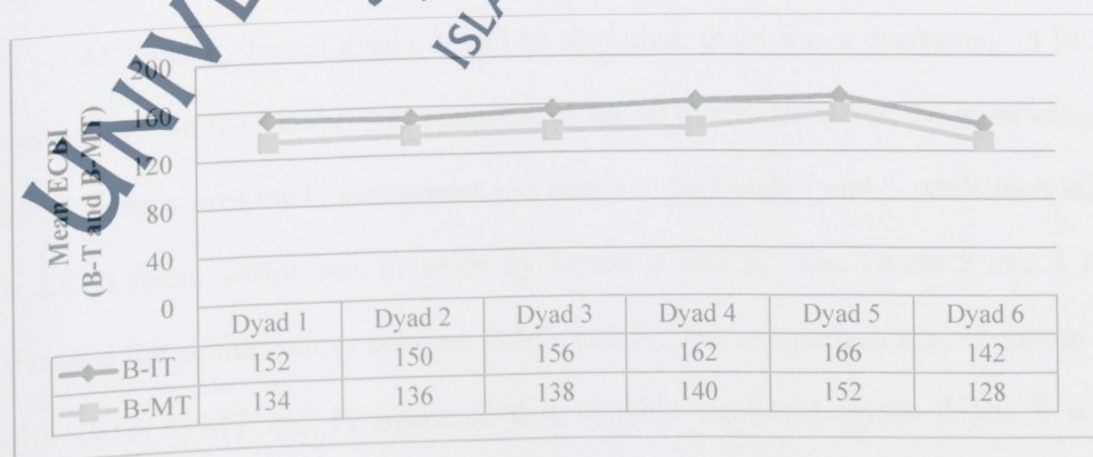
mean score decreased was obtained by Dyad 4 ( $M=140$ ,  $SD=1.8$ ) in which it was 22 points decreased from his B-IT score. The results indicated that, all children showed decreasing in their level of disruptive behaviour after involved in B-MT.

Table 4.3: ECBI Scores during B-MT

Dyad (Child)	B-MT1	B-MT2	B-MT3	B-MT4	B-MT5	B-MT6	Mean	SD
1	136	136	134	134	133	133	134	1.37
2	138	138	136	134	134	133	136	2.17
3	140	140	138	138	136	136	138	1.8
4	142	142	140	140	138	138	140	1.8
5	155	155	152	152	150	149	152	2.5
6	130	130	128	128	127	126	128	1.6

The Figure 4.2 shows the comparison between ECBI mean scores between B-IT and B-MT for all dyads. It can be seen that, there was a decreasing in ECBI scores for all dyads from B-IT to B-MT and the decreasing was about 14 to 22 points. These results suggested that, these children showed decreasing in their level of disruptive behaviour after involved in B-MT. The ECBI mean scores obtained by all children were ranged in moderate level of disruptive behaviour except for Dyad 6 in which his score of behaviour was in mild level (see Figure 4.2).

Figure 4.2. ECBI Mean Scores Comparison between B-IT and B-MT



#### 4.2.4 Follow-up (F<sub>1</sub>) Assessment

Following the completion of B-MT, the follow-up (F<sub>1</sub>) phase began for 1-month. During F<sub>1</sub>, the ECBI assessment data was continuously collected from parents through telephone call on weekly basis for 1-month with the help from two coders. No treatment conducted and parents did not receive any contact from the researcher. On 5-week, the researcher and her two coders returned to each dyad's home for the final assessment. There were five assessment data of ECBI for F<sub>1</sub> (4 time completed by parents at home and 1-time during final session). It has been found that, the highest ECBI mean score decreased was obtained by Dyad 6 ( $M=120$ ,  $SD=0$ ) in which it was 8 points decreased from his B-MT score. The results indicated that, all children showed different score in their level of disruptive behaviour during F<sub>1</sub>.

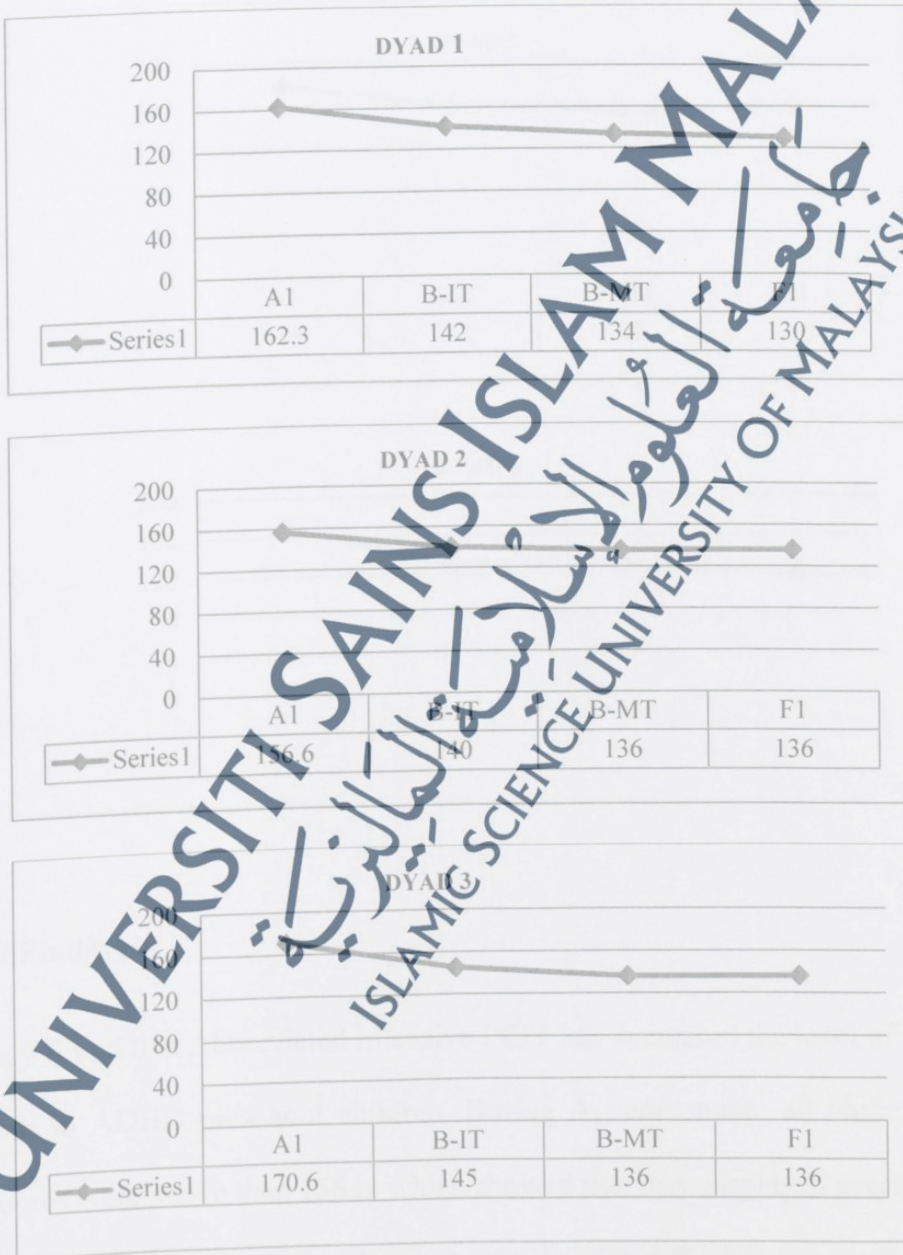
Table 4.4: ECBI Scores during F<sub>1</sub>

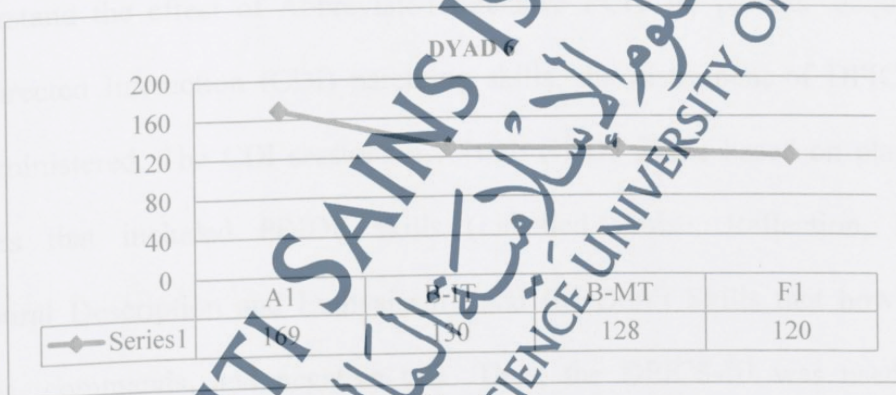
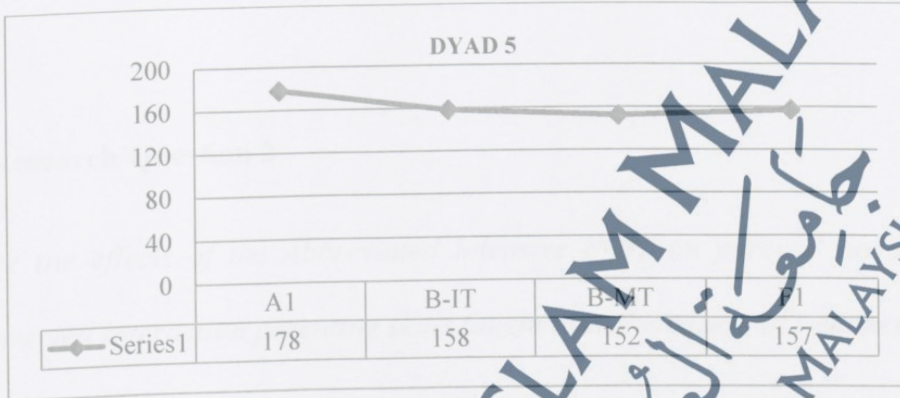
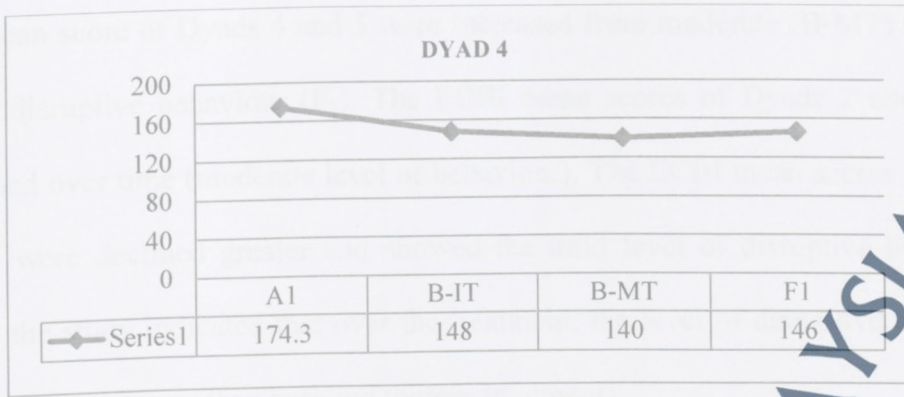
Dyad (Child)	F <sub>1</sub> -1	F <sub>1</sub> -2	F <sub>1</sub> -3	F <sub>1</sub> -4	F <sub>1</sub> -5	Mean	SD
1	131	131	130	130	130	130	0.55
2	137	136	136	136	136	136	0.45
3	140	140	138	138	136	138	1.67
4	146	146	146	146	145	146	0.45
5	158	157	157	157	157	157	0.45
6	120	120	120	120	120	120	0

The Figure 4.3 shows the comparison between ECBI mean scores between A<sub>1</sub> with B-IT, B-MT and F<sub>1</sub> for all dyads. It can be seen that, there was a decreasing in ECBI mean scores in B-IT and B-MT assessments for all dyads. However, the decreasing in ECBI mean scores for F<sub>1</sub> assessment was obtained by Dyads 1 and 6, while increasing in ECBI mean scores was obtained by Dyads 4 and 5. The Dyads 2 and 3 had obtained the similar scores between B-MT and F<sub>1</sub>. The comparison made between A<sub>1</sub> with B-IT, B-MT and F<sub>1</sub> indicated that, without treatment Dyads 4 and 5 were

increased in their level of disruptive behaviour, Dyads 2 and 3 were maintained in their level of behaviour over the time, and Dyads 1 and 6 were decreased in their level of behaviour. The Dyad 6 was the only who obtained the ECBI mean score which showed mild range of behaviour level (see Figure 4.3).

Figure 4.3: ECBI Mean Scores Comparison between  $A_1$ , B-IT, B-MT and  $F_1$





### Overall Findings

The study found that Abbreviated Intensive PCIT has decreased the level of disruptive behaviour in ADHD preschool children. During A<sub>1</sub> assessment, all children's ECBI mean scores were above than 156 in which showed that they displayed severe range of disruptive behaviour. Then, after the treatment (B-IT and B-MT), the graphs revealed that all ECBI scores declined dramatically. Some of the children's ECBI mean scores for F<sub>1</sub> assessment increased after 1-month without the treatment. Furthermore, the

ECBI mean score of Dyads 4 and 5 were increased from moderate (B-MT) to severe level of disruptive behaviour ( $F_1$ ). The ECBI mean scores of Dyads 2 and 3 were maintained over time (moderate level of behaviour). The ECBI mean scores of Dyads 1 and 6 were declined greater and showed the mild level of disruptive behaviour. Overall, the study indicated that over the treatment, the level of disruptive behaviour of each dyad has lower than baseline (before treatment).

#### 4.3 Research Question 2

*What are the effects of the Abbreviated Intensive PCIT on parents' acquisition of Child-Directed Interaction parenting skills taught over the course of treatment?*

In understand the effect of Abbreviated Intensive PCIT on parents' acquisition of Child-Directed Interaction (CDI) parenting skills, the instrument of DPICS-III has been administered. The CDI sessions involved: (i) Do Skills based on play therapy principles that included PRIDE skills (Labelled Praise, Reflection, Imitation, Behavioural Description and Enthusiasm), and (ii) Don't Skills that how to avoid questions, commands, and negative talk. Thus, the DPICS-III was used to code parent's verbalisation of Do Skills and Don't Skills in a standard parent-child interaction situation of CLP. The purpose of CLP was to provide one-to-one play interaction between parent-child in which the child was leaded the play in any way the child wishes, unless there is harmful or destructive activity. The mastery criteria of parent's verbalisation, each parent must demonstrate at least: 10: BD, 10: RF, 10: LP and not more than 3 total IQ or DQ, IC or DC, and NTA during CLP sessions within the 5-minute coding. Then, the DPICS-III scores of CDI parenting skills acquired by parents between pre-treatment ( $A_1$ ) and post-treatment (B-IT, B-MT and  $F_1$ ) have

been compared. The examples of Do and Don't Skills as expressed by parents during DPICS-III as following:

### Do Skills

#### **Labelled Praises (LP)**

- Child: (cleaning up toy aeroplane)
- Parent: Good idea. You're doing a good job of cleaning up. (LP)
- Parent: I love the airplane you made for me. (LP)

#### **Behavioural Description (BD)**

- Child: (draws a yellow star; then draws a purple star)
- Parent: You made a yellow star. (BD)
- Parent: You made two stars. (BD)

#### **Reflective Statement (RF)**

- Child: The toy box is full.
- Parent: The toy box is full. (RF)
- Child: I'm driving the taxi fast.
- Parent: The taxi is going very fast. (RF)

### Don't Skills

#### **Indirect Question (IQ) and Direct Question (DQ)**

- Child: (looking at farmyard)
- Parent: Which is your favourite animal? (IQ)
- Child: (points to the goat)
- Parent: Isn't the goat your favourite animal? (DQ)

#### **Informative Command (IC) and Directive Command (DC)**

- Parent: Put the paper in the wastebasket. (DC)
- Parent: Sit in this chair by me. (DC)
- Parent: Sit in this chair by me, okay? (IC)
- Parent: Will you put the paper in the wastebasket? (IC)

#### **Negative Talk (NTA)**

- Child: (draws a crooked line)
- Parent: The line is crooked. (NTA)

### 4.3.1 Baseline (A<sub>1</sub>) Assessment

The CDI parenting skills during A<sub>1</sub> assessment has been coded in parent's verbalisation. There were three types of Do Skills (LP, RF and BD) and Don't Skills (IQ/DQ, IC/DC, and NTA) of during CLP situation of three days in a row. Thus, it was 3-session of each Do Skills and Don't Skills has been coded for each dyad. The analysis revealed that, the highest score of Do Skills was obtained by Dyad 6 in which his mean score for LP ( $M=2.6$ ,  $SD=0.57$ ), RF ( $M=3.3$ ,  $SD=0.57$ ) and BD ( $M=4$ ,  $SD=0$ ). The results indicated that Do Skills of parent's verbalisation during CLP in A<sub>1</sub> assessment for each dyad were relatively lower than expected score of 10: LP: 10; RF and 10: BD (see Table 4.5a).

Table 4.5a: Mean Scores of Do Skills during CLP in A<sub>1</sub>

Do Skills	Dyad					
	1	2	3	4	5	6
<b>LP</b>						
Session 1	2	2	2		2	2
Session 2	2	2	2	2	2	3
Session 3	2	2	2	2	1	3
<b>Mean</b>	2	2	2	2	1.6	2.6
<b>SD</b>	0	0	0	0	0.57	0.57
<b>RF</b>						
Session 1	3	2		3	2	3
Session 2	3	2	2	3	2	3
Session 3	3	2	2	3	2	4
<b>Mean</b>	3	2	2	3	2	3.3
<b>SD</b>	0	0	0	0	0	0.57
<b>BD</b>						
Session 1	3	4	3	2	2	4
Session 2	3	4	3	2	2	4
Session 3	3	4	3	2	2	4
<b>Mean</b>	3	4	2	2	2	4
<b>SD</b>	0	0	0	0	0	0

The analysis revealed that, the highest score of Don't Skills was obtained by Dyad 5 in which his mean score for IQ/DQ ( $M=9.8$ ,  $SD=0.75$ ), IC/DC ( $M=9.5$ ,  $SD=0.54$ ) and NTA ( $M=16.3$ ,  $SD=0.57$ ). The results indicated that Don't Skills of parent's verbalisation during CLP in A<sub>1</sub> assessment were relatively higher than expected score of 3: IQ/DQ, 3: IC/DC and 3: NTA (see Table 4.5b).

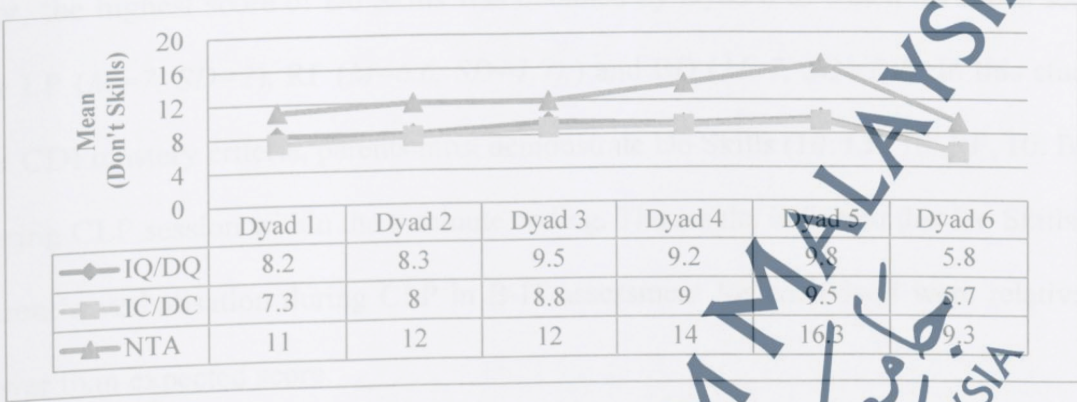
Table 4.5b: Mean Scores of Don't Skills during CLP in A<sub>1</sub>

Don't Skills	Dyad					
	1	2	3	4	5	6
<b>IQ</b>						
Session 1	7	8	9	8	10	7
Session 2	8	8	9	8	9	6
Session 3	8	9	10	9	9	6
<b>DQ</b>						
Session 1	8	8	10	9	9	6
Session 2	8	8	9	10	10	5
Session 3	10	9	10	10	11	5
<b>Mean</b>	<b>8.2</b>	<b>8.3</b>	<b>9.5</b>	<b>9.5</b>	<b>9.8</b>	<b>5.8</b>
<b>SD</b>	<b>0.98</b>	<b>0.52</b>	<b>0.55</b>	<b>0.75</b>	<b>0.75</b>	<b>0.75</b>
<b>IC</b>						
Session 1	6	8	8	8	9	7
Session 2	7	8	9	9	10	6
Session 3	7	6	8	9	9	6
<b>DC</b>						
Session 1	8	7	8	8	9	5
Session 2	8	8	9	10	10	5
Session 3	8	9	10	10	10	5
<b>Mean</b>	<b>7.3</b>	<b>8</b>	<b>8.8</b>	<b>9</b>	<b>9.5</b>	<b>5.7</b>
<b>SD</b>	<b>0.82</b>	<b>0.63</b>	<b>0.75</b>	<b>0.89</b>	<b>0.54</b>	<b>0.82</b>
<b>NTA</b>						
Session 1	11	12	12	14	16	10
Session 2	11	12	12	14	16	10
Session 3	11	12	12	14	17	8
<b>Mean</b>	<b>11</b>	<b>12</b>	<b>12</b>	<b>14</b>	<b>16.3</b>	<b>9.3</b>
<b>SD</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.57</b>	<b>1.2</b>

The results indicated that, all dyads showed lower scores in Do Skills and higher scores for Don't Skills. The encouragement of LP of parent's verbalisation, reflections of child's verbalisations, and parental descriptions of child's behaviours were lower in

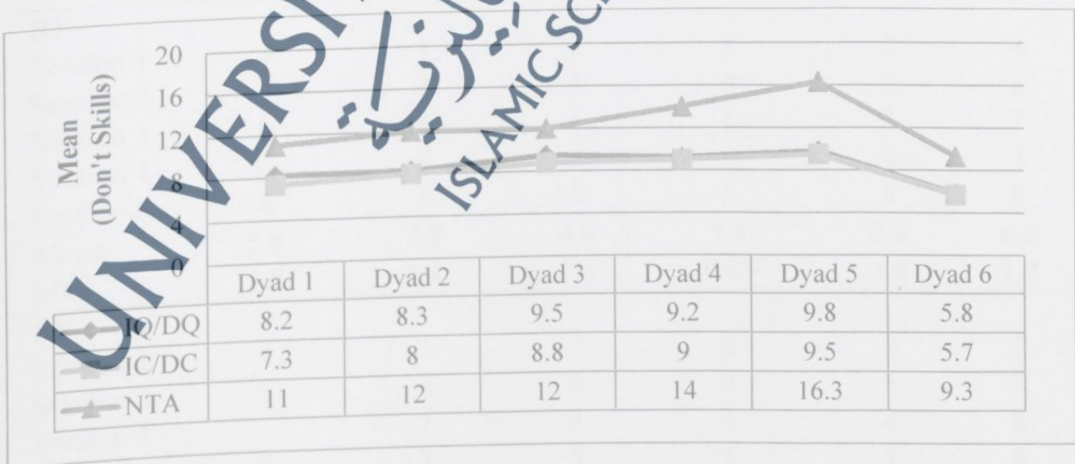
all dyads. As depicted in Figure 4.4a, based on  $A_1$  assessment, none of the parents displayed the expected score of 10 for each verbalisation of Do Skills.

