Chapter IV

Results and Discussion

The study aimed to consider the 'Effect of Psychosocial Intervention through Parents and Teachers Support among Adolescents with Cerebral Palsy and Intellectual Disability.' The study was conducted on 30 samples with cerebral palsy, mild and moderate intellectual disability. The sample was selected from two different special schools in Chennai. Convenient Sampling technique was applied. Initially, the sample underwent a screening process followed by data collection using Case History, Developmental Behaviour Checklist (Parent and Teacher Versions) and Rosenberg Self-Esteem Scale (modified). The purposes of the study were to assess the level of Behaviour Issues and Self-Esteem. The study also assessed the effectiveness of a Psychosocial Interventional Approach on the sample. The pre-test was done by administering the standardized questionnaires. An intervention package designed by the researcher was brought to practice among adolescents, parents and teachers. The post-test was completed after two months. The procedure concluded with the follow-up session after one month. This chapter deals with the verification of the hypotheses and consists of the research findings in the form of statistical tables and graphical representations followed by the descriptive justification for each result that is discussed in the following section.

Table 3

Classification of the sample included in the study

Particulars	Classification	Number of Investors	Percentage %
Gender	Boy	19	63.3
	Girl	11	36.7
Age	Up to 14 years	12	40.0
	15 years and above	18	60.0
Institution	NIEPMD	11	36.7
	SPASTN	19	63.3
Cerebral palsy	Ataxic	2	6.7
	Dystonic	1	3.3
	Spastic- hemiplegic	9	30.0
	Spastic- quadriplegic	4	13.3
	Spastic-diplegic	9	30.0
	Spastic-monoplegic	5	16.7
Intellectual disability	Mild	14	46.7
	Moderate	16	53.3
Socio-economic status	Low	15	50.0
	Medium	12	40.0
	Upper	3	10.0

Demographic variables are characteristics or attributes comprising the sample of the study. Table 3 is the classification of the sample on their demographic variables such as gender, age, socio-economic status, health condition and institution. The results are represented in percentage. Out of the selected sample, (n=30) boys outnumbered girls. Samples were more in the age group of 15-18 than 12-14 years. Majority of the sample were from the Spastic Society of Tamil Nadu SPASTN 63% than NIEPMD 37%. The incidence of spastic cerebral palsy was prominent from among the four sub-categories, Hemiplegia and Diplegia 30% each, Monoplegia 16%, Quardriplegia 13% as against ataxia 3% and Dystonia

7%. In intellectual disability 46% were mild and 53% were moderate. Majority of the sample were from the low socio-economic status 50% followed by a medium group 40%. The intervention program was meticulously planned to suit the need of the sample.

Table 4

Descriptive statistics on the Perception of parents on the Disruptive Behaviour in the adolescents from pre-post and follow-up phases of the intervention

Disruptive Behaviour	N	Mean	Std. Deviation
Pre	30	9.80	6.24
Post	30	4.23	4.77
Follow-up	30	4.06	5.55

Table 4 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=9.80, SD=6.24) Post (M=4.23, SD=4.77 and Follow-Up (M=4.06, SD=5.55) Intervention Periods.

Table 5

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on Disruptive Behaviour in the adolescents

Source		Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Disruptive Behaviour	Greenhouse-Geisser	638.867	1.260	506.951	22.061	0.00*	.432
Error (Factor 1)	Greenhouse-Geisser	839.800	36.546	22.979			

*Significant at 0.05 level

Table 5 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 6

Post-hoc comparison on the perception of parents on Disruptive Behaviour of the adolescents in the pre-post-follow-up phases of intervention

(I) Factor 1	(J) Factor 1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	5.567	1.098	0.00*
	Follow-up	5.733	1.204	0.00*
Post	Pre	-5.567	1.098	0.00*
	Follow-up	.167	.489	0.982
Follow-up	Pre	-5.733	1.204	0.00*
	Post	-.167	.489	0.982

*the mean difference is significant at the 0.05 level

Table 6 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on Disruptive Behaviour of adolescents with cerebral palsy and intellectual disability was determined from Repeated Measures: One-Way Anova in the pre-post and follow-up intervention period. The results were found to be significant (f (1.26, 36.54) = 22.06, $p < 0.00$). Post Hoc Tests using the Sidak Method showed that the intervention helped in reducing the Disruptive Behaviour as perceived by the parents from pre (mean=9.80, standard deviation = 6.24) to post (mean=4.23, standard deviation=4.77), which was statistically significant. The reduction in perception of Disruptive Behaviour was found to be maintained in follow-up phase also (mean =4.06, standard deviation= 5.55). The effect size η^2 =.432 was found to be higher in making changes as the result of the intervention.

Problematic behaviour is inevitable in adolescents with disabilities due to their deficits. In the present study, the reduction was observed in disruptive behaviour from pre-post and follow-up phases. The researcher applied the ABC model: a refers to the antecedent (any stimulus that precedes behaviour, something that the adolescent can hear, see, feel, taste or smell). B refers to behaviour (the response that the adolescent displays). C refers to

consequence (a reward that occurs after the behaviour). Four strategies: Shaping, Molding, Ignoring and Reinforcement were included in the intervention module. The effect was marked in the sample showing a significant modification in their behaviour. Disruptive behaviour like emotional outbursts is expressed as tantrums to gain attention from the parents where they were instructed not to pay attention and acknowledge by an appreciation for appropriate behaviour. Some of the intervention strategies that proved to be effective were

- Being consistent and firm.
- Acknowledge the feeling of the adolescent.
- Address the disruption individually, directly and immediately,
- Be specific about disruptive behaviour and set limits.

Deshmukh and Dhananjay (2016) have documented the strategies used to modify the behaviours of children with intellectual disability. To help them out from these problems, behaviour modification programs like Cognitive Behaviour Modification, Meta Cognition, Rational Emotive Behaviour Therapy, Aversive Technique, Assertive Behaviour, ABC model and Applied Behaviour Analysis were used. Some other techniques like Positive and Negative Reinforcement, timeout, token economy, differential reinforcements and physical restraints were used.

Another study was conducted by Brown and Dibiasio in (2013) in the united states of America to find the effectiveness of dialectical behavior therapy in combination with skills system training on individuals with physical and intellectual disabilities having challenging behaviors. It was a longitudinal single-group pilot study, including forty participants (35 men and 5 women) ages ranging from 19-63 years. The results indicated a significant reduction in their challenging behavior. Thus the use of DBT and SST holds promise for effectively treating behavior issues in the disabled population.

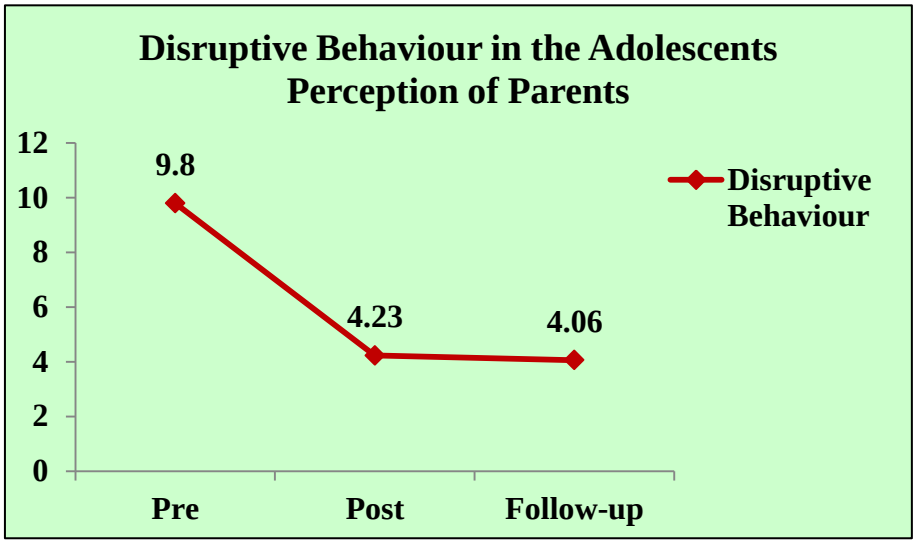

Figure 6. Mean plots of Disruptive Behaviour in the adolescent: perception among parents in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on Disruptive Behaviour from pre-test to post-test scores, and further reduction from post-test to follow up scores. It is evident that Behaviour Modification strategies have helped the parents to deal with their adolescent's aggressive behaviour.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of parents on the Disruptive Behaviour of their adolescents as a result of Behaviour Modification intervention' is accepted.

