

Research Article

# EVALUATE THE IMPACT OF CHILDREN'S MALADAPTIVE BEHAVIOR MANAGEMENT PROGRAM ON PARTICIPATING GRANDPARENTS IN VIETNAM: A RANDOMIZED CONTROLLED TRIAL

*Yen Tran Thi Hai\*\*#, Nga Chu Thi Huong\*, Thoa Dinh Thi\*, Thuy Cao Thi\*, Thang Nguyen Anh\*\**

*\*Department of Psychology and Education, National Academy of Education Management, Ha Noi, Vietnam;*

*\*\*Department of Political Theory, Academy of Cryptographic Techniques, Ha Noi, Vietnam*

## Abstract

In the Vietnamese cultural context, grandparents often assist their children in raising their grandchildren. While children often exhibit maladaptive behaviors, grandparents show difficulty in dealing with those behaviors of their grandchildren. This article evaluates the effectiveness of children's maladaptive behavior management program for participating grandparents in order to propose recommendations for completing and widely implementing a program to support grandparents to manage their grandchildren behaviors. The results of the repeated measures Analysis of Variance (ANOVA) analysis of the cognitive status, emotions and skills of the grandparents before the experiment, immediately after the experiment and three months after the experiment between grandparents of the intervention group and grandparents of the control group show that: The program is effective in enhancing grandparents' awareness and skills in managing children's maladaptive behavior, reducing the impact of children's maladaptive behavior on grandparents' emotions. This result shows that it is feasible to implement a training program for grandparents to manage children's maladaptive behavior in Vietnam. *ASEAN Journal of Psychiatry, Vol. 25 (6) August, 2024; 1-11.*

**Keywords:** Grandparents; Children; Maladaptive Behavior; Maladaptive Behavior Management Program; Mental Health

## Introduction

In the context that children in Vietnam often exhibit maladaptive behaviors, caregivers often behave with children's maladaptive behaviors by experience and habits without skills [1]. This makes managing children's maladaptive behavior ineffective in the long term, leading to stress in children and grandparents. Faced with that situation, the author has researched, developed and piloted a program to manage children's maladaptive behavior for grandparents in Vietnam on the basis of inheriting the achievements of programs for grandparents in the world and based on the current state of awareness, emotions, and behavioral management skills of grandparents in Vietnam [2].

Evaluating the impact of a pilot program on the

recipient population is necessary to judge the effectiveness and feasibility of that program, clarifying the practical significance of the research. In this study, there are two subjects receiving impacts from the program: Grandparents and children. In particular, children are the main target audience for the program. However, grandparents are intermediaries, with the role of receiving program content, thereby influencing children. If grandparents have a good awareness of the mechanism of shaping children's behavior, of the child's maladaptive behavior management skills, of the managing emotions skills, they will practice and manage effectively their children's maladaptive behavior [3].

For the above reasons, in this article, the author evaluates the effectiveness of the children's maladaptive behavior management program

for grandparents in Vietnam on participating grandparents, thereby proposing recommendations in order to complete and apply this program in Vietnam.

## **Materials and Methods**

### *Study design*

To evaluate the effectiveness of the program's impact, the author conducted an experiment on two groups of grandparents (intervention group and control group) and evaluated at three time points: Before the experiment, immediately after the experiment and three months after the experiment.

### *Participants*

The subjects participating in the experiment were 52 grandparents, of which 26 were in the intervention group and 26 were in the control group. The process of selecting subjects to participate in the experiment took place at a time when the COVID-19 epidemic was widespread and prolonged nationwide, so we conducted random and convenient selection [4]. The grandparents who were sent invitations to participate in the experiment were grandparents who expressed their desire to participate in the experiment (in the input status survey) and were grandparents in Hanoi city [5]. We control the grandparents of the two groups through the characteristics: Ensuring that the cognitive and skill scores of the intervention group's grandparents were not higher than the cognitive and skill scores of the control group's grandparents; the emotional average of the intervention group's grandparents was not lower than the emotional average of the control group's grandparents before the experiment [6].

### *Procedure*

**Phase 1:** Assess the cognitive status, emotions, and skills of grandparents before the experiment; introduce to the grandparents about the experimental procedures. In particular, the intervention group's grandparents are introduced to the program and regulations for participating in program training; Control group grandparents are asked to research and practice on their own.