Figure 4.4a: Mean Scores of Do Skills during CLP in  $A_1$



The discouragement of parent's verbalisations or parental descriptions of child's behaviours or reflections of child's verbalisations with indirect or direct commands, information or directive questions, and negative talk during the child lead play session were higher among all dyads. As depicted in Figure 4.4b, for  $A_1$  assessment, none of the parents displayed lower than expected score of three for each Don't Skills.

Figure 4.4b: Mean Scores of Don't Skills during CLP in  $A_1$



### 4.3.2 Intensive Treatment (B-IT) Assessment

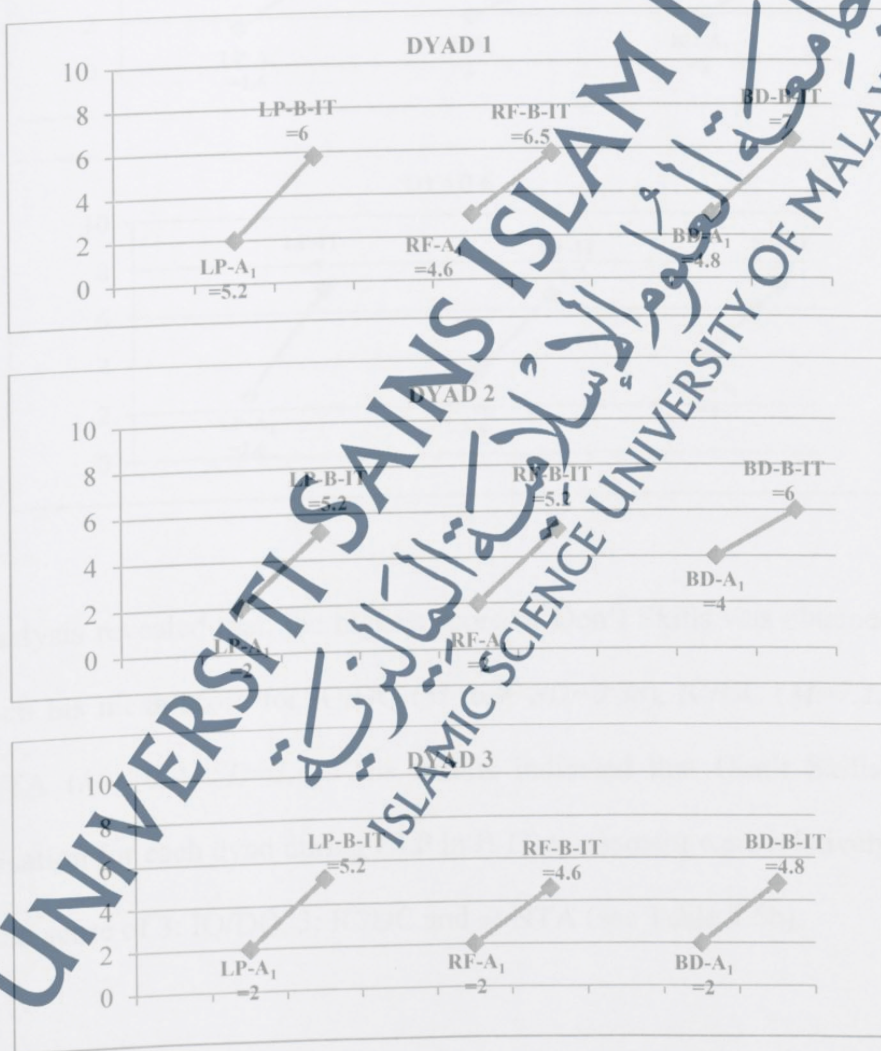
The CDI parenting skills during B-IT assessment has been coded in parent's verbalisation in 5-session of each Do Skills and Don't Skills. The analysis revealed that, the highest score of Do Skills was obtained by Dyad 6 in which his mean score for LP ( $M=7$ ,  $SD=2$ ), RF ( $M=6.6$ ,  $SD=1.7$ ), and BD ( $M=7$ ,  $SD=1.9$ ). In this study, the CDI mastery criteria, parents must demonstrate Do Skills (10: LP, 10: RF, 10: BD) during CLP session within the 5-minute coding. The results indicated that Do Skills of parent's verbalisation during CLP in B-IT assessment for each dyad were relatively lower than expected score.

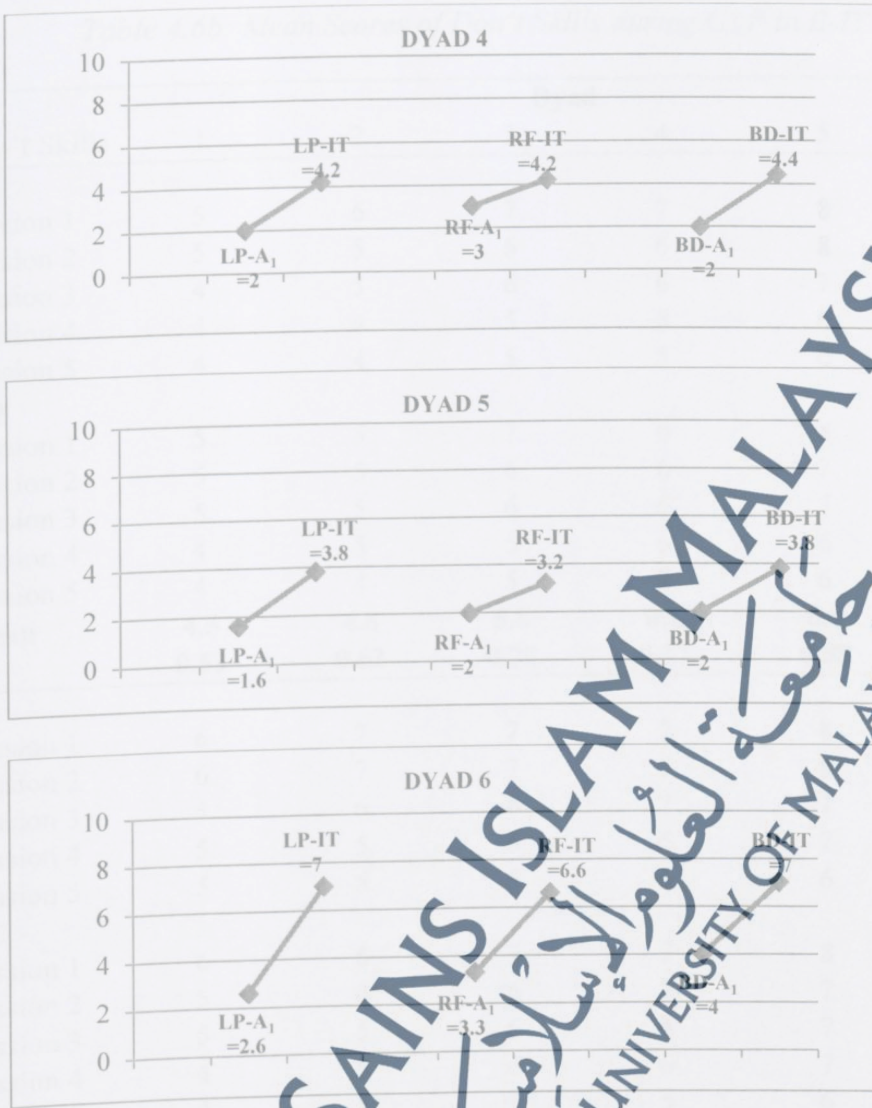
Table 4.6a: Mean Scores of Do Skills during CLP in B-IT

Do Skills	Dyad					
	1	2	3	4	5	6
<b>LP</b>						
Session 1	4	4	3	3	2	4
Session 2	5	4	4		3	6
Session 3	5	5	5		3	8
Session 4	7	6	7	5	5	8
Session 5	8	7	7	6	6	9
<b>Mean</b>	<b>5.8</b>	<b>5.2</b>	<b>5.2</b>	<b>4.2</b>	<b>3.8</b>	<b>7</b>
<b>SD</b>	<b>1.6</b>	<b>1.3</b>	<b>1.8</b>	<b>1.3</b>	<b>1.6</b>	<b>2</b>
<b>RF</b>						
Session 1	4	4	3	3	2	4
Session 2	5	4	4	4	2	6
Session 3	6	6	4	4	3	7
Session 4	6	6	6	5	4	8
Session 5	8	6	6	5	5	8
<b>Mean</b>	<b>5.8</b>	<b>5.2</b>	<b>4.6</b>	<b>4.2</b>	<b>3.2</b>	<b>6.6</b>
<b>SD</b>	<b>1.5</b>	<b>1.1</b>	<b>1.3</b>	<b>0.83</b>	<b>1.3</b>	<b>1.7</b>
<b>BD</b>						
Session 1	4	4	3	3	2	5
Session 2	6	4	4	4	3	5
Session 3	6	7	5	4	4	8
Session 4	8	7	5	5	5	8
Session 5	8	8	7	6	5	9
<b>Mean</b>	<b>6.4</b>	<b>6</b>	<b>4.8</b>	<b>4.4</b>	<b>3.8</b>	<b>7</b>
<b>SD</b>	<b>1.7</b>	<b>1.9</b>	<b>1.5</b>	<b>1.1</b>	<b>1.3</b>	<b>1.9</b>

The Figure 4.5a shows that there was an increasing in parent's verbalisation of Do Skills for all dyads from 1.2 to 4.4 points from A<sub>1</sub> to B-IT. The increasing in mean scores of Do Skills of Dyad 6 was the highest as compared to other dyads ( $LP=4.4$ ), ( $RF=3.3$ ) and ( $BD=3$ ). The results indicated that, although all parents were not achieved the mastery criteria of CDI, however, these results suggested that parent's verbalisations of Do Skills have been increased after the treatment implemented.

Figure 4.5a: Mean Scores of Do Skills during CLP between A<sub>1</sub> and B-IT





The analysis revealed that, the highest score of Don't Skills was obtained by Dyad 5 in which his mean score for IQ/DQ ( $M=6.9$ ,  $SD=0.88$ ), IC/DC ( $M=7.1$ ,  $SD=0.74$ ), and NTA ( $M=10.2$ ,  $SD=1.6$ ). The results indicated that Don't Skills of parent's verbalisation for each dyad during PLP in B-IT assessment were relatively higher than expected score of 3: IQ/DQ, 3: IC/DC and 3: NTA (see Table 4.6b).

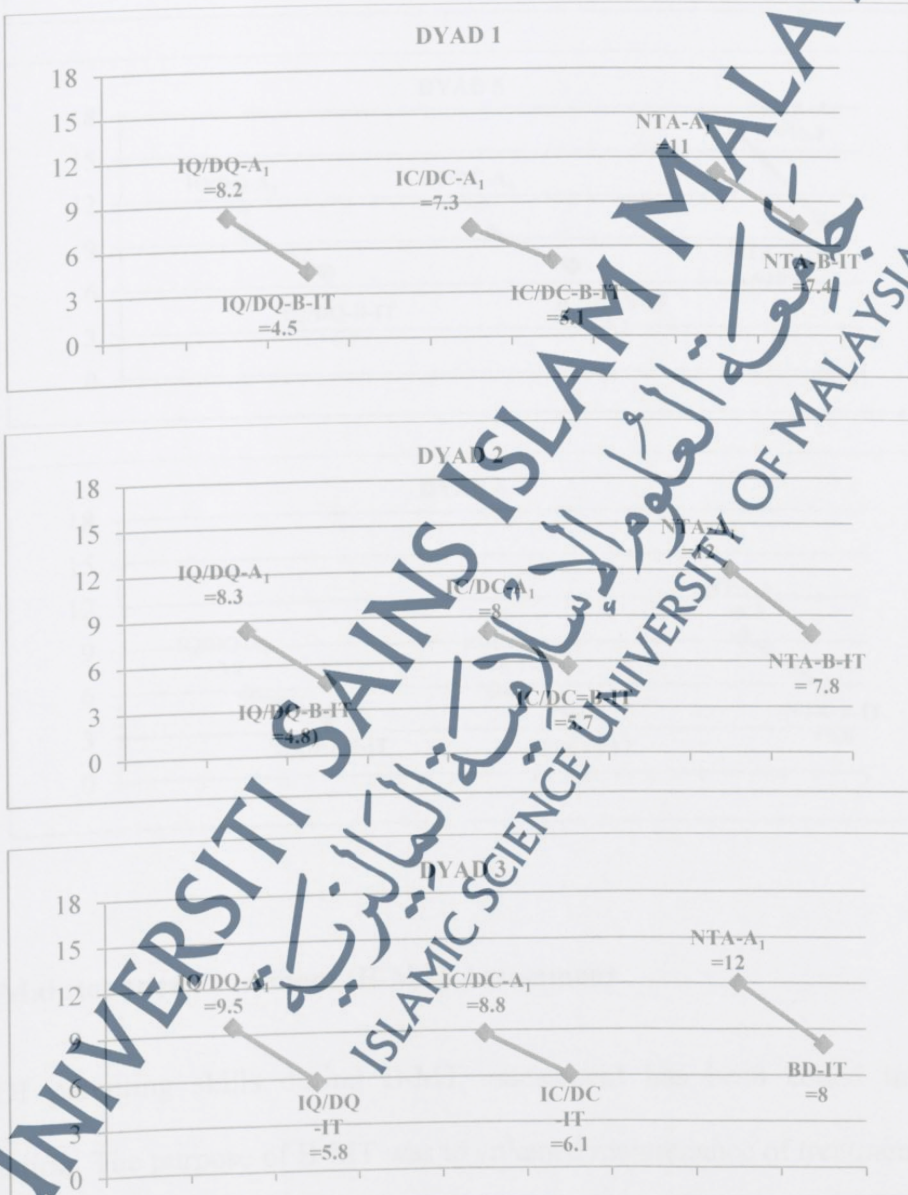
Table 4.6b: Mean Scores of Don't Skills during CLP in B-IT

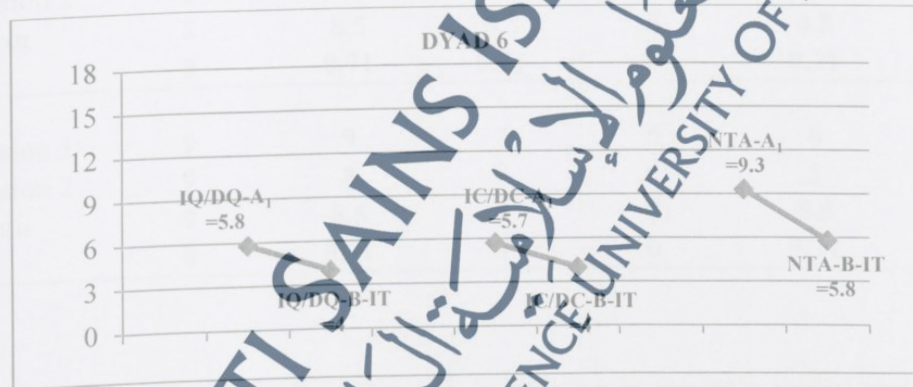
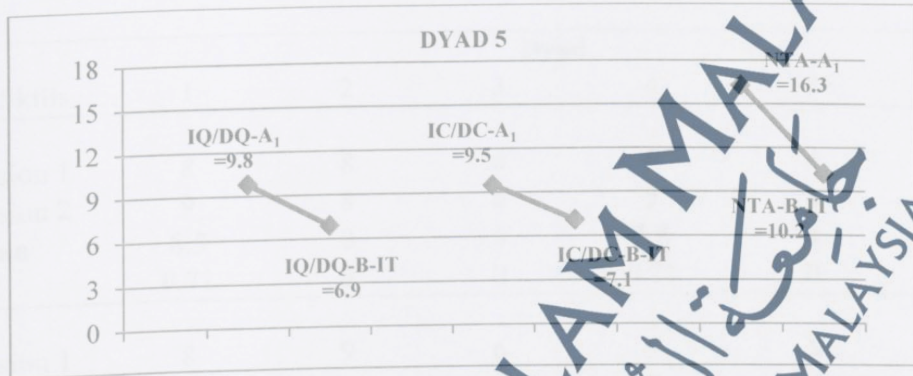
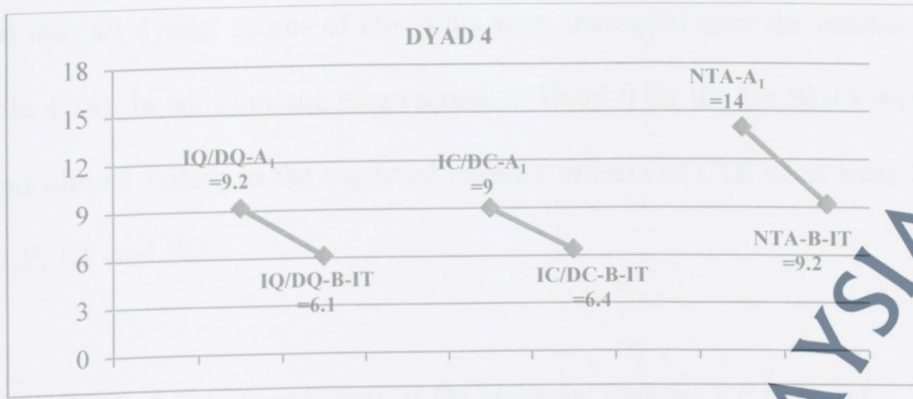
Don't Skills	Dyad					
	1	2	3	4	5	6
<b>IQ</b>						
Session 1	5	6	7	7	8	5
Session 2	5	5	6	6	8	4
Session 3	4	5	6	6	7	4
Session 4	4	4	5	6	6	3
Session 5	4	4	5	5	6	3
<b>DQ</b>						
Session 1	5	5	7	6	8	5
Session 2	5	5	6	6	7	5
Session 3	5	5	6	6	7	4
Session 4	4	5	5	6	6	4
Session 5	4	4	5	7	6	3
<b>Mean</b>	<b>4.5</b>	<b>4.8</b>	<b>5.8</b>	<b>6.1</b>	<b>6.1</b>	<b>4</b>
<b>SD</b>	<b>0.53</b>	<b>0.63</b>	<b>0.78</b>	<b>0.57</b>	<b>0.88</b>	<b>0.82</b>
<b>IC</b>						
Session 1	6	7	7	7	8	6
Session 2	6	7	7	7	8	5
Session 3	5	6	6	7	7	4
Session 4	5	5	6	6	7	4
Session 5	5	5	5	6	6	3
<b>DC</b>						
Session 1	6	6	7	7	8	5
Session 2	5	6	6	6	7	4
Session 3	5	5	6	6	7	3
Session 4	4	5	6	6	7	3
Session 5	4	4	5	5	6	3
<b>Mean</b>	<b>5.1</b>	<b>5.7</b>	<b>6.1</b>	<b>6.4</b>	<b>7.1</b>	<b>4</b>
<b>SD</b>	<b>0.74</b>	<b>0.82</b>	<b>0.74</b>	<b>0.70</b>	<b>0.74</b>	<b>1.05</b>
<b>NTA</b>						
Session 1	9	10	10	12	13	7
Session 2	8	9	9	10	10	7
Session 3	7	7	8	9	10	6
Session 4	7	7	7	8	9	5
Session 5	6	6	6	7	9	4
<b>Mean</b>	<b>7.4</b>	<b>7.8</b>	<b>8</b>	<b>9.2</b>	<b>10.2</b>	<b>5.8</b>
<b>SD</b>	<b>1.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.9</b>	<b>1.6</b>	<b>1.3</b>

The Figure 4.5b shows that there was a decreasing in parent's verbalisation of Don't Skills for all dyads from 1.7 to 6.1 points from A<sub>1</sub> to B-IT. The highest decreasing in IQ/DQ mean scores were Dyads 1 and 2 ( $M=3.7$ ), IC/DC was Dyad 1 ( $M=2.7$ ) and

NTA was Dyad 5 ( $M=6.1$ ). The results indicated that, although all parents were not achieved the mastery criteria of CDI, however, parent's verbalisations of Don't Skills have been decreased after the treatment implemented.

Figure 4.5b: Mean Scores of Don't Skills during CLP between A<sub>1</sub> and B-IT





#### 4.3.3 Maintenance Treatment (B-MT) Assessment

The CDI parenting skills during B-MT assessment has been coded in parent's verbalisation. The purpose of B-MT was to enhance maintenance of treatment practice at home among dyads which were completed B-IT. Thus, it was 2-session of each Do Skills and Don't Skills has been coded for each dyad. The analysis revealed that, the highest score of Do Skills was obtained by Dyad 6 in which his mean score for LP ( $M=9.5$ ,  $SD=0.71$ ), RF ( $M=9$ ,  $SD=0$ ), and BD ( $M=9.5$ ,  $SD=0.71$ ). The results

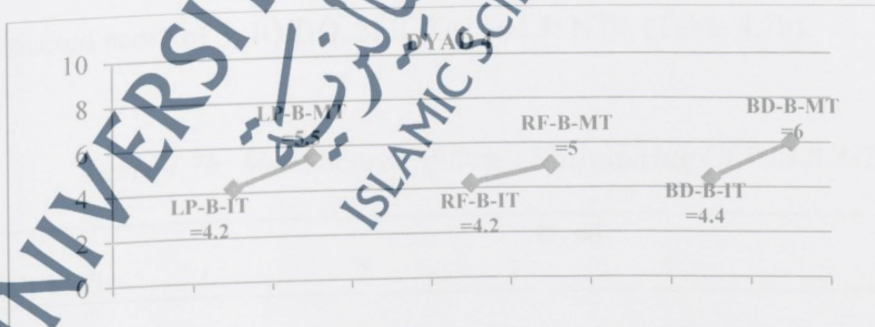
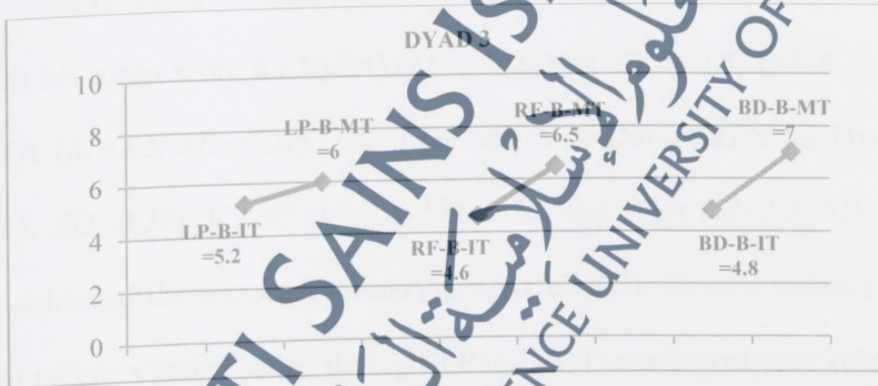
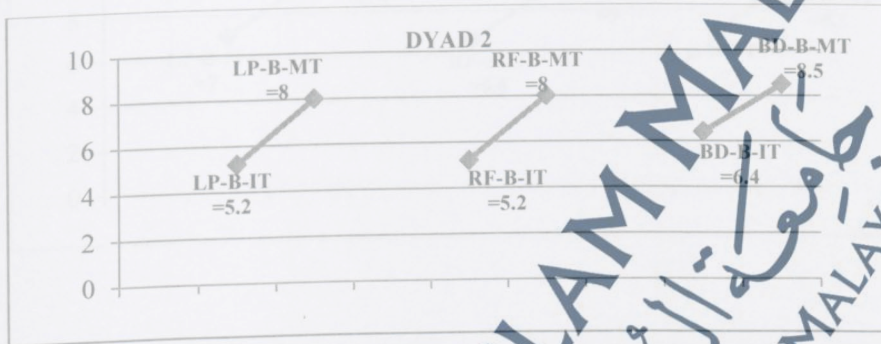
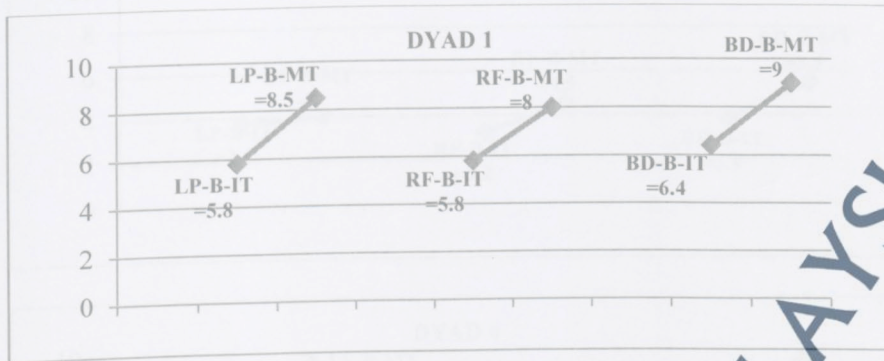
indicated that all dyads' scores of Do Skills were increased over the course of B-MT (see Table 4.7a). In addition, the mean scores of Dyad 6 for the Do Skills were from 9 to 9.5 and almost failing to the expected mastery criteria of CDI of at least 10 scores of each LP, RF and BD.

