

An Assessment of the Efficacy of Psychological Interventional Programs on Adolescents

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Abstract

In mental health, normalisation is not automatically implied by the lack of symptoms. Multiple interventional techniques and therapies were developed concerning people's mental health. Thus, the study aims to study the efficacy of psychological intervention programs in adolescents. To accomplish the objectives, this work has followed quantitative research methods, using both primary and secondary sources. For collecting primary data, a structured and self-administered questionnaire-based survey was conducted on 150 respondents in different educational bodies and schools situated in Ghaziabad. The survey research concluded that integrated and group intervention programs in the institutions with parents and faculties are high-throughput and efficacious for present leading life.

Keywords: *Psychological intervention, Adolescence mental health problem, Cognitive therapy, Survey research.*

1. Introduction

The onset of behaviours and conditions that not only influence health during adolescence but also contribute to the development of adult disorders occurs during adolescence. Adolescence is a common onset point for risky behaviours like smoking, drinking, and drug use, which are all linked to higher rates of sickness and death later in life, reflecting critical issues in public health. There is a significant increase in the prevalence of mental health issues in mid to late-stage adolescence, which adds to the disease burden in young people and later stages of life. Neuropsychiatric illnesses account for 45% of the total years' young people ages 10 to 24 lose to disabilities worldwide (Walton & Wilson, 2018). This renders them the most significant cause of years lost due to disability in this age category. There is a 3% depression rate among children

younger than 13 years old and a 6% depression rate among adolescents (Varker et al., 2018). Suicide is a significant risk factor for people with major depressive disorder (MDD), which is one of the leading causes of disability and morbidity. 9.1% of deaths that occur in the age category of 15 to 19 years are attributed to suicide, making it the third leading cause of death in this age group, except accidents and assaults as the predominant causes of death in this age group (Macdonald et al., 2016).

The current investigation was performed to assess the efficacy of psychological intervention programmes targeted at adolescents and to examine adolescents' perspectives on integrating such programmes in addressing behavioural issues that arise throughout the adolescent stage. The study intends to evaluate adolescents' perceptions of integrating interventional programmes towards their adolescent behaviour problems. The objective of this research is to investigate further the association between how adolescents perceive the integration of interventional programmes and the effectiveness of these programmes in addressing psychological disorders.

2. Literature Review

Literature reviews with meta-analysis on school-based interventions for adolescents' mental health were broadly noticed, showing the following statistical data. There is a wide variation in AMSTAR ratings, from 5 to 11, with a mean of 7.5 (Matthias et al., 2020; van Agteren et al., 2021). The research works, in general, investigated ways to improve mental health in schools by examining ways to detect and treat mental health issues early while focusing on preventing students from taking their own lives through educational initiatives. This meta-analysis of mental health promotion in schools concludes that a strategy centred on mental health promotion rather in enhancing the mental health of adolescents and young adults than on preventing mental disease. However, research populations were small, and many of the investigations lacked theoretical evidence and support, process evaluations, and the perspectives of young people.

(a) Behavioral Interventions

Researchers created several manualised strategies to motivate Behavioral concerns in adults. BF Skinner's and I. Pavlov's learning paradigms of operant (instrumental) and classical (respondent) conditioning informed the initial interventions (Catanzano et al., 2020). Using examples like a child's increased anti-social behaviour due to adult attention, operant conditioning examines how behaviour modifies in response to environmental changes (reinforcement). By associating a neutral stimulus (such as a place) with a traumatic event, a person can learn to behave in a certain way (such as being worried) whenever they encounter the neutral stimulus. This is the basis of classical conditioning (e.g., humiliation).

Increasing happiness and well-being through favourable psychology treatments (PPI) is a promising relative phenomenon (Johnson et al., 2014). PPI is primarily concerned with interventions established by research to enhance positive outcomes, including how individuals perceive themselves, how happy individuals are, and what gives people life motives. Two meta-analyses of PPI (Guidi et al., 2018), comprising both clinical and nonclinical samples, have been published, despite the relative novelty of this field of study. One of these studies found that they were beneficial in alleviating depressive symptoms and boosting happiness, albeit to varying degrees. Psychological treatments for depression have been studied extensively, and several are effective. These include cognitive-behavioural therapy (CBT), problem-solving, behavioural, and interpersonal therapy.