Table 7

Descriptive statistics on the perception of parents on Self-Absorbed Behaviour in the adolescents from pre-post and follow-up phases of the intervention

Self-Absorbed Behaviour	N	Mean	Std. Deviation
Pre	30	6.60	5.77
Post	30	2.76	3.66
Follow-up	30	2.83	4.82

Table 7 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=6.60, SD=5.77) Post (M=2.76, SD=3.66 and Follow-Up (M=2.83, SD=4.82) Intervention Periods.

Table 8

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on Self-Absorbed Behaviour in the adolescents

Source		Type III Sum of Squares	df	Mean square	F	Sig.	Partial Eta Squared
Self- absorbed Behaviour	Greenhouse-Geisser	288.867	1.1 61	248.845	13.678	0.00*	.320
Error (factor1),	Greenhouse-Geisser	612.467	33.664	18.194			

* Significant at the 0.05 level

Table 8 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 9

Post-hoc comparison on perception of parents on Self-Absorbed Behaviour in the adolescents from pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	3.833	.995	0.02*
	Follow-up	3.767	1.008	0.02*
Post	Pre	-3.833	.995	0.02*
	Follow-up	.067	.325	.996
Follow-up	Pre	-3.767	1.008	0.02*
	Post	.067	.325	.996

*the mean difference is significant at the 0.05 level.

Table 9 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on Self-Absorbed Behaviour of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.16, 33.66) = 13.67$, $p < 0.00$). Post Hoc Tests using the Sidak Method revealed that the Self-Absorbed Behaviour of adolescents reduced from pre (mean=6.60, standard deviation= 5.77) to post (mean=2.76, standard deviation=3.66), which was statistically significant. The reduction in perception of Self-Absorbed Behaviour was found to be less maintained in follow-up phase (mean=2.83, standard deviation= 4.82) as observed by their parents. The effect size $\eta^2 = .320$ was found to be higher in making changes as the result of Behaviour Modification.

In most cases, adolescents with disabilities are isolated, which makes them feel lonely. To help overcome this situation parents were trained to engage in a conversational activity to speak to the adolescent about their strength looking into their faces. Through this activity, both parents and adolescents were connected with unconditional love, which resulted in good communication between them. The components of the intervention gave a reasonable impact, wherein the problematic behaviour had reduced positively. The intervention was beneficial to the sample in the following ways:

- Modify the negative pattern of thinking.
- Divert attention of inappropriate behaviour arising out stress and frustration.
- Engage in creative activities.
- Develop inquisitiveness to learn.
- New ways of learning.
- Motivating self-help skills.

Charlie et al (2012) in their study on finding the relationship between language skills, adaptive behaviour and emotional behaviour in pre-school children with autism involved 3 groups. One group with autism (n= 27), two comparison groups with developmental delay without autism (n=12) and one group of typically developing children (n=20). The participants were assessed on structural language skills using standardized tools. Parent's

responses were obtained from the Vineland Adaptive Behaviour Scales and the Developmental Behaviour Checklist. The results of this study suggested that communication skills are more closely linked to functional and behavioural outcomes in autism than structural language skills.

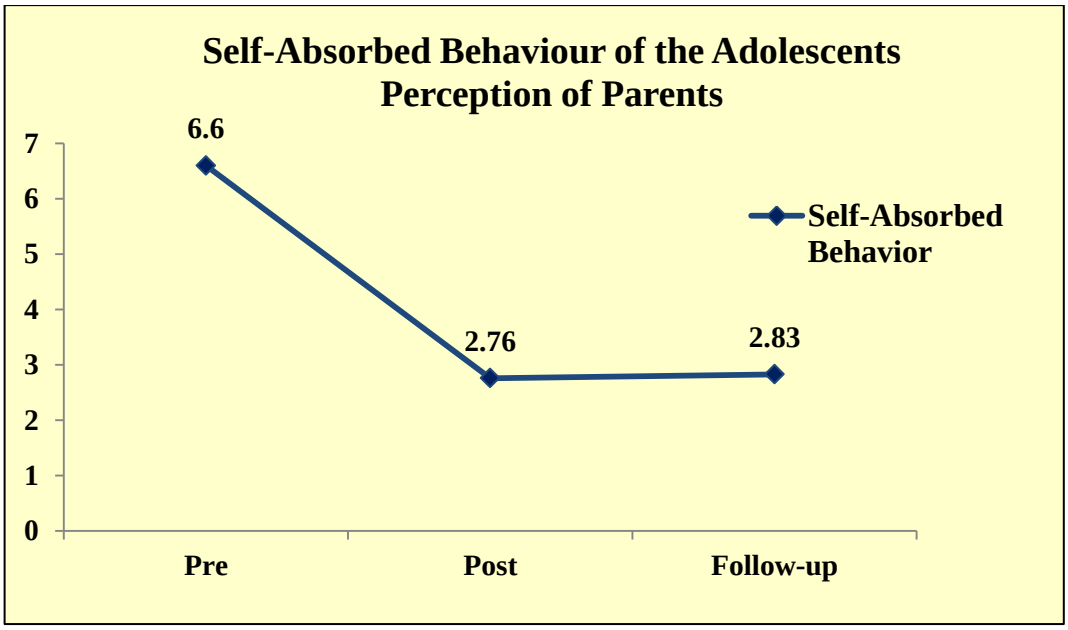

Figure 7. Mean plots of Self-Absorbed Behaviour in the adolescents: perception among parents in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on Self-Absorbed Behaviour of their adolescents from pre-test to post-test scores, with less sustenance from post-test to follow up scores. It is evident that Behaviour Modification strategies have helped the parents to deal with their adolescent' Self-Centred Behaviour.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of parents on the Self-Absorbed Behaviour of the adolescents as a result of Behaviour Modification intervention' is accepted.

Table 10

Descriptive statistics on the perception of parents on Communication Disturbance in the adolescents from pre-post and follow-up phases of the intervention

Communication Disturbance	N	Mean	Std. Deviation
Pre	30	5.03	2.61
Post	30	1.30	1.96
Follow-up	30	1.46	2.60

Table 10 shows the descriptive statistics including the mean (M) and standard deviation (SD) for pre (mean=5.03, standard deviation=2.61) post (mean=1.30, standard deviation=1.96 and follow-up (mean=1.46, standard deviation=2.60) intervention periods.

Table 11

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on Communication Disturbance in the adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Communication Disturbance	Greenhouse-Geisser	266.867	1.1 01	242.383	28.335	0.00*	.494
Error (factor1),	Greenhouse-Geisser	273.133	31.929	8.554			

*Significant at 0.05 level

Table 11 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 12

Post-hoc comparison on the perception of parents on Communication Disturbance in the adolescents from pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	3.733	.618	0.00*
	Follow-up	3.567	.720	0.00*
Post	Pre	-3.733	.618	0.00*
	Follow-up	-.167	.204	.805
Follow-up	Pre	-3.567	.720	0.00*
	Post	.167	.204	.805

*the mean difference is significant at the 0.05 level

Table 12 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on Communication Disturbance of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.10, 31.92) = 28.33$, $p < 0.00$). Post Hoc Tests using the Sidak Method showed that the Communication Disturbance was greatly reduced in the adolescents after intervention as observed and reported by the parents from pre (mean=5.03, standard deviation= 2.61) to post (mean=1.30, standard deviation=1.96), which was statistically significant. The reduction in perception of Communication Disturbance was found to be less maintained in follow-up phase (mean=1.46, standard deviation= 2.60). The effect size $\eta^2 = .494$ was found to be higher in making changes as the result of the intervention.

Communication disturbance as observed in the sample were hasty conversation or stammering. From the results, it is evident that the social skills intervention has benefited the adolescents from pre to post and post to follow-up stages. Performance activity was

conducted to balance their day to day conversation. Adolescents were made to communicate both verbally and through gestures depending on their needs and comfort ability. They were taught to speak in a slow and stable way with an appropriate pause in between. Basic English vocabularies were taught. Most of them were aware of sign language. It was a floor for them to express themselves in front of their parents openly. The parents were requested to expose their adolescents to opportunities and situations to avoid communication gap.