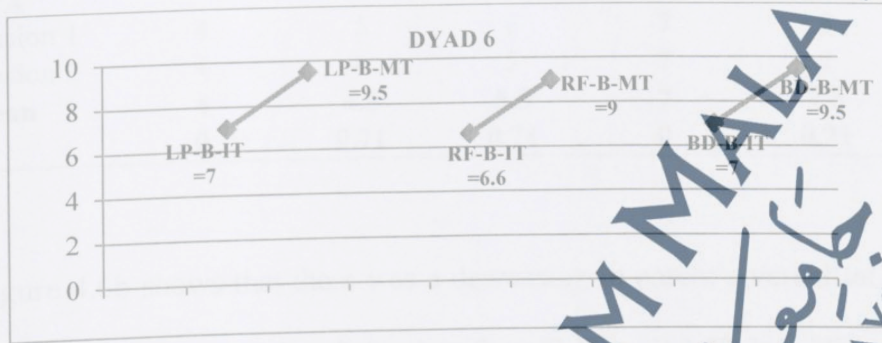
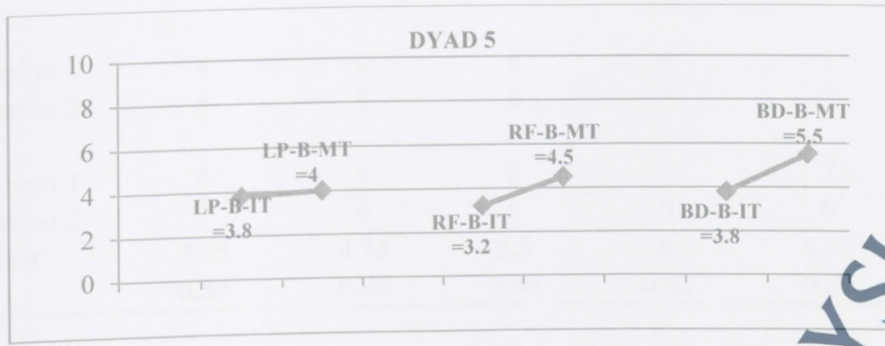
Table 4.7a: Mean Scores of Do Skills for during CLP in B-MT

Do Skills	Dyad					
	1	2	3	4	5	6
<b>LP</b>						
Session 1	8	8	6	6	4	9
Session 2	9	8	6	5	4	10
<b>Mean</b>	<b>8.5</b>	<b>8</b>	<b>6</b>	<b>5.5</b>	<b>4</b>	<b>9.5</b>
<b>SD</b>	<b>0.71</b>	<b>0</b>	<b>0</b>	<b>0.71</b>	<b>0</b>	<b>0.71</b>
<b>RF</b>						
Session 1	8	9	6	5	4	9
Session 2	8	8	7	5	4	9
<b>Mean</b>	<b>8</b>	<b>8.5</b>	<b>6.5</b>	<b>5</b>	<b>4.5</b>	<b>9</b>
<b>SD</b>	<b>0</b>	<b>0.71</b>	<b>0.71</b>	<b>0</b>	<b>0.71</b>	<b>0</b>
<b>BD</b>						
Session 1	9	9	7	6	6	10
Session 2	9	8	7	6	5	9
<b>Mean</b>	<b>9</b>	<b>8.5</b>	<b>7</b>	<b>6</b>	<b>5.5</b>	<b>9.5</b>
<b>SD</b>	<b>0</b>	<b>0.71</b>	<b>0</b>	<b>0</b>	<b>0.71</b>	<b>0.71</b>

The Figure 4.6a shows that there was an increasing in parent's verbalisation of Do Skills for all dyads from 0.2 to 3.3 points from B-IT to B-MT. In addition, the parent of Dyad 6 almost achieved the mastery criteria of CDI skills of Do Skills. The results indicated that, although all parents were not achieved the mastery criteria of CDI, however, parent's verbalisations of Do Skills have been increased after the treatment.

Figure 4.6a: Mean Scores of Do Skills during CLP between B-IT and B-MT





The analysis revealed that, the highest score of Don't Skills was obtained by Dyad 5 in which his mean score for IQ/DQ ( $M=6.5$ ,  $SD=0.70$ ), IC/DC ( $M=6.75$ ,  $SD=0.50$ ), and NTA ( $M=7.5$ ,  $SD=0.71$ ). The mean scores of Don't skills for Dyad 6, IQ/DQ ( $M=3.25$ ,  $SD=0.50$ ), IC/DC ( $M=3.5$ ,  $SD=0.58$ ) and NTA ( $M=3.5$ ,  $SD=0.71$ ) which almost achieved the expected mastery criteria of CDI. Results indicated that Don't Skills of parent's verbalisation during CLP in B-MT assessment were relatively higher than expected score of 3: IQ/DQ, 3: IC/DC and 3: NTA (Table 4.7b).

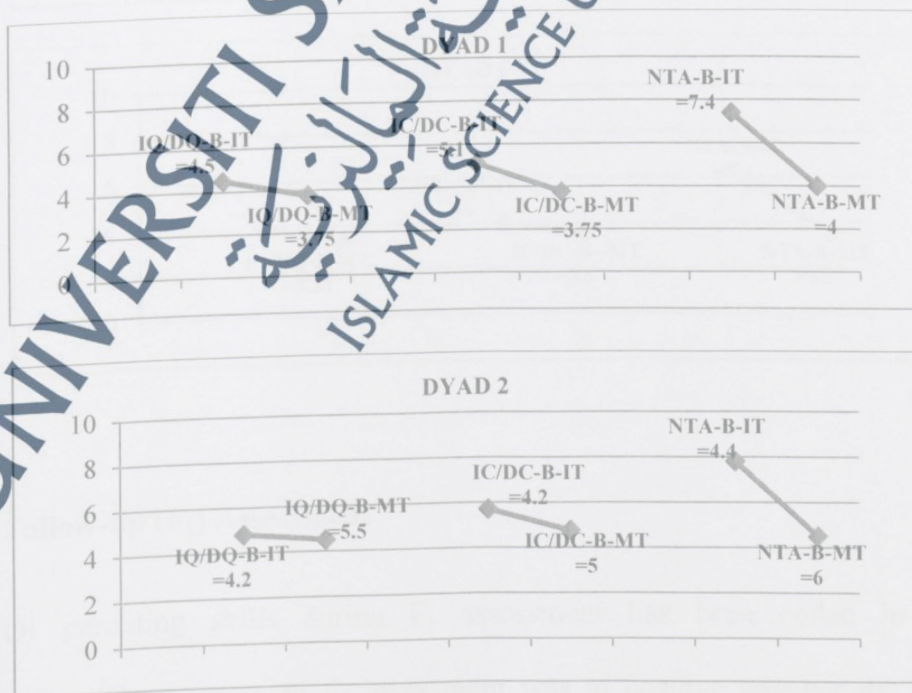
Table 4.7b: Mean Scores of Don't Skills during CLP in B-MT

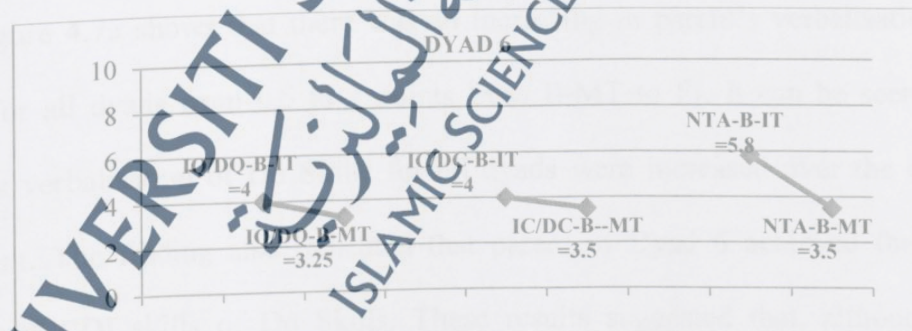
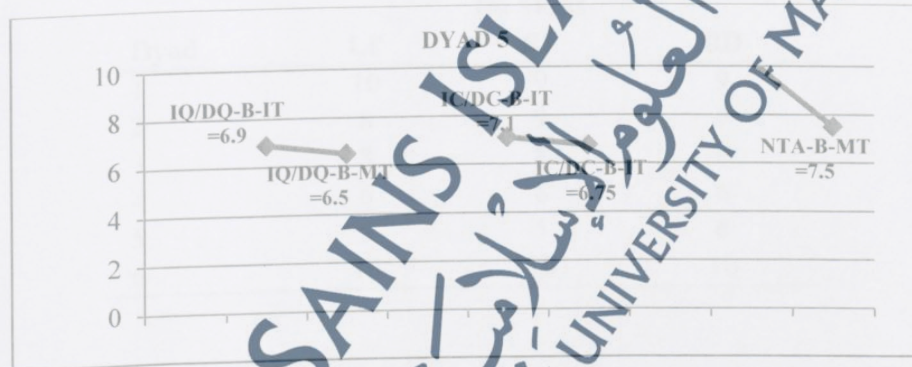
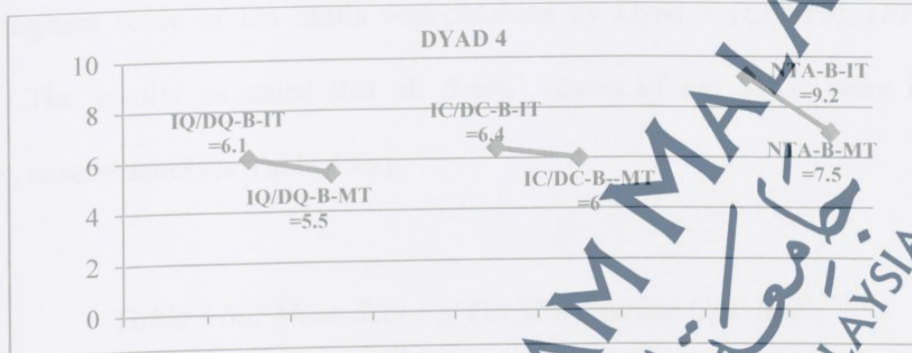
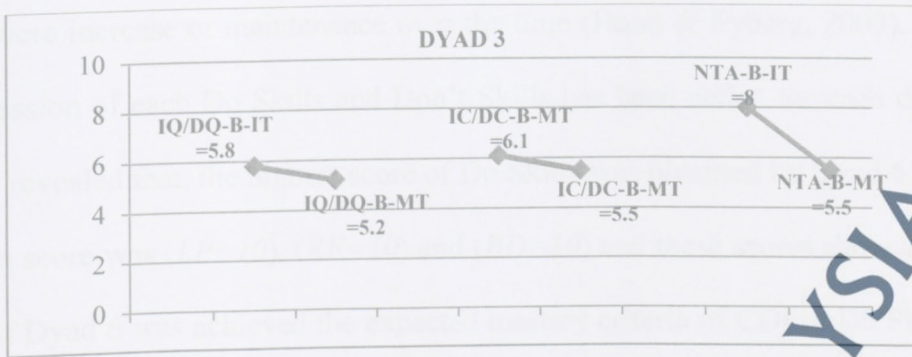
Don't Skills	Dyad					
	1	2	3	4	5	6
<b>IQ</b>						
Session 1	4	6	6	6	7	3
Session 2	4	5	6	6	7	3
<b>DQ</b>						
Session 1	3	4	5	5	6	4
Session 2	4	3	4	5	6	3
<b>Mean</b>	<b>3.75</b>	<b>4.5</b>	<b>5.2</b>	<b>5.5</b>	<b>6.5</b>	<b>3.25</b>
<b>SD</b>	<b>0.50</b>	<b>1.3</b>	<b>0.96</b>	<b>0.58</b>	<b>0.70</b>	<b>0.50</b>

<b>IC</b>						
Session 1	4	6	6	6	7	3
Session 2	4	5	6	6	7	3
<b>DC</b>						
Session 1	4	4	5	7	7	4
Session 2	3	4	5	5	6	4
<b>Mean</b>	<b>3.75</b>	<b>4.75</b>	<b>5.5</b>	<b>6</b>	<b>6.75</b>	<b>3.5</b>
<b>SD</b>	<b>0.50</b>	<b>0.95</b>	<b>0.58</b>	<b>0.82</b>	<b>0.50</b>	<b>0.58</b>
<b>NTA</b>						
Session 1	4	5	6	7	8	4
Session 2	4	4	5	7	7	3
<b>Mean</b>	<b>4</b>	<b>4.5</b>	<b>5.5</b>	<b>7</b>	<b>7.5</b>	<b>3.5</b>
<b>SD</b>	<b>0</b>	<b>0.71</b>	<b>0.71</b>	<b>0</b>	<b>0.71</b>	<b>0.71</b>

The Figure 4.6b shows that there was a decreasing in parent's verbalisation of Don't Skills for all dyads from 0.3 to 3.4 points from B-IT to B-MT. In addition, the parent of Dyad 6 almost achieved the mastery criteria of CDI skills (Don't Skills). The results indicated that, although all parents were not achieved the mastery criteria of CDI, but, parent's verbalisations of Don't Skills have been decreased after treatment.

Figure 4.6b: Mean Scores of Don't Skills during CTP between B-IT and B-MT





#### 4.3.4 Follow-up (F<sub>1</sub>) Assessment

The CDI parenting skills during F<sub>1</sub> assessment has been coded in parent's verbalisation. The purpose of F<sub>1</sub> assessment was to observe whether the treatment

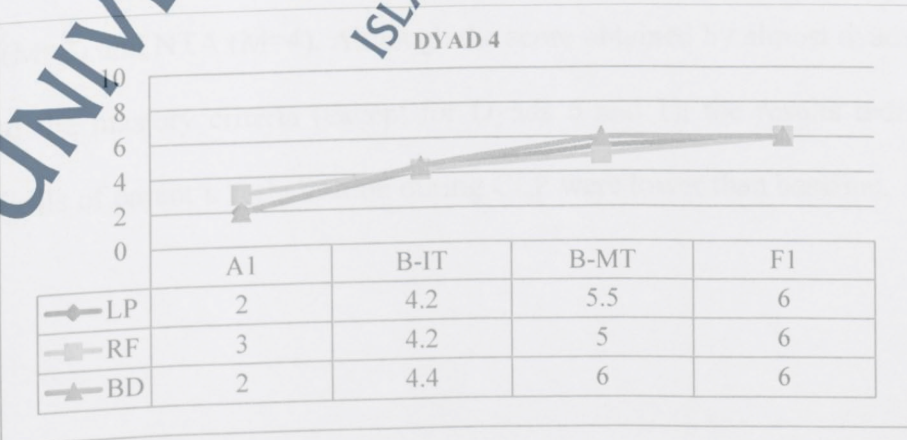
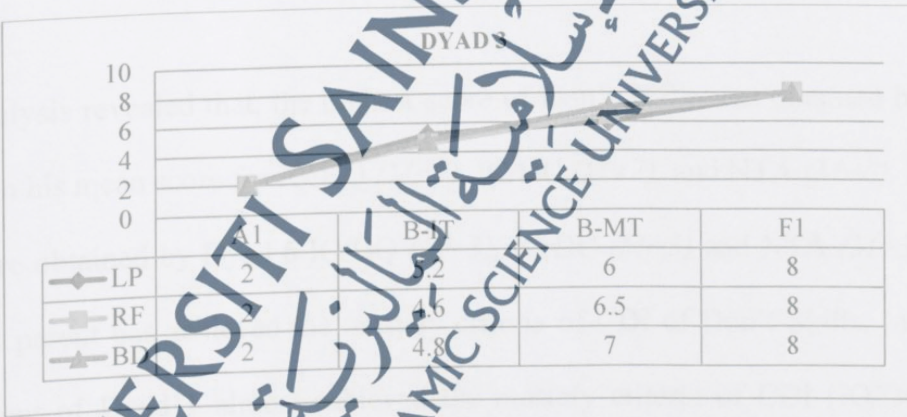
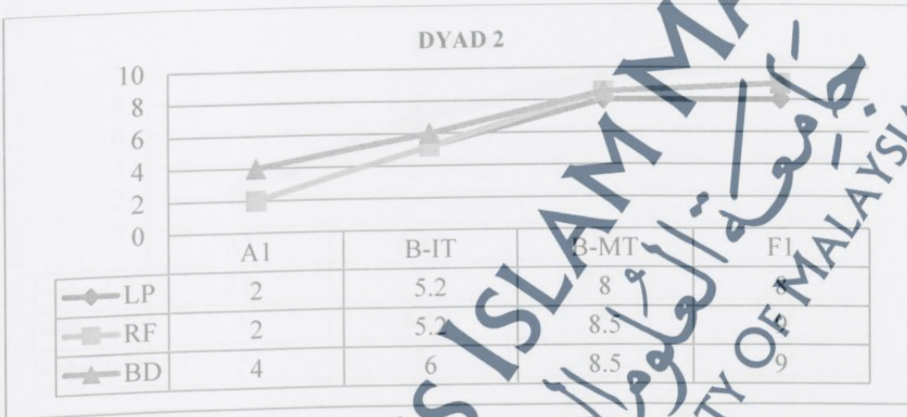
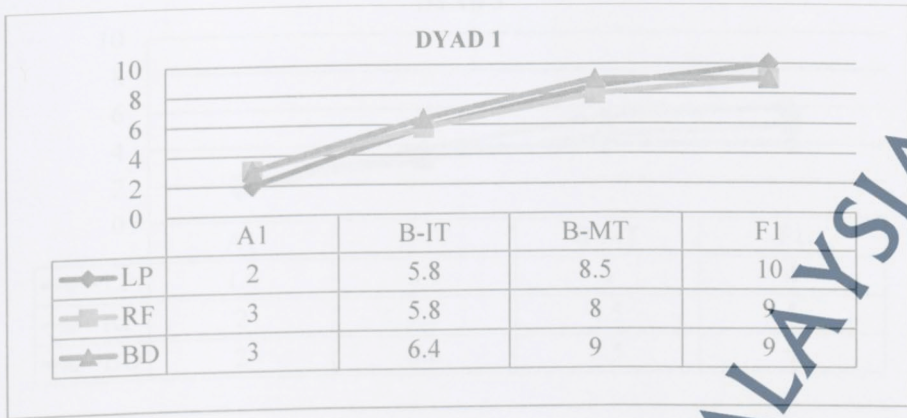
gained were increase or maintenance over the time (Hood & Eyberg, 2003). Thus, it was 1-session of each Do Skills and Don't Skills has been coded for each dyad. The analysis revealed that, the highest score of Do Skills was obtained by Dyad 6 in which his mean score was ( $LP=10$ ), ( $RF=10$ ) and ( $BD=10$ ) and these scores showed that the parent of Dyad 6 was achieved the expected mastery criteria of CDI of Do Skills. The second highest score of Do Skills was obtained by Dyad 1 ( $LP=10$ ), ( $RF=9$ ) and ( $BD=9$ ). The results indicated that all dyads' scores of Do Skills were increased during  $F_1$  assessment (see Table 4.8a).

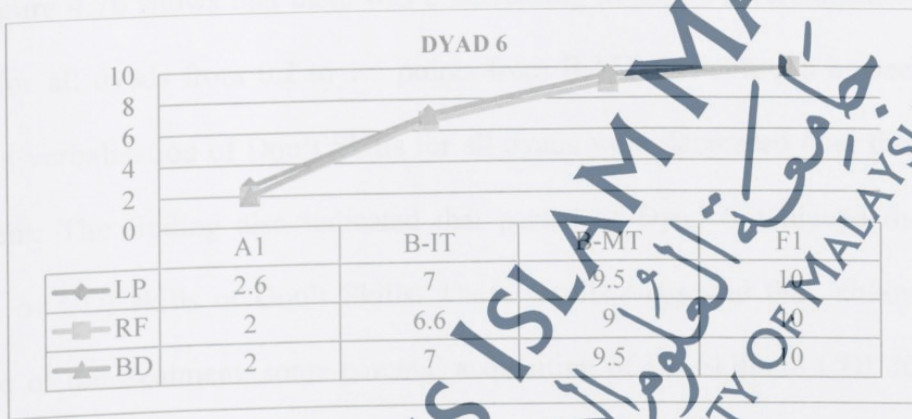
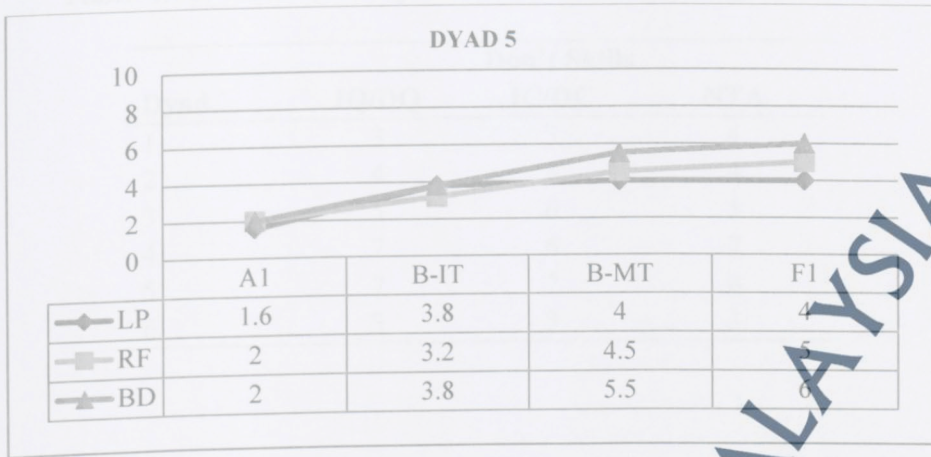
Table 4.8a: Mean Score of Do Skills during CLP in  $F_1$

Dyad	Do Skills		
	LP	RF	BD
1	10	9	9
2	8	9	9
3	8	8	8
4	6	6	6
5	5	5	6
6	10	10	10

The Figure 4.7a shows that there was an increasing in parent's verbalisation of Do Skills for all dyads from 0.5 to 2 points from B-MT to  $F_1$ . It can be seen that the parent's verbalisation of Do Skills for all dyads were increased over the course of treatment. The finding also indicated that parent of Dyad 6 achieved the mastery criteria of CDI skills of Do Skills. These results suggested that, although in the absence of the treatment, some parents' acquisition of Do Skills in CDI during CLP session was increased and some was maintained over time.