**Phase 2:** Deploy training program on managing children's maladaptive behavior for grandparents in the intervention group. During this time, the control group's grandparents study on their own.

**Phase 3:** At the end of the experiment, measure the cognitive status, emotions, and skills of the grandparents of the two groups. At the same time, the author also conducts in-depth interviews to better understand some issues that arose during the research process.

**Phase 4:** Measure and interview grandparents 3 months after the end of the experiment.

### *Measures*

The cognitive status, emotions, and skills of grandparents are measured using a self-developed questionnaire. The questionnaire includes 124 items, including 28 items measuring cognition, 66 items measuring emotions, and 30 items measuring skills. Each item is measured by 5 levels of agreement between the subject and the statement (strongly disagree to strongly agree). The effectiveness of the program's impact is evaluated through quantitative (repeated measures ANOVA) and qualitative (in-depth interviews) results [7].

## **Results**

### *Impact of the program on grandparents' cognition, emotions, and skills in managing children's maladaptive behavior*

We evaluate the impact of the program on grandparents based on comparing the cognitive status, emotions, and skills of grandparents in the intervention group and the control group at three time points before, immediately after, and three months after the experience [8].

### *Impact of the program on grandparents' awareness*

The average cognitive score of grandparents in the intervention group before the intervention is 2.95 and gradually increased immediately after the intervention (3.7) and 3 months after the intervention (3.91). The average cognitive score of grandparents in the control group before intervention is 2.80 and gradually decreased after intervention (2.42) and 3 months after intervention (2.21) [9]. This result shows that the awareness of grandparents in the intervention group after the experiment is better than that before the experiment. In contrast, the awareness of the control group's grandparents after the experiment decreased compared to before the experiment. Data proving this result are shown in Table 1.

**Table 1. Current status of grandparents’ awareness before the experiment, immediately after the experiment, three months after the experiment.**

Times	Groups	Mean	Std. deviation	N
Before the experiment	Control group	2.8	0.52	26
	Intervention group	2.95	0.48	26
Immediately after the experiment	Control group	2.42	0.21	26
	Intervention group	3.7	0.24	26
Three months after the experiment	Control group	2.21	0.15	26
	Intervention group	3.91	0.21	26
	Control group	3.78	0.14	26

In the Mauchly’s test of Sphericity, Greenhouse-Geisser’s Epsilon=0.566,  $p=0.000$ , thus rejecting the zero hypothesis, meaning the Sphericity test is violated (there is no homogeneity of variance-covariance). Therefore, the author continues to test within groups with 3 types of corrections (Greenhouse-Geisser, Huynh-Feldt and Lower-bound). The results show that: All 3 types of adjustment (Greenhouse-Geisser, Huynh-Feldt and Lower-bound) give the same F results ( $F=5.965$  and  $p<0.05$ ), proving that the improvement in the average cognitive score of grandparents in the intervention group immediately after the intervention and three months after the intervention compared to before the intervention is clearly and statistically significant different. In contrast, the cognitive decline of the control group’s grandparents after the experiment is statistically significant [10]. This result allows the author to conclude that: the intervention program impacts positively on grandparents’ awareness, helping them have better awareness of children’s behavior and skills to manage children’s maladaptive behavior (Table 2).

To further demonstrate the impact of the program on grandparents’ cognition, the author analyzed grandparents’ cognitive mean scores at three time points in the group interaction. The test results show that all 3 types of correction (Greenhouse-Geisser, Huynh-Feldt and Lower-bound) give results  $F=84.775$ ,  $p=0.000$ . This shows that there is an interaction between group factors and grandparents’ perceptions, that is, the cognition of the intervention grandparents and the perceptions of the control grandparents at the three time points are clearly different and subject to the influence of group characteristics (the intervention group is influenced by the program to manage children’s maladaptive behavior, the control group is influenced by unknown variables collected documents, self-study, experience) [11]. The clear

difference in the awareness of grandparents of the two groups is shown in the tests of between-subjects effects test, with value  $F=315.768$  and  $p=0.000$  (Table 3).