(b) Cognitive intervention

Trauma-focused Cognitive–Behavioural Therapy (TF-CBT) is one intervention with other components typical of CBT interventions, including coping skill training and symptom management, cognitive restructuring, and progressive exposure to targeting traumatic symptoms (Chaves et al., 2016; Otte, 2022). On the other hand, key differences include a higher emphasis on graded exposure, the creation of an accurate account of the trauma (known as a trauma narrative or TN), and the cognitive processing of experiences. This approach is grounded in studies that provide evidence for a trauma model in which cognitive biases and avoidance techniques play a crucial role in perpetuating traumatic memories and related symptoms. In TF-CBT, the children and the non-offending parent attend group and individual sessions. Involving parents facilitates the correction of misconceptions, the validation of parental reactions to their child’s traumatic experiences, the instruction of parents to support their child’s therapeutic work, and the establishment of a nurturing home environment.

(c) Group based Intervention in institutions

The preventative health care delivered in schools is well-liked by students and is a valuable resource for their mental health. However, due to the poor quality of the studies, no further statistical analysis was performed. Nurture groups (short-term group-focused intervention delivered in school settings, which addresses barriers to learning arising from social, emotional, or behavioural difficulties in an inclusive, supportive manner) have been shown to have a significant positive effect on children and adolescent’s social and emotional well-being (Jai K. Das M.D. et al., 2016). Ineffectiveness was evaluated qualitatively because a meta-analysis was not feasible due to the different research methods. According to a review of the literature on the topic, solution-focused

brief therapy has shown mixed results and some promise in school settings. This is especially true when helping students deal with negative emotions, control their behaviour, and stop projecting their issues onto others. Positive Behavior Support (PBS) is a popular strategy often implemented in educational settings. This approach details measures that the entire institution can employ to enhance student conduct and the school environment and to forestall or alter established patterns of disruptive or disruptively recurring behaviour. The current treatment regimen for depression focuses on relieving symptoms and deficits rather than fostering growth in positive strengths.

3. Methodology

In order to accomplish the study's objectives, the work has used a quantitative research method which is analytical and descriptive. For that, a survey has been conducted on 150 randomly selected adolescents from selected educational bodies and schools of Ghaziabad. The adolescents are provided with a structured and self-administered questionnaire. In addition, responses from related professionals involved in the execution of the interventional programmes and responses from the parents of the adolescents being treated were gathered.

4. Hypotheses

- i. There is no significant difference in outcomes of interventional programs among the children regarding their behavioural and psychological issues.
- ii. There is no significant difference in determining the effectiveness of interventional programs concerning behaviour and psychology among children.
- iii. There is no significant difference in assessing the association of children's perception of integrating interventional programs with their effectiveness concerning psychological issues.

4. Research and Discussion

The data is interpreted into three categories: adolescents 13 to 19 age, adolescents who have undergone/pursued intervention programs and the data from parents and institution teachers. The interpreted data is given in the average factor percentage format.