Figure 4.7a: Mean Scores of Do Skills during CLP from A<sub>1</sub> to F<sub>1</sub>





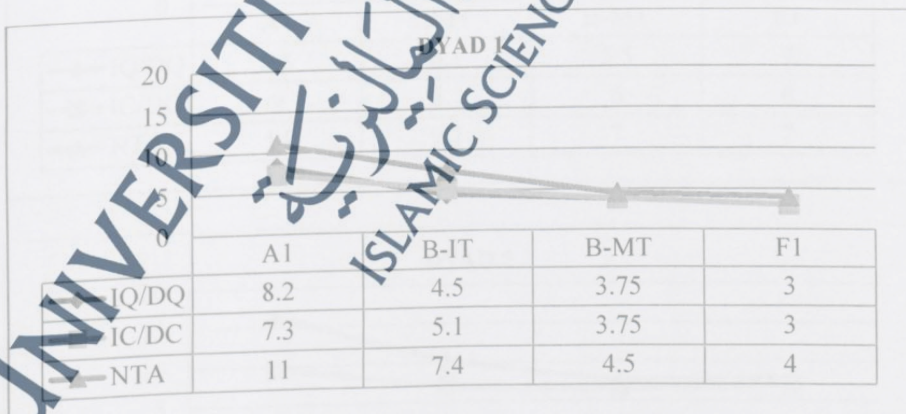
The analysis revealed that, the highest score of Don't Skills was obtained by Dyad 5 in which his mean score for IQ/DQ ( $M=5$ ), IC/DC ( $M=7$ ), and NTA ( $M=8$ ). However, the score obtained by Dyad 6 IQ/DQ ( $M=3$ ), IC/DC ( $M=3$ ) and NTA ( $M=3$ ) showed that his parent has achieved the mastery criteria of CDI of Don't Skills. In addition, the parent of Dyad 1 almost achieved the mastery criteria of CDI (IQ/DQ ( $M=3$ ), IC/DC ( $M=3$ ) and NTA ( $M=4$ )). Although the score obtained by almost dyads were not achieved the mastery criteria (except for Dyads 6 and 1), the results indicated that Don't Skills of parent's verbalisation during CLP were lower than baseline.

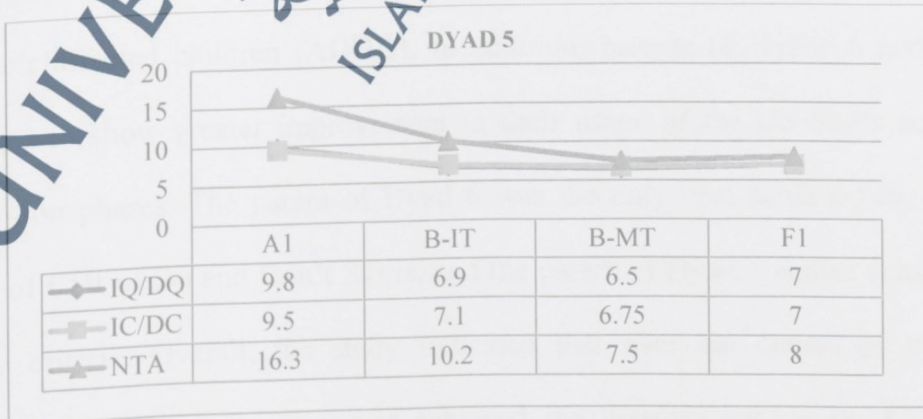
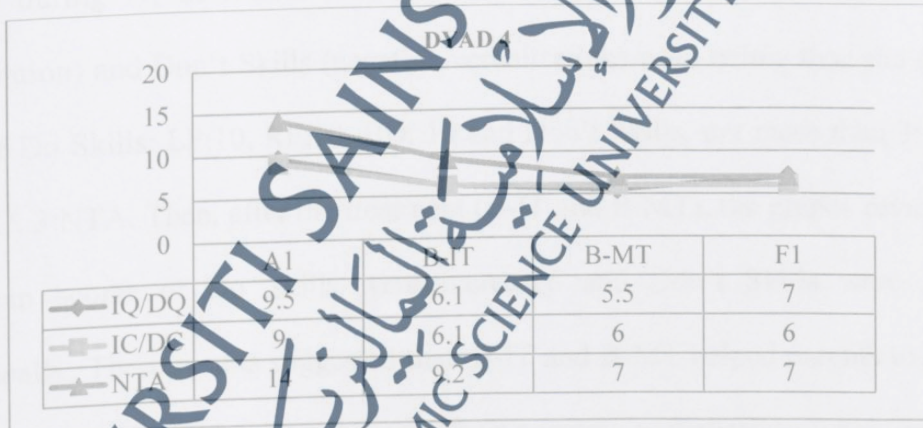
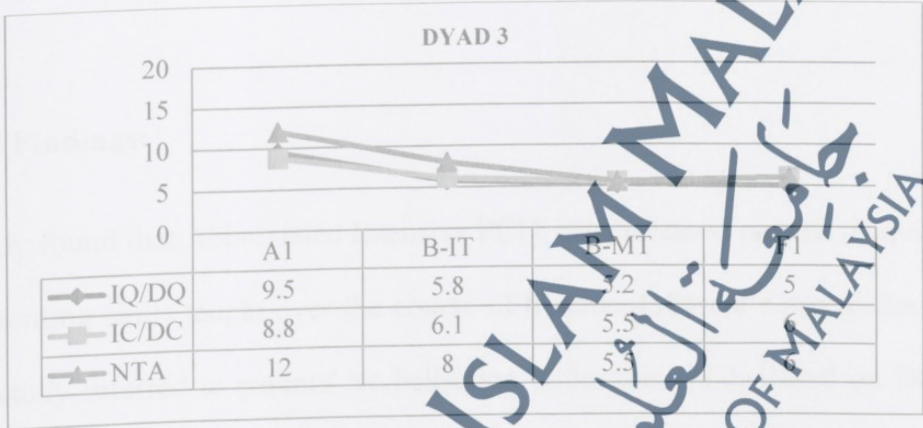
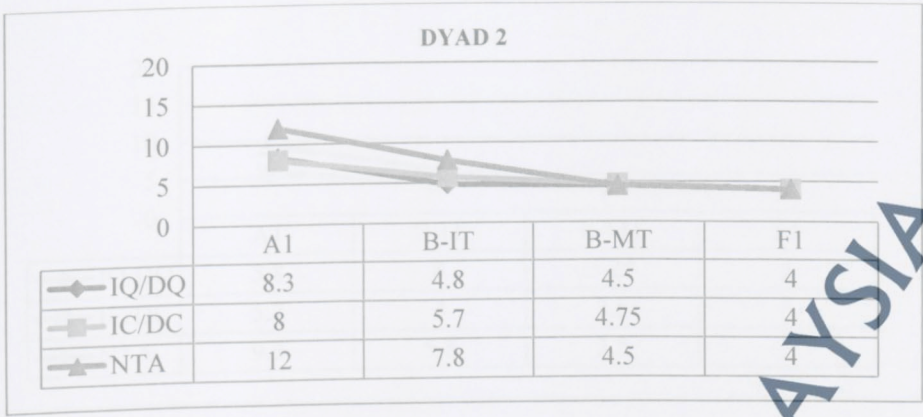
Table 4.8b: Mean Score of Don't Skills Score during CLP in F<sub>1</sub>

Dyad	Don't Skills		
	IQ/DQ	IC/DC	NTA
1	3	3	4
2	4	4	4
3	5	6	5
4	7	6	7
5	7	7	8
6	3	3	3

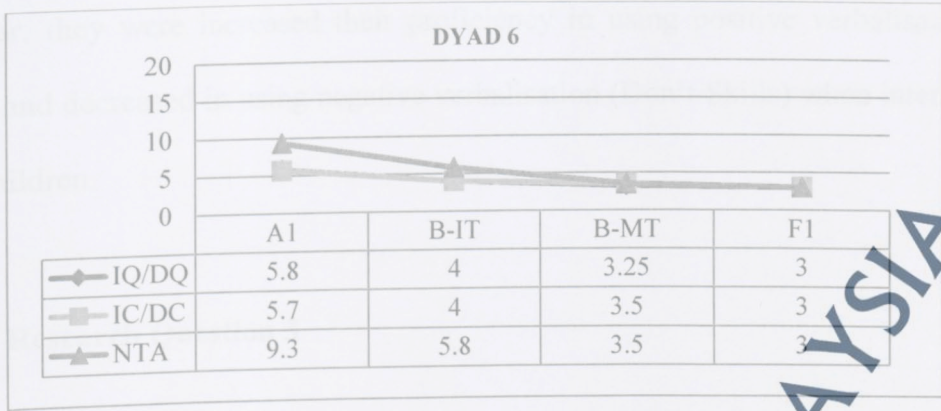
The Figure 4.7b shows that there was a decreasing in parent's verbalisation of Don't Skills for all dyads from 0.2 to 1.5 points from B-MT to F<sub>1</sub>. It can be seen that the parent's verbalisation of Don't Skills for all dyads were decreased over the course of treatment. The finding also indicated that parent of Dyad 6 achieved the mastery criteria of CDI skills of Don't Skills. These results suggested that, although in the absence of the treatment, some parents' acquisition of Do Skills in CDI during CLP session was decreased and some was maintained over time.

Figure 4.7b: Mean Scores of Don't Skills during CLP from A<sub>1</sub> to F<sub>1</sub>





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### Overall Findings:

The study found that Abbreviated Intensive PCIT has increased parents' acquisition of CDI parenting skills taught over the course of treatment. Parent's acquisition of CDI in this study referred to parents' verbalisation with their child. Based on DPICS-III coding, during A<sub>1</sub> assessment, all children mean scores of Do Skills (positive verbalisation) and Don't Skills (negative verbalisation) were below than the expected score of Do Skills: LP:10, RF:10, BL: 10 and Don't Skills, not more than 3: IQ/DQ, 3:IC/DC, 3:NTA. Then, after the treatment (B-IT and B-MT), the graphs revealed that the mean scores of Do Skills were increased and Don't Skills were declined dramatically. These results suggested that, B-IT and B-MT helped parents to increase their positive verbalisation and decrease their negative verbalisation when interacting with their affected children (ADHD). In addition, parents of Dyads 6 and 1 were continued to show greater improvement in their usage of the Do Skills across the intervention phases. The parent of Dyad 6 was the only who achieved the mastery criteria of CDI of Do and Don't Skills, and the parent of Dyad 1 almost achieved the mastery criteria. Overall, the study indicated that over the course of treatment, although most of parents were not achieved the mastery criteria for CDI skills,

however, they were increased their proficiency in using positive verbalisation (Do Skills) and decreased in using negative verbalisation (Don't Skills) when interact with their children.

#### 4.4 Research Question 3

*What are the effects of the Abbreviated Intensive PCIT on parents' acquisition of Parent-Directed Interaction parenting skills taught over the course of treatment?*

In understand the effect of Abbreviated Intensive PCIT on parents' acquisition of Parent-Directed Interaction (CDI) parenting skills, the instrument of DPICS-III has been administered. The PDI sessions involved the therapist taught and coached parents how to use the effective commands that are clear, direct, to be stated in positive, single statement and age-appropriate. Thus, the DPICS-III was used to code child's compliance behaviour towards parent's commands during PDI in standard parent-child interaction situations of Parent-lead Play (PLP) and Clean-up (CU) situations in 5-minute coding. The purpose of PLP is one-to-one play interaction between a parent and a child in which the parent is helped to direct and lead the play in any way the parent wishes. The CU is to teach the child to clean up the toys at the end of the parent-child interaction, not at the end of child-directed play. This is to avoid confusing the child about the role of parental help. In addition, the CU is also intended to teach the child to clean up the toys and should be done without the parents' help but with the parents' direction (Eyberg et al., 2009). The mastery criteria of PDI is at least 75% of the parental commands should be obeyed by the child (Eyberg, 2004). Due to time constraint of 5-minute, parents were asked to give the total of 12 commands for their child during the coding session, thus, in this study at

least nine commands should be obeyed by the child (Lewis, 2010). Then, the DPICS-III scores of PDI parenting skills acquired by parents between pre-treatment ( $A_1$ ) and post-treatment (B-IT, B-MT and  $F_1$ ) have been compared. Table 4.9 shows some of the examples of compliance behaviour (CO), noncompliance behaviour (NC) and no opportunity of compliance (NOC) have been coded during PLP and CU in all dyads.

Table 4.9: Examples of Child's CO, NC and NOC

Child's CO	
Parent: Will you hand me the purple one? Child: (after 2-second hands parent purple block) Ibu/bapa: Boleh beri yang warna ungu tak? Anak: (selepas 2 saat beri blok warna ungu kepada ibu/bapa)	Parent: Will you please close the door? Child: Yes (after 1-second closes the door) Ibu/bapa: Boleh tolong tutup pintu? Anak: Boleh (selepas 1 saat menutup pintu)
Parent: Pick up all the toys. Child: (picks up one toy as 4-second elapse) Ibu/bapa: Kemaskan semua mainan. Anak: (mengemas satu mainan selepas 4 saat berlalu)	Parent: Draw a straight line. Child: (carefully draws line) Ibu/bapa: Lukiskan garisan lurus. Anak: (berhati-hati melukis garisan)
Child's NC	
Parent: Sit down. Child: (continues running for more than 5-second) Ibu/bapa: Tolong duduk. Anak: (terus bermain melebihi 5 saat)	Parent: Pick the toy up off the floor. Child: (colours the book for 6-second then picks up doll) Ibu/bapa: Ambil mainan atas lantai. Anak: (mewarna buku 6 saat dan kemudian mengambil mainan)
Parent: Pick up the Legos. You made the mess. Child: (continues to play with Legos for more than 5-second) Ibu/bapa: Ambil Lego. Bersihkan kamu buat. Anak: (terus bermain Lego melebihi 5 saat)	Parent: Let's play with the Mr. Bear now. Child: I don't want to (does not begin to for more than 5-second) Ibu/bapa: Jom main dengan Encik Beruang. Anak: Tak nak (buat tidak tahu melebihi 5 saat)
Child's NOC	
Parent: Hang your towel (parent puts towel on hook) Ibu/bapa: Sangkutkan tuala (ibu/bapa menyangkut tuala di tempat sangkut)	Parent: Be nice. Ibu/bapa: Tolong jadi baik.
Parent: (after child yells) People should talk quietly inside. Ibu/bapa: (selepas anak menjerit) Orang sepatutnya bercakap perlahan-lahan)	Parent: Adam. Look. Parent: Adam. Tengok.

#### 4.4.1 Baseline (A1) Assessment

The PDI parenting skills during A<sub>1</sub> assessment has been coded in child's compliance behaviour toward parent's commands. After parent issued a command in a form of request the child to act, the child has 5-second to respond to the command. The three categories describing the child's responses to commands: CO, NC and NOC. It was 3-session of PDI has been coded for each PLP and CU situation in 3-day consecutively. For PLP situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours. The mean score of CO of Dyad 5 was the lowest ( $M=1$ ,  $SD=0$ ), however, his score of NC was the highest ( $M=9.3$ ,  $SD=0.57$ ).

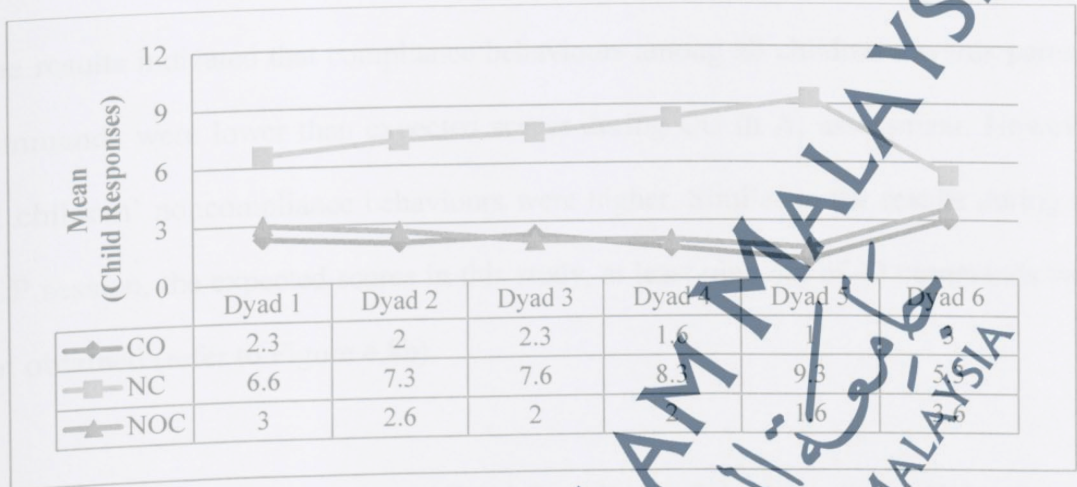
Table 4.10a: Mean Scores of CO, NC and NOC during PLP in A<sub>1</sub>

Dyad	1	2	3	4	5	6
<b>CO</b>						
Session 1	2	2	2	1	1	3
Session 2	2	2	2	2	1	3
Session 3	3	2	3	2	1	3
<b>Mean</b>	<b>2.3</b>	<b>2</b>	<b>2.3</b>	<b>1.7</b>	<b>1</b>	<b>3</b>
<b>SD</b>	<b>0.57</b>	<b>0</b>	<b>0.57</b>	<b>0.57</b>	<b>0</b>	<b>0</b>
<b>NC</b>						
Session 1	7	7	8	9	10	5
Session 2	6	7	8	8	9	5
Session 3	7	8	7	8	9	6
<b>Mean</b>	<b>6.6</b>	<b>7.3</b>	<b>7.6</b>	<b>8.3</b>	<b>9.3</b>	<b>5.3</b>
<b>SD</b>	<b>0.57</b>	<b>0.57</b>	<b>0.57</b>	<b>0.57</b>	<b>0.57</b>	<b>0.57</b>
<b>NOC</b>						
Session 1	3	3	2	2	1	4
Session 2	4	3	2	2	2	4
Session 3	2	2	2	2	2	3
<b>Mean</b>	<b>3</b>	<b>2.6</b>	<b>2</b>	<b>2</b>	<b>1.6</b>	<b>3.6</b>
<b>SD</b>	<b>1</b>	<b>0.57</b>	<b>0</b>	<b>0</b>	<b>0.57</b>	<b>0.57</b>

The results indicated that compliance behaviours among all children towards parental commands were lower than expected scores during PLP in A<sub>1</sub> assessment. The

expected scores at least 75% of the commands (nine out of 12) must be obeyed by the child. However, all children' noncompliance behaviours were higher.

Figure 4.8a: Mean Scores of Child Compliance Behaviour during PLP in A<sub>1</sub>



For CU situation, the analysis revealed that all dyads showed the lower scores in compliance behaviours. The mean score of CO of Dyad 6 was the lowest ( $M=1.6$ ,  $SD=0.57$ ), however, for the NC score, his score was the highest ( $M=8.6$ ,  $SD=0.57$ ) as compared to other dyads (see Table 4.10b).

Table 4.10b: Mean Scores of CO, NC and NOC during CU in A<sub>1</sub>

	Dyad					
	2	3	4	5	6	
<b>CO</b>						
Session 1	3	3	2	2	1	4
Session 2	2	3	3	2	2	3
Session 3	3	3	3	2	2	4
<b>Mean</b>	<b>2.6</b>	<b>3</b>	<b>2.6</b>	<b>2</b>	<b>1.6</b>	<b>3.6</b>
<b>SD</b>	<b>0.57</b>	<b>0</b>	<b>0.57</b>	<b>0</b>	<b>0.57</b>	<b>0.57</b>
<b>NC</b>						
Session 1	6	7	8	8	9	5
Session 2	6	7	7	8	9	5
Session 3	6	6	7	8	8	5
<b>Mean</b>	<b>6</b>	<b>6.6</b>	<b>7.3</b>	<b>8</b>	<b>8.6</b>	<b>5</b>
<b>SD</b>	<b>0</b>	<b>0.57</b>	<b>0.57</b>	<b>0</b>	<b>0.57</b>	<b>0</b>

NOC						
Session 1	3	2	2	2	2	3
Session 2	4	2	2	2	1	4
Session 3	3	3	2	1	2	3
<b>Mean</b>	<b>3.3</b>	<b>2.3</b>	<b>2</b>	<b>1.6</b>	<b>1.6</b>	<b>3.3</b>
<b>SD</b>	<b>0.57</b>	<b>0.57</b>	<b>0</b>	<b>0.57</b>	<b>0.57</b>	<b>0.57</b>

The results indicated that compliance behaviours among all children towards parental commands were lower than expected scores during CU in  $A_1$  assessment. However, all children' noncompliance behaviours were higher. Similar to the results during the PLP session, the expected scores in this study, at least nine out of 12 commands were not obtained (refer to Figure 4.8b).

Figure 4.8b: Mean Scores of Child Compliance Behaviour during CU in  $A_1$



#### 4.4.2 Intensive Treatment (B-IT) Assessment

The PDI parenting skills during B-IT assessment has been coded in child's compliance behaviour toward parent's commands. It was 5-session of each PLP and CU situation has been coded for each dyad. For the PLP situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours during PLP

than the expected score. The mean score of CO of Dyad 5 was the lowest ( $M=3$ ,  $SD=0.71$ ), however, for the NC score, his score was the highest ( $M=7.6$ ,  $SD=1.14$ ) as compared to other dyads. Although, the results found that, all parents were not achieving the mastery criteria in PDI during PLP sessions. However, the child noncompliance behaviour between A<sub>1</sub> and B-IT has been decreased for all dyads from 1 point to 1.8 points (see Table 4.11a).

