

Analysing The Impact Of Psychological Intervention Programs For Behavioural Challenges In Adolescents

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Abstract

Interventions with behaviour are intended to influence how people behave in connection with their health, ultimately leading to growth. Alternative forms of treatment, such as counselling, supportive problem-directed therapy, behavioural intervention, cognitive remediation, and therapy, have been discovered to be beneficial alternatives to drug management. This study aims to investigate the major outcomes and efficacy of a psychological interventional program for adolescents who have been recognised with behavioural disorders. The investigation was carried out considering 150 randomised adolescent subjects undertaking behavioural interventions among Ghaziabad's educational bodies and schools. The method of data accusation based on survey research was enacted for the study, and the results are concluded based on adolescents' responses on the distinct factors based on the intervention program. The results analysed comprehends that the behavioural intervention programs were impactful and highly advantageous for the individuals in the present and destined future life.

Keywords: Adolescence mental health problem, psychological intervention, Cognitive therapy.

I. Introduction

Dangerous behaviours like smoking, drinking, and drug use, which are linked to higher rates of illness and death later in life, frequently begin during adolescence. The burden of mental health issues increases significantly in late adolescence and the middle of adolescence, which adds to the burden of sickness that is often prevalent in young people and later stages of life (Mavranouzouli et al., 2020). The development of a new category of interventions that are less extraordinary, short, and more personalised has emerged as one of the fascinating breakthroughs in the field of psychological science in recent years. It is as approachable as endeavouring to alter how people feel or think about a subject in their everyday life so that they can thrive.

Intervention studies take tactics that are grounded in laboratory research and social-psychological theory and give them a formal structure before putting them through rigorous field-experimental testing.

The search key terms “psychological treatment,” “psychotherapy,” “cognitive behavioural therapy,” and “dialectical behavioural therapy” narrowed from Attention deficit hyperactivity disorder (ADHD) yielded a total of significant articles (Guidi et al., 2018). A meta-analysis of a subgroup of very rigorous post-conflict surveys revealed that mood and anxiety disorders were frequent, with rates of 17.3% for depression and 15.4% for post-traumatic stress disorder (Bighelli et al., 2021). Despite the fact that reported rates of mental diseases fluctuate, mood and anxiety disorders

are relatively widespread and require therapy for betterment. The aim of the current research is to evaluate the effectiveness of psychological intervention for adolescents. The objective of the study is to analyse the responses from the randomised adolescents who have undertaken the psychological intervention programs for greater reductions in symptoms of anxiety, depression, and post-traumatic stress and reduced symptoms of depressive disorder with usual enhanced care.

2. Literature review

A wide range of behavioural management interventions has been developed to deal with challenging behaviours (such as externalising or acting out) exhibited by children and adolescents in a wide range of contexts. Overall, the research works looked into methods of reinforcing adolescents' mental health by studying and focusing on early detection with intervention techniques concentrating on individual potential treatments (Stevens, 2022). Despite this, several studies lacked theoretical basis and support, process assessments, and adolescent insights and were finalised with conventional conclusions. The following literature section conveys diverse treatments and outcomes identified as significant among the previous reports on adolescent behavioural interventions.

2.1 Applied Behaviour Analysis:

The principles of social learning theory and applied behaviour analysis serve as the foundation of behavioural management. Social learning researchers contend that individuals acquire knowledge in a social setting, mostly by observation and imitation of the acts of others, with additional influences from rewards and punishments (Jai K.DasM.D. et al., 2016). Applied behavioural theory works to mould behaviour and resolve problems that have therapeutic significance for an individual or family using general learning principles, direct

observation, objective measurement, and analytic evaluation.

Any number of people, including family members, educators, and licensed therapists, can cooperate to address a teenager's or adolescent's behavioural management needs. Together with the adolescent and the family, a behavioural management therapist will design specific behavioural goals and interventions to change or improve particular behaviours (Premachandra & Lewis, 2021). In certain circumstances, a plan of action is devised to deal with potential dangers if people materialise. Professionals in the field of behavioural management engage with adolescents' family members or mentors from the institute to develop and carry out an appropriate behavioural plan while keeping an eye on the child's development and conduct.