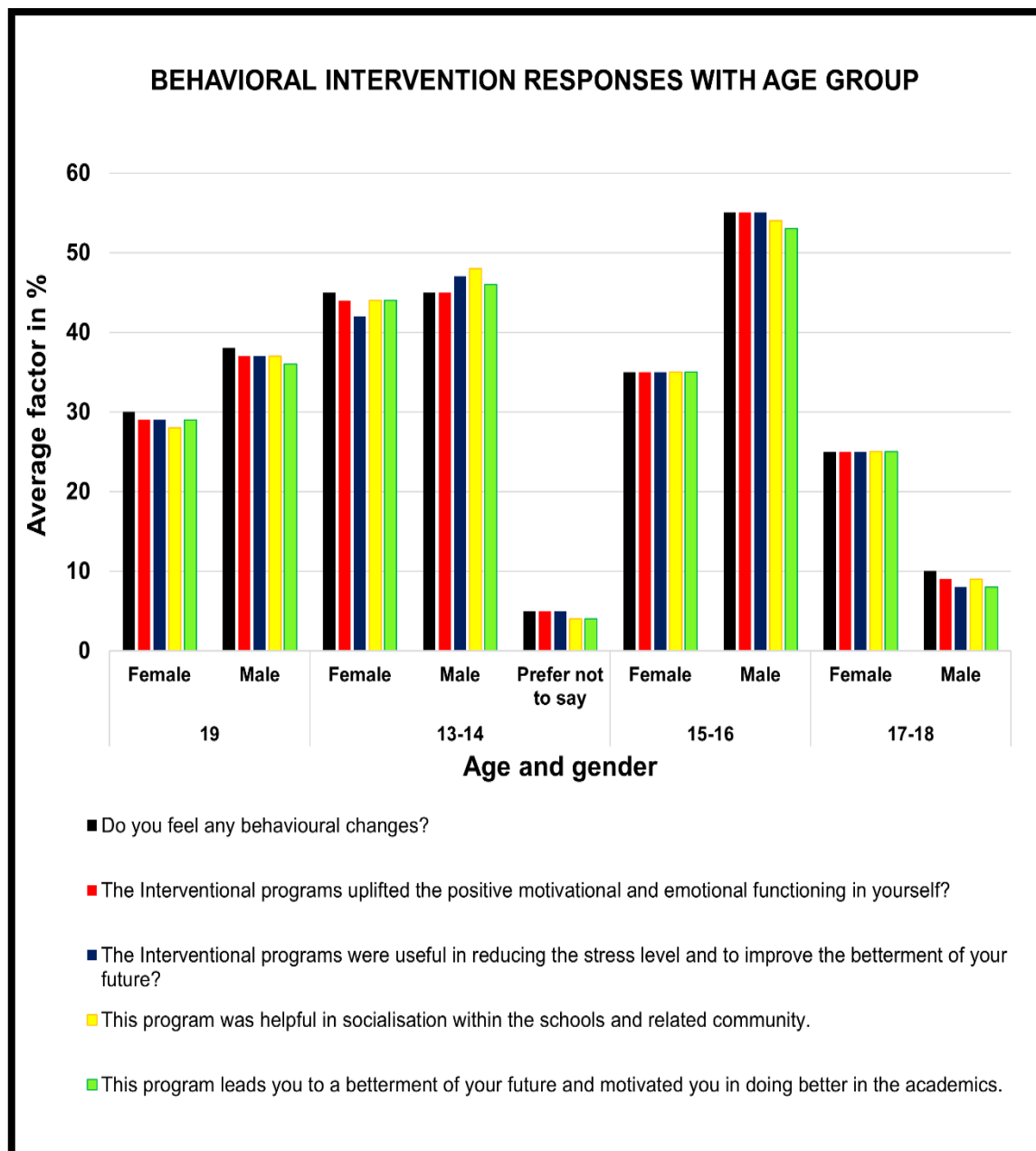


Figure 1: Data showing behavioural intervention response with age group range 13 to 19

The statistical response in figure 1 shows five different element approaches under mentioned age category and gender. It is observed that male children in the 15 – 16 age group have more favourable responses towards behavioural interventions with an average factor of 54%, whereas female children in the 13-14 age group showed positive responses when compared to other age female age groups with 48%. From the elements in the representation, it is evident that the interventions concerning behavioural changes are beneficial and improve the children's lives in various ways. The data shows the stress level of the subjects has been minimised, and these interventions motivated for better future characteristics with socialisation.