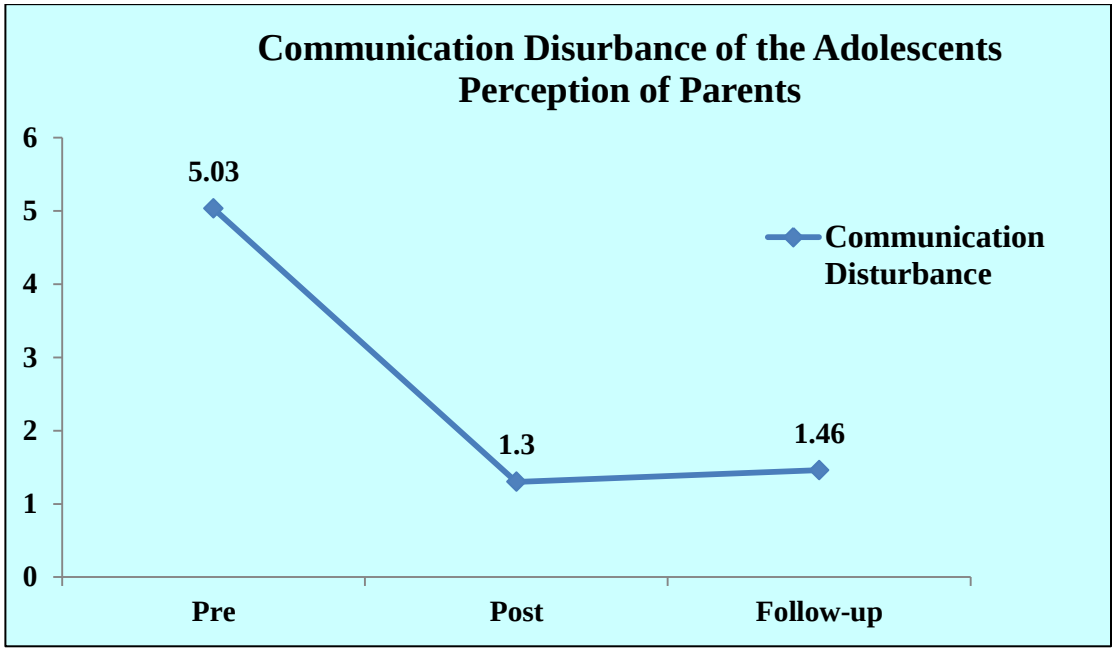

Figure 8. Mean plots of Communication Disturbance in the adolescents: perception of parents in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on communication disturbance of their adolescents from pre-test to post-test scores, with less sustenance from post-test to follow up scores. It is evident that social skills training have helped the parents to deal with their adolescent's communication problems.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of parents on the Communication Disturbance of the adolescents as a result of Social Skills Intervention' is accepted.

Table- 13

Descriptive statistics on the perception of parents on Social Relations in the adolescents from pre-post and follow-up phases of the intervention

Social Relations	N	Mean	Std. Deviation
Pre	30	4.30	2.62
Post	30	1.93	1.76
Follow-up	30	1.43	1.94

Table 13 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=4.30, SD=2.62) Post (M=1.93, SD=1.76 and Follow-Up (M=1.43, SD=1.94) Intervention Periods.

Table 14

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on the Social Relations in the adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Social relations	Greenhouse -Geisser	140.689	1.461	96.324	30.759	0.00*	.515
Geisser-Error (Factor1),	Greenhouse -Geisser	132.644	42.357	3.132			

*Significant at 0.05 level

Table 14 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size).

Table- 15

Post hoc comparison on perception of parents on Social Relations in the adolescents in the pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	2.367	.427	0.00*
	Follow-up	2.867	.462	0.00*
Post	Pre	-2.367	.427	0.00*
	Follow-up	.500	.248	.151
Follow-up	Pre	-2.867	.462	0.00*
	Post	-.500	.248	.151

*the mean difference is significant at the 0.05 level

Table 15 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on social relations of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.41, 42.35) = 30.75$, $p < 0.00$). Post hoc tests using the Sidak Method showed that the intervention had improved the Social Relation Skills in the adolescents as reported by the parents from pre (mean=4.30, standard deviation d= 2.62) to post (mean=1.93, standard deviation=1.76), which was statistically significant. The reduction in perception of Social Relations was found to be maintained in follow-up phase (mean=1.43, standard deviation= 1.94). The effect size η^2 =.515 was found to be significant in making changes as the result of the intervention.

The results are significant from post to follow-up stages due to the sustenance in changes. The sample also had trouble socializing in groups, depicted restrictive behaviour towards cuddling or touching. Bonding was improved through team work and group participation in the form of activities involving parent-adolescent and peer communication. Cuddling activity was conducted to help both the parent and the adolescent to express their love and affection towards each other through appropriate touches, hugs and cuddles. It was

observed that most of them had not been given positive touches by their parents as revealed from individual counselling sessions. Some of the adolescents even mentioned verbally that their mothers would mostly beat them. Peer activities such as puzzle making and building blocks helped in developing a sense of sharing, taking turns and happiness. These sessions enhanced their existing and new relationships between one another. Statistical significance observed from post to follow-up phases is due to the healthy communication and relationship in a primary and secondary social setting.

Karma et al (2018) in a study on parents' perception on inclusive schooling for children with special educational needs carried out in Bhutan revealed the following. Inclusion was socially beneficial for parents of children with developmental disabilities, while a caring and supportive environment was perceived as useful by parents of children with physical disabilities. To conclude inclusion showed advantage in reducing the hurdles of daily care in some parents and a feeling of the child being engaged in school though the behaviour problems presented are with limited academic pursuits.

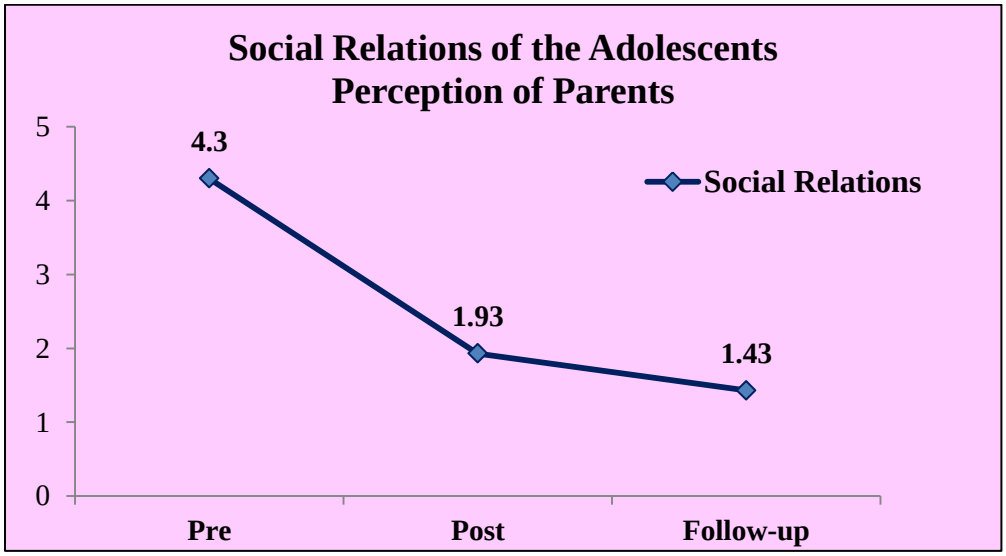

Figure 9. Mean plots of Social Relations in the adolescent: perception of parents in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on social relations of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that social skills training have helped the parents to deal with their adolescent's interpersonal problems.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of parents on the Social Relation Problems of the adolescents as a result of Social Skills Intervention' is accepted.

Table- 16

Descriptive statistics on the perception of parents on Anxiety in the adolescents from pre-post and follow-up phases of the intervention

Anxiety	N	Mean	Std. Deviation
Pre	30	3.60	1.99
Post	30	0.80	1.68
Follow-up	30	1.10	1.91

Table 16 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=3.60, SD=1.99) Post (M=0.80, SD=1.68 and Follow-Up (M=1.10, SD=1.91) Intervention Periods.

