

First-Grade Students Effectiveness of Early Maladaptive Schema Therapy on Behavioral Syndromes Among First-Grade Students

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Abstract

Introduction: This study aimed to examine the effectiveness of early maladaptive schema therapy on behavioral syndromes among first-grade students of Tehran/Iran.

Methods: The population of the study was all the students for ministry of science and education in Tehran. 180 students were selected by cluster random sampling method. The design of the study was pre-test, post-test with control group. 90 students assigned for experimental group and 90 students assigned for control group. Both group completed child behavior checklist (CBCL) before and after the therapy. Only experimental group received the therapy.

Results: The results showed early maladaptive schema therapy improved behavioral syndromes including externalizing and internalizing behavior of first grade students. The results showed that there is significant difference among all subscales of CBCL in children in pre-test and post-test ($P < 0.001$).

Conclusion: It is suggested to promote parents in getting rid of dysfunctional, maladaptive emotional and behavior patterns caused by their own schemas. It is recommended to apply this therapy for all first-grade students to prevent other behavioral problems during school age.

Keywords: Maladaptive schema therapy; Behavioral syndromes; Students

Introduction

Externalizing behavior problems are the single most common reason for which young children are referred for psychological treatment [1]. Severe externalizing behaviours, such as aggression and attention problems that arise in early childhood are likely to endure into later childhood and adolescence [2]. Although the precise etiology of these behaviours is unknown, it is certain that these problems do not develop in a vacuum. Externalizing behaviour is then addressed with a focus on the measurement of the behaviours of interest, aggression, delinquency, and attention problems.

Schemas are underlying rules that control one's thoughts and behaviours. Schemata content take all aspects of life, whether consciously or unconsciously Schemas, creates meaning and structure that a person is born. Meanwhile, schema transformations are influenced by culture, family, religion, and factors related to gender, age or personality. Schemas are considered as a dysfunctional fundamental belief that is triggered by an attack [3]. Scientific evidence about the relationship between age, gender and number of friends, family functioning, coping and health indicates that there is a relationship between them and their lives satisfaction. One of the most interesting cognitive phenomena in this field is schemata, but Schema is formed since the early life and affect an individual throughout the life. The basic scheme is beliefs that Individuals have about themselves, others and the environment; and typically originate of not satisfying

the basic needs in childhood, especially the emotional needs [4]. Usefulness of Schema Therapy is approved in the treatment of depression and chronic anxiety, eating disorders, marital problems, common problems in the sustaining intimate relationships; In addition, Schema therapy is effective for criminal offenders and to prevent recurrence of the problem among substance abusers.

Schema therapy is an integrated treatment that provides a systematic program for evaluating and modifying the early maladaptive schemas. It is based on the cognitive-behavioral therapy and combines interpersonal, attachment and experimental cognitive-behavioral techniques for measuring and modifying of early maladaptive schemas. The results suggest the effectiveness of schema therapy in improving the symptoms of anxiety and depression [5]. It is useful to promote parents in getting rid of dysfunctional, maladaptive emotional and behavior patterns caused by their own schemas. Schema therapy for children includes mode work for children, schema pedagogy and schema-coaching.

Schema Therapist is linked/connected to the parents and family (home- "[re]parenting"), teacher (school-[re]parenting) and caregivers, nurturer, social workers etc. (social network-[re]parenting).

Most of teachers and parents of children reported behavioural problems especially insecure attachment of first grade students. The behaviours of children were observed by random. The results confirmed the previous reports. On the other hand, some students referred to counselling centre of ministry of science and education after school reopen. The necessary training presented to parents and

their children. The results showed the effectiveness of the training methods. These evidences caused to design this study to examine the effectiveness of the early maladaptive schema therapy on behavioural syndromes among first-grade students of Tehran/Iran.

Methods

The population of the study was all the students for ministry of science and education in Tehran. 180 students were selected by cluster random sampling method. The design of the study was pre-test, post-test with control group. 90 students (45 boys and 45 girls) assigned for experimental group and 90 students (45 boys and 45 girls) assigned for control group. Both group completed child behavior checklist (CBCL) before and after the therapy. Only experimental group received the therapy.

The CBCL is a measure that allows parents to report on the competencies and behavioral and emotional problems of 6-18-year-old. The items used on this measure are identical to a large degree and yield scores for specific scales, including attention problems, delinquent behavior, and aggressive behavior. The DSM diagnoses of attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), and oppositional defiant disorder (ODD) have also been viewed as externalizing behavior problems [6].