The estimated average cognitive score of the grandparents in the control group is 2.48, while that in the intervention group is 3.52, showing that: Although before the experiment, the awareness of the grandparents in the control group is better than that of the grandparents in the intervention group, but after the experiment, in general, the awareness of grandparents in the intervention group is better than that of grandparents in the control group. The average difference in awareness between grandparents in the intervention group and grandparents in the control group is 1.044,  $p=0.000$  (Table 4).

Thus, in general, the awareness of the intervention group’s grandparents immediately after the experiment is better than that before the experiment, three months after the experiment is better than immediately after the experiment. The awareness of the control group’s grandparents immediately after the experiment and three months after the experiment decreases compared to before the experiment [9]. There is a statistically significant difference in grandparents’ awareness between the two groups. Group characteristics have an impact on this result. This allows the author to conclude that: The children’s maladaptive behavior management program for grandparents taking care of their grandchildren in Vietnam is effective in improving grandparents’ awareness of their children’s behavior as well as children’s maladaptive behavior management skills. The program’s effectiveness is maintained over time; without consistent, appropriate support, grandparents’ awareness of their child’s behavior and their skills for managing maladaptive behavior may decline. The following chart represents this impact (Figure 1).

**Table 2. Comparison of grandparents’ perception in each group over time (Tests of within-subjects effects).**

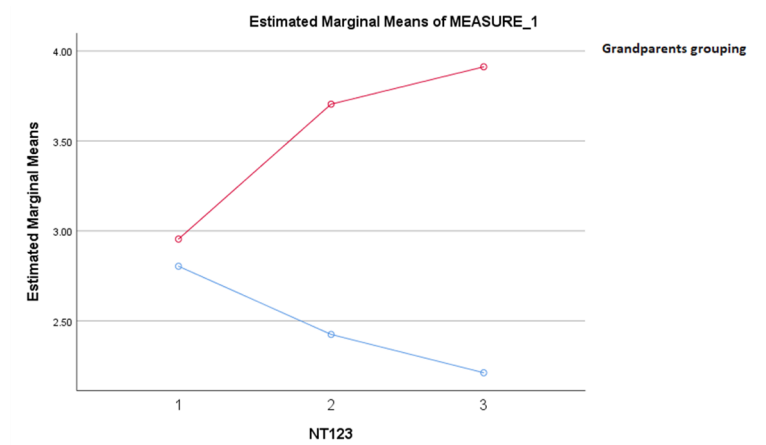
Source		Type III sum of squares	df	Mean square	F	Sig
Awareness before, immediately after, and 3 months after the experiment	Sphericity assumed	1.175	2	0.587	5.965	0.004
	Greenhouse-geisser	1.175	1.132	1.038	5.965	0.015
	Huynh-feldt	1.175	1.163	1.01	5.965	0.014
	Lower-bound	1.175	1	1.175	5.965	0.018
Awareness before, immediately after, and 3 months after the experiment	Sphericity assumed	16.694	2	8.347	84.775	0
	Greenhouse-geisser	16.694	1.132	14.752	84.775	0
	Huynh-feldt	16.694	1.163	14.352	84.775	0
	Lower-bound	16.694	1	16.694	84.775	0

**Table 3. Comparison of perceptions of grandparents in the intervention group and perceptions of grandparents in the control group.**

Source	Type III sum of squares	df	Mean square	F	Sig
Intercept	1405.715	1	1405.715	10443.27	0
Group	42.504	1	42.504	315.768	0
Error	6.73	50	0.135	-	-

**Table 4. Average difference in awareness of grandparents in the intervention group with grandparents in the control group (Pairwise comparisons).**

(I) Group	(J) Group	Mean difference (I-J)	Std. error	Sig	95% Confidence interval for difference	
					Lower bound	Upper bound
Control	Intervention	-1.044	0.059	0	-1.162	-0.926
Intervention	Control	1.044	0.059	0	0.926	1.162



**Figure 1. Awareness of grandparents in the intervention group and that of grandparents in the control group at three point times. Note: (—) Control group; (—) Intervention group.**

### *Impact of the program on grandparents' emotions*

The emotional mean score of the intervention group's grandparents before the intervention is 2.69 and gradually decreases immediately after the intervention (2.17) and 3 months after the intervention (2.08). The emotional mean score of grandparents in the control group before intervention is 2.88 and gradually increases after intervention (2.97) and 3 months after intervention (3.08) (Table 5).