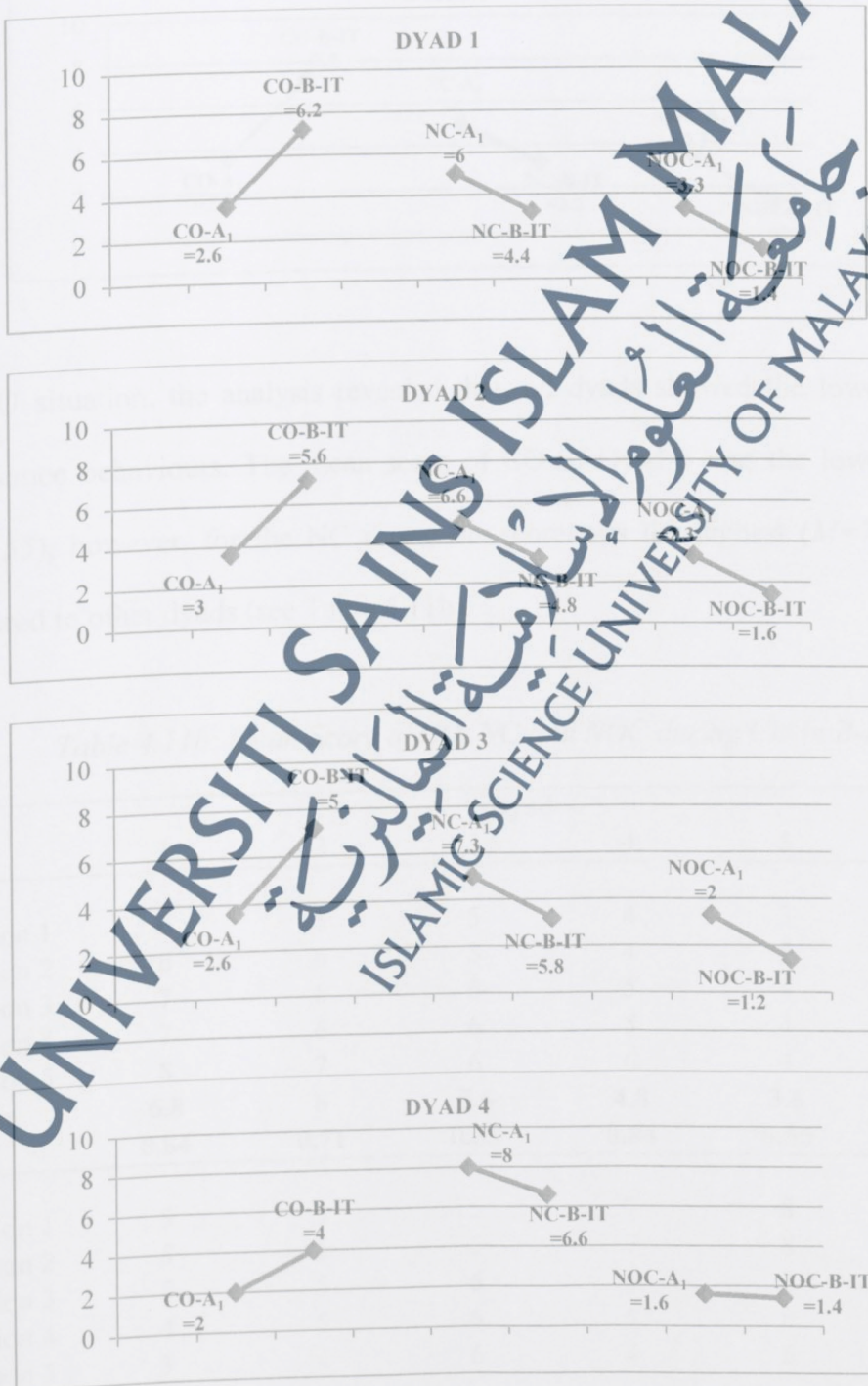
Table 4.11a: Mean Scores of CO, NC and NOC during PLP in B-IT

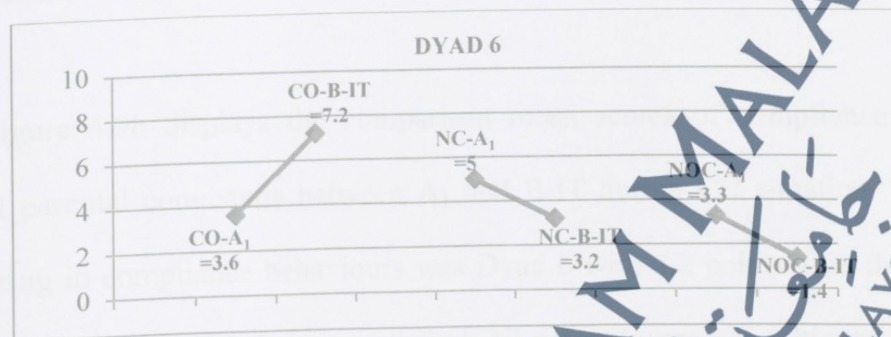
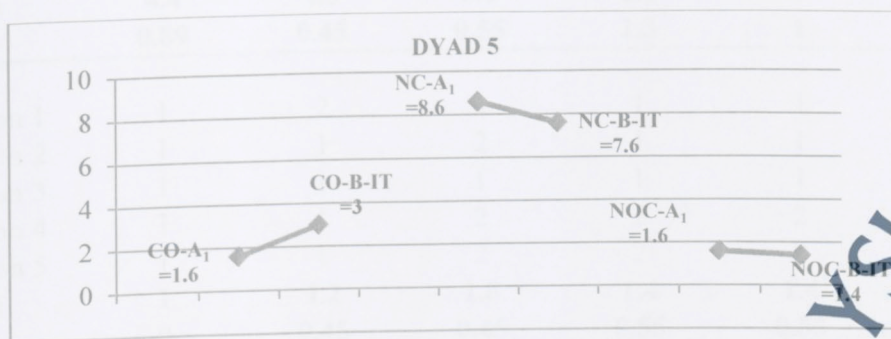
	Dyad					
	1	2	3	4	5	6
<b>CO</b>						
Session 1	5	4	4	4	2	6
Session 2	6	5	4	4	3	7
Session 3	6	6	5	4	2	7
Session 4	7	6	6	4	3	8
Session 5	7	7	6	5	4	8
<b>Mean</b>	<b>6.2</b>	<b>5.6</b>	<b>5</b>	<b>4.4</b>	<b>3</b>	<b>7.2</b>
<b>SD</b>	<b>0.84</b>	<b>1.1</b>	<b>1</b>	<b>0.71</b>	<b>0.71</b>	<b>0.84</b>
<b>NC</b>						
Session 1	6	6	7	8	9	5
Session 2	5	6	7	7	8	4
Session 3	5	5	6	7	8	3
Session 4	3	4	5	6	7	2
Session 5	3	3	4	5	6	2
<b>Mean</b>	<b>4.4</b>	<b>4.8</b>	<b>5.8</b>	<b>6.6</b>	<b>7.6</b>	<b>3.2</b>
<b>SD</b>	<b>1.34</b>	<b>1.3</b>	<b>1.3</b>	<b>1.14</b>	<b>1.14</b>	<b>1.3</b>
<b>NOC</b>						
Session 1	1	2	1	1	1	1
Session 2	1	1	1	1	1	1
Session 3	1	1	1	1	1	2
Session 4	2	2	1	2	2	2
Session 5	2	2	2	2	2	1
<b>Mean</b>	<b>1.4</b>	<b>1.6</b>	<b>1.2</b>	<b>1.4</b>	<b>1.4</b>	<b>1.4</b>
<b>SD</b>	<b>0.55</b>	<b>0.55</b>	<b>0.44</b>	<b>0.55</b>	<b>0.55</b>	<b>0.55</b>

The Figure 4.9a displays the comparison mean scores of compliance behaviours toward parental commands between A<sub>1</sub> and B-IT during PLP situation. The highest

increasing in compliance behaviours was Dyad 6 with 3.6 points after the treatment. These results suggested that, even though all parents were not achieved the mastery criteria of PDI skills during PLP situation, however, these children showed increasing in their compliance behaviour toward parental commands after B-IT.

Figure 4.9a: Mean Child Compliance Behaviour during PLP between  $A_1$  and B-IT





For CU situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours. The mean score of CO of Dyad 5 was the lowest ( $M=3.6$ ,  $SD=0.55$ ), however, for the NC score, his score was the highest ( $M=7$ ,  $SD=1$ ) as compared to other dyads (see Table 4.11b).

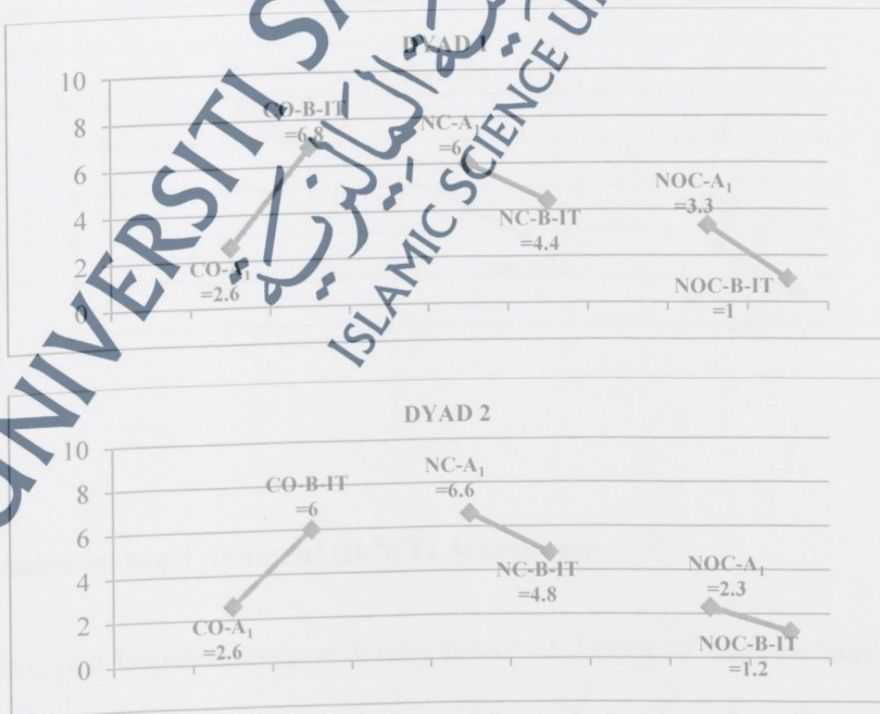
Table 4.11b: Mean Score of CO, NC, and NOC during CU in B-IT

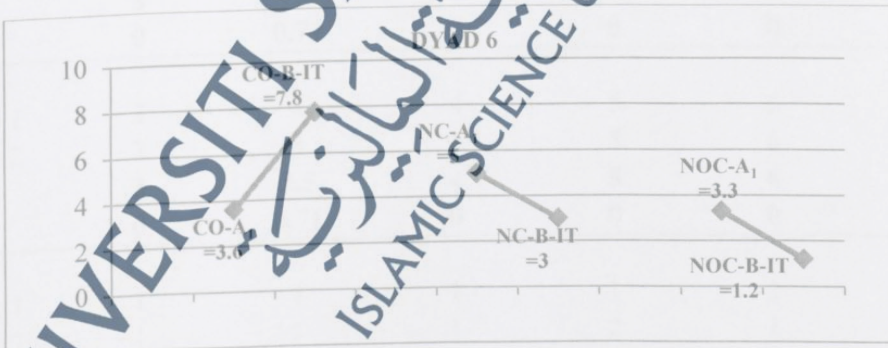
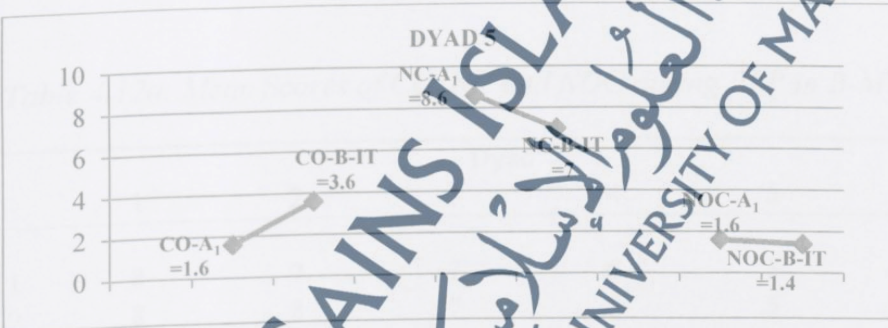
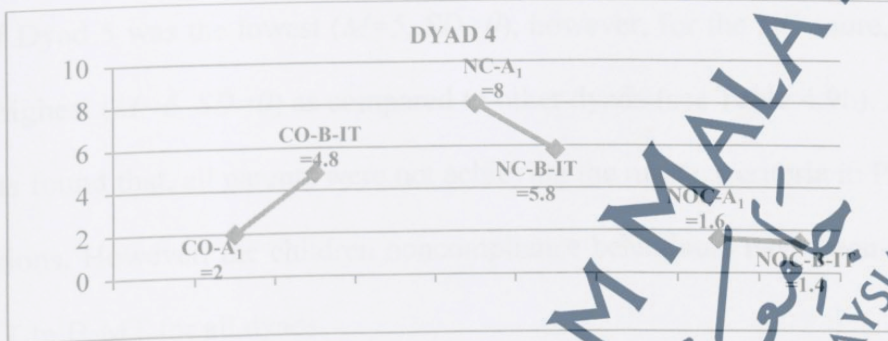
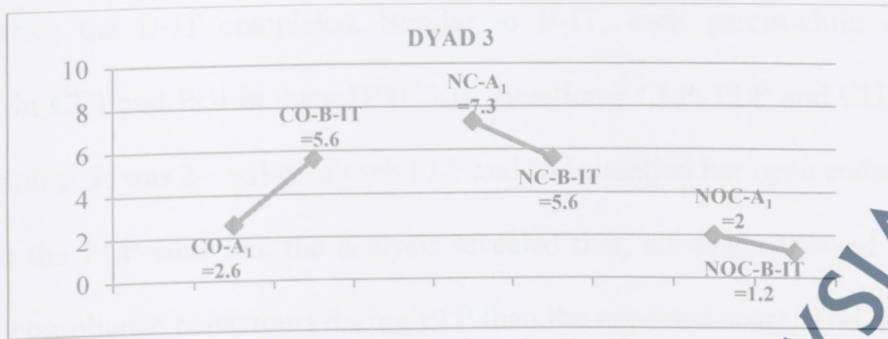
	Dyad					
	2	3	4	5	6	
<b>CO</b>						
Session 1	6	5	5	4	3	7
Session 2	6	6	5	4	3	7
Session 3	7	6	6	5	4	8
Session 4	7	6	6	5	4	8
Session 5	8	7	6	6	4	9
<b>Mean</b>	<b>6.8</b>	<b>6</b>	<b>5.6</b>	<b>4.8</b>	<b>3.6</b>	<b>7.8</b>
<b>SD</b>	<b>0.84</b>	<b>0.71</b>	<b>0.55</b>	<b>0.84</b>	<b>0.55</b>	<b>0.84</b>
<b>NC</b>						
Session 1	5	5	5	7	8	4
Session 2	5	5	5	7	8	3
Session 3	5	5	6	6	7	3
Session 4	4	5	6	5	6	3
Session 5	3	4	6	4	6	2

<b>Mean</b>	<b>4.4</b>	<b>4.8</b>	<b>5.6</b>	<b>5.8</b>	<b>7</b>	<b>3</b>
<b>SD</b>	<b>0.89</b>	<b>0.45</b>	<b>0.55</b>	<b>1.3</b>	<b>1</b>	<b>0.71</b>
<b>NOC</b>						
Session 1	1	2	2	1	1	1
Session 2	1	1	2	1	1	2
Session 3	1	1	1	1	1	1
Session 4	1	1	2	2	2	1
Session 5	1	1	2	2	2	1
<b>Mean</b>	<b>1</b>	<b>1.2</b>	<b>1.8</b>	<b>1.4</b>	<b>1.4</b>	<b>1.2</b>
<b>SD</b>	<b>0</b>	<b>0.45</b>	<b>0.45</b>	<b>0.55</b>	<b>0.55</b>	<b>0.45</b>

The Figure 4.9b displays the comparison mean scores of compliance behaviours toward parental commands between A<sub>1</sub> and B-IT during CU situation. The highest increasing in compliance behaviours was Dyad 6 with 4.2 points after the treatment. These results suggested that, even though all parents were not achieved the mastery criteria of PDI skills during PLP situation, however, these children showed increasing in their compliance behaviour toward parental commands after B-IT.

Figure 4.9b: Mean Child Compliance Behaviour during CU between A<sub>1</sub> and B-IT





#### 4.4.3 Maintenance Treatment (B-MT) Assessment

There were two Booster sessions during B-MT of 2-hour of each session. The main purpose of Booster session was to enhance the maintenance of treatment effects for

parents after the B-IT completed. Similar to B-IT, each parent-child dyad was observed in CDI and PDI in three DPICS-III situations: CLP, PLP and CU within 5-minute coding. It was 2-session of each PLP and CU situation has been coded for each dyad. For the PLP situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours during PLP than the expected score. The mean score of CO of Dyad 5 was the lowest ( $M=5$ ,  $SD=0$ ), however, for the NC score, his score was the highest ( $M=6$ ,  $SD=0$ ) as compared to other dyads (see Table 4.9b). Although, the results found that, all parents were not achieving the mastery criteria in PDI during PLP sessions. However, the children noncompliance behaviours have been decreased from B-IT to B-MT for all dyads.

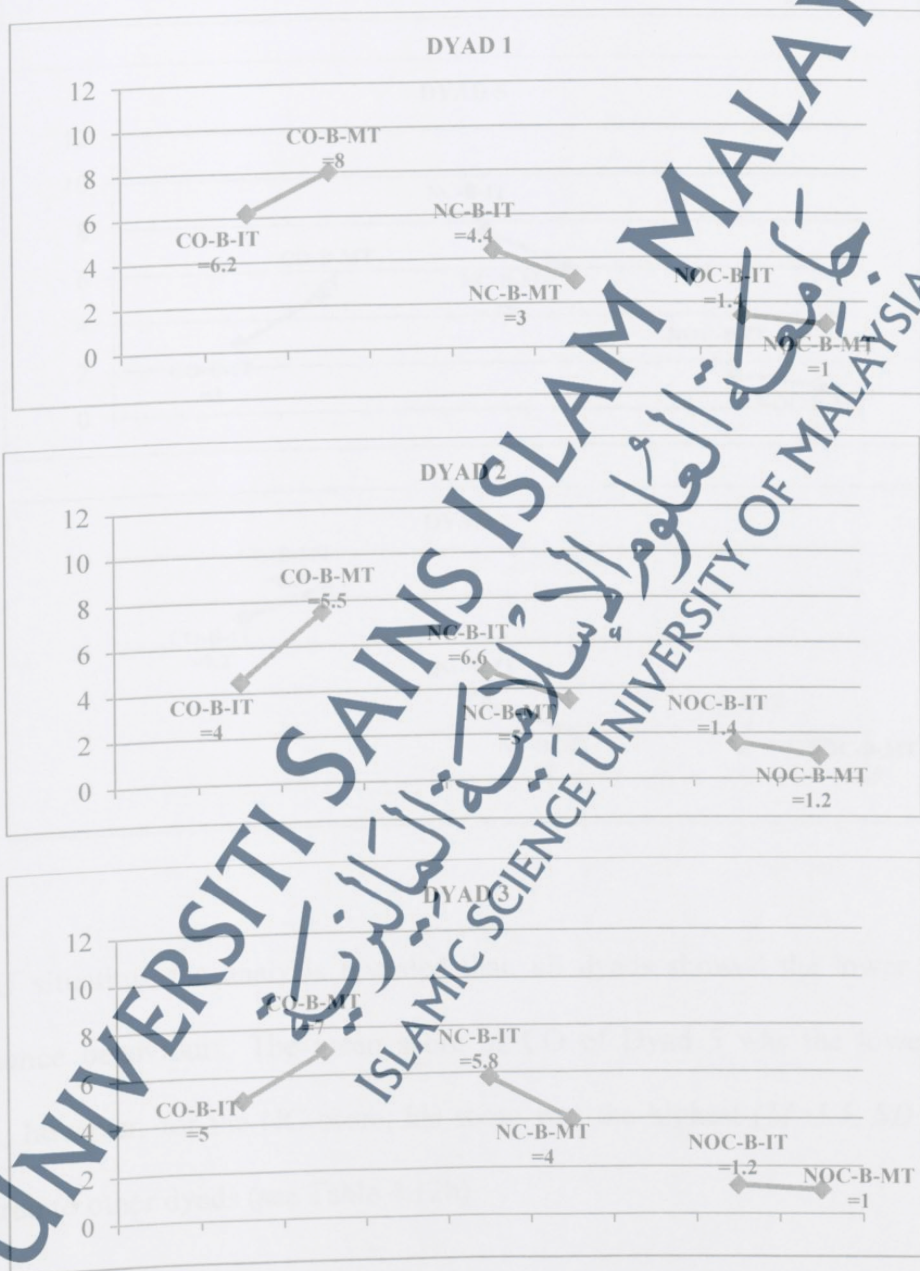
Table 4.12a: Mean Scores of CO, NC and NOC during PLP in B-MT

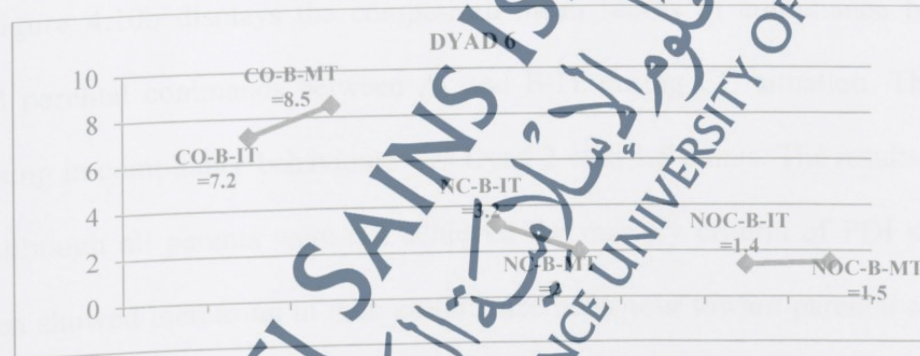
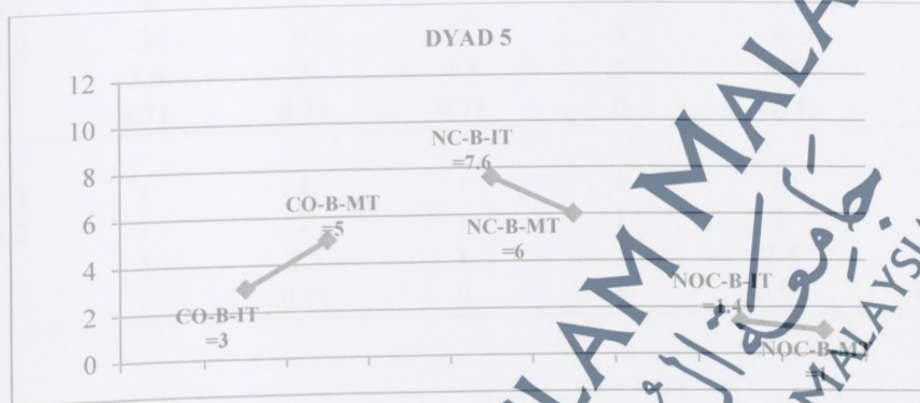
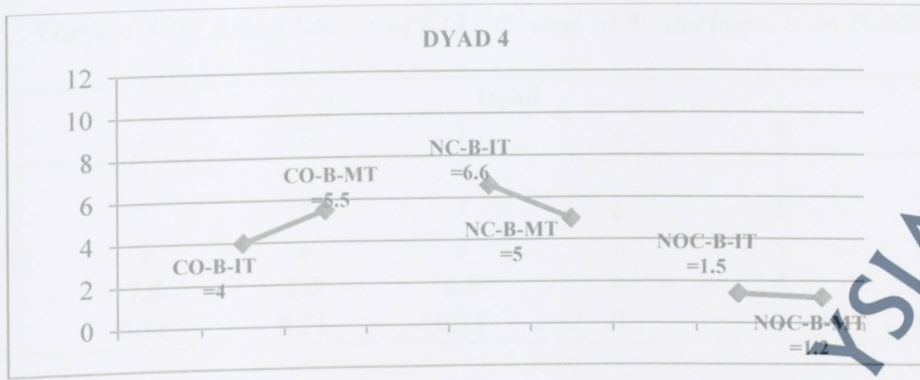
	Dyad					
	1	2	3	4	5	6
<b>CO</b>						
Session 1	8	7	7	6	5	8
Session 2	8	8	7	6	5	9
<b>Mean</b>	8	7.5	7	6.5	5	8.5
<b>SD</b>	0	0.71	0	0	0	0.71
<b>NC</b>						
Session 1	3	4	4	5	6	2
Session 2	3	3	4	5	6	2
<b>Mean</b>	3	3.5	4	5	6	2
<b>SD</b>	0	0.71	0	0	0	0
<b>NOC</b>						
Session 1		1	1	1	1	2
Session 2	1	1	1	2	1	1
<b>Mean</b>	1	1	1	1.5	1	1.5
<b>SD</b>	0	0	0	0.71	0	0.71

The Figure 4.10a displays the comparison mean scores of compliance behaviours toward parental commands between A<sub>1</sub> and B-IT during PLP situation. The highest increasing in compliance behaviours was Dyads 3 and 5 with 2 points. These results

suggested that, even though all parents were not achieved the mastery criteria of PDI skills during PLP situation, however, these children showed increasing in their compliance behaviour toward parental commands after B-MT.

