

Four Step Self - Development Programme for Teenagers in Solving their Problem

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(Received on 18 January 2013 and accepted on 25 March 2013)

Abstract - Suicide in teens is ever on the increase. The global suicide rate stands at 14.5 deaths per 100,000, with suicide the fourth cause of death in the 15 to 19 age group. Factors like family conflicts, over expectation of parents, child abuse, academic failures, teenage infatuations and mental illness lead to Stress and Suicidal Ideations in teens resulting in lack of Self Esteem, deficiency in communication, low academic performance and difficulty in problem solving. In this study, preliminary assessment to determine the severity of the problem was done using the PLISSIT screening. PLISSIT Model (Annon-1976) was used for screening. PLISSIT stands for Permission (P), Limited Instruction (LI), Specific Suggestion (SS), and Intensive Therapy (IT). It is concluded from the findings that the package of interventions comprising of Transactional Analysis and Behavior therapy is useful in the effective management of Stress among teenagers. Decision to change was made using TA model. BT facilitated the external change. The package of TA and BT was instrumental in stabilizing the change.

Keywords: Stress, Suicide, Transactional Analysis, Behavior Modification, PLISSIT Model.

I. INTRODUCTION

Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response. Stress is caused by an existing stress-causing factor or "stressor. Stress is a challenging event requiring physiological, psychological, emotional, cognitive and behavioral adaptations. (Paddock, 2000). School children are stressed due to various reasons. They react to stress in much the same ways adults do. Common reactions are excitement, fear, anxiety, sadness, and anger. Each student reacts in a different way. Some withdraw from others, some lash out at others, and some actively seek the comfort from others. Although students cope with stress in different ways, there are general patterns in their coping behaviors. There are two major ways they cope with stress.

One way is problem solving. This involves trying to deal with the problem by changing the situation or getting rid of the problem. Another way of handling stress is managing emotions. This involves handling the thoughts and feelings caused by the problem.

Suicide (Latin *suicidium*, from *Sui caedere*, "to kill oneself") is the act of a human being intentionally causing his or her own death. Suicide is often committed out of despair, or attributed to some underlying mental disorder which includes depression, disorder, schizophrenia, alcoholism and abuse. Financial problems, unhealthy relationships and other undesirable situations play a significant role.

Transactional Analysis (Eric Berne-1950) commonly known as TA to its adherents, is an integrative approach to the theory of psychology and psychotherapy. It is integrative because it has elements of psychoanalytic, humanist and cognitive approaches. Transactional Analysis is a powerful tool to bring about human well being. In psychotherapy, Transactional Analysis utilizes a contract for specific changes desired by the client and involves the "Adult" in both the client and the clinician to sort out behaviors, emotions and thoughts that prevent the development of full human potential. Transactional analysts intervene as they work with clients in a safe, protective, mutually respectful-OK/OK--- environment to eliminate dysfunctional behaviors and establish and reinforce positive relationship styles and healthy functioning. People decide their own destiny and these decisions can be changed. Each person decides his/her own behavior, thoughts and feelings, and ultimately her own destiny. (Stewart, 1996). TA is utilized to work contractually on solving "here and now" problems. Counseling work focuses on creating productive problem solving behaviors. Using transactional analysis, an egalitarian, safe and mutually respectful working relationship with their clients is established. This working

relationship provides tools, clients can utilize in their day-to-day functions to improve the quality of their lives. TA is found to be an effective group therapy.

Therapy and consultation cannot be effective unless the behaviors to be changed are understood within a specific context. The process of understanding behavior in context is called functional behavioral assessment. Therefore, a functional behavioral assessment is needed before performing Behavior Modification. Behavior Modification (BM) is a treatment approach, based on the principles of operant conditioning that replace undesirable behaviors with more desirable ones through positive or negative reinforcement (Skinner, 1990). Skinner formulated the concept of operant conditioning, through which behavior could be shaped by reinforcement or lack of it. One behavior modification technique that is widely used is positive reinforcement, which encourages certain behaviors through a system of rewards. In Behavior Therapy (BT), it is common for the therapist to draw up a contract with the client establishing the terms of the reward system. Another Behavior Modification Technique is negative reinforcement. Negative reinforcement is another method. A Negative reinforcement is an event or behavior whose reinforcing properties are associated with its removal. The removal of reinforcement altogether is called extinction. Extinction eliminates the incentive for unwanted behavior by withholding the expected response.