The results of Mauchly's test of Sphericity show that Greenhouse-Geisser's Epsilon=0.739 and  $p=0.000$ , thus rejecting the null hypothesis, meaning the Sphericity test is violated. Therefore, the author continues to test within groups with 3 types of corrections (Greenhouse-Geisser, Huynh-Feldt and Lower-bound). All 3 types of adjustment result in  $F=41.819$  and  $p=0.000$ , demonstrating that the average emotional score of the intervention group's grandparents is gradually decreasing immediately after the intervention and three months after the intervention compared to before the intervention is clearly different and statistically significant. In contrast, the gradual increase in emotional mean score of the control group's grandparents after the experiment was statistically significant [12].

This continues to allow the author to conclude that: The intervention program impacts positively on the grandparents' emotions, helping them better manage their emotions during the process of managing children's maladaptive behavior. After the intervention, grandparents are less affected by their children's maladaptive behaviors as well as by disagreements with partner in the process of caring for their grandchildren (Table 6).

To further demonstrate the impact of the program on grandparents' emotions, the author analyzed grandparents' emotional mean scores at three time points in the group interaction. The test results show that all 3 types of correction (Greenhouse-Geisser, Huynh-Feldt and Lower-bound) result  $F=41.819$ ,  $p=0.000$ .

This shows that there is an interaction between group factors and grandparents' emotions, that is, the emotions of the grandparents in the intervention group and the emotions of the grandparents in the control group at the three time points are clearly different and subject to the influence of group characteristics (the intervention group is influenced by the program to manage children's maladaptive

behavior, the control group is influenced by unknown variables collected documents, self-study, experience). The clear difference in the emotions of grandparents of the two groups is proven in the Tests of Between-Subjects Effects test, with  $F$  value=124.189,  $p=0.000$  (Table 7).

The average estimate of the general emotions of grandparents in the intervention group is 2.31, and that of grandparents in the control group is 2.98, showing that the emotions of grandparents in the control group are more affected than those in the intervention group. The average difference in emotional scores of grandparents in the intervention group compared to grandparents in the control group is 0.668,  $p=0.000$  (Table 8).

Grandparents' emotions are measured to assess the extent to which emotions are affected by the grandchild's maladaptive behaviors and by disagreements with the grandchild's co-caregiver. That is, whether the grandchild's maladaptive behaviors and disagreements with the grandchild's co-caregiver have a negative impact on the grandparents' emotions, causing the grandparents to form negative emotions.

The above analysis results show that the emotions of the intervention group's grandparents immediately after the experiment are less affected than before the experiment, and three months after the experiment are less affected than immediately after the experiment. The emotions of the control group's grandparents immediately after the experiment and three months after the experiment are more affected than before the experiment.

There is a statistically significant difference in grandparents' emotions between the two groups. That is, group characteristics have an impact on this result. This allows the author to conclude that: The children's maladaptive behavior management program developed for grandparents taking care of their grandchildren in Vietnam is effective in helping grandparents improve their emotional management skills.

Thereby reducing the level of negative influence caused by the children's maladaptive behaviors and by disagreements with other co-caregivers. The program's effectiveness is maintained over time; without consistent, appropriate support, grandparents' negative emotions that appear when managing children's maladaptive behavior may increase. The following chart represents this impact (Figure 2).

**Table 5. The grandparents’ emotional status before the experiment, immediately after the experiment, and three months after the experiment.**

Time point	Group	Mean	Std. deviation	N
Before the experiment	Control	2.88	0.25	26
	Intervention	2.69	0.37	26
Immediately after the experiment	Control	2.97	0.24	26
	Intervention	2.17	0.2	26
Three months after the experiment	Control	3.08	0.15	26
	Intervention	2.08	0.18	26