Table 17

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on Anxiety in the adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Anxiety	Greenhouse-Geisser	141.800	1.097	129.247	30.795	0.00*	.515
Error (factor1),	Greenhouse-Geisser	133.533	31.817	4.197			

*Significant at 0.05 level

Table 17 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table- 18

Post-hoc comparison on perception of parents on Anxiety in the adolescents from pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	2.800	.427	0.00*
	Follow-up	2.500	.507	0.00*
Post	Pre	-2.800	.427	0.00*
	Follow-up	.-300	.145	.136
Follow-up	Pre	-2.500	.507	0.00*
	Post	.300	.145	.136

*the mean difference is significant at the 0.05 level

Table 18 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on the Anxiety of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.09, 31.81) = 30.79$, $p < 0.00$). Post Hoc Tests using the Sidak Method indicated a reduction in the spells of Anxiety in adolescents after the intervention from the parent's perspective. This was seen in the result from pre (mean=3.60, standard deviation= 1.99) to post (mean=0.80, standard deviation=1.68), which was statistically significant. The reduction in perception of Anxiety was found to be less maintained in follow-up phase (mean=1.10, standard deviation= 1.91). The effect size $\eta^2 = .515$ was found to be higher in making changes as the result of the intervention.

Since the sample in the present investigation is a combination of both physical and intellectual difficulty, they experience various emotions. Some of them express their

emotions, but there are chances of it being inappropriate to the situation, in some instances, adolescents' express feelings appropriately. Development is an essential factor that needs to be considered because it varies from one individual to the other. The two main reasons for the difficulty in expressing emotions are developmental delay or progression is nil. Though adolescents with disabilities have no issues with their chronological age, their mental age is affected by hampering their growth and maturity.

The results show that the relaxation intervention to lower Anxiety was effective. The adolescents experience anxiety due to their difficulties. They lack emotional balance. Sometimes they show inappropriate feelings. Two main situations that led to anxiety in the sample were fear and constant crying. Constant crying was dealt through pictorial pluck cards of different emotions to demonstrate and intervene the adolescents regularly. Appropriate feelings according to situations, were taught. Herbert Benson's relaxation response (deep-breathing exercise) was applied. Once the fear vanished, the anxiety also reduced. The author Benson recommended that, 'psychology practitioners learn a variety of techniques, so that they can introduce their clients to the practice they are comfortable with' keeping in mind the writer's statement and the nature of the population, this particular relaxation intervention was conducted throughout the intervention, and it has created a positive impact in the sample.

Carr et al (2017) developed an intervention package to treat anxiety and problem behaviour in children with autism spectrum disorder and intellectual disability. The intervention package included individualized strategies from positive behaviour support and cognitive behavioural therapy. The intervention was proved effective since there was a substantial decrease in anxiety and problem behaviours.

Javanmard and garegozlo (2013) in a study on the effectiveness of relaxation training for mothers with disordered children found a positive outcome, where the mothers felt the relaxation exercises greatly reduced their levels of anxiety.

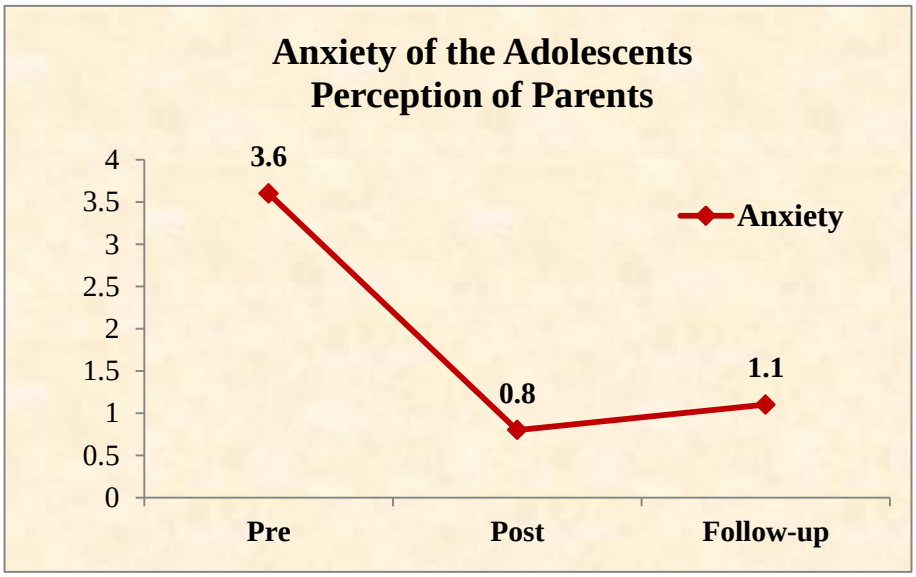

Figure 10. Mean plots of anxiety in the adolescents: perception of parents in the pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on the Anxiety of their adolescents from pre-test to post-test scores, with less sustenance from post-test to follow up scores. It is evident that relaxation training has helped the parents to deal with their adolescent's emotional problems.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of parents on the Anxiety of the adolescents as a result of Herbert Benson's Relaxation Response intervention' is accepted.

Table 19

Descriptive statistics on the perception of parents on self-esteem of the adolescents from pre-post-follow-up phases of the intervention

Self-Esteem	N	Mean	Std. Deviation
Pre	30	15.33	2.32
Post	30	18.76	3.08
Follow-up	30	20.06	3.79

Table 19 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=15.33, SD=2.32) Post (M=18.76, SD=3.08 and Follow-Up (M=20.06, SD=3.79) Intervention Periods.

Table 20

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of parents on Self- Esteem in the adolescents

Source		Type III Sum Of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Self-esteem	Greenhouse-Geisser	358.822	1.440	249.253	36.921	0.00*	.560
Error (factor1),	Greenhouse-Geisser	281.844	41.748	6.751			

*Significant at 0.05 level

Table 20 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 21

Post hoc comparison on perception of parents on Self-Esteem in the adolescents from pre-post and follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig
Pre	Post	-3.433	.606	0.00*
	Follow-up	-4.733	.688	0.00*
Post	Pre	3.433	.606	0.00*
	Follow-up	-1.300	.362	0.04*
Follow-up	Pre	4.733	.688	0.00*
	Post	1.300	.362	0.04*

*the mean difference is significant at the 0.05 level.

Table 21 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of parents on the self-esteem of adolescents with cerebral palsy and intellectual disability was determined from Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f (1.44, 41.74) = 36.92$, $p < 0.00$). Post Hoc Tests using the Sidak Method was gratifying since there was an observable increase in Self-Esteem of adolescents as perceived by the parents from pre ($M=15.33$, $SD= 2.32$) to post ($M=18.76$, $SD=3.08$), which was statistically significant. The reduction in perception of Self-Esteem was found to be improved in the follow-up phase ($M=20.06$, $SD= 3.79$). The effect size $\eta^2 =.560$ was found to be higher in making changes as the result of the intervention.

The goals of psycho education were to help the professional in transforming information, facilitating the parent's emotional discharge by ventilating their frustration as well as their adolescent's feelings. The intervention further helped in strengthening the co-operation between the researcher and the sample.

Psycho-education was given on the topic,' tips for improving self-esteem in adolescents with disabilities to the parents. The presentation included nine strategies. Parents played a significant role by being realistic and supportive for the entire intervention program. They have done their best in following the instructions given by the researcher. Similar to previous evidence stating the positive effectiveness of psycho-education as a mode of intervention in the rehabilitation sector, the present research has also proved alike, particularly in improving the self-esteem followed by maintenance of the outcome. Parents and adolescents together made a box titled 'feel good box' they were instructed to fill in the box with positive notes about their adolescents simultaneously mentioning it to them and drawing their attention to their good behaviour. This training program was scheduled to be followed for two months. This resulted in commendable response. Both the strategies and activity has created a powerful positive stroke in the sample by developing his or her comfort and ability in forming relationships and experiencing repeated success and failures. Parents took the initiative through persistent motivation and appropriate opportunities to help their adolescents act independently. They praised their adolescent's effort, nurtured them, and they slowly encouraged them to come out of their nutshell. When an adolescent is well equipped in their self-esteem, naturally, they will be able to solve their problems, face difficulties, sustain attention, builds confidence and does not exhibit problematic behaviour.