PLISSIT (Annon, 1974) is an acronym which stands for Permission (P), Limited Instruction (LI), Specific Suggestions (SS), and Intensive Therapy (IT). It represents a model designed generally for treatment in sex therapy. There are four levels of the therapy designed for each successive level to provide increasingly deeper levels of treatment. The first phase of the treatment would be for the therapist to use the session reassuring the client/s that their behaviors, thoughts, feelings, fantasies are normal. This is further explained that this is normal as long as the behavior does not negatively impact the other person. It is claiming 'OK'ness in TA. The second phase, Limited Information, is when the therapist provides specific information to the client/s regarding their concerns such as, anxiety, style of transaction, etc. The third stage, Specific Suggestions, is comprised of homework assignments such as the use of techniques of stop/start techniques, or others recommended by the therapist. These are designed for the teenagers to reach goals such as improved

communication or reduce any anxiety. Although suggestions may come out of the counselor's personal and professional experience, the suggestions themselves are tailored to the individual client's needs rather than the needs of the counselor. Suggestions are usually questions ("Could you...?" "Would it work if you...?") Moreover, Specific Suggestions break down proposed action into workable parts. Selected few may need Intensive Therapy (IT). This is the phase required when the first three phases do not resolve the teenager's problems. This intensive therapy ranges from Systematic Desensitization to Positive Behavior Therapy (Hemalatha Natesan- 2003) during which the therapist interprets and reflects to the clients to help them gain awareness of their feelings which may be inhibiting their required response.

II. PURPOSE OF THE STUDY

The present study is undertaken to address specific problems of students to help them cope with Stress. Identification of the stressors students face is the first step for effective management. A package comprising of Transactional Analysis (TA) and Behavior Therapy (BT) is found to be effective in the management of Stress. A combination of Transactional Analysis and Behavior Therapy increase the efficacy of both, (Kutty.P.T.K.1999). Hence a package is introduced.

III. OBJECTIVE OF THE STUDY

To assess the level of Stress, Anxiety, Anger and Scholastic performance of students and to assess the efficacy of the package of interventions comprising of Transactional Analysis (TA) and Behavior Therapy (BT) in the effective management of Stress.

IV. METHODOLOGY

Thirty teenagers with an age group of 13-19 years were selected. All the respondents belonged to urban middle class with education ranging from eighth standard to a graduate degree. Preliminary assessment to determine the severity of the problem was done using the PLISSIT screening. Four sittings of maximum 90 minutes each were spread over one month. The rapport was established and the teenagers were encouraged to share their problems at the emotional level. The courage they showed in sharing was highly appreciated. The problem areas were identified.

‘Personal Stress Assessment Inventory ‘developed by Kindler *et al* (1981), State - Trait Anxiety Inventory (1970), Spielberger State Anger Scale (1972).

The following package of interventions was used for the management of Stress.

1. Transactional Analysis (TA)

- a) Counseling
- b) Ego state analysis (Ego- gram)
- c) Stroke

2. Behavior Therapy

- a) Bensons Relaxation Response
- b) Jacobson’s progressive relaxation
- c) Laugh Therapy

Methods like Rational Emotive Therapy (RET) and NeuroLinguistic Programme (NLP) were also used to increase the efficacy of TA intervention.

V. RESULTS

Lack of proper communication was common in all cases (100%). There was the influence of peer group in the case of teenagers in nuclear families (41.66%). The time the teenagers spent with their family members was either nil or ineffective. The busy schedule of the parents as well as the teenagers, the use of internet facilities and mobile phones were said to be some of the causes for not finding time to spend with the family members. Enhancing the relationship with parents and other significant people was given priority. Alcoholism on the part of the male parent was another problem in a limited number of cases (8.33%). Preliminary assessment to determine the severity of the problem was done and only the severe areas were considered for PLISSIT screening.

TABLE I SOURCES OF STRESS

Problem Area	Number	Percentage
Communication	30	100.00
Infatuation	21	70
Individual Freedom	8	26.67
Substance abuse	5	16.67

N=30

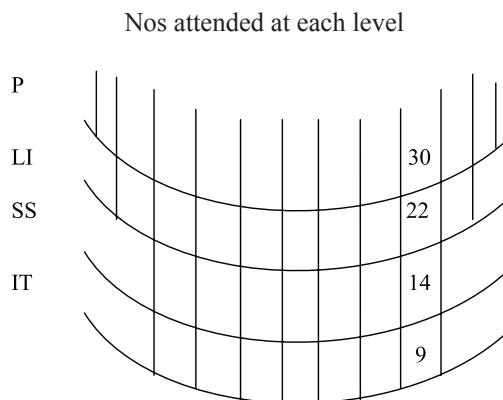


Fig.1 Plissit Model

The therapeutic sessions focused on four problem areas namely communication, infatuation, quality time and use of addictives. PLISSIT Model (Annon; 1976) was used for screening. All the thirty teenagers were given four sittings of maximum 90 minutes each.