Figure 4.10a: Mean Child Compliance Behaviour in PLP between B-IT and B-MT





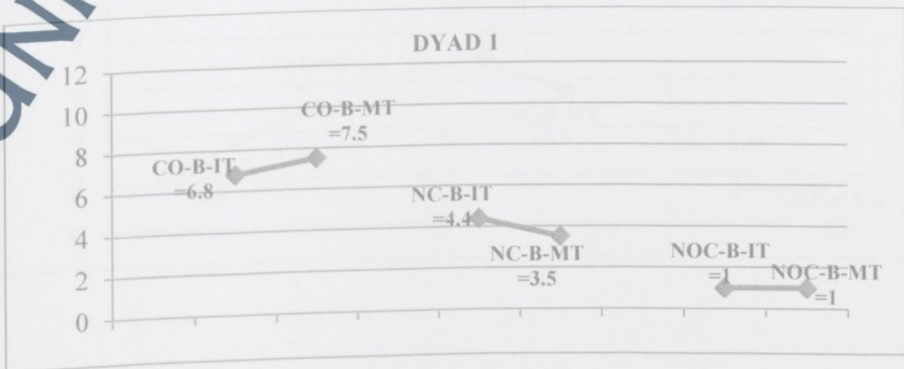
For CU situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours. The mean score of CO of Dyad 5 was the lowest ( $M=5$ ,  $SD=0$ ), however, for the NC score, his score was the highest ( $M=5.5$ ,  $SD=0.71$ ) as compared to other dyads (see Table 4.12b).

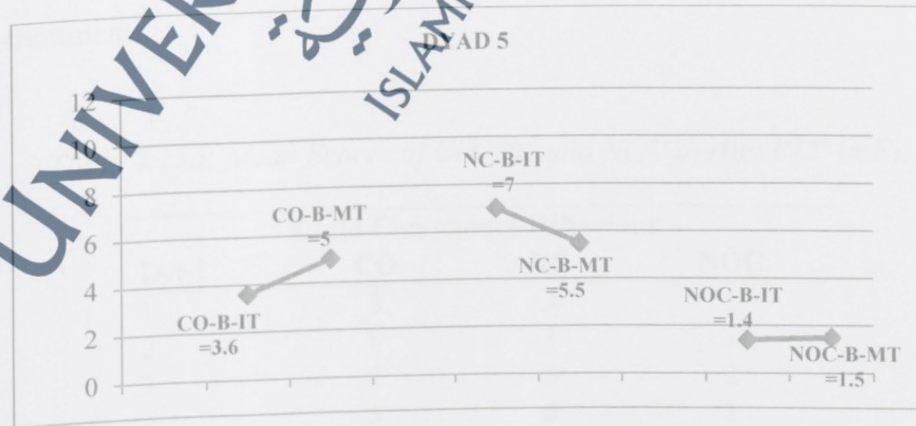
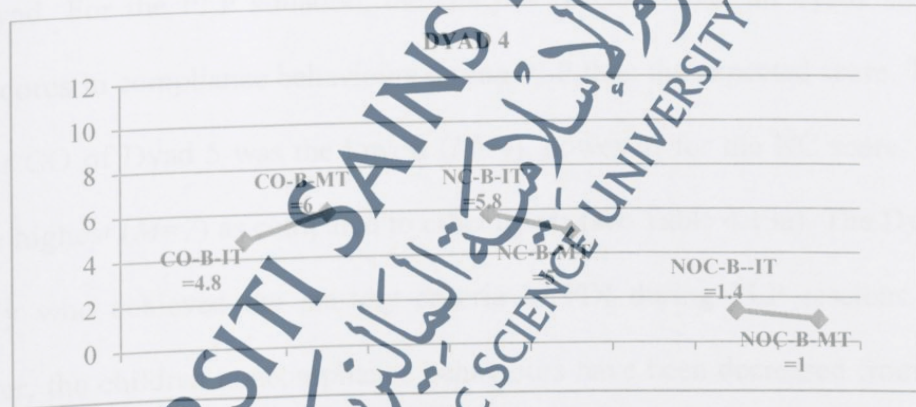
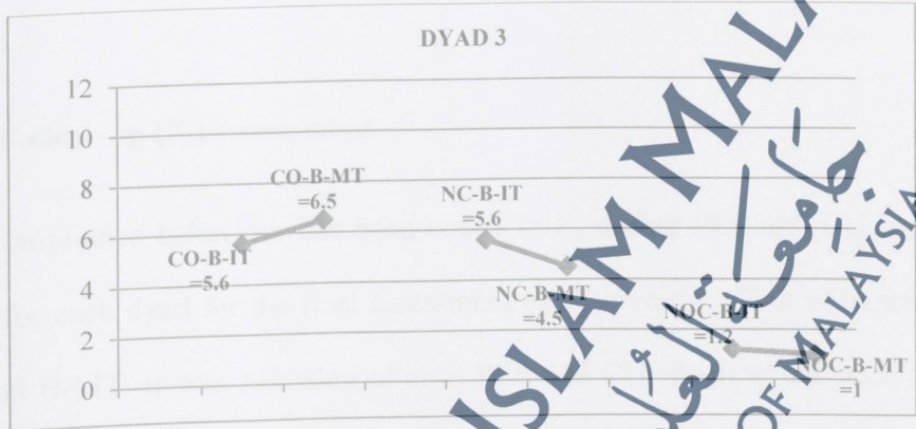
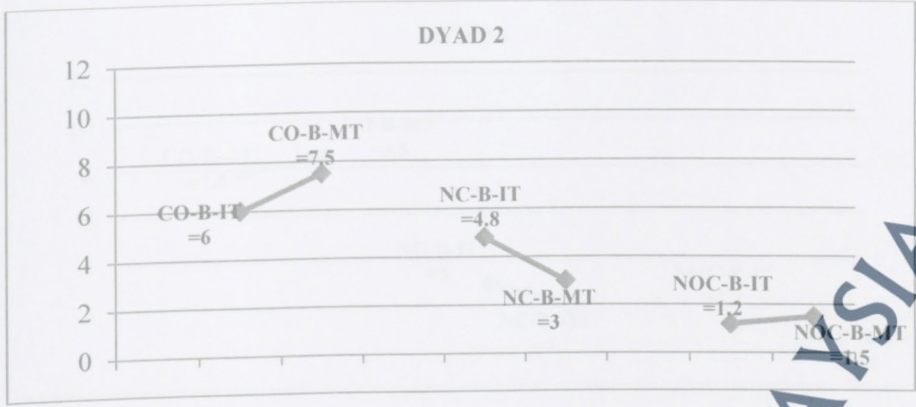
Table 4.12b: Mean Scores of CO, NC and NOC during CU in B-MT

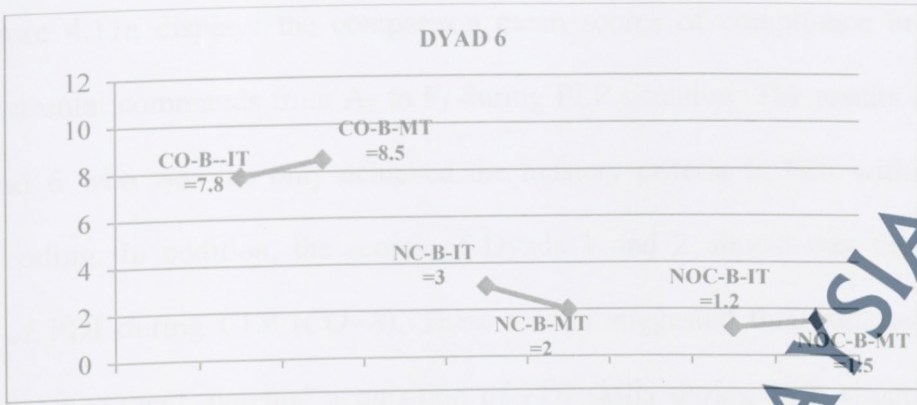
	Dyad					
	1	2	3	4	5	6
<b>CO</b>						
Session 1	7	7	7	6	5	8
Session 2	8	8	6	6	5	9
<b>Mean</b>	<b>7.5</b>	<b>7.5</b>	<b>6.5</b>	<b>6</b>	<b>5</b>	<b>8.5</b>
<b>SD</b>	<b>0.71</b>	<b>0.71</b>	<b>0.71</b>	<b>0</b>	<b>0</b>	<b>0.71</b>
<b>NC</b>						
Session 1	4	3	4	5	5	2
Session 2	3	3	5	5	6	2
<b>Mean</b>	<b>3.5</b>	<b>3</b>	<b>4.5</b>	<b>5</b>	<b>5.5</b>	<b>2</b>
<b>SD</b>	<b>0.71</b>	<b>0.71</b>	<b>0.71</b>	<b>0</b>	<b>0.71</b>	<b>0</b>
<b>NOC</b>						
Session 1	1	1	1	1	2	2
Session 2	1	2	1	1	1	1
<b>Mean</b>	<b>1</b>	<b>1.5</b>	<b>1</b>	<b>1</b>	<b>1.5</b>	<b>1.5</b>
<b>SD</b>	<b>0</b>	<b>0.71</b>	<b>0</b>	<b>0</b>	<b>0.71</b>	<b>0.71</b>

The Figure 4.10b displays the comparison mean scores of compliance behaviours toward parental commands between A<sub>1</sub> and B-IT during CU situation. The highest increasing in compliance behaviours was Dyad 2 with 1.2 points. The results indicated that, although all parents were not achieved the mastery criteria of PDI skills, but, children showed increasing in their compliance behaviour toward parental commands after involved in B-MT. The results suggested that, B-MT was increased parents' acquisition of PDI skills in giving appropriate and clear directions to their children.

Figure 4.10b: Mean Child Compliance Behaviour in CU between B-IT and B-MT







#### 4.4.4 Follow-up (F<sub>1</sub>) Assessment

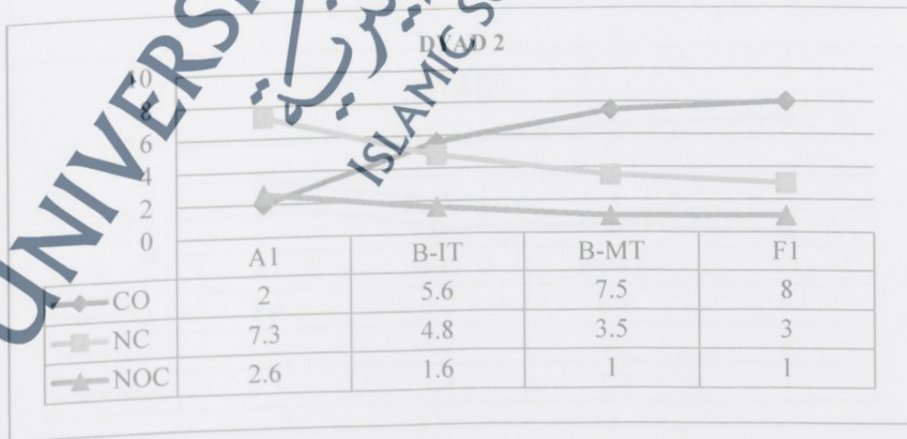
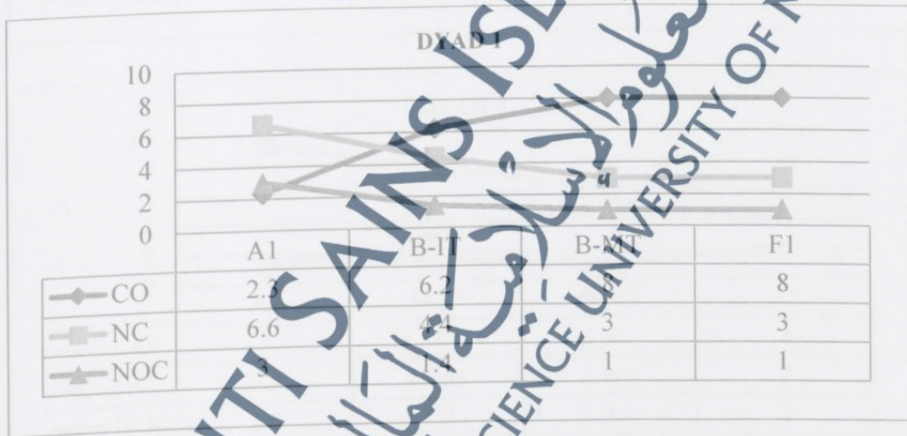
Child compliance behaviour has been coded in F<sub>1</sub> during PLP and CU. A 5-minute coding for each dyad for the final assessment to observe the effect of treatment after B-IT and B-MT. It was 1-session of each PLP and CU situation has been coded for each dyad. For the PLP situation, the analysis revealed that, all dyads showed the lower scores in compliance behaviours during PLP than the expected score. The mean score of CO of Dyad 5 was the lowest ( $M=4$ ), however, for the NC score, his score was the highest ( $M=7$ ) as compared to other dyads (see Table 4.13a). The Dyad 6 was the only who achieved the mastery criteria in PDI during PLP sessions ( $CO=9$ ). However, the children noncompliance behaviours have been decreased from baseline to post-treatment.

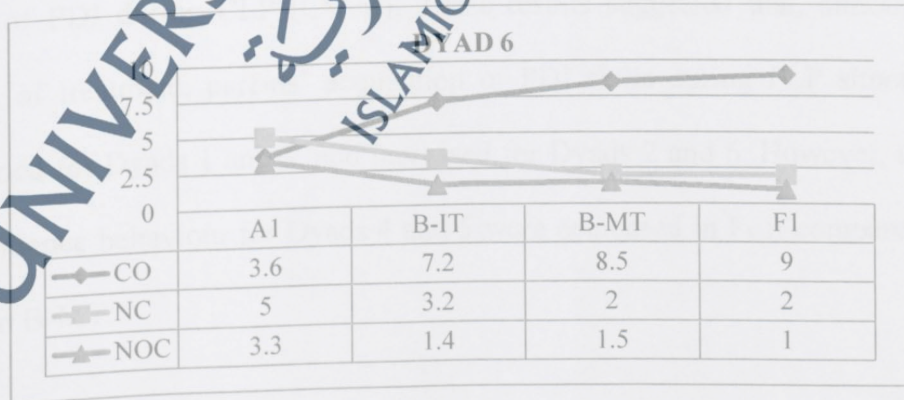
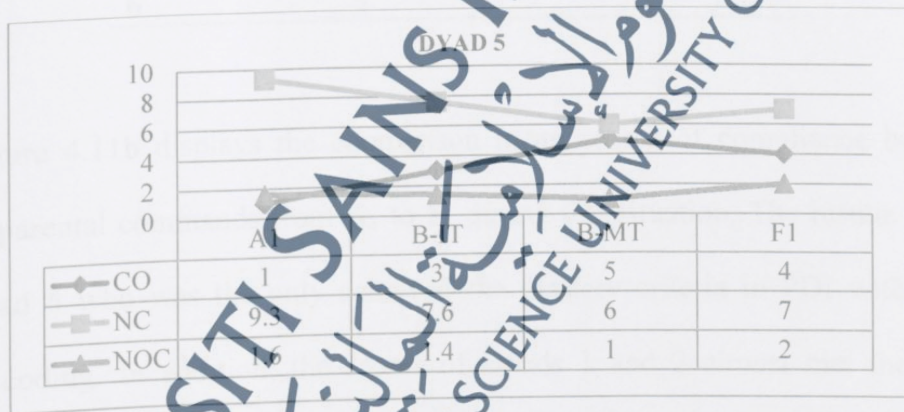
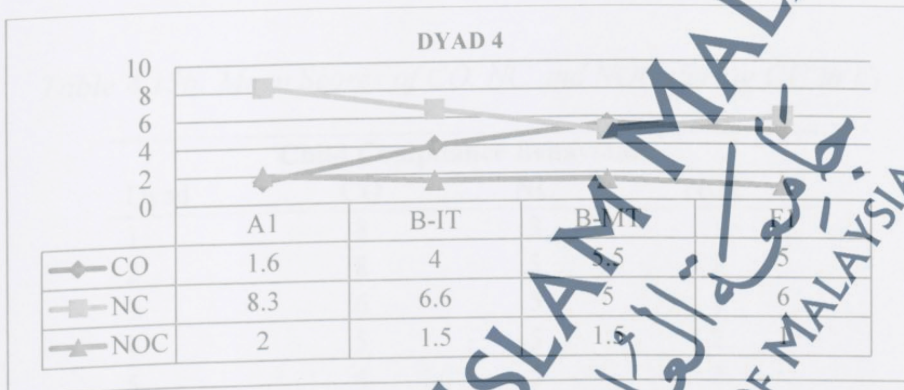
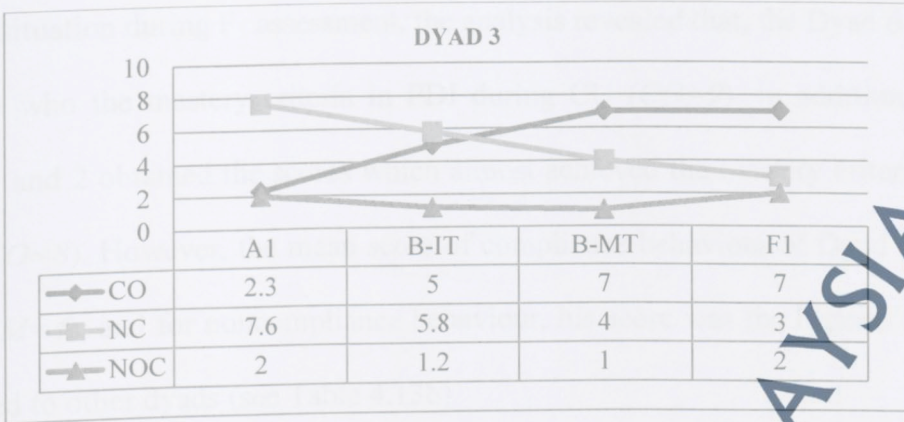
Table 4.13a: Mean Scores of CO, NC and NOC during PLP in F<sub>1</sub>

Dyad	Child Compliance Behaviour		
	CO	NC	NOC
1	8	3	1
2	8	3	1
3	7	3	2
4	5	6	1
5	4	7	1
6	9	2	1

The Figure 4.11a displays the comparison mean scores of compliance behaviours toward parental commands from A<sub>1</sub> to F<sub>1</sub> during PLP situation. The results indicated that Dyad 6 who was the only achieved the mastery criteria in PDI within the 5-minute coding. In addition, the scores of Dyads 1 and 2 almost met the mastery criteria of PDI during CLP (CO=8). These results suggested that, although in the absence of treatment, parents' acquisition of PDI skills during PLP situation were maintained for Dyads 1 and 3, and increased for Dyads 2 and 6. However, the scores of compliance behaviour for Dyads 4 and 5 were decreased in F<sub>1</sub> if compared to their scores in B-MT.