**Table 6. Comparison of grandparents’ emotions within each group over time (Tests of within-subjects effects).**

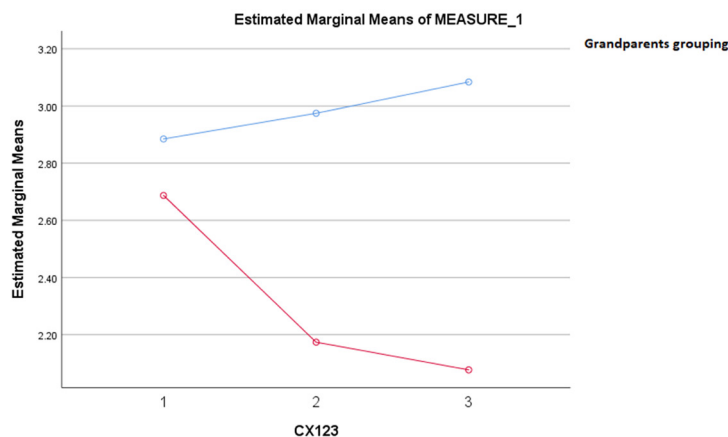
Source		Type III sum of squares	df	Mean square	F	Sig
Emotions before, immediately after, and three months after the experiment	Sphericity assumed	1.51	2	0.755	41.819	0
	Greenhouse-geisser	1.51	1.479	1.021	41.819	0
	Huynh-feldt	1.51	1.544	0.978	41.819	0
	Lower-bound	1.51	1	1.51	41.819	0
Emotions before, immediately after, and three months after the experiment	Sphericity assumed	4.6	2	2.3	127.402	0
	Greenhouse-geisser	4.6	1.479	3.111	127.402	0
	Huynh-feldt	4.6	1.544	2.98	127.402	0
	Lower-bound	4.6	1	4.6	127.402	0
Error (emotions before, immediately after, and three months after the experiment)	Sphericity assumed	1.805	100	0.018	-	-
	Greenhouse-geisser	1.805	73.939	0.024	-	-
	Huynh-feldt	1.805	77.179	0.023	-	-
	Lower-bound	1.805	50	0.036	-	-

**Table 7. Comparison of emotions of grandparents in the intervention group and that of grandparents in the control group (Tests of between-subject’s effects).**

Source	Type III sum of squares	df	Mean square	F	Sig
Intercept	1092.83	1	1092.83	7788.958	0
Group	17.424	1	17.424	124.189	0
Error	7.015	50	0.14	-	-

**Table 8. Average difference in emotions between grandparents of the intervention group and that of grandparents of the control group (Pairwise comparisons).**

(I) Group	(J) Group	Mean Difference (I-J)	Std. error	Sig	95% Confidence interval for difference	
					Lower bound	Upper bound
Control	Intervention	0.668	0.06	0	0.548	0.789
Intervention	Control	-0.668	0.06	0	-0.789	-0.548



**Figure 2. Emotions of the intervention groups of grandparents. Note: (—) Control group; (—) Intervention group.**

### Impact of the program on grandparents’ skills

The average skill score of the intervention group’s grandparents before the intervention is 1.99 and gradually increases immediately after the intervention (3.69) and 3 months after the intervention (3.78). The average skill score of grandparents in the control group before intervention is 2.39 and gradually decreases after intervention (2.02) and 3 months after intervention (1.95) (Table 9).

The results of Mauchly’s test of Sphericity show that Greenhouse-Geisser’s Epsilon=0.527,  $p=0.000$ , thus rejecting the null hypothesis, meaning the Sphericity test is violated. Therefore, we continue to test within groups with three types of corrections (Greenhouse-Geisser, Huynh-Feldt and Lower-bound). All 3 types of adjustment result in  $F=61.627$ ,  $p=0.000$ , demonstrating that the improvement in the average skill score of the intervention group’s grandparents immediately after the intervention and three months after the intervention compared to before the intervention is clearly different and statistically significant. In contrast, the decline in skills of the control group’s grandparents after the experiment is statistically significant. This allows the author to conclude that: The intervention program has shown a positive impact on grandparents’ skills, helping grandparents have better skills in managing children’s maladaptive behavior (Table 10).

To further demonstrate the impact of the program on grandparents’ skills, the author analyzes grandparents’ skill scores at three time points in the group interaction. The test results show that all 3 types of correction (Greenhouse-Geisser, Huynh-Feldt and Lower-bound) result

$F=161.597$ ,  $p=0.000$ . This shows that there is an interaction between group factors and grandparents’ skills, that is, the skills of the grandparents of the intervention group and the skills of the grandparents of the control group at the three time points are clearly different and subject to influence of group characteristics (the intervention group is influenced by the program to manage children’s maladaptive behavior, the control group is influenced by unknown variables collected documents, self-study, experience). The clear difference in the skills of grandparents of the two groups is proven in the tests of between-subjects’ effects test, with value  $F=127.134$  and  $p=0.000$  (Table 11).