At the first level the teenager was given Permission (P) to do, to change, and to muster courage. The session helped in reassuring the teenager his/her behavior, thoughts and feelings. Therapeutic Permission was given to feel and to express his/her feelings without evaluation. Eight (26.67%) of the clients showed a betterment at Permission Level to overcome Stress and to build a proper communication skill. An analysis at each level showed enhancement of the problem solving ability in the teens. The next four sessions were the review sessions for them. The next step of therapeutic intervention called LI or Limited information was used for all the Twenty two teenagers. The teenagers were given Limited Information about the need for effective communication. Ego state Analysis felicitated in indentifying the state of mind during a transaction. Patterns of transactions that occur between the teenager and the significant persons are interpreted in TA frame-Parent-To-Parent, Adult- To-Adult, Child –To-Child, Parent –To-Child and Child –To-Parent were given. FILM Model (Kutty 2006) explaining the factors Friendship, Infatuation, Love, and Marriage helped in analyzing the kind of relationship between two teenagers of opposite sex. Stroke Therapy motivated the teens to share their problems in a group. Still fewer teenagers needed specific suggestions. The third stage of Specific Suggestions (SS) comprised of homework assignments such as the use of techniques of stop/start techniques, which were designed for the teenager to reach goals such as improved communication and reduced Stress. The teenager was trained to use Active Listening (AL) and I Messages (IM) in his/

her communication.” You feelWhen you.....” Is the format of AL. I feel When you” is the format of IM. At this level fourteen (46.66%) teenagers were found to be benefited. Six teenagers were then taken to the final level. The final phase was Intensive Therapy (IT). Behavior modification therapies and TA models like decontamination and racket analysis helped the teenagers to gain awareness of their feelings which may be inhibiting their response. At this level five teenagers showed betterment. Follow up done after three months showed that 90% showed betterment. One relapsed case is now being attended to. The rest two were dropouts.

TABLE II RESULTS AT EACH LEVEL

Level	SCN (N)	%	SCNN (N)	%	Review (N)	%
I	8	26.67	22	73.33	0	0.00
II	8	26.67	14	46.66	8	26.67
III	5	16.67	9	30.00	16	53.33
IV	6	20.00	3	10.00	21	70.00

N=30
 SCN-Significant changes noticed
 SCNN-Significant changes not noticed

Table III shows the descriptive statistics related to the score of Stress, Anxiety and Anger of the subjects of the Group before and after intervention.

TABLE III STRESS, ANXIETY, ANGER, SCORES OF THE GROUP BEFORE AND AFTER INTERVENTION. (N = 30)

Factors	Before Intervention MEAN (S. D.)	After Intervention MEAN (S. D.)	Mean Difference	t Value
STRESS	172.57 (14.28)	154.70 (18.60)	17.87	8.07**
ANXIETY	84.39 (12.57)	64.22 (9.15)	20.17	6.40**
ANGER	29.00 (5.44)	18.65 (4.16)	10.35	7.63**

**p < 0.01

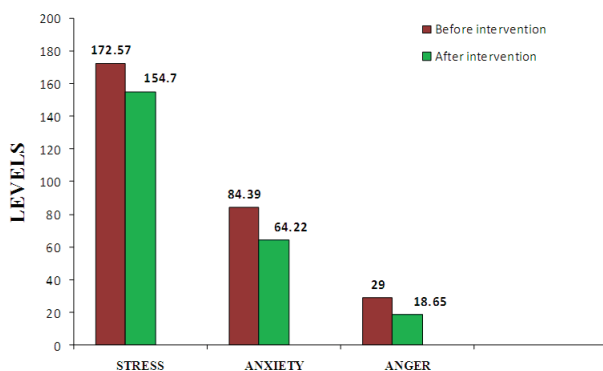


Fig.2 Stress, Anxiety, Anger, of the Group before and after Intervention

The findings in Table III shows that the Stress level of the Group from the pre-intervention (M=172.57, S.D.=4.28) has reduced significantly (C.R.=8.07, P<0.01) after intervention (Mean=154.70, S.D.=18.60). The State-Trait Anxiety level of the Group from the pre-intervention (Mean=84.39, S.D.=12.57) has reduced significantly (C.R.= 6.40, P<0.01) after intervention (Mean=64.22, S.D.= 9.15). The Anger Level of the Group from the pre-intervention level (Mean=29.00, S.D.=5.44) has reduced significantly (C.R.=7.63, P<0.01) after intervention (Mean=18.65, S.D=4.1).

The results show a significant difference in the levels of Stress, State- Trait Anxiety, Anger and Scholastic Scores of the Group before and after intervention. The post-intervention levels of Stress, State -Trait Anxiety, and Anger is less than the pre-intervention levels of Stress, State -Trait Anxiety, and Anger.

VI. CONCLUSION

PLISSIT Model of management helps us to save time and concentrate more according to severity of the problem. Interventions in TA and BT made the teenagers competent enough to tackle their own problems, make their own decisions and go for the best choice. The therapeutic sessions were found to consume less time and effort. The special feature of this method is that the teenager is energized and trained to tackle his/ her own problems so that the counseling sessions can be minimized.

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