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The impact of therapeutic group therapy on mothers' knowledge of preschool-age children's cognitive and psychosocial development

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Abstract

A non-ideal development could influence the psychological improvement of youngsters. Mental advancement problem's youngsters all over the planet were named high. To forestall what is going on it was required a constant feeling from the mother. Giving excitement was upheld by mother's information about kid's development and improvement so feeling could be given by the development stage. Helpful gathering treatment was one of the alternative that give information to the mother in doing a formative excitement as per the youngsters' age. The motivation behind this examination was to decide the impact of helpful gathering treatment on mother's information in giving a mental and psychosocial formative excitement of preschool-age kids. This examination utilized "Semi explore pre-post test control bunch" with restorative Gathering Treatment mediation of preschool-age kids (3-4 years). The consequence of this examination acquired that the mental part of mother's information was 0,070 (p value>0, 05) which suggested that there was no contrast among mediation and control bunch. While in the psychosocial angle it was observed that information on mother was 0,460 (p value> 0. 05) which intended that there was no contrast among mediation and control bunch. With the giving of this treatment, working on the improvement of preschoolers was normal. Particularly on the mental and psychosocial angles.

Keywords: Remedial gathering treatment, mother's information, formative excitement

Introduction

Preschoolers (3-6 years of age) are a basic period that has a significant impact concerning the outcome of the development and improvement process that should be achieved by grown-ups (Shoshani *et al.*, 2017) ^[13]. This development can be seen in seven perspectives; motoric, mental, language, close to home, character, strict and moral person as well as psychosocial. Mental advancement during preschoolers assumes a significant part since youngsters will actually want to assess the result of an occasion or age-related change in mental exercises (Hapsari, 2016) ^[14]. As indicated by Erikson, psychosocial advancement during preschoolers is also called drive versus responsibility. Drives are utilized to have and seek after different objectives and furthermore to smother or defer an objective. Goals that should be limited will achieve a feeling of culpability or sin (Xing *et al.*, 2017) ^[15]. This psychosocial angle will impact different parts of advancement in youngsters. The course of advancement that isn't working ideally will prompt aggravation and influence the psychological improvement of youngsters. Mental advancement issues among youngsters all over the planet named high, for example, in the US arriving at 12-16%, Thailand 24%, Argentina 22% and Indonesia 13-18%. The commonness of youngsters' psychological advancement issue in Indonesia will in general expansion over the most recent 6 years (Cameron *et al.*, 2017) ^[6]. Non-ideal improvement can prompt emotional wellness issues. An instance of mental issues happens because of the absence of consideration and feeling of the guardians that are given during youth. In China, it is recorded that 75% of the culprits of vicious demonstrations in adulthood is brought about by the absence of guardians' consideration during their life as a youngster (Balsevicene *et al.*, 2014) ^[4]. In the mean time, numerous young people in Australia do criminal demonstrations, free sex and become menaces at their school. In the US, it is accounted for that there are around 13-20%.

Methods and Materials

A research design with a quasi-experimental pre-post test control group was used using a therapeutic group therapy intervention on toddlers. This study was done in Nellore City to see how different types of mothers' knowledge affected how they stimulated their children's growth before and after therapy.

40 respondents were gathered for the intervention group and 40 respondents for the control group using random cluster sampling, with the following inclusion criteria:

- Willing to participate in the survey
- Parents of children aged 3 to 4 living in Nellore City
- Willing to adhere to therapy from the beginning to the completion of sessions
- Able to read and write.

Researchers underwent the ethical test at the Faculty of Nursing before beginning data collection. Then the researchers conducted a voluntary commitment from the participants and obtained written approval from them along with an explanation of the research. All personal information was kept private, and participants had the choice to accept or refuse. Prior to doing the investigation, the researchers also tested their theories with experts. The researchers approved the study and prepared the enumerator (for data collection) who agreed to help with pre- and post-data collection tasks. The researchers chose West Nellore as the control group and East Nellore as the intervention group after setting up the data collector. One intervention group was made up of 5 respondents (mother and kid). The mediation was led in 5 meetings in 3 gatherings for length multi month.

Results

According to the demographic information, the respondents were preschoolers between the ages of 3 and 4. 25 children under the age of 3 and 15 children under the age of 4 made up the intervention group. In contrast, there were 22 3-year-olds and 18 4-year-olds in the intervention group. There were 18 boys and 22 girls. The intervention group's lads. In contrast, there were 19 girls and 21 boys in the control group. There were 14 working mothers and 26 non-working mothers in the intervention group. In contrast, 23 working mothers and 17 non-working mothers made up the control group. Both groups met statistical criteria for homogeneity. Table 1 illustrates moms' understanding of how to stimulate toddlers' cognitive and social development before therapy in the intervention and control groups. According to the table, moms in the intervention group had an average knowledge of 2,68 cognitive aspects, compared to 3,15 in the control group. Based on the findings of the statistical analysis of the cognitive component, a p-value of 0,05 indicated that there was a difference in the knowledge of mothers in the intervention and control groups. The average level of knowledge among mothers in the intervention group was 4.30, compared to 5.78 in the control group, when we looked at the psychological components. Mother's understanding of the psychosocial element was determined to have a p-value of 0,05 based on the results of the statistical test, hence there was no difference between intervention and control group.

Table 2 illustrates the comparison of mothers' knowledge in the intervention group before and after therapeutic group treatment. A score of 0.051 was achieved, indicating that

there were no differences between the cognitive features before and after therapy (p value > 0.05). A significant difference in mothers' knowledge within the intervention group before and after therapy was found in the psychosocial element, which received a score of 0,027 (p-value 0,05). According to the analysis of mothers' knowledge before and after therapy in the control group, there was no difference in mothers' understanding of the cognitive aspect (0,183; p value > 0,05). Mothers' knowledge in the control group was 0.323 (p value > 0.05) for the psychosocial component, indicating that there was no difference before and after.