2.2 Accelerated Experiential Dynamic Psychotherapy (AEPD)

AEDP, also known as "Accelerated Experiential Dynamic Psychotherapy," is a form of talk therapy that tries to assist patients in overcoming traumatic experiences, grief, or other serious emotional challenges (Rahman et al., 2016). Individuals will, over time and with the therapist's constant assistance, reportedly learn healthy coping strategies, rediscover their capacity to trust, become more comfortable with their own feelings, and become better able to communicate those emotions to others (Stevens, 2022).

The psychotherapist will constantly be attentive to the client's gestures, facial clues, manner of speech, and other nonverbal cues and signals throughout the session. In addition, they may study how it feels to communicate unpleasant emotions honestly and consider one's relationship to them, which is typically classified as meta-processing (Iwakabe et al., 2020). Throughout the session, the therapist will work toward "undoing aloneness," which refers to the agonising sensation that many trauma survivors have that they are the only

ones experiencing their intense feelings (van Agteren et al., 2021). In an ideal world, clients will feel that their therapist deeply sees and understands them, enhancing their capacity to trust people and communicate their feelings without the concern that they will be accepted adversely.

2.3 Cognitive and Commitment Intervention

Inspired by both classical behaviour therapy¹ and cognitive behavioural therapy², acceptance and commitment therapy (ACT) is an integrated method of psychotherapy that emphasises taking positive action. Clients arrive at the realisation that their more intense emotions are legitimate responses to particular situations and events and are no longer a cause of avoidance, rejection, and conflict in their lives. Clients who adopt this viewpoint are better able to handle hardship and implement the behavioural changes necessary for their recovery, even though these modifications may originally seem unattainable (Lotfizadeh et al., 2020). Third-wave therapies³ have traditionally been considered an excellent option for those who have not responded to more traditional therapies like cognitive behavioural therapy. However, it is now recognised that a third-wave therapy approach potentially fits as a first-line treatment choice for certain patients. In addition to enhancing people's quality of life, acceptance and commitment therapy (ACT) also assist individuals in coping physical ailments and persistent pain.

It was very evident that there is a need to have resources that would offer people with behavioural problems a meaningful way to spend their time to avoid stressful thinking, self-anticipation, and pivoting to low esteem (Otte, 2022). Clinicians and experts anticipated

the development of new intervention programs as benefits of conventional intervention therapy were modest and ineffective for distress. As a result, the field of psychological treatments continued to be under-researched, and clinical trials for psychological interventions were frequently conducted on a limited scale and with questionable scientific foundations. It is obvious from the literature that new and/or already established psychological treatments for people with behavioural issues require additional in-depth evaluation.

3. Methodology

The research has employed a quantitative, analytical, and descriptive research methodology to achieve the study's aims. A survey was performed in Ghaziabad among 150 randomly chosen teenagers from various educational institutions and schools for this purpose. A standardised, self-administered questionnaire is given to the youth. The research method's principal goal is to develop novel ideas and provide similar justifications for existing behaviours. In addition, this research strategy establishes links between pre-existing factors and those that serve a part in the research. The obtained survey data are analysed statistically, and the results are concluded.

4. Hypothesis

- i. Results of interventional programmes for adolescents with behavioural and psychological difficulties do not significantly differ.
- ii. There are no noticeable differences in evaluating the efficacy of interventional programmes for teenage behaviour and psychology.

¹ Classical behavior theory focuses on involuntary behaviours, using attention focus to induce a certain behavior.

² Cognitive Behavior Therapy (CBT) focuses on reducing automatic negative thinking that increases emotional issues, sadness, and anxiety.

³ Third-wave therapies are an evolution and expansion of existing cognitive behavioural treatment techniques.