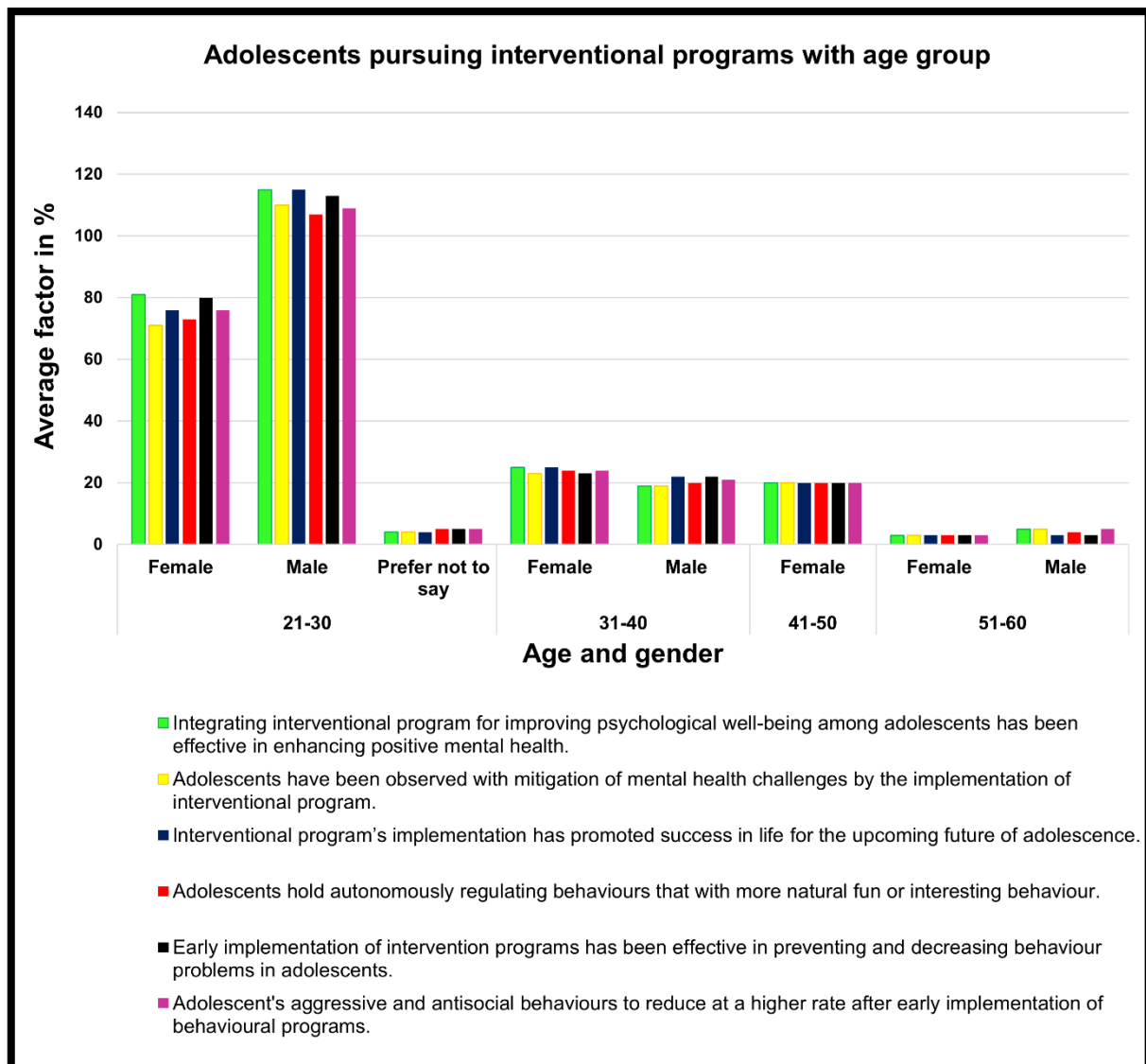


Figure 2: Data showing adolescents pursuing/involved in intervention categorised under age grouping

Adolescents and professionals in the interventional programs were also considered for the primary data. The retrieved data from these professionals is given in figure 2. The data shows an average male factor of 115% – 119% in age 21 – 30 was highly engaged in intervention activities. It is commonly known that the age group of 21 – 30 suffer the most mental illness, like anxiety, trauma, and work stress. Subjects under this age group are more inclined to participate regularly in intervention programs to eliminate the risk factors.

On the other hand, the participation/continuations of personalities in the age group 51-60 are found to be very low and neglectable. However, adults in the past 20 age group have assured that the programs have been highly efficient and significant in regulating autonomously with fun and interactive behaviour. The anti-social and aggressive nature was identified to be very low.