Ghoti conducted a descriptive study in 2016 in Aurangabad India. The investigation was on disabled school students 15-20 years. The study concluded that the self-confidence of disabled students could be improved with the help of behavior modification training

Laurence (2014) developed a psycho educational program in response to the needs expressed by 560 parents of intellectually disabled. The program was tested on 25 parents. The results indicated overall satisfaction with both psycho education and self-help support interventions.

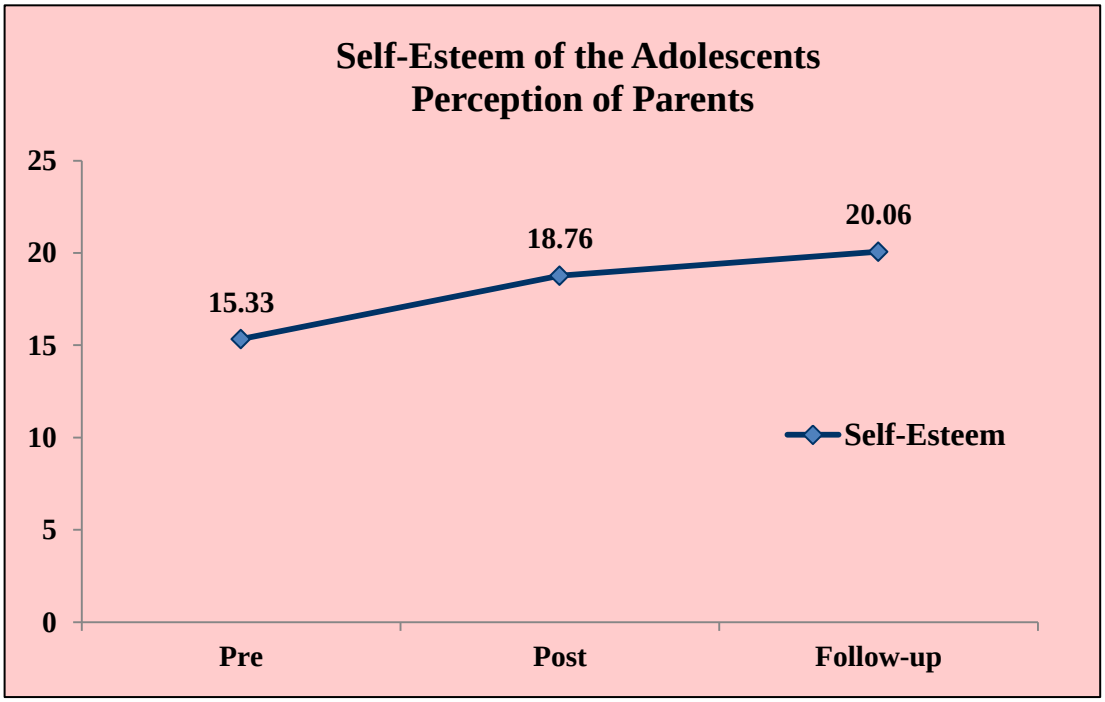

Figure 11. Mean plots of Self-Esteem in the adolescents: perception of parents in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of parents on the Self-Esteem of their adolescents from pre-test to post-test scores, with further improvement from post-test to follow up scores. It is evident that psycho-education and feel-good box activity has helped the parents to increase their adolescent's self-confidence making them feel worthy and satisfied.

Therefore, it is concluded that hypothesis stating 'There will be a significant improvement in the perception of parents on the Self-Esteem of the adolescents as a result of Psycho Education' is accepted.

Table 22

Descriptive statistics on the perception of teachers on Disruptive Behaviour in the adolescent from pre-post and follow- up phases of the intervention

Disruptive Behaviour	N	Mean	Std. Deviation
Pre	30	4.56	3.42
Post	30	1.16	1.68
Follow-up	30	0.73	1.22

Table 22 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=4.56, SD=3.42) Post (M=1.16, SD=1.68 and Follow-Up (M=0.73, SD=1.22) Intervention Periods.

Table 23

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of teachers on Disruptive Behaviour in adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Disruptive Behaviour	Greenhouse-Geisser	264.422	1.169	226.248	38.294	0.00*	.569
Error factor1),	Greenhouse-Geisser	200.244	33.893	5.908			

*Significant at 0.05 level.

Table 23 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 24

Post hoc comparison on perception of teachers on Disruptive Behaviour in adolescents from the pre-post and follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig.
Pre	Post	3.400	.573	0.00*
	Follow-up	3.833	.572	0.00*
Post	Pre	-3.400	.573	0.00*
	Follow-up	.433	.190	.030
Follow-up	Pre	-3.833	.572	0.00*
	Post	-.433	.190	.030

*The mean difference is significant at the 0.05 level.

Table 24 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of teachers on Disruptive Behaviour of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.16, 33.89) = 38.29$, $p < 0.00$). Post Hoc Tests using the Sidak Method showed significant reduction in the Disruptive Behaviour among adolescents from the teachers perspective as observed from pre (mean=4.56, standard deviation= 3.42) to post (mean=1.16, standard deviation=1.68), which was statistically significant. The reduction in perception of Disruptive Behaviour was found to be maintained in follow-up phase (mean=0.73, standard deviation= 1.22). The effect size $\eta^2 = .569$ was found to be higher in making changes as the result of the intervention.

From elementary to high school, managing behaviour is the supreme challenge for the teachers. Adolescents with disabilities come to school with different and stimulating emotional problems that reflects on their attitude and performance. Practicing behaviour modification addresses his or her requirements.

Through conversation activity, teachers were requested to engage in unconditional conversation with the adolescents. This concept of conversing with their teachers apart from their class hours created a significant impact on their relationship. Strategies like reinforcing and highlighting positive behaviour in the adolescent randomly in the classroom enhanced their normality and adjustments in classroom perspective. This practice was made to be in existence for three to six months. Each time the teachers were instructed to notify the new positive behaviours in the adolescents and encourage them, their support and encouragement help in eliminating their Disruptive Behaviour. It is also observed that with constant follow-up with teachers on reinforcement worked well from pre to post-test.

Kalgotra and Warwal (2017) in a study on behaviour disorders in children with intellectual disability used music as an intervention. Basic mental retardation was administered on both the groups. Mild and moderate intellectual disability fulfilled the inclusion criteria. The strategies were taken from applied behaviour analysis'. Music intervention program produced significant changes in the violent, destructive and other domains of misbehaviours in children with mild intellectual disability. Significant changes were observed in domains like repetitive behaviour, hyperactivity, rebellious behaviour, self-injurious behaviour and anti-social behaviour among children with moderate intellectual disability.

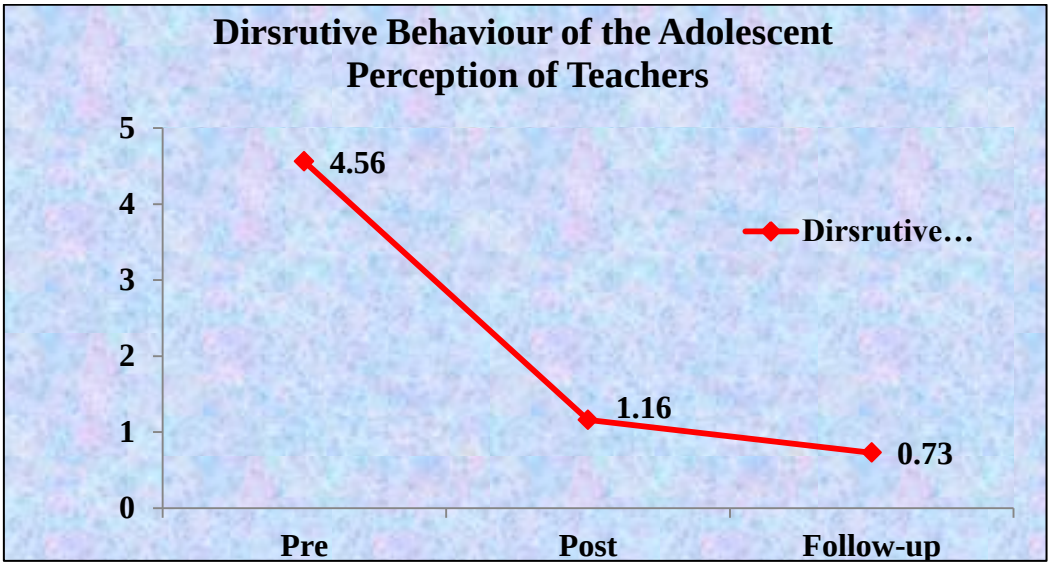

Figure 12. Mean plots of Disruptive Behaviour in the adolescents: perception of teachers in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of teachers on Disruptive Behaviour of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that Behaviour Modification has helped the teachers to handle their adolescents' Disruptive Behaviour appropriately.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of teachers on the Disruptive Behaviour of the students as a result of Behaviour Modification' is accepted.