- iii. Findings on the relationship between teenagers' perceptions of integrating interventional programmes and their effectiveness in regards to psychological issues are not significantly different.

4. Results and discussion

The data is categorised into different adolescent age sections according to the primary research data as followingly, 13-14, 15-16, 17-18, and 19. The data spotlights nine different

perspectives concerning the experience of adolescents who undertook the intervention program. The data describes the behavioural changes experienced by the adolescence, the effect of the therapy program in reducing stress levels and embitterment, and the support of competence, control, self-worth, academic engagement, motivational and emotional handling, and achievement. In a perspective to avoid clumsy representation, the data obtained has been segmented as Part – I and Part – II.

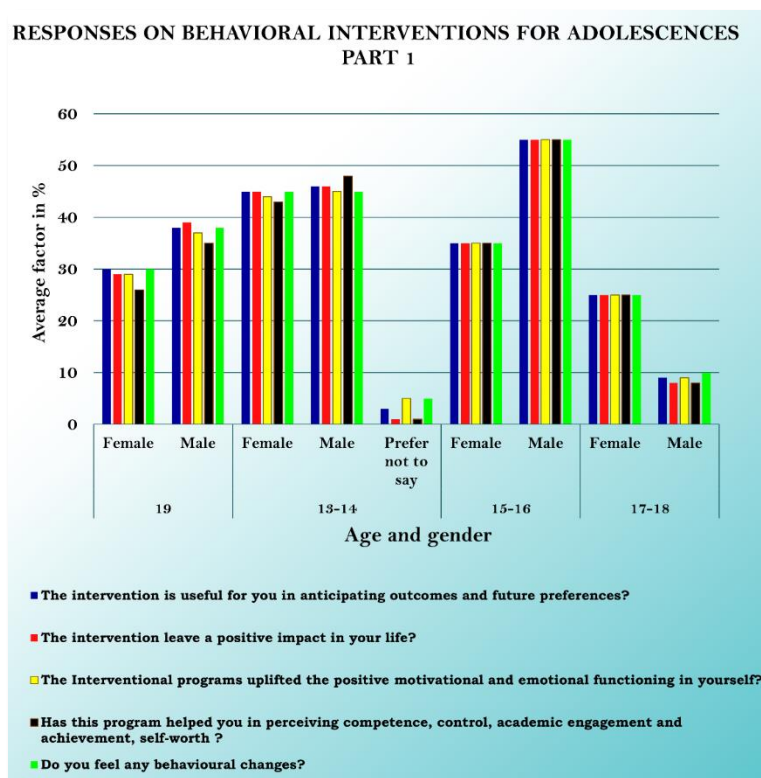


Figure 1: Part -1 Data showing behavioural intervention response of adolescent individuals

The statistical representation in figure 1 shows the part – I response data from adolescents from different age levels. The major five factors discussed in part – I involve the impact of intervention in behavioural changes, supportiveness in anticipating outcomes and future preferences, upliftment of positive self-motivational and emotional functioning,

perseverance in academic engagement, and self-worth. Four different age groups' responses show that male participants in the 15-16 age section experienced excellent positive outcomes with a 54% average factor in all aspects. Among all the factors, individuals in all age groups have possession of a positive impact in life with better self-worth.