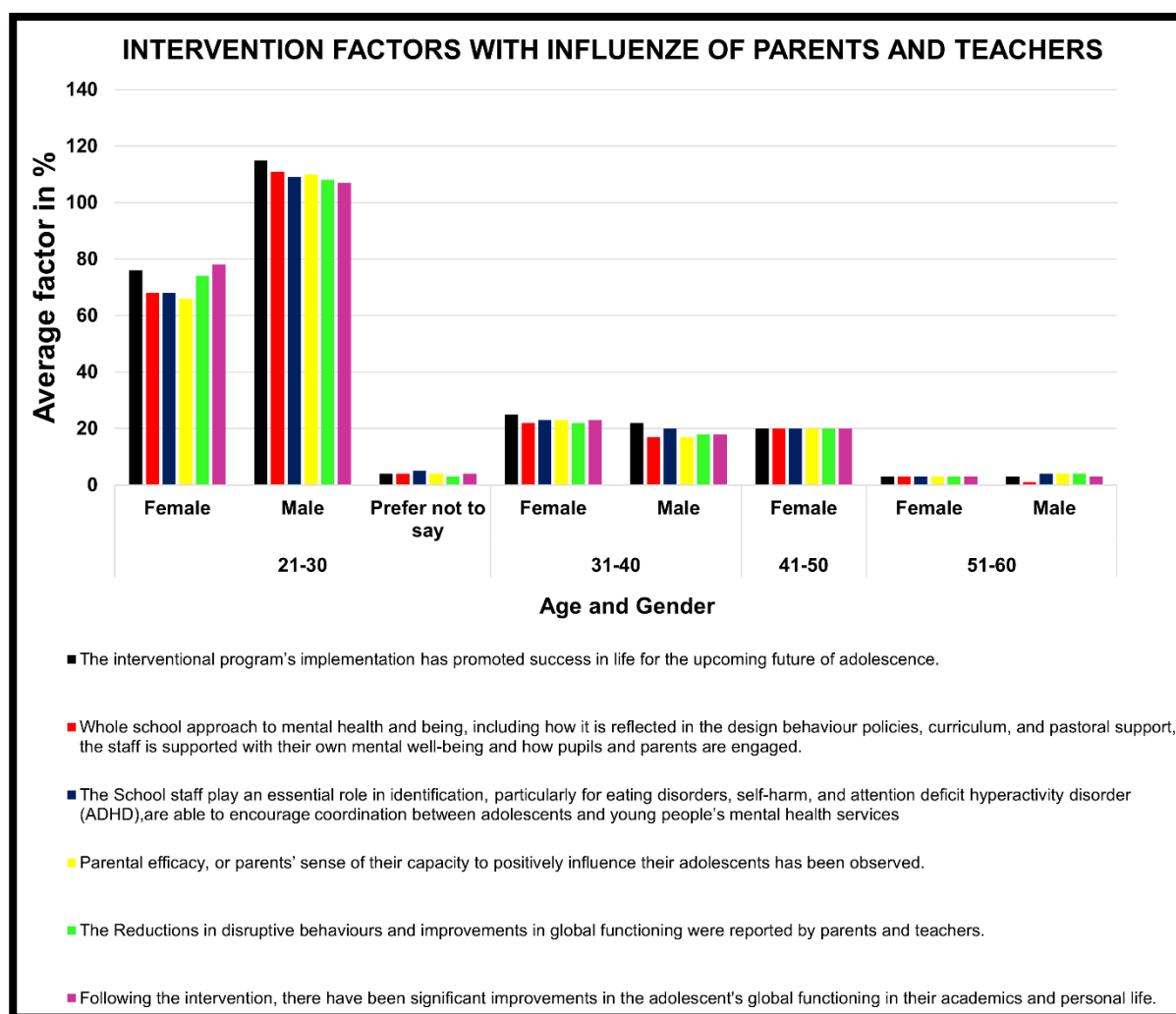


Figure 3: Data showing intervention factors which influence parents and institutions

Figure 3 shows the average factor of the considered elements concerning influential factors. Group cognitive psychological interventions are efficient, with values surpassing 110% in ages 21–30. Parents' and institutional teachers' support and encouragement have been witnessed as incredibly effective and significant in adolescent intervention practices. The subset of age 51–60 involves the professionals carrying out interventions in the therapy program. It is of paramount importance to locate and put through intervention practices that are proven effective in treating mental health issues in children and adolescents, considering the overall burden and impact of these ailments. The developmental perspective of mental health therapies and the potential effects of interventions made in childhood on adolescents is also recognised.

5. Conclusion

The work concludes that the intervention program had effective implementation and transformations in children and adults. It is evident from the data that adolescents experience

mitigation in mental health challenges as an outcome of participation in the intervention programs. The results also show that integrated and group intervention programs in the institutions with parents and faculty were high-throughput and efficacious for present leading life. Henceforth, the hypotheses have been proven wrong, and there is a significant impact on development through the intervention programs concerning behavioural efficacy.

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