Table 25

Descriptive statistics on the perception of teachers on Self-Absorbed Behaviour in the adolescents from the pre-post and follow up phases of the intervention

Self-Absorbed Behaviour	**N**	**Mean**	**Std. Deviation**
Pre	30	2.23	2.55
Post	30	0.36	0.99
Follow-Up	30	.0.16	0.53

Table 25 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=2.23, SD=2.55) Post (M=0.36, SD=0.99) and Follow-Up (M=0.16, SD=0.53) Intervention Periods.

Table 26

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of teachers on Self-Absorbed Behaviour in adolescents

Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Self- absorbed Behaviour	Greenhouse -Geisser	77.956	1.078	72.307	16.536	0.00*	.3.63
Error(factor 1)	Greenhouse -Geisser	136.711	31.265	4.373			

*Significant at 0.05 level

Table 26 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 27

Post hoc comparison on perception of teachers on Self-Absorbed Behaviour in adolescents in the pre-post and follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (i-j)	Std. Error	Sig.
Pre	Post	1.867	.491	0.02*
	Follow-up	2.067	.467	0.00*
Post	Pre	-1.867	.491	0.02*
	Follow-up	.200	.111	.229
Follow-up	Pre	-2.067	.467	0.00*
	Post	-.200	.111	.229

*The mean difference is significant at the 0.05 level

Table 27 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of teachers on Self-Absorbed Behaviour of adolescents with cerebral palsy and intellectual disability was determined using Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.07, 31.26) = 16.53$, $p < 0.00$). Post Hoc Tests using the Sidak Method showed that the intervention on listening skills for adolescents showed statistically significant results from pre (M=2.33, SD= 2.55) To Post (Mean=0.36, SD=0.99), which was statistically significant. The reduction in perception of Self-Absorbed Behaviour was found to be maintained in the follow-up phase (M=0.16, SD= 0.53). The effect size η^2 =.363 was found to be significant in making changes as the result of the intervention.

Self-absorption portrays specific patterns that are similar to narcissistic personality, and getting close to such personality hurts other's self-esteem. However, realizing certain elements that define their character make others more prepared for dealing with them. One significant fact about disabled adolescents with Self-Absorbed Behaviour is that they are at

times very defensive in nature. They do not see the world from another person's view. They would rather see it from theirs. A disabled adolescent with Self-Absorbed Behaviour problem thinks the world is just about him or her. Most adolescents dominate in any relationship because they see relationships as a tool for getting what they want and making themselves the centre of attention.

Teachers were given a few strategies to tackle the problem. They were trained to improve listening skills in the adolescents. Self-absorbed adolescents tend to move the conversation back to themselves, instead of listening and appreciating what others have to say. Teachers were requested to teach and encourage them to listen patiently to peer conversations and classroom instructions. Teachers were taught to monitor their mood swings before initiating a conversation.

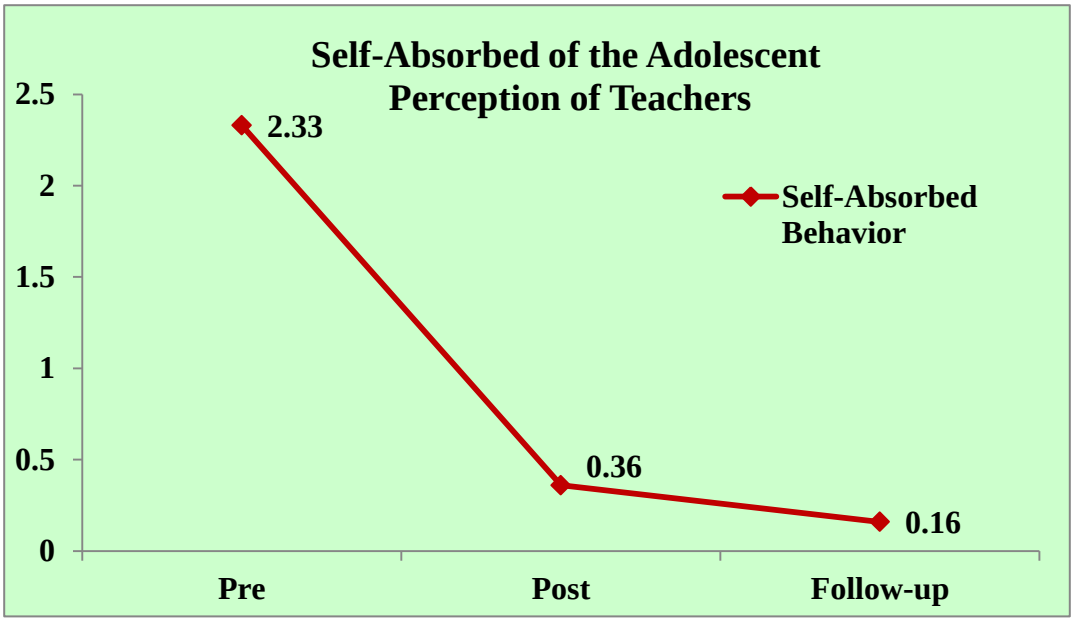

Figure 13. Mean plots of Self-Absorbed Behaviour in adolescents: perception of teachers in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of teachers on Self-Absorbed Behaviour of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that Behaviour Modification intervention has helped the teachers to handle their adolescents' Self-Absorbed Behaviour appropriately.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of teachers on the Self-Absorbed Behaviour of the students as a result of Behaviour Modification' is accepted.

Table 28

Descriptive statistics on the perception of teachers on communication disturbance in the adolescents from pre-post and follow-up phases of the intervention

Communication Disturbance	**N**	**Mean**	**Std. Deviation**
Pre	30	0.96	1.37
Post	30	0.13	0.34
Follow-Up	30	.0.03	0.18

Table 28 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=0.96, SD=1.37) Post (M=0.13, SD=0.34) and Follow-Up (M=0.03, SD=0.18) Intervention Periods.

Table 29

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of teachers on Communication Disturbance in adolescents

Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Communication Disturbance	Greenhouse-Geisser	15.756	1.063	14.826	10.989	0.02*	.275
Error (factor 1)	Greenhouse-Geisser	41.578	30.818	1.349			

*Significant at 0.05 level

Table 29 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size).

Table 30

Post-hoc comparison- perception of teachers on Communication Disturbance in adolescents in the pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig.
Pre	Post	0.833	.272	.014
	Follow-up	0.933	.258	0.03*
Post	Pre	-0.833	.272	.014
	Follow-up	.100	.056	.229
Follow-up	Pre	-0.933	.258	0.03*
	Post	-.100	.056	.229

*The mean difference is significant at the 0.05 level

Table 30 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of teachers on Communication Disturbance of adolescents with cerebral palsy and intellectual disability was determined applying Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f(1.06, 30.81) = 10.98$, $p < 0.02$). Post hoc tests using the Sidak Method showed that the intervention resulted in the significant perception of teachers on Communication Disturbance of their adolescents from pre (mean=0.96, standard deviation= 1.37) to post (mean=0.13, standard deviation=0.34), which was statistically significant. The reduction in perception of Communication Disturbance was found to be maintained in the follow-up phase (mean=0.03, standard deviation= 0.18). The effect size $\eta^2 = .275$ was found to be higher in making changes as the result of the intervention.

School is not only the place of reading, writing and learning but also the mass network for social skills, as social environment plays a major role in an adolescent's life. For adolescents with disabilities, friendship and social communication strengthen their emotional development which in return makes them compatible in learning. They face traumatic

emotional disparity if they find anything hindering their social environment. Their social communication has a setback when they have memory problems. As some of them find it difficult to remember what their friends' have spoken to them, for instance: remembering their names. Majorly adolescents suffer emotionally when their peer groups are not approving them. This is the fallout of shyness, being quiet in class or has a timid attitude. Psycho-education on the topic, 'communication strategies in a classroom' was conducted. This session included ten simple and effective strategies that were practiced regularly.