Figure 4.11a: Mean Scores of Child Compliance Behaviour in PLP from A<sub>1</sub> to F<sub>1</sub>





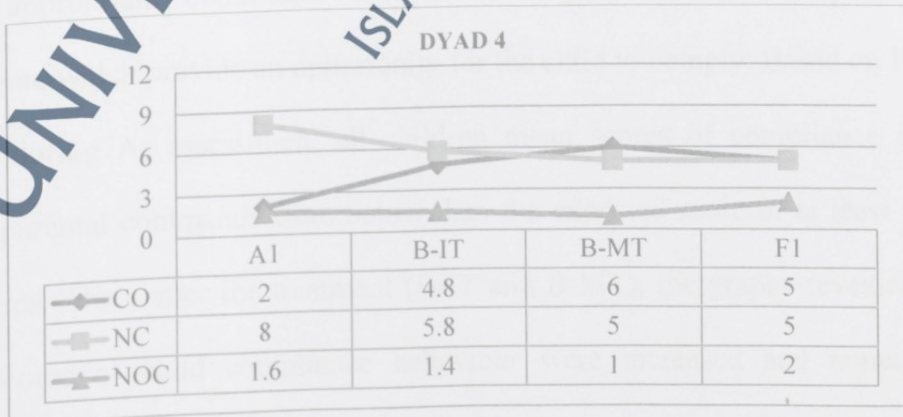
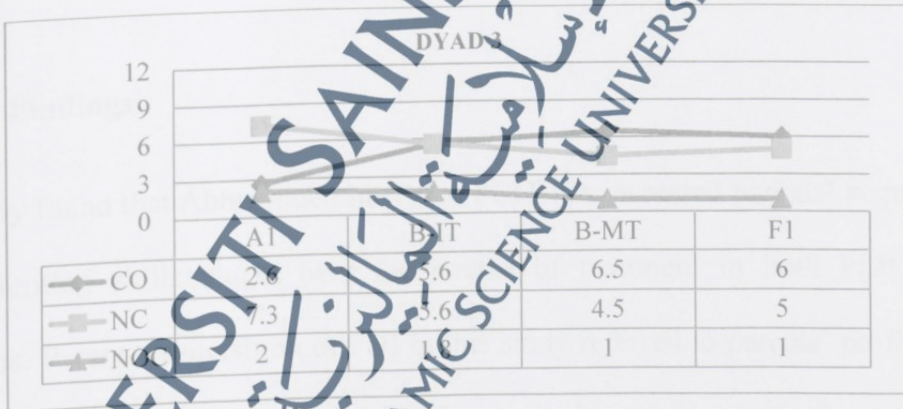
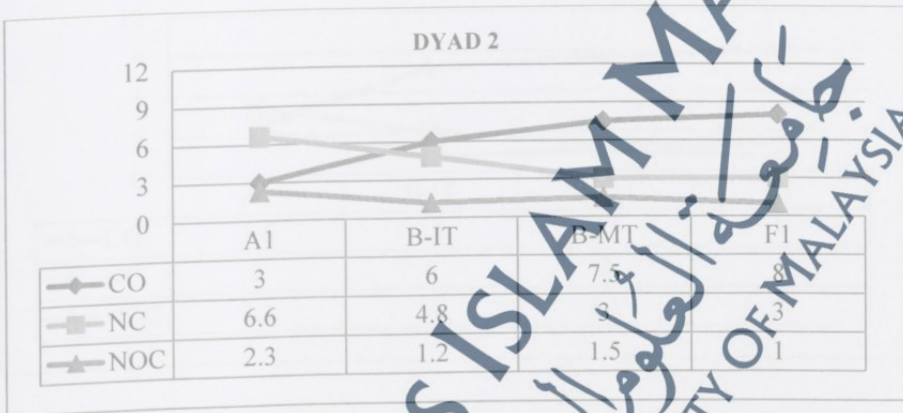
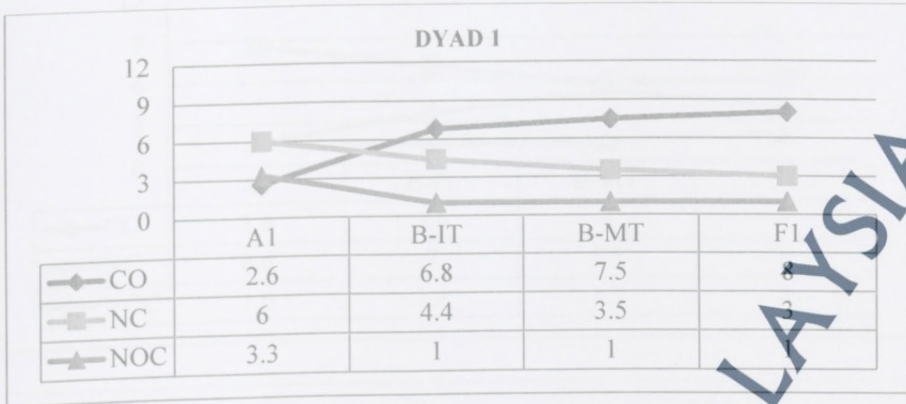
For CU situation during  $F_1$  assessment, the analysis revealed that, the Dyad 6 who was the only who the mastery criteria in PDI during CU ( $CO=9$ ). In addition, both of Dyads 1 and 2 obtained the scores which almost achieved the mastery criteria of PDI skills ( $CO=8$ ). However, the mean score of compliance behaviour of Dyad 5 was the lowest ( $M=4$ ), and for noncompliance behaviour, his score was the highest ( $M=7$ ) as compared to other dyads (see Table 4.13b).

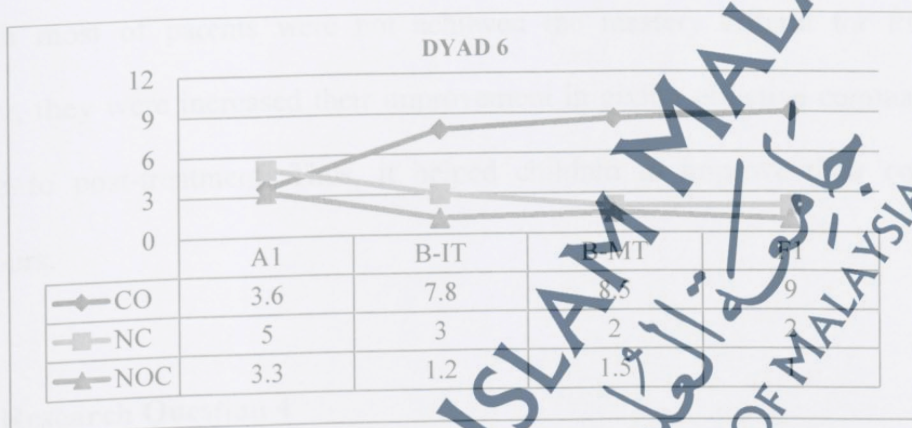
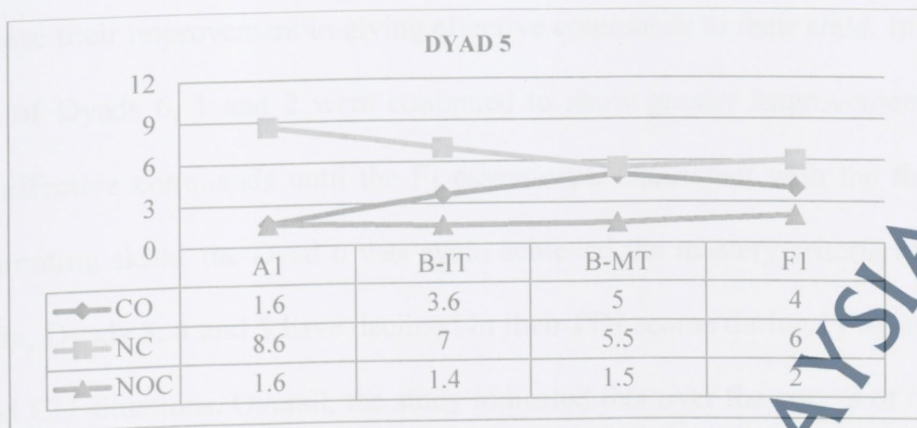
Table 4.13b: Mean Scores of CO, NC and NOC during CU in  $F_1$

Dyad	Child Compliance Behaviour		
	CO	NC	NOC
1	8	3	1
2	8	3	1
3	6	4	1
4	5	5	2
5	4	6	2
6	9	2	1

The Figure 4.11b displays the comparison mean scores of compliance behaviours toward parental commands from  $A_1$  to  $F_1$  during CU situation. The results indicated that Dyad 6 who was the only achieved the mastery criteria in PDI within the 5-minute coding. In addition, the scores of Dyads 1 and 2 almost met the mastery criteria of PDI during CLP ( $CO=8$ ). These results suggested that, although in the absence of treatment, parents' acquisition of PDI skills during PLP situation were maintained for Dyads 1 and 3, and increased for Dyads 2 and 6. However, the scores of compliance behaviour for Dyads 4 and 5 were decreased in  $F_1$  if compared to their scores in B-MT.

Figure 4.11b: Mean Scores of Child Compliance Behaviour in CU from A<sub>1</sub> to F<sub>1</sub>





### Overall Findings:

The study found that Abbreviated Intensive PCTI has increased parents' acquisition of PDI parenting skills taught over the course of treatment in both PLP and CU situations. Parent's acquisition of PDI in this study referred to parents' proficiency in giving appropriate commands, that clear, single-stated, positively-stated, age-appropriate which provide an opportunity for the child to comply. Based on DPICS-III coding, during A<sub>1</sub> assessment, all children mean scores of compliance behaviour toward parental commands were below than the expected score of at least 75% or 9 commands. Then, after the treatment (B-IT and B-MT), the graphs revealed that the mean scores of child compliance behaviour were increased and noncompliance behaviour were declined. These results suggested that, B-IT and B-MT helped parents

to increase their improvement in giving effective commands to their child. In addition, parents of Dyads 6, 1 and 2 were continued to show greater improvement in their giving effective commands until the  $F_1$  assessment. Consistent with the findings of CDI parenting skills, the Dyad 6 was again achieved the mastery criteria of PDI. Of all dyads, Dyads 3, 4 and 5 have declined in their PDI scores during  $F_1$  assessment in PLP and CU situations. Overall, the study indicated that over the course of treatment, although most of parents were not achieved the mastery criteria for PDI skills, however, they were increased their improvement in giving effective commands from baseline to post-treatment. Thus, it helped children to improve their compliance behaviours.

#### 4.5 Research Question 4

*What are the parents' levels of satisfaction toward the Abbreviated Intensive Parent-Child Interaction Therapy in decreasing noncompliance behaviour among preschool children with Attention Deficit Hyperactivity Disorder?*

In understand the parents' level of satisfaction toward the Abbreviated Intensive PCIT in decreasing noncompliance behaviour among preschool children with ADHD, the instrument of TAI has been administered. Thus, the TAI was measured parent's satisfaction with the treatment as well as satisfaction with child behaviour following the treatment on a 5-point Likert scale from (1) *strongly disagreed* to (5) *strongly agreed*. The range of TAI scores in which below than 25 (low satisfaction), 25 to 39 (moderate satisfaction) and 40 to 50 (high satisfaction). Then, the TAI scores between B-MT and  $F_1$  (post-treatment) have been compared.

#### 4.5.1 Maintenance Treatment (B-MT) Assessment

At the end of the B-MT Booster session, parents were measured their level of satisfaction with the treatment on parenting skills gained and the child's behaviour changes. The result found that, most of the parents showed higher level of satisfaction with the Abbreviated Intensive PCIT (>40) except the Dyad 5 (<40). The scores of TAI showed that the level of satisfaction of Dyad 5 with the treatment was moderate. The parent of Dyad 6 reported the highest level of satisfaction with the treatment.

Table 4.14: TAI Scores on Two Factors during B-MT

FACTOR 1 (Satisfy with Child Behaviour Changes)		Dyad					
Item		1	2	3	4	5	6
3	Relationship with my child	4	4	4	4	3	4
4	Confidence in my ability to discipline my child	4	4	4	3	3	5
5	Major behaviour problem that my child presented at home became less	5	5	5	5	5	5
6	My child's compliance to my commands is improving	5	5	5	5	5	5
7	The progress of my child has made in his general behaviour	4	4	4	4	3	5
10	My general feeling about the programme that I was participated	4	5	4	4	3	5
		26	27	26	25	22	29
FACTOR 2 (Satisfy with Treatment Components)		Dyad					
Item		1	2	3	4	5	6
1	Learned useful techniques of discipline	3	2	3	3	2	4
2	Learned new techniques to teach my child	5	5	5	5	5	5
8	Degree to which the programme has helped with other family problems	5	5	5	5	5	5
9	The type of programme that helped me to improve my child's behaviour	4	3	3	2	1	4
		17	15	16	15	13	18
Total Factor 1+ Factor 2=		43	42	42	40	35	47

The results indicated that, there were two items were found to have a score below than 3: (i) *Item-1*, learned techniques of discipline, and (ii) *Item-9*, the type of programme that helped me to improve my child behaviour. Then, there were four items were found to have a score of 5 for all dyads: (i) *Item-2*, learned new techniques to teach

my child, (ii) *Item-5*, major behaviour problem that my child presented at home became less, (iii) *Item-6*, my child's compliance to my commands is improving, and (iv) *Item-8*, degree to which the programme has helped other family problems.

#### 4.5.2 Follow-up (F<sub>1</sub>) Assessment

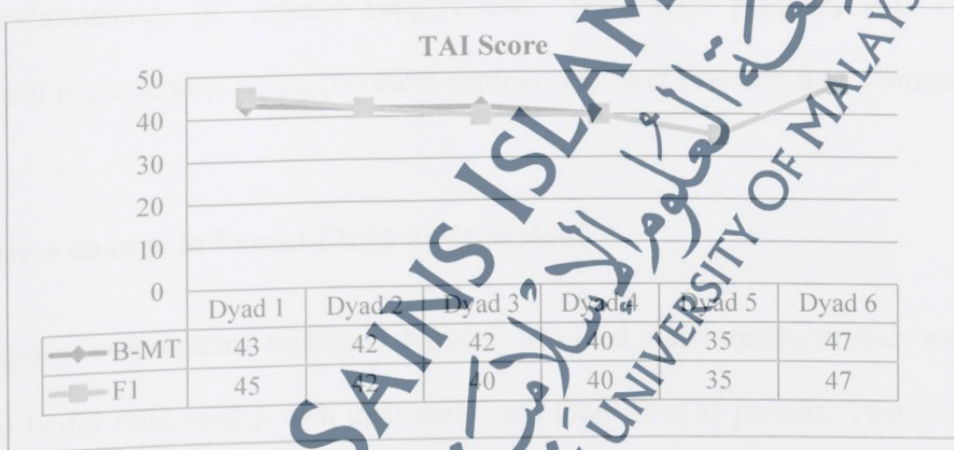
During F<sub>1</sub> assessment, parents' level of satisfaction with the treatment on parenting skills gained and the child's behaviour changes were measured. Similar to B-MT, the result found that, most of the parents showed higher level of satisfaction with the Abbreviated Intensive PCIT (>40) except the Dyad 5 (<40). The scores of TAI showed that the level of satisfaction of Dyad 5 with the treatment was still moderate. The parent of Dyad 6 reported the highest level of satisfaction with the treatment.

Table 4.15: TAI Scores on Two Factors during F<sub>1</sub>

Item	FACTOR 1 (Satisfy with Child Behaviour Changes)						
	1	2	3	4	5	6	
3	Relationship with my child	5	4	4	4	3	4
4	Confidence in my ability to discipline my child	5	4	4	3	3	5
5	Major behaviour problem that my child presented at home became less	5	5	5	5	5	5
6	My child's compliance to my commands is improving	5	5	5	5	5	5
7	The progress of my child has made in his general behaviour	4	4	4	4	3	5
10	My general feeling about the programme that I was participated	4	5	4	4	3	5
		28	27	26	25	22	29
Item	FACTOR 1 (Satisfy with Treatment Components)						
	1	2	3	4	5	6	
1	Learned useful techniques of discipline	3	2	2	3	2	4
2	Learned new techniques to teach my child	5	5	5	5	5	5
8	Degree to which the programme has helped with other family problems	5	5	5	5	5	5
9	The type of programme that helped me to improve my child's behaviour	4	3	2	2	1	4
		17	15	14	15	13	18
	<b>Total Factor 1+ Factor 2=</b>	<b>45</b>	<b>42</b>	<b>40</b>	<b>40</b>	<b>35</b>	<b>47</b>

The results indicated that, there was the increasing in TAI score of 2 points obtained by Dyad 1 in which the score was 42 in B-MT and increased to 45 in F<sub>1</sub>. The increasing was for the Item-3: status of relationship with my child, and Item-4: confidence in my ability to discipline my child. In addition, the TAI score obtained by Dyad 3 was decreased from 42 during B-MT assessment to 40 during F<sub>1</sub> assessment. The decreasing was for the Item-1: learned useful techniques of discipline, and Item-9: the type of programme that helped me to improve my child's behaviour.

Figure 4.12: TAI Mean Comparison between B-MT and F<sub>1</sub>



### Overall Findings:

The study found that most of parents have the higher level of satisfaction toward Abbreviated Intensive PCIT in both of behaviour changes in the child (Factor 1) and the components of the treatment (Factor 2). The higher level of parent's satisfaction with the treatment was paralleled with the declining in parents' ECBI scores from baseline into treatment completed. However, Dyad 5 has been found that, the parent was reported moderate level of satisfaction toward the treatment during B-MT and F<sub>1</sub> assessment. The results suggested that, parents' greater satisfaction with the treatment

outcomes (<40) of all dyads was related to a decreasing in noncompliance behaviour among these ADHD preschool children.

#### 4.6 Research Question 5

*What are the parents' experiences about the useful aspects of Abbreviated Intensive Parent-Child Interaction Therapy?*

Based on this question, there were five sub-categories have been found in a relation to the useful aspects that parents gained from the treatment: (i) positive change in parent-child relationship, (ii) intense support and homework practice, (iii) effective behaviour management skills, (iv) child-centred play, and (v) early intervention.

##### 1. Positive change in Parent-Child Relationship

Many parent respondents explained that after involved in the treatment, they were able to have better relationship with their child, and their roles as parents. Therefore, they were reported that they were more ready to initiate efforts for improvement.

###### Dyad 1

*Saya sedar masalah tu datangny dari saya. Saya perlu renung kembali diri saya, renungan tu menunjukkan sayalah punca masalah terbesarnya dan saya perlu mula kembali. Saya dah belajar untuk tidak menghukum anak saya dengan memukulnya, dan baiki semula hubungan saya dengan anak.*

I realised the problem was from me. I needed to self-reflect, the reflection revealed that I was the biggest problem, and I needed to begin afresh. I learnt not to use physical punishment on my child, and to repair the parent-child relationship.

###### Dyad 3

*Mula-mula yang saya belajar ialah mencari apa yang anak saya perlukan masa tu, bukan untuk rosakkan mahupun manjakannya, tetapi untuk bekerjasama dengan anak saya.*

I learnt to first find out what the child needed at that moment, not to spoil or indulge on the child, but to cooperate with my child.

#### Dyad 4

*Terapi ni telah bantu saya untuk bina semula hubungan dengan anak mahupun isteri saya. Saya rasa hubungan saya dengan anak semakin rapat. Kalau dulu sebelum terapi ni, saya rasa sangat stress dengan perbuatan hiperaktif anak saya, sekarang ni saya sedar masalah ADHD dia tu boleh dibendung. Tahap kemarahan saya semakin kurang pada anak.*

This therapy helped me to re-improve my relationship with my child and wife. I felt my relationship with my child more closely. Before this, I felt very stressed with my child's hyperactive behaviour, now, I realised that his ADHD problem can be managed. My level of tempered toward my son was gradually decreased.

#### Dyad 6

*Saya fikir anak saya ni terganggu dengan tekanan sekeliling. Saya tak mungkin tahu masalah sebenar kalau tak dengan adanya PCIT ni. Sekarang ni, sekurang-kurangnya saya dah boleh memahami anak saya dan dah ada kemahiran untuk tangani anak saya.*

I think my child affected by external pressures. I would not have known about the real problem without going through PCIT. Now, at least I would be able to improve, and I have skills to cope with my child.

Parents' experiences were consistent with the goal of Abbreviated Intensive PCIT that concerned on building parents' responsibility to restructure dysfunctional parent-child interaction patterns (blaming and scolding, negative attention seeking and noncompliance behaviour of the child) into adaptive and enjoyable interactions for both parties. In Abbreviated Intensive PCIT, this restructuring was achieved through the active coaching of the therapist during CDI parenting skills.

## 2. Intense Support and Homework Practice

The parent respondents were very positive about the individual coaching and support from the therapist. They also thought that the home activities were very important,

especially the 5-minute play-time at home, which both parents and children enjoyed the time together.

**Dyad 2**

*Anak saya suka sangat masa-bermain kami di rumah dan minta buat banyak- kali.*

My child enjoyed very much our play-time at home and asked for more time.

**Dyad 3**

*Dalam satu masa dalam satu hari tu, anak saya akan ingatkan saya untuk masa bermain dengannya.*

At fixed times of the day; my child would remind me to have the parent-child play time with him.

**Dyad 5**

*Kalau anak saya bosan dengan mainannya, biasanya dia akan campak mainannya, tetapi sekarang, dia panggil saya minta saya main dengannya.*

If my child bored with his toys, usually he will throw his toys, but now, he asked me to get play with him.

The parents' comments suggested that the individual-based programme format of the Abbreviated Intensive PCIT were appropriate for their needs. The homework assignments were useful in reinforcing their parenting skills and the 5-minute playtime at home was a powerful daily prescription to foster parent-child relationship.

### 3. Effective Behaviour Management Skills

The parent respondents expressed appreciation for Abbreviated Intensive PCIT's explicit focus and direct treatment on parent and child behaviour. They found immediate improvement on their interaction with the child when they followed the therapist's instruction, or modelled after the therapist's behaviour. The improvement

was gratifying to both parties and served as intrinsic reinforcement for them to repeat the functional behaviour. They explained their success as follows:

#### **Dyad 1**

*Bila saya kata, "satu-dua-tiga", anak saya betul-betul berhenti. Saya rasa ni satu cara yang diajar supaya saya boleh perbaiki tingkah laku anak dan dengar cakap saya berulang kali.*

When I said "one-two-three", my child really stopped. I think that this is one of the teachings that I learn to improve my child's behaviour and listen to me repeatedly.

#### **Dyad 2**

*Saya dah pun diajar dengan kemahiran yang boleh saya gunakan untuk menguruskan anak saya. Terapis ajar saya kerusi yang dipanggil time-out tu. Time-out bantu saya macam mana untuk tidak ikutkan permintaan anak yang tidak bagus untuk kami semua.*

I was taught some useful skills to help me manage my child. Therapist taught me the time-out chair. The time-out helped me how to not follow requests that not good for us.

#### **Dyad 6**

*Di rumah, jika saya hargai anak saya, berikan dia peluang, baiki hubungan kami, jadi anak saya akan kurang dia punya degil. Saya tahu, dia perlukan perhatian dari saya dan suami.*

At home, if I can positively appreciate my child, give him more chances, improve our relationship, my child will be less resistive. I know that he needs more attention from my husband and me.

#### **4. Child-Centred Play**

Apart from the skills taught, the parent respondents found the play element in the Abbreviated Intensive PCIT was useful. After reviewing case progress at the beginning of each session, the therapist set up a play scenario to allow the child accompanied by the parent under the therapist's coaching. The parent respondents described their views as follows:

**Dyad 3**

*Terapis dah ajar saya cara macam mana nak buat supaya tak mengapi anak saya secara negatif. Rasanya dengan cara bermain dengan anak, saya dah boleh sedikit sebanyak tahu cara nak buat dia ikut cakap saya.*

The therapist taught me how to react so as not to provoke my child negatively. I feel that, throughout playing with my child, I know at least how to make him listen to me.

**Dyad 4**

*Saya dah belajar macam mana nak bermain dengan anak saya, biarkan dia tunjuk apa yang dia nak dan belajar. Jadi, dia tahu saya beri dia peluang dan sayangkan dia.*

I learnt how to play with my child, let him express and develop. So, he will know that I give him chance and I love him.

**Dyad 6**

*Saya belajar macam mana nak bermain beberapa jenis permainan dengan anak saya untuk bantu anak saya apa yang nak dan saya juga boleh dapat apa yang saya nak darinya, untuk penambahbaikan kami.*

I learnt how to play some designated games with my child to help him on what he wants and I also can achieve what I want from him for our improvement.

**5. Early intervention**

The parent respondents also pointed out that it was important that they started the Abbreviated Intensive PCIT when their child was in young age. Their comments supported the theoretical approach of Abbreviated Intensive PCIT in terms of its emphasis on the need of early child interventions. It is thought that parents with children are themselves younger and more open to improve their parenting skills. This treatment aims to engage parent and child at the strategic timing for early remediation of dysfunctional practices and prevention of subsequent parent-child problems.

**Dyads 1, 2 and 6**

*Ibubapa yang ada anak ADHD sepatutnya tahu yang anak mereka sepatutnya join PCIT ni seawal yang mungkin.*

successful use of praise, making them aware of the change in their children's behaviour contingent on the use of praise, and therapist as model.