CBCL was completed by parents (in this study their mothers) of the children to recognize the severity of behavioral symptoms in children [7,8] adapted three scales of Achenbach system of empirically based assessment (ASEB) which is consist of CBCL, TRF (Teacher Report Form), and YSR (Youth Self Report) in Tehran/Iran for 1437 students (748 boys and 689 girls). Content validity, criterion-related validity, and construct validity are measured for CBCL by [8] in Iran. The result of the numeric data of the content validity based on discrimination of questions in Iran showed that for the Aggressive Behavior Syndrome is 0.97, for both girls and boys. In addition, it is reported that the numeric data of the content validity of a CD scale (based on the DSM oriented scale) is 0.82 for girls and 0.83 for boys [8] measured the

reliability for the aggressive behaviour of children between 6 to 11 years and 12 to 18 years of age respectively 0.87 and 0.86. The reliability of conduct problem of CBCL is 0.72 for children between 6 to 11 years old and 0.76 for children between 12 to 18 years old. The result of measuring reliability of CBCL in this study (in the pilot study) is reported 0.88 for the aggressive behaviour and 0.72 for the conduct problems.

The following concepts was educated in the maladaptive schema therapy:

Schema pedagogy: Caregivers should know their own schemas. The limited reparenting “-Concept or network-reparenting “does only work if the caregivers can distinguish between the own (unmet) needs from those of the child. Therefore, a certain set of self-awareness/self-disclosure is inevitable (e.g. as a member of a self-awareness group). In the centre of Schema Coaching stands the parents ‘maladaptive schemas and modes.

The steps of Schema Coaching are: to investigate the parents' schemas (e.g. exploration, YSQ-questionnaire, partner interview), to define which modes exist and to figure out how they get activated by the child 's behaviour (“emotional buttons” of the parents), to go back into the own childhood to clarify which needs were unmet when the parent was a child (e.g. chair work, imagery). Schema modes are moment-to-moment emotional states that are triggered by day-to-day-events the child is oversensitive to (“emotional buttons”). The mode concept helps to understand the own behaviour and feelings. This understanding enables the child to build up an ego-dystonic understanding of the problematic behaviour. Goal: Change from an ego-syntonic into an ego-dystonic understanding (“mental change”).

Results

The CBCL internalizing and externalizing scores at pre- and post-treatment explained as below.

	Internalizing				Externalizing				F	P
	Pre-test		Post-test		Pre-test		Post-test			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Internalizing (Experimental group)	241.92	13.91	181.66	34.99	261.8	16.34	201.01	35.79	24.82	0.001
Externalizing (Experimental group)	191.53	24.51	148.12	29.28	214.41	25.37	183.0	25.71	32.52	0.001

Table 1: Mean and SD and variance analysis of children in externalizing and internalizing in experimental group.

Table 1 shows mean and SD of externalizing and internalizing of children in experimental group. Internalizing syndromes includes anxious/depressed, withdrawn/depressed, somatic complaints. Externalizing syndromes includes rule-breaking behaviour, aggressive behaviour, social problems, thought problems and attention problems.

The results showed that there is significant difference among all subscales of CBCL in children in pre-test and post-test ($P < 0.001$).

Table 2 explained mean and SD of externalizing and internalizing of children in control group.

As can be seen in Table 2, the mean and SD of children in control group did not show significant changes.

	Internalizing				Externalizing			
	Pre-test		Post-test		Pre-test		Post-test	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Internalizing (Experimental group)	241.92	13.91	240.02	12.99	260.8	14.34	259.02	14.32
Externalizing (Experimental group)	191.53	24.51	189.52	23.99	213.41	24.37	213.02	24.32

Table 2: Mean and SD of children in externalizing and internalizing in control group.

Conclusion

This study aimed to examine the effectiveness of early maladaptive schema therapy on behavioral syndromes among first-grade students of Tehran/Iran. The results imply that the training of schema therapy group influenced externalizing and internalizing behavior of children.

Montazeri et al. [9] Examined the effectiveness of schema therapy in reducing the severity of symptoms of depression and obsessive-compulsive personality disorder. It was concluded that schema therapy reduces symptoms of depression and obsessive-compulsive personality in patients with obsessive-compulsive personality disorder [10] examined effectiveness of meaning therapy and Gestalt therapy in reducing symptoms of depression, anxiety and hostility among the divorce-seeking women of Saghez City and found that these approaches are effective in reducing symptoms of depression, anxiety and hostility [11] examined the effectiveness of schema therapy on marital attributions and communicative beliefs concluded that schema therapy improves the marital communicative attributions and communicative beliefs.

It is suggested to promote parents in getting rid of dysfunctional, maladaptive emotional and behavior patterns caused by their own schemas. It is recommended to apply this therapy for all first-grade students to prevent other behavioral problems during school age. The other suggestion of this study is to conduct the schema therapy for other region of ministry of science and education in Iran and other countries. In addition, it is necessary to apply these kinds of interventions in schools to prevent the behavior problems in adolescents.

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