Teachers were insisted to speak with the adolescents using simple vocabulary and precise intonation. This process helped them to grasp the words spoken by their teachers thereby enhancing their communication and improving their social relationships. They encouraged them to speak slowly, clearly, and naturally. Face the adolescents squarely without distracting, which would help them to observe the lips of the teacher while speaking. This is not the same for adolescents with lack of eye contact. They don't understand the expressions immediately. When a question is asked whether verbal or non-verbal, they will often hesitate before he or she answers the question because he or she first needs to make sure the words heard are in order and need to translate the words into concepts or sign-language. A sufficient pause was given between the question and the answer. Do not give hints or answer the question for them until they show or say that they need help. Teachers aid supplement language in their classes with pictures, manipulative objects, kinesthetic activities, and other ways of teaching that use all of the senses. Tape-record method is also used. Many students with language difficulties listen to the words several times and review the tape for main points. Every teacher's extra effort, planning, and regular practice make communication clearer and comprehensible. By taking the time to incorporate these strategies into the teaching helped the adolescents engage in active participation.

Nicola and Nebras (2017) in a study examined the relationship of sleep behaviour to language skills in children with and without communication disorders. It was found that language skills differed with sleep patterns. Children with communication disorder have poor sleep that aggravates their developmental language difficulties resulting in problems unlike their peers, especially returning to bed and early waking.

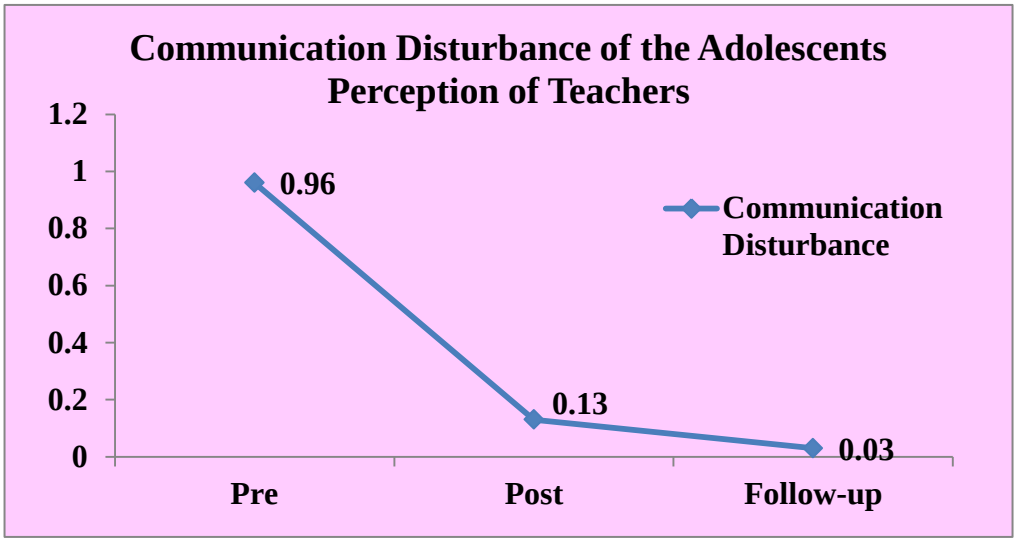

Figure 14. Mean plots of Communication Disturbance in adolescents: perception of teachers in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of teachers on Communication Disturbance of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that social skills training have helped the teachers to handle their adolescent's communication problems effectively.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of teachers on the Communication Disturbance of the students as a result of social skills training' is accepted.

Table- 31

Descriptive statistics on the perception of teachers for Social Relations in the adolescents from pre-post and follow up phases of the intervention

Social relations	N	Mean	Std. Deviation
Pre	30	2.40	2.02
Post	30	0.73	0.69
Follow-Up	30	0.53	0.81

Table 31 shows the descriptive statistics including the Mean (M) and Standard Deviation (SD) for Pre (M=2.40, SD=2.02) Post (M=0.73, SD=0.69) and Follow-Up (M=0.53, SD=0.81) Intervention Periods.

Table 32

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of teachers on Social Relations in the adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Social Relations	Greenhouse-Geisser	63.022	1.133	55.632	21.175	0.00*	.432
Error (factor 1)	Greenhouse-Geisser	86.311	32.853	2.627			

*****Significant at 0.05 level

Table 32 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 33

Post hoc comparison on perception of teachers on Social Relations in adolescents in the pre-post and follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig.
Pre	Post	1.667	.379	0.00*
	Follow-up	1.867	.377	0.00*
Post	Pre	-1.667	.379	0.00*
	Follow-up	.200	.111	.229
Follow-up	Pre	-1.867	.377	0.00*
	Post	-.200	.111	.229

*the mean difference is significant at the 0.05 level

Table 33 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of teachers on Social Relations of adolescents with cerebral palsy and intellectual disability was determined from repeated measures: one-way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant (f (1.13, 32.85) = 21.17, $p < 0.00$). Post hoc tests using the Sidak Method showed that the social skills intervention proved significant based on the perception of teachers on the Social Relations of their adolescents from pre (mean=2.40, standard deviation= 2.02) to post (mean=0.73, standard deviation=0.69). The reduction in perception of Social Relations was found to be maintained in follow-up phase (M=0.53, SD= 0.18). The effect size η^2 =.432 was found to be higher in making changes as the result of the intervention.

The intervention strategies supported the teachers in classroom management in the following ways:

- Helping the adolescent understand ‘what’ the skill is and ‘why’ it is useful.
- Modeling through verbal description and demonstration.
- Providing guided practice in the form of opportunities.
- Teaching self-regulation.

Adolescents often have difficulty interpreting body language and monitoring their behaviour in social situations. It is essential to encourage them to self-evaluate skill performance and think of strategies for doing things differently with the teacher’s guidance and inputs. This process helps the adolescents with the promotion of skill maintenance and growth through self-monitoring. Strategies such as audio taping, videotaping, role-playing social situations and using individualized stories promote thinking in the adolescent

Juliet (2018) using three evidence-based strategies scripts, video modeling and embedding demonstrated that children with autism and other developmental disorders greatly benefit from engaging in play with peers.

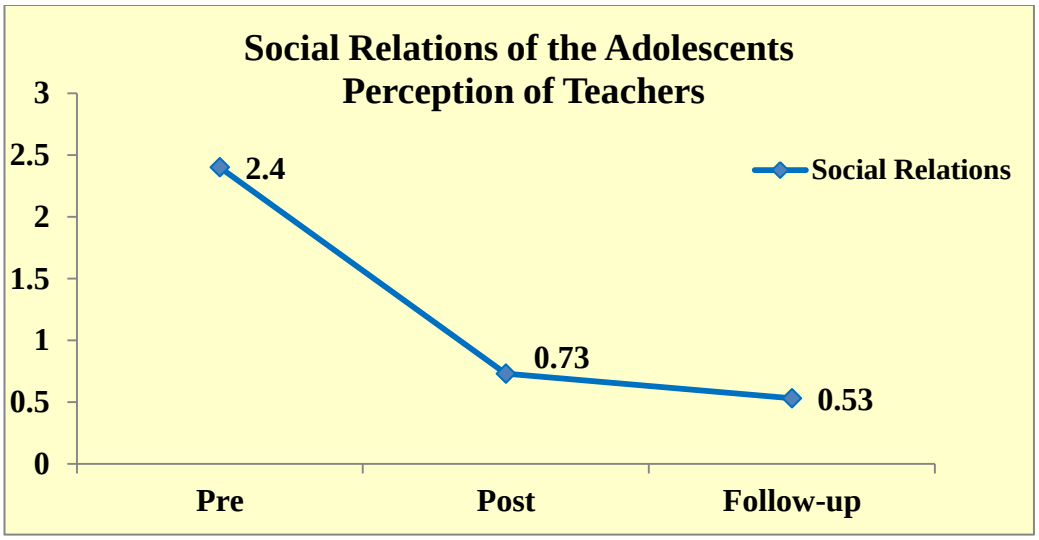

Figure 15. Mean plots of Social Relations in adolescents: perception of teachers in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of teachers on Social Relations of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. Social skills training have helped the teachers to handle their adolescent's interpersonal problems effectively.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of teachers on the Social Relations of the students as a result of social skills training' is accepted.