Table 3 shows mother's knowledge of cognitive aspect in giving stimulation after therapeutic group therapy. Obtained a score of 0,070 (p value> 0,05) which meant that there was no difference between intervention and control group. Whereas in the psychosocial aspect, it was found that mothers' knowledge was 0,460 (p value> 0,05) which meant that there was no difference between intervention and control group.

Table 1: Analysis of mothers' knowledge in giving stimulation of preschooler's development before therapy on intervention and control group

Development dimensions	Group	N	Mean	SD	P-Value
Cognitive	Intervention	40	2.64	1.204	0.041
	Control	40	3.17	0.821	
Psychosocial	Intervention	40	4.40	1.873	0.000
	Control	40	5.08	1.054	

Table 2: Analysis of mothers' knowledge in giving stimulation of preschooler's development before and after therapy on intervention and control group

Group	Development Dimensions	Time	N	Mean	SD	P-Value
Intervention	Cognitive	Before	40	2.58	1.207	0.151
		After	40	2.95	1.290	
	Psychosocial	Before	40	4.20	1.714	0.017
		After	40	4.50	1.607	
Control	Cognitive	Before	40	3.05	0.502	0.153
		After	40	3.21	0.747	
	Psychosocial	Before	40	5.75	1.074	0.321
		After	40	5.70	1.051	

Table 3: Analysis of mothers' knowledge in giving stimulation of preschooler's development after therapy on intervention and control group

Development Dimensions	Group	N	Mean	SD	P-Value
Cognitive	Intervention	40	2.75	1.032	0.71
	Control	40	3.21	0.721	
Psychosocial	Intervention	40	4.50	1.707	0.00
	Control	40	5.60	1.081	

Discussion

After therapy, neither the intervention group nor the control group's variations in mothers' knowledge showed any discernible improvement. Mothers in the intervention group have more understanding of psychosocial factors. This happens because responders were unaware of the psychological factors prior to therapy. When providing therapy with a psychosocial component, even the researchers receive a lot of questions. The stimulation on psychosocial aspects starts with a child's capacity to assist

with basic homework, play with household items and enjoy playing with peers in gender-based games, visit neighbors, friends, or relatives without parents, create family albums, play creatively with friends, play selling, and go shopping (Hapsari, 2016) ^[14]. Before and after treatment, there have been considerable modifications as a result. Providing stimulation can help to support the people taking part in the educational process (Bhinney, 2012) ^[5]. A person gets improved in some way as additional stimuli are provided. The therapeutic approach used in this intervention serves as an excellent form of stimulus for adult learners (Ur and Govt, 2016).

The cognitive component does not much differ. This occurs as a result of some mothers bringing non-preschoolers to therapy. The researchers tried to concentrate on each person individually but were unable to do so. The researchers have a unique difficulty because Indian society is known for having more families with toddlers than other societies. Because noise can prevent information from being absorbed, it can have an impact on how well therapy works (Gwinner, 2016) ^[11]. Because the concentration of responders would divide, an imbalanced number of groups could interfere with the delivery of therapy (Damayanti, 2010) ^[8]. The experts advise the responders to refrain from bringing other toddlers to this therapy so they can focus on it.

Therapeutic group therapy is a proactive measure to promote healthy child development in order to delay the onset of mental health issues. Through training in efficient stress management techniques, participants in this therapy can help one other address difficulties and anticipate forthcoming ones (Nugter and Engelsbel, 2015) ^[16]. Development of members' capacities and mutual support in the formation of adaptive behaviours are additional goals of therapeutic group therapy (Damayanti, 2010) ^[8]. This study also accomplishes the aforementioned. But unlike other forms of therapy, the researchers only used small groups, with 3 to 5 patients in each. It was designed to allow the researchers to concentrate on each individual and undoubtedly teach all components for each respondent.

The control group did not experience any notable changes. Pre-test and post-test results actually suggest that women in the control group may have more knowledge because respondents are required to submit evaluations of the items in the examinations. The questions can serve as a reminder to the respondents of all the information they should be aware of regarding various areas of toddlers' development. People will accept new information in the adult learning process if they perceive a need for it. As a result, a learning process that is created by the person themselves will take place.

The fact that mothers' knowledge improved in the therapy group highlights the value of offering preschoolers therapeutic treatment groups to promote children's development appropriately for their age. However, in order to maximize the findings of this research, the researchers should focus on each responder while administering this therapy.

It can be inferred from the presentation of therapeutic group treatment that an environment that is accommodating, a respondent who is highly curious and active participation from the participants would result in an enhancement of moms' knowledge. When administering the therapy, researchers should consider the surroundings and reassure

the participants of the value of this therapy for toddlers' development. Thus, it can improve respondents' or mothers' knowledge of how to stimulate preschoolers' growth, particularly in terms of cognitive and psychosocial elements.

Conclusion

In both the intervention and control groups, there was no difference in the mothers' cognitive knowledge before and after therapeutic group treatment. Within the intervention group, the psychosocial components underwent a significant alteration in the meantime. Additionally, there were notable variations between the intervention and control groups before and after therapeutic group therapy. It was anticipated that this therapy would enhance preschoolers' development, particularly in the cognitive and psychosocial areas. The recommendation for future studies is to maximize the provision of therapy and advise participants to only bring preschoolers, as this creates a setting that encourages participants to concentrate on getting therapy.

Conflict of Interest

Not available

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Not available

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