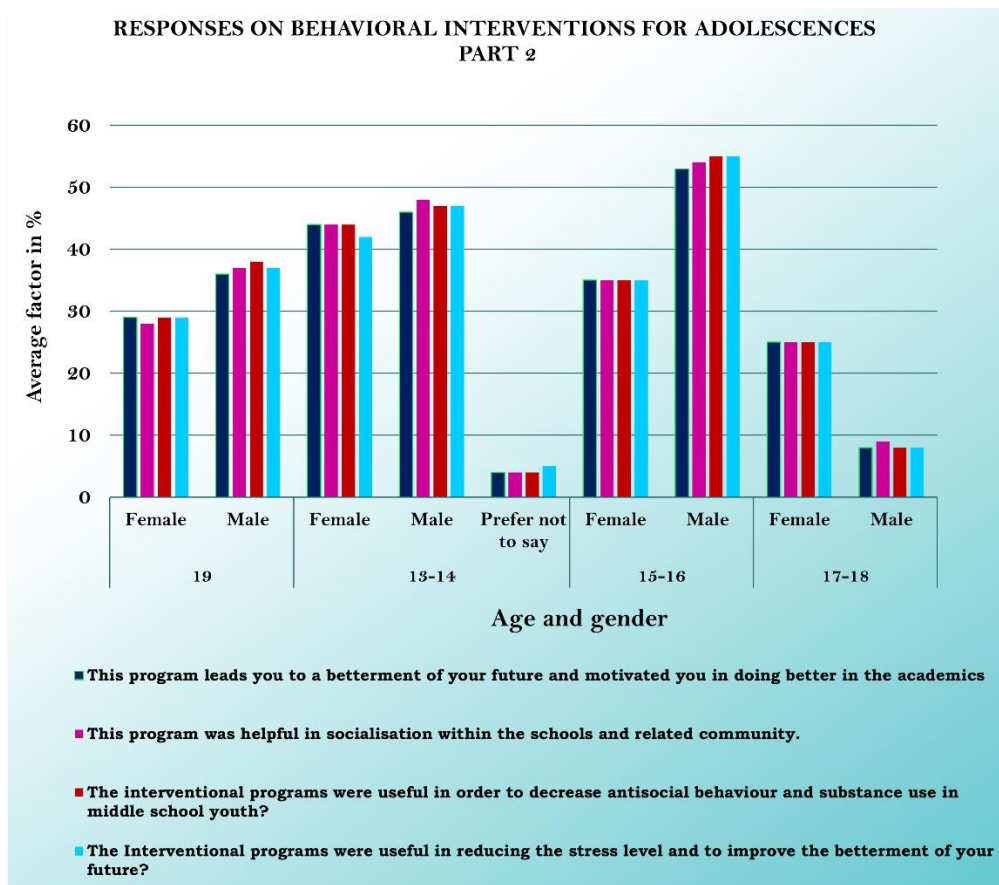


Figure 2: Data showing part -2 category behavioural intervention response of adolescent individuals

Figure 2 represents the part – II adolescent responses on behavioural interventions for mental health improvement. The data represents the analysis of responses with four different factors regarding motivation betterment in the future, preventing anti-social behaviour, enhancing better behaviour of adolescence in middle youth, and approach to stress level management. Individuals tend to show a high percentage of responses for all factors with minimum discrepancies. Comparing all the factors, the intervention programs enhanced the public interactions of the participants, leaving behind the constrained anti-social experience. The statistical data also

shows that individuals in the 13-14 and 17-18 age groups show a high average response factor on socialisation behaviour compared to the other three factors considered in this discussion. According to illustrations 1 and 2, the adolescents of age group 15-16 acknowledged more responses when compared to other age groups. 38% of participants feel positive behavioural changes reasoning the intervention program. Male adolescents of age group 17-18 show a low response rate in means of all nine factors. Illustration 3 depicts the efficiency factor categorised based on the respondents age group data.