The estimated mean average of general skills of the grandparents in the control group is 2.12, while that of the grandparents of the intervention group is 3.15. In general, the skills of the intervention group’s grandparents in managing children’s maladaptive behavior are better than the skills of the control group’s grandparents. The average difference in skill scores between intervention group grandparents and control group grandparents is 1.044,  $p=0.000$  (Table 12).

In general, the skills of the intervention group’s grandparents immediately after the experiment is better than that before the experiment, three months after the experiment are better than immediately after the experiment. The skills of the control group’s grandparents immediately after the experiment and three months after the experiment decreases compared to before the experiment. There is a statistically significant difference in grandparents’ skills between the two groups. Group characteristics have an impact on this result. This allows the author to conclude

that: The children’s maladaptive behavior management program for grandparents taking care of their grandchildren in Vietnam is effective in improving grandparents’ skills in managing children’s maladaptive behavior. The program’s

effectiveness is maintained over time; without consistent, appropriate support, grandparents’ skills of their children’s behavior and their skills for managing maladaptive behavior may decline. The following chart represents this impact (Figure 3).

**Table 9. Current skill status of intervention group grandparents and control group grandparents at three time points.**

Time points	Group	Mean	Std. deviation	N
Before the experiment	Control	2.39	0.71	26
	Intervention	1.99	0.69	26
Immediately after the experiment	Control	2.02	0.31	26
	Intervention	3.69	0.12	26
Three months after the experiment	Control	1.95	0.21	26
	Intervention	3.78	0.14	26

**Table 10. Comparison of grandparents’ skills within each group over time (Tests of within-subject’s effects).**

Source	Type III sum of squares	df	Mean square	F	Sig.	Control
Skills before, immediately after, and 3 months after the experiment	Sphericity assumed	15.454	2	7.727	61.627	0
	Greenhouse-geisser	15.454	1.055	14.649	61.627	0
	Huynh-feldt	15.454	1.08	14.31	61.627	0
	Lower-bound	15.454	1	15.454	61.627	0
Skills before, immediately after, and 3 months after the experiment	Sphericity assumed	40.524	2	20.262	161.597	0
	Greenhouse-geisser	40.524	1.055	38.412	161.597	0
	Huynh-feldt	40.524	1.08	37.523	161.597	0
	Lower-bound	40.524	1	40.524	161.597	0
Error (skills before, immediately after, and 3 months after the experiment)	Sphericity assumed	12.539	100	0.125	-	-
	Greenhouse-geisser	12.539	52.75	0.238	-	-
	Huynh-feldt	12.539	53.999	0.232	-	-
	Lower-bound	12.539	50	0.251	-	-

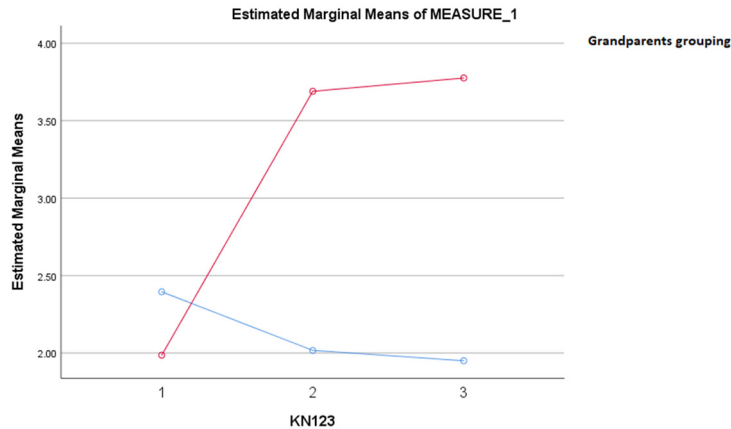
**Table 11. Comparison of skills of intervention group grandparents and control group grandparents (Tests of between-subject’s effects).**

Source	Type III sum of squares	df	Mean square	F	Sig
Intercept	1083.53	1	1083.53	3329.926	0
Group	41.368	1	41.368	127.134	0
Error	16.27	50	0.325	-	-