### Dyad 3

*Kadang-kadang saya rasa susah sangat. Saya mudah untuk give-up bila nampak perubahan yang sikit sangat pada anak saya.*

Sometimes I was experiencing more difficulties. I would easily give-up when I saw little change in my child.

### Dyad 4

*Saya rasa gembira dengan rawatan ni, cuma yang kurangnya, anak saya cepat bosan dengan apa yang kita minta dia suruh buat. Saya tertekan bila anak saya tak nak ikut apa yang kita minta dia buat masa rawatan.*

I felt happy with the treatment, but I found the less was my child became bored when we asked him to do. I felt stressed when my child did not want to do what we asked him to do.

### Dyad 6

*Terapis akan tunjukkan sedikit perubahan dalam hubungan ibu-bapa dan anak. Kemudian, saya belajar untuk harga walaupun sedikit perubahan dalam perbuatan anak saya tu.*

The therapist pointed out a small improvement in the parent-child relationship. Then, I learned to appreciate very small changes in my son's behaviour.

Apart from the above, there were other difficulties faced by the parents which made achievement of mastery criteria skill is hard to be achieved. For example, insufficient toy varieties, parent's health condition, parent's personal stressful life events, parents' emotions instable and failure to complete homework or any tasks.

## 2. Treatment Length and Number of Sessions

Typically, the abbreviated format of PCIT is about five to seven sessions. Similar pattern was noted in this study, in which some of respondents with more personal and

family difficulties might require more than 7-session. They need extra support to help them deal with their difficulties in various areas and their personal issues that may affect the process of meeting skill mastery criteria. However, such investment on individual cases might discourage the widespread use of Abbreviated Intensive PCIT.

#### Dyad 1

*Rasa puas hati, satu pengalaman yang berharga, sebab saya tak pernah pun terlibat dalam rawatan seperti ini. Saya dapat sikit ilmu yang berguna untuk anak saya dan diri saya. Cuma saya rasa tempoh rawatan perlu dipanjangkan lagi sebab tak cukup untuk betul-betul mahir dalam teknik PCIT yang saya belajar ini.*

Feel satisfied, a great experience, because I never involved in this kind of treatment. I got useful knowledge for my child and myself. Just what I think was the treatment period should be longer because it's not enough for me to acquire PCIT techniques well-versed.

#### Dyad 3

*Saya perlukan lebih dari tujuh sesi untuk betul-betul menguasai teknik CDI dan PDI.*

I need more than seven sessions to really gain CDI and PDI techniques.

#### Dyad 5

*Susah nak cari masa bagi amaran time-out semasa CDI, sebab anak saya perlukan lebih masa time-out semasa kami dalam special time tu.*

It has sometimes been difficult to find uninterrupted time for CDI and my child needs fewer time-out warnings if we engaged in special time.

#### 4.8 Research Question 7

*What are the parents' perceptions about the cultural issues related to the use of Abbreviated Intensive Parent-Child Interaction Therapy?*

Based on this question, it was three sub-categories have been found in a relation to the parents perceived some cultural issues that might relate to the use of Abbreviated

Intensive PCIT in Malaysia: (i) extended family members, (ii) using praise, and (iii) using active ignoring.

### 1. Extended Family Members

Parent respondents faced difficulties in convincing their spouses and other family members to share their views. Some tried to ask their significant others to join PCIT, but resource constraints did not allow such additional privileges to individual cases. On the other hand, some parents eventually managed to gain the support of their family members. They reported their experiences as follows:

#### Dyad 1

*Sokongan dari ahli keluarga saya (isteri, anak-anak lain) penting sangat. PCIT membolehkan saya memahami anak saya yang mempunyai ADHD.*

Support from family members is very important. PCIT enables the family to better understand the child who has ADHD.

#### Dyad 4

*Mula-mula saya tak yakin dengan rawatan ni. Tapi selepas isteri saya nasihat suruh ikut. Kemudian, selepas beberapa sesi saya mula nampak ada perubahan tingkahlaku anak saya. Jadi, pengalaman saya dengan rawatan ni amat bagus dan saya puas hati.*

At first, I was not confident with this treatment. But after my wife encouraged me to be involved in the treatment, then, after a few sessions, I started to see some changes on my child's behaviour. So, my experience with the treatment is so good and I felt satisfied.

#### Dyad 6

*Awalnya, ibu saya risau sungguh dengan kaedah PCIT yang mungkin boleh merosakkan anak saya, yang mana anak saya akan manipulasi ibubapanya. Sekarang, ibu saya nampak beberapa perubahan positif dalam tingkahlaku anak saya dan dia pulak yang nak belajar PCIT ni.*

At the beginning, my child's grandmother was worried that the PCIT methods would spoil my child so the child would manipulate the parents. Now she noticed some positive changes in the child's behaviour and also wanted to learn PCIT to help her manage my child.

## 2. Using Praise

Some parent respondents thought that praise might spoil their children and they felt that there was no need to verbalise the praise. They also thought that the child should perform well and be respectful toward parents. Furthermore, some parents had a tendency to lead and control the child during play situation.

### Dyad 5

*Pada saya, kemahiran yang ada dalam PDI adalah lebih baik dari CDI, sebab puji budak-budak ni tak membantu saya untuk beri perhatian yang positif pada anak saya bila dia melakukan sesuatu perkara. Apa yang sepatutnya, anak kena dengar cakap ibubapa.*

For me, PDI skills is more better than CDI, because giving children praise did not help me to give positive attention to my child when he did something. The thing is, child must listen to parents.

### Dyad 3

*Saya risau pujian ni boleh membuatkan anak saya semakin degil dan tak dengar cakap. Itu yang kadang-kadang takut nak beri pujian ni.*

I am worried if using the praise makes my son become more noncompliance and did not listen to me. That's why I scared to give praise to my son.

## 3. Using Active Ignoring

Some parents found the active ignore was difficult, especially in using this technique with their children's misbehaviour in public. In Malay culture, the child's misbehaviour was thought to reflect the parent's inadequacy in disciplining the child. To avoid the public display of their inadequacy, parents tried to end the behaviour as quickly as possible and they might use methods such as criticism or physical punishment. After several times of coaching, some parents finally were able to overcome the fear of inadequacy and were more capable of using active ignore.

**Dyad 4**

*Bila anak saya mencelah ketika saya bercakap dengan terapis semasa 10 minit yang pertama dalam protokol, saya cuba buat tak tahu sehingga anak saya duduk dengan senyap menunggu gilirannya. Agak susah nak buat teknik ni depan orang ramai. Nanti dia orang ingat kita sengaja biarkan anak.*

When the child interrupted my conversation with the therapist in the first 10 minutes in the protocol, I tried to use active ignore until my child sat quietly waiting for his turn. This is very difficult to apply this technique in the public. People would say that we ignored our child.

**Dyad 5**

*Anak saya suka menangis lama-lama bila tak dapat apa yang dia nak, saya akan marah selalunya. Tapi, lepas praktiskan teknik tak endahkan anak ni, kalau dia menangis pun tak lama macam sebelum ni. Dia tahu saya buat tak faham je dengan dia.*

My son will cry for so long if he can't get what he wants, usually I will scold him. But, after I learnt the active ignoring techniques, he will cry shortly not as before. He knows that I don't attentive to him.

**4.9 Research Question 8**

*What are the parents' perceptions about the including of Islamic religious element in Abbreviated Intensive Parent-Child Interaction Therapy?*

Based on this question, it was two sub-categories have been found in a relation to the parents perceived the Islamic religious elements created in Abbreviated Intensive PCIT: (i) play therapy, and (ii) using the appropriate toys and games.

**1. Play Therapy**

Religion is one of the most important parts of life for Muslim clients (Hamdan, 2003).

The small but growing research on Muslim clients has made a case for the incorporation of religious beliefs and practices into psychological treatment (Ahmed

& Amer, 2012; Ahmed & Reddy, 2007). In this study, most of the parent respondents found to be agreed to include the religious element of Islamic approach in Abbreviated Intensive PCIT especially during CLP situations. The feedback provided by parents as the following:

### **Dyad 3**

*Saya cadangkan masa terapi bermain dengan anak ni, kita boleh masukkan sekali teknik bagaimana ibu-bapa boleh memperbaiki kelakuan anak mengikut pendekatan Islam.*

I recommended that during play therapy with the child, we can include the parenting techniques how to improve child's behaviour with the Islamic approach.

### **Dyad 6**

*Saya cadangkan masa terapi bermain kita boleh masukkan pendekatan Islam yang kreatif untuk bantu ibu-bapa dan anak masa bermain dalam rawatan. Jadi, anak-anak ni lebih seronok dan mudah nak ajar anak-anak jadi lebih baik.*

I recommended that, we can include during the play therapy the creative and fun Islamic approach during play therapy. So, a child becomes more interested and easier for parents to manage their child to be better.

## **2. Using the Appropriate Toys and Games**

Some of the parent respondents agreed to include the elements of Islamic approach during the therapy session such as the appropriate toys and games used during the session. The feedback provided by parents as the following:

### **Dyad 2**

*Kalau dah guna pendekatan Islam tu, lebih baik mainan untuk anak-anak yang digunakan ni perlu ditukar. Contohnya, kita boleh cari mainan anak patung yang berpakaian Muslim.*

If the Islamic approach has been used, it would be better if the toys for child could be changes. For example, we can find out the toys wear Muslim dress.

**Dyad 3**

*Boleh tak kalau saya cadangkan, mainan untuk anak-anak ni kita tukar dengan mainan yang lebih membina mental anak secara pendekatan Islam, bukan anak patung haiwan atau orang.*

Can I give suggestion? The toys for our child we can change with the toys which can develop the child mind through Islamic approach, not toys of animals or people.

**Dyad 4**

*Mainan tambahan seperti kalimah "alif-ba-ta" boleh digunakan untuk bagi arahan pada anak masa untuk disusun dengan betul. Saya rasa itu lagi bagus.*

The additional game such as the words "alif-ba-ta" can be used to give instruction to child to be arranged accordingly. I think it better.

**Dyad 6**

*Saya fikir kalau mainan ni, kita orang Islam, lebih baik mainan anak-anak kita tu yang membina minda mereka. Bukan tak boleh mainan yang ada sekarang, boleh, tapi campur-campurlah mainan tu semua.*

I think, as a Muslim, the toys for our kids should be developed their mind. It was not wrong with the original toys, but, we can mix them together.

#### 4.10 Sub-categories Emerged from Semi-Structured Interview Analysis

It is apparent that based on the semi-structured interview with all parent respondents, the sub-categories that emerged from parents' verbal responses were mainly associated with parents' perception and experiences with the Abbreviated Intensive PCIT. The Table 4.16 shows all the sub-categories of parents' verbal responses about their experiences and perceptions about Abbreviated Intensive PCIT.

First, under the first category of the useful aspects of Abbreviated Intensive PCIT, it was five sub-categories have been found: (i) positive change in parent-child relationship, (ii) intense support and homework practice, (iii) effective behaviour

management skills, (iv) child-centred play, and (v) early intervention. Most of the parents showed positive experiences with the treatment, for example, they learned not to use physical punishment and not to spoil or indulge the child over the limit. Instead they learned to apply the time-out chair and special play-time with their child in order to attend to their child needs for attention.

Second, the category of issues in the application of Abbreviated Intensive PCIT, it was two sub-categories have been found, (i) achievement of mastery criteria, and (ii) treatment length and number of sessions. Most of the parents reported that they faced difficulties in achieving the mastery criteria of CDI and PDI parenting skills. The difficulties might associate with the fewer treatment session and they suggested that the session should be more than seven. Another factors reported by parents were parents' personal stressful life events, insufficient toy varieties, parents health condition, parents' emotions instability and failure to complete homework.

Third, the category of cultural issues, it was three sub-categories have been found, (i) extended family members, (ii) using praise, and (iii) using active ignoring. Most of the parents shared that they gained the support from family member to be involved in the treatment since they lived in collectivistic culture, so that, many things they managed to share with their spouse, children or other family members. However, some parents found that, praise did not help to give their child positive attention and active ignore was difficult to be applied during children's misbehaviour in public. Some negative experiences were sharing by parents when they found that the child's misbehaviour was thought to reflect the parent's inadequacy in disciplining the child. To avoid the public display of their inadequacy, parents tried to end the behaviour as quickly by using criticism, physical punishment or force in their child.

Fourth, the category of religious elements, issues in the application of Abbreviated Intensive PCIT, it was two sub-categories have been found, (i) play therapy, and (ii) using the appropriate toys and games. Most parents reported that, they were agreed to include the Islamic approach during play therapy as one of the parenting techniques in improving child's behaviour. Some of the ideas recommended by them, such as, providing children with appropriate toys wearing Muslim dress, and recommending the memory games such as the Arabic alphabet letters. Since religion has a great impact on people's lives and is likely to play a role in their views of their problems and ways to improve their conditions, the study found that most of the parents agreed with the including of religious elements in Abbreviated Intensive PCIT.

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Table 4.16: Summary of Categories and Subcategories from Parents' Verbal Responses

Categories	Sub-categories	Parent's Verbal Responses
1. Useful Aspects of the Abbreviated Intensive PCIT	1.1 Positive change in parent-child relationship	<ul style="list-style-type: none"> <li>Learn not to use physical punishment on child's misbehavior</li> <li>Learn not to spoil or indulge the child</li> <li>Tempered toward the child gradually decreased</li> <li>Better relationship between parent and child</li> <li>The child enjoys very much special play-time at home</li> </ul>
	1.2 Intense support and homework practice	
	1.3 Effective behaviour management skills	<ul style="list-style-type: none"> <li>Useful time-out chairs</li> <li>Intrinsic reinforcement for them to repeat the functional behaviour.</li> </ul>
	1.4 Child-centred play	<ul style="list-style-type: none"> <li>Learn not to provoke the child negatively</li> <li>Let the child express and develop himself</li> <li>Learn through play to ascertain goals for improvement</li> </ul>
	1.5 Early intervention	<ul style="list-style-type: none"> <li>Early intervention (treatment) is better</li> </ul>
2. Issues in the Application of Abbreviated Intensive PCIT	2.1 Achievement of mastery criteria	<ul style="list-style-type: none"> <li>Experience difficulties in achieving the mastery criteria (labelled praise)</li> <li>Require more than seven session</li> </ul>
	2.2 Treatment length and number of sessions	
3. Cultural Issues	3.1 Extended family members	<ul style="list-style-type: none"> <li>Parents managed to gain the support of their family members</li> </ul>
	3.2 Using praise	<ul style="list-style-type: none"> <li>Praise did not help me to give positive attention</li> </ul>
	3.3 Using active ignoring technique	<ul style="list-style-type: none"> <li>Active ignore is difficult to apply during children's misbehaviour in public</li> </ul>
4. Religious Element	4.1 Play therapy	<ul style="list-style-type: none"> <li>Islamic parenting techniques</li> <li>Creative and fun-Islamic approach</li> </ul>
	4.2 Using the appropriate toys and games	<ul style="list-style-type: none"> <li>Mothers wear Muslim dress</li> <li>Memory game such as "alif-ba-ta" (Arabic alphabet letters)</li> </ul>
	4.3 Time-out	<ul style="list-style-type: none"> <li>Teach children to recite Al-Quran (simple surahs)</li> </ul>

#### 4.11 Chapter Summary

This chapter has discussed in detail, the research findings obtained from the study. There were eight research findings. First, the study found that Abbreviated Intensive PCIT has decreased the level of disruptive behaviour in ADHD preschool children from severe to moderate level (Dyads 2, 3, 4 and 5) and mild level (Dyads 1 and 6). Second, the study found that Abbreviated Intensive PCIT has increased parents' acquisition of CDI parenting skills taught over the course of treatment. The parent of Dyad 6 was the only who achieved the mastery criteria of CDI of Do and Don't Skills. The findings indicated, although most of parents were not achieved the mastery criteria for CDI skills, however, they were increased their proficiency in using positive verbalisation (Do Skills) and decreased in using negative verbalisation (Don't Skills) when interact with their children. Third, the study found that Abbreviated Intensive PCIT has increased parents' acquisition of PDI parenting skills taught over the course of treatment. The parent of Dyad 6 was the only who achieved the mastery criteria of PDI skills. The findings indicated, although most of parents were not achieved the mastery criteria for PDI skills, however, they were increased their improvement in giving effective commands to their children, thus, it helped children to improve their compliance behaviours. Fourth, the study found that most of parents have the higher level of satisfaction toward Abbreviated Intensive PCIT in both of behaviour changes in the child (Factor 1) and the components of the treatment (Factor 2).

Fifth, the study found that, most parents showed positive experiences with the Abbreviated Intensive PCIT. Sixth, most parents reported that they faced difficulties in achieving the mastery criteria of CDI and PDI parenting skills. The difficulties might associate with the fewer treatment session and they suggested that the session

should be more than seven. Seven, the study indicated that most parents shared that they gained the support from family member to be involved in the treatment and many things about the treatment they managed to share with their spouse, children or other family members. Finally, the study found that, most parents were agreed with the including of Islamic elements during play therapy as one of the parenting techniques to improve child's behaviour. Overall, the findings suggested that the treatment conducted was helped parents to improve their parenting skills. Therefore, the Abbreviated Intensive PCIT has been found effective in helping parents to reduce noncompliance behaviour in preschool children with ADHD.

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## CHAPTER 5

### DISCUSSION AND CONCLUSION

#### 5.1 Introduction

This present study was designed to examine the effect of Abbreviated Intensive PCIT on noncompliance behaviours among preschool children who diagnosed with ADHD. To understand the effect of the treatment on noncompliance behaviours among preschool children with ADHD, descriptive analysis was conducted to integrate both quantitative and qualitative data. The findings from instrument data (assessments) can be explored further with qualitative interview to better understand personal experiences of individuals about the treatment (Nutting, Miller, Crabtree, Jaen, Stewart & Stange, 2009).

The three main instruments measured repeatedly to assess the effect of the treatment on targeted behaviour. First, the FBI was administered to measure the level of disruptive behaviour among child respondents. Second, the DPICS-III instrument was administered to measure parent's verbalisation and child compliance behaviour toward parent's commands. Third, the TAI instrument was administered to measure parents' satisfaction with the treatment provided. Then, the comparison made between pre-treatment and post-treatment for each variable within same respondents. This allowed the researcher to compare the changes during and after the treatment to the preceding baseline condition. The semi-structured interview was employed to

explore parents' perceptions and experiences with the aim of gaining more insights into how the treatment affected them and their child. The parents' perceptions and experiences about the treatment have been explored using four open-ended questions. These questions were to reflect on parents' experiences about Abbreviated Intensive PCIT in term of its useful aspects and application, and to reflect parents' perceptions about the cultural issues and the including of religious elements in the treatment.

## 5.2 Discussion on Research Questions for Child Respondents

The study revealed that Abbreviated Intensive PCIT has decreased noncompliance behaviour among the child respondents. As expected, parent's verbalisation and child compliance behaviour toward parental commands have improved over the course of treatment. The results showed that there was a difference in stage of behaviour changes in the post-tests between B-IT and B-MT with  $F_1$ . Discussion on these findings regarding the effect of Abbreviated Intensive PCIT will be presented under the four subheadings as the following.

### 5.2.1 Effects of Abbreviated Intensive PCIT on Level of Disruptive Behaviours

In terms of the first research question on the effectiveness of the Abbreviated Intensive PCIT, the treatment was effective in reducing the level of disruptive behaviours among preschool children with ADHD. Across B-IT and B-MT, each dyad's mean scores of ECBI were lower than  $A_1$  mean scores. There was a difference between baseline and post-treatment outcomes in which a decrease in number of child respondents being above the clinical significant ECBI cut-off points (<156). ECBI was administered weekly during B-IT, B-MT and  $F_1$  in which week-by-week

improvement data were compared. Among the 36-item, the most items rated by parents in ECBI reflected the frequencies of child disruptive behaviours were: *Item-5*: refuses to do chores when asked, *Item-8*: does not obey house rules on his own, *Item-9*: refuses to obey until threatened with punishment, *Item-10*: acts defiant when told to do something, *Item-11*: argues with parents about rules, *Item-12*: gets angry when does not get own way, and *Item-13*: has temper tantrums. Based on the comparison, the child disruptive behaviours in these seven behaviour categories have decreased.

The consistent treatments gained across dyads were also reflected in parent ratings of child disruptive behaviours. All six children had lower mean ECBI percentages at post-treatment (B-IT and B-MT) as compared to the mean ECBI percentage at A<sub>1</sub>. Decline in disruptive behaviour were varied among the children. Dyad 2 displayed the least decline in ECBI scores, with a decrease of 11.4% from A<sub>1</sub> to F<sub>1</sub>. Dyad 6 achieved the greatest decline in ECBI scores, with a decrease of 22% from A<sub>1</sub> to F<sub>1</sub>. The remaining dyads' exact change in ECBI scores from A<sub>1</sub> to F<sub>1</sub> was as follows: Dyad 1, 17.9%; Dyad 3, 18.1%; Dyad 4, 15.7%; and Dyad 5, 11.6%.

The visual analyses revealed that all ECBI scores declined dramatically when B-IT began until B-MT. During A<sub>1</sub> assessments, all dyads ECBI mean scores were above the clinical cut-off (>150) in which showed that they displayed severe range of behaviour problem. Some of the child respondents' ECBI scores increased after one month F<sub>1</sub> assessment. Of all dyads that completed F<sub>1</sub> ECBI assessment, the ECBI mean score of Dyad 5 remained higher than his B-MT from moderate to severe range of behaviour problems. The ECBI mean scores of Dyad 4 also increased, while Dyads 2 and 3 were maintained over time and they were in moderate range of behaviour

problems. The ECBI mean scores of Dyads 1 and 6 were declined greater and showed the mild range of behaviour problem.

Some of the decline in the mean ECBI scores moving from A<sub>1</sub> to B-MT may be not accounted for differing time-frames over which parents provided the reports. Current findings have contradicted to the statement made by Lewis (2010) that it is logical to assume that much of this decline can be accounted for differing time-frames over which parents provided the reports. Children simply have less time in one day, as compared to one full week, to engage in as many problem behaviours, thus, producing lower ECBI scores. In Lewis (2010) study, the ECBI was administered daily during Intensive Treatment and consequently, parents completed the measure based on their child's behaviour during the previous 24-hour. In contrast, this current study, the ECBI was administered weekly during the treatment (B-IT, B-MT) and parents completed the measure based on their child's behaviour during the previous week. Although children simply have much of time in one full week to engage in as much disruptive behaviour, however, children showed decreased in that behaviour. One might not have predicted ECBI scores to decrease simply due to each parent's return to reporting their child's behaviour during one week periods instead of one day periods. Thus, the present study indicated that different in the time frame of measurement did not markedly change reported outcomes.

Some of the increase in the mean ECBI scores from B-MT to F<sub>1</sub> may be accounted for by the absence of coaching and therapist contact. The dyads were not receive coaching and assistance in mastering the parenting skills in reducing noncompliance behaviour in their child. Thus, the repeated administration of ECBI produced the different scores at F<sub>1</sub> assessment for some dyads. The increasing in