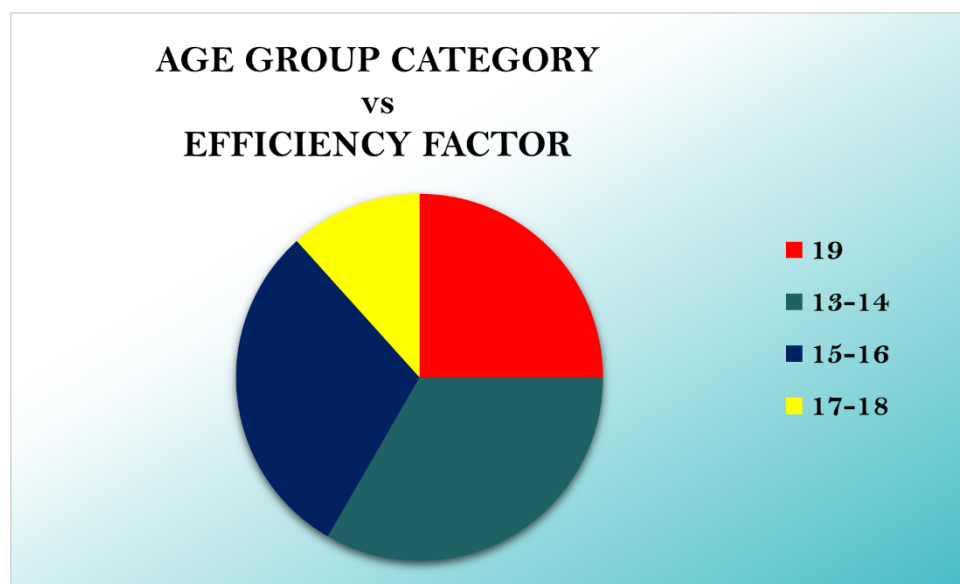


Figure 3: Data showing efficiency factor based on the age group data.

Individuals under the age of 15 to 16 who are adolescents experience significant levels of psychological disturbances as a result of being engulfed in academic assessment and holding back to communicate the disturbances, either of which lead to behavioral changes that increase the risk of attempting stress relief in the mind. It is anticipated that among the participants who were chosen at random, 55% of males and 33% of females between the ages of 15 and 16, and 48% of males and 41% of females between the ages of 13 and 14, experience promising outcomes as a result of intervention in overcoming stress disorders. It is believed that depression affects 30% of adolescents between the ages of 15 and 16, and 40% of those who are 19 years old. Intense and abrupt changes in mood are a common indication of both depression and anxiety, which both have their roots in stress disorders. It has been noticed that female participants are more likely to exhibit adaptive improvements as a result of the intervention than male participants.

It is evident from the research survey that intervention practices have paramount importance in influencing and encouraging individuals to great changes. Insight analysis ensures that the lateral phase factors, which consider future nourishments, and life impact, also show progressive responses from the

individuals. Middle-youth adolescents were reported to possess depression phases which provoke them to remain isolated from family and the social world. Some leading risk factors include sadness, anxiety, loneliness, and concerns connected to behavioural disorders and their implications. Integrating intervention methods concerning the client's progress was also suggested, as adolescents tend to show different perspectives based on different circumstances. Applying behavioural therapy to adolescent clients, which sounds promising and effective in this study, involves learning about particular social situations, dealing with clients whose learning histories may be different from the therapist's own, and facing the interconnection of physical and psychological issues (figure 3).

5. Conclusion

According to the findings of the survey on the intervention research, these treatments are successful at addressing a wide variety of disorders related to mental health illness that is frequent in adolescence/middle young age. It is clear that persons in the middle and later stages of adolescence (40%) undertake psychological interventions when compared to individuals in the early stages of adolescence (10%) and also female participants shown more resilient when

compared to male participants. This study comprehends that the adolescent intervention programs for behavioural improvements show significant outcomes with >50% effective implementation throughout ensuring support, including foreseeable future cases. In light of this, it is possible to conclude that the proposed theory is not supported by the available data and has a substantial impact on the intervention programmes ability to effectively change behaviour.