**Table 12. Average difference in skills of intervention group grandparents and that of control group grandparents (Pairwise comparisons).**

(I) Group	(J) Group	Mean difference (I-J)	Std. error	Sig	95% Confidence interval for difference	
					Lower bound	Upper bound
Control	Intervention	-1.030	0.091	0	-1.213	-0.846
Intervention	Control	1.030	0.091	0	0.846	1.213



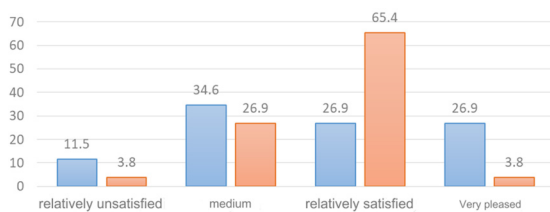


**Figure 3. Comparison of skills of intervention group grandparents with that of control group grandparents at three time points. Note: (—) Control group; (—) Intervention group.**

*Level of grandparents’ satisfaction with the program*

The results show that the average score of the satisfaction scale is 3.63 points, a relatively satisfied level (Sd=0.77). Of which: 34.6% of grandparents are satisfied at an average level; 26.9% of grandparents are relatively satisfied; 26.9% of grandparents are very satisfied with the program.

Three months after the experiment, grandparents still expressed a stable level of satisfaction with the program. Specifically, the average satisfaction score of grandparents three months after the experiment is 3.62 points, slightly lower than the time immediately after the experiment. Of which: 26.9% of grandparents are averagely satisfied, 65.4% of grandparents are relatively satisfied, and 3.8% of grandparents are very satisfied and 3.8% (1 person). It can be seen that basically at two time points (immediately after the experiment and three months after the experiment), the grandparents’ satisfaction level remained stable at three levels: Average, relatively satisfied and very satisfied (Figure 4).



**Figure 4. Level of satisfaction with the program of participating grandparents. Note: (■) Noise in TN; (■) Three months after TN.**

Expressing specific attitudes about the program,

grandparents said: Grandparents are most satisfied with the program because the program provides and helps them know how to play with their grandchildren (50%); how to praise (26.9%); how to set an example for their children (16.4%); how to give effective instructions (7.7%). In addition, grandparents rated the most effective skills in managing their children’s maladaptive behavior as: Special playtime (30.8%); role modeling skills (23.1%); praise skills (19.2%); relaxation skills (7.7%). Grandparents also expressed their opinions about practicing skills. Accordingly, grandparents said that the skills they practice most conveniently are: Praise skills (42.3%); effective instruction skills (38.5%); role modeling skills (11.5%); special playtime (7.7%).

Interview results show that grandparents want to be continue supported after ending the program because this helps them will be more motivated to maintain the techniques they have learned. Grandparents also expressed difficulty in understanding and solving maladaptive behaviors of children whose ages are different from their grandchildren’s ages.

**Discussion**

The program for managing children’s maladaptive behavior for grandparents has been experimentally implemented and impact evaluated in this study is the result of applying theory and analyzing the current situation of grandparents in the context of culture and experience of Vietnamese grandparents. Evaluation results show that the program has a positive impact on grandparents’ cognition, emotions, and skills. Thanks to participating in the program,

grandparents' awareness and skills in managing their grandchildren's maladaptive behavior are improved, and they are also able to manage their emotions better. Although grandparents show some difficulty in learning and practicing some skills, such as: Playing skills with grandchildren, effective guidance skills, they still rate these skills as effective in Managing children's maladaptive behavior.

Meanwhile, grandparents who do not receive intervention from the program (control group grandparents) showed decline in all three areas (cognition, emotions, skills). After interviewing these grandparents, the author realizes that the cause of the decline is a lack of direction. The control group's grandparents are asked to do their own research and access information for self-learning such as information sources on social networks. In Vietnam, Facebook is the most commonly used social network by grandparents, so grandparents have learned from diverse, unverified sources of information through Facebook to practice raising their grandchildren and to deal with children's maladaptive behaviors (which in Vietnamese culture, grandparents often call bad behavior). Massive information affects grandparents over a period of time without any order or logic, and without specific instructions in each situation causing grandparents to apply mechanically, rigidly, even misuse. For example, grandparents read information that: It is necessary to create opportunities for children to be independent and perform tasks in daily activities to help them learn life skills and be responsible. Grandparents practice this on their grandchildren. They ask children to do everything on their own in daily activities without guidance, encouragement or without forming internal motivation in children. As a result, children don't know how to do things but are still forced to do them, they have to do things that are too much, and they don't understand why they have to do them. This makes children more likely to have inappropriate behaviors: Opposition, irritability, stress.