Table 34

Descriptive statistics on the perception of teachers on Anxiety in the adolescents from pre-post and follow-up phases of the intervention

Anxiety	N	Mean	Std. Deviation
Pre	30	1.53	1.94
Post	30	0.20	0.48
Follow-Up	30	0.13	0.43

Table 34 shows the descriptive statistics including the mean (M) and standard deviation (SD) for Pre (M=1.53, SD=1.94) Post (M=0.20, SD=0.48) and Follow-Up (M=0.13, SD=0.43) intervention periods.

Table-35

Tests of within sample in pre- post and follow-up phases of the intervention on the perception of teachers on Anxiety in adolescents

Source		Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Anxiety	Greenhouse-Geisser	37.422	1.025	36.523	14.683	0.00*	.336
Error (Factor 1)	Greenhouse-Geisser	73.911	29.714	2.487			

*Significant at 0.05 level.

Table 35 shows the within sample analysis considering the Greenhouse-Geisser-error (factor1), degrees of freedom, f-ratio, significance and partial eta squared (effect size.)

Table 36

Post-hoc comparison on perception of teachers on Anxiety in adolescents in the pre-post-follow-up phases of intervention

(I) Factor1	(J) Factor1	Mean Difference (I-J)	Std. Error	Sig.
Pre	Post	1.333	.360	0.03*
	Follow-up	1.400	.351	0.01*
Post	Pre	-1.333	.360	0.03*
	Follow-up	.067	.046	.409
Follow-up	Pre	-1.400	.351	0.01*
	Post	-.067	.046	.409

*the mean difference is significant at the 0.05 level

Table 36 shows the post hoc comparison representing the mean difference and significance for pre, post and follow-up phases of the intervention.

The perception of teachers on Anxiety of adolescents with cerebral palsy and intellectual disability was determined from Repeated Measures: One-Way ANOVA in the pre-post and follow-up intervention periods. The results were found to be significant ($f (1.02, 29.71) = 14.68$, $p < 0.01$). Post hoc tests using the Sidak Method showed that the relaxation intervention had a significant impact based on the perception of teachers on anxiety of their adolescents from pre (mean=1.53, standard deviation= 1.94) to post (mean=0.20, standard deviation=0.48), which was statistically significant. The reduction in perception of social relations was found to be maintained in the follow-up phase (mean=0.13, standard deviation= 0.43). The effect size $\eta^2 = .336$ was found to be significant in making changes as the result of the intervention. Therefore, it is concluded that the thought of going to school at the beginning stage initiates the fear and feel of anxiety both for normal and adolescents with disabilities, as it is quite common for the school going adolescents almost in every part of the world. Adolescents with disabilities are usually not aware of why to go, and what is happening around them, and this ends up in anxiety. This is ruled out by the unity and support of teachers and parents together. Understanding them with a specific condition related to mental, physical, social and behavioural aspect such as intellectual disability, autistic, conduct disorder attention deficit hyperactive disorder and learning disorder can make the easy pathway to tackle them. Dealing with adolescent's school-related anxiety is delicate as it is often misunderstood as bad behaviour, which gets more complicated even to address them. The misunderstood concept of anxieties is about complaining of sickness, crying and tantrum before starting to school, clinging on to parents, manipulative behaviour such as acting aggressive, hurting others and self.

Some of the common signs of anxiety seen in adolescents in a classroom are difficulty in performing tasks, difficulty in sitting still, difficulty in concentrating, or remembering, rigidity, asking the same questions again and again, physical discomforts etc. Adolescents may not tell their classmates or teachers about their feeling because they are unable to recognize it themselves. Anxiety also occurs in silence. Teachers were impressed upon to begin their classes by spending ten minutes with the adolescents using the relaxation technique. This process produced excellent results in reducing the anxiety issues in adolescents.

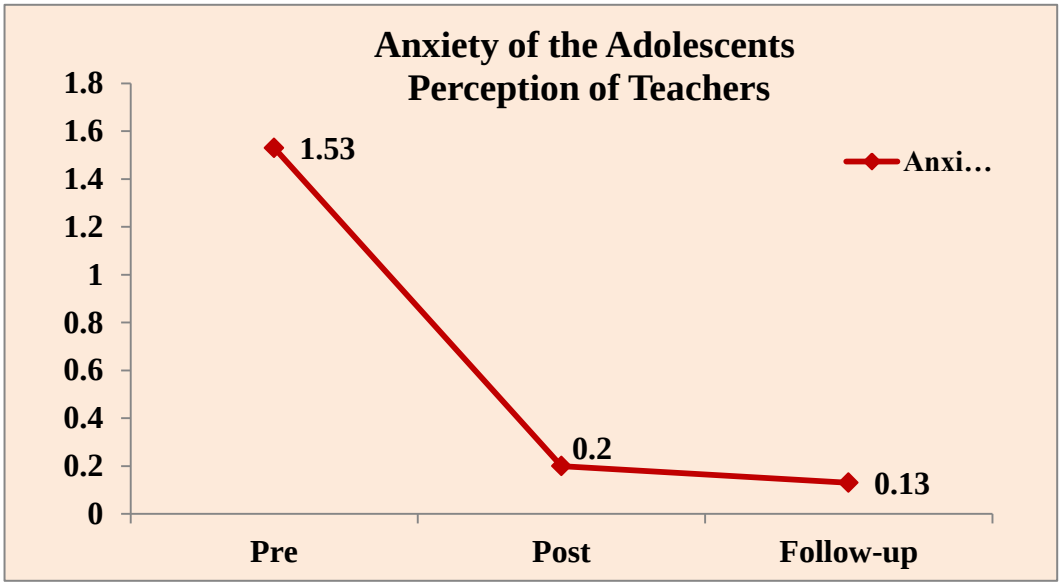

Figure 16. Mean plots of Anxiety in adolescents: perception of teachers in pre-post and follow-up phases of the intervention

The above graph shows that there is a significant difference in the perception of teachers on the anxiety of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that Herbert Benson's Relaxation Training has helped the teachers to deal with their adolescent's emotional problems.

Therefore, it is concluded that hypothesis stating 'There will be a significant reduction in the perception of teachers on the Anxiety of the adolescents as a result of Herbert Benson's relaxation training' is accepted.

Behaviour modification, social skills training, relaxation (deep-breathing exercise) and self-esteem training all together has given a productive result: with the reduction in the overall behavioural problems, enhancing socialization among peers and family in the classroom and home environment with a healthy decline in anxiety among adolescents who have participated. Anger management, stress management positive parenting, teacher guidance program and individual counselling worked well in collaboration with the significant intervention. The teachers and parents have tried their best in applying the strategies and techniques provided in training. The obtained outcome is maintained to a certain extent. This shows the weight age of the intervention package, supporting the population and the trainers' effort in executing it

successfully. The intervention was more effective from the teachers' perspective. The reduction in the problems and improvement in self-confidence was observed throughout the pre-test to post-test and its sustenance in the follow-up phase. The teachers have taken extra effort in practicing the techniques compared to the parents. Teachers are professionals with a common goal 'minor or significant change' in the adolescents in any aspects of their life. They stay focused through constant modifications and monitoring. They are more flexible in executing their tasks. The effectiveness of the intervention was not maintained in the follow-up phase in few dimensions from the parents' perspective due to various reasons lack of continuity, time, energy, flexibility, teamwork, co-operation, multi-tasking, huge responsibilities, light-mindedness and workload. Majority of the parents, either father or mother experience these difficulties.

The supportive reviews included in the results and discussions were relevant to the current research in terms of type of disability, interventions, variables and intension. At the same time there were differences in sample chosen, size, geographical area, nature of the study and age group. The uniqueness of the present investigation is that it was purely experimental with no control group, rare combination of disability category and two different perspectives (parents and teachers). Adolescents, parents and teachers participated in the experimentation simultaneously where the caretakers were the support system. The customized intervention package was broad and in-depth that helped in managing various issues. Effectiveness of the intervention was seen in all the aspects that were taken for training. The sustenance of the outcome was maintained to a larger extent.

The impact of the intervention study on clinical population being cerebral palsy and intellectual disability has proved effective as observed in the current findings.