Reference

1. Bighelli, I., Rodolico, A., García-Mieres, H., Pitschel-Walz, G., Hansen, W. P., Schneider-Thoma, J., Siafis, S., Wu, H., Wang, D., Salanti, G., Furukawa, T. A., Barbui, C., & Leucht, S. (2021). Psychosocial and psychological interventions for relapse prevention in schizophrenia: a systematic review and network meta-analysis. *The Lancet. Psychiatry*, 8(11), 969–980. [https://doi.org/10.1016/S2215-0366\(21\)00243-1](https://doi.org/10.1016/S2215-0366(21)00243-1)
2. Guidi, J., Brakemeier, E. L., Bockting, C. L. H., Cosci, F., Cuijpers, P., Jarrett, R. B., Linden, M., Marks, I., Peretti, C. S., Rafanelli, C., Rief, W., Schneider, S., Schnyder, U., Sensky, T., Tomba, E., Vazquez, C., Vieta, E., Zipfel, S., Wright, J. H., & Fava, G. A. (2018). Methodological Recommendations for Trials of Psychological Interventions. *Psychotherapy and Psychosomatics*, 87(5), 276–284. <https://doi.org/10.1159/000490574>
3. Iwakabe, S., Edlin, J., Fosha, D., Gretton, H., Joseph, A. J., Nunnink, S. E., Nakamura, K., & Thoma, N. C. (2020). The effectiveness of accelerated experiential dynamic psychotherapy (AEDP) in private practice settings: A transdiagnostic study conducted within the context of a practice-research network. *Psychotherapy*, 57(4), 548–561. <https://doi.org/10.1037/PST0000344>
4. Jai K.DasM.D., M. B. A., A.SalamM.Sc., R., S.LassiPh.D., Z., NaveedKhanaWajeeha, M., MahmoodcVikramPatelPh.D., & Zulfiqar A.BhuttaPh.D. (2016). Interventions for Adolescent Mental Health: An Overview of Systematic Reviews. *Journal of Adolescent Health*, 59(4), S49–S60. <https://doi.org/10.1016/J.JADOHEALTH.2016.06.020>
5. Lotfizadeh, A. D., Kazemi, E., Pompa-Craven, P., & Eldevik, S. (2020). Moderate Effects of Low-Intensity Behavioural Intervention. *Behavior Modification*, 44(1), 92–113. <https://doi.org/10.1177/0145445518796204>
6. Mavranouzouli, I., Megnin-Viggars, O., Daly, C., Dias, S., Welton, N. J., Stockton, S., Bhutani, G., Grey, N., Leach, J., Greenberg, N., Katona, C., El-Leithy, S., & Pilling, S. (2020). Psychological treatments for post-traumatic stress disorder in adolescences: a network meta-analysis. *Psychological Medicine*, 50(4), 542–555. <https://doi.org/10.1017/S003329172000070>
7. Otte, C. (2022). Cognitive behavioural therapy in anxiety disorders: current state of the evidence. <https://doi.org/10.31887/DCNS.2011.13.4/Cotte>, 13(4), 413–421. <https://doi.org/10.31887/DCNS.2011.13.4/COTTE>
8. Premachandra, B., & Lewis, N. A. (2021). Do We Report the Information That Is Necessary to Give Psychology Away? A Scoping Review of the Psychological Intervention Literature 2000–2018. <https://doi.org/10.1177/1745691620974774>, 17(1), 226–238.

- <https://doi.org/10.1177/1745691620974774>
9. Rahman, A., Hamdani, S. U., Awan, N. R., Bryant, R. A., Dawson, K. S., Khan, M. F., Azeemi, M. M. U. H., Akhtar, P., Nazir, H., Chiumento, A., Sijbrandij, M., Wang, D., Farooq, S., & Van Ommeren, M. (2016). Effect of a Multicomponent Behavioural Intervention in Adolescents Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A Randomised Clinical Trial. *JAMA*, 316(24), 2609–2617. <https://doi.org/10.1001/JAMA.2016.17165>
 10. Stevens, F. L. (2022). Emotion-Based Interventions for Clinicians. *Journal of Contemporary Psychotherapy* 2022, 1–8. <https://doi.org/10.1007/S10879-022-09546-7>
 11. van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. *Nature Human Behaviour* 2021 5:5, 5(5), 631–652. <https://doi.org/10.1038/s41562-021-01093-w>