On the other hand, Vietnamese grandparents often have a mentality of protecting their children and grandchildren, which lead to they often do things to help their grandchildren. This habit conflicts with the information they learn through social networks (let children do it themselves), causing grandparents to contradict each other and themselves. The inconsistent way grandparents treat their grandchildren, sometimes protecting

them, sometimes requiring them to be independent, causes tension in both grandparents and children.

The culture of "high respect, low tolerance" or the attitude of "love and discipline" also affects the way grandparents behave their grandchildren. Every time a child behaves inappropriately, the grandparents either "forgive it", ignore it, or they will scold the child. Neither of these approaches is effective in managing children's maladaptive behavior. When reading new information such as: 'Ignoring', grandparents apply machines that make "active ignoring" become disinterested and neglectful. This makes children even more stressed and dissatisfied.

The control group's grandparents also expressed that it is difficult for them to stay motivated to pursue newly learned knowledge because they do not join an organization, leading to a situation where they sometimes learned and practiced in new ways while practicing based on experience, which makes grandparents inconsistent in dealing with their grandchildren. This change happened rapidly over a period of time (during the time of participating in the experiment, the grandparents read many inconsistent and unclear sources of information), causing the grandparents and children to become disoriented. As a result, grandparents are stressed and children are also stressed.

## **Conclusion**

From the results presented above, the author recommends that a widespread and planned program for managing children's maladaptive behavior for grandparents should be implemented in the Vietnamese social context. The implementation of the program should pay attention to: Grouping grandparents and training content appropriate to their needs (characteristics of children in the grandparents' grandchild age group); Increase amount of time spent instructing play skills with children; Integrate into group and collective activities for grandparents, or coordinate with these organizations to establish groups, through which grandparents remind and support each other to maintain practicing of learned strategies. Then the effectiveness of the program will be reinforced over time.

This trial provides compelling evidence of the positive impact of children's maladaptive behavior management programs on participating

grandparents in Vietnam. As we look towards future research and policy implications, integrating such interventions into broader healthcare and social welfare frameworks could yield profound benefits for both elderly caregivers and the younger generations they support.

## References

1. Bao HDT. Current situation of behavioral disorders in primary school children in Thai Nguyen city. *Med Pharm Magazine*. 2012;37-40.
2. Hai YTT. Grandparents' capability in managing children and adolescents' maladaptive behaviours in families. *Thanhnieen Publishing*. 2021;188.
3. Chan YH. Repeated measurement analysis. *Singapore Med J*. 2004;45(10):457.
4. Ngoc KD. Symptoms of behavior disorders in upper secondary school students. *J Psychol*. 2018;8:31-44.
5. Minh KHT. The role of older people in family and community today-case study. 2011.
6. Moc LH. Psycho-social needs and support for the elderly. *J Psychol*. 2015.
7. Thi HT, Weiss B, Thanh NT. Research on the relationship between playing games and behavioral problems in the classroom of secondary students. 2014.
8. Thanh NT, Thao TN. Comparing grandparents' and parents' acceptability, feasibility, and expected effectiveness of a behavioral parenting training program. *J Psychol*. 2018:11.
9. Thanh NT, Hai YTT. Establishing management program for children's maladaptive behavior for Vietnamese grandparents-theoretical and practical basis. *VietNam National Univ Press*. 2021;522-536.
10. Phuong TPT. Current status of behavioral disorders in students at Nguyen Binh Khiem private secondary school - Hanoi. *Education Magazine*. 2014;339:20-21.
11. Thi TM, Hoang MD. Current status of mental health issues of boarding high school students in the Northern ethnic minority region. Master thesis. 2013.
12. Singh V, Rana RK, Singhal R. Analysis of repeated measurement data in the clinical trials. *Journal of Ayurveda and integrative medicine*. 2013;4(2):77.

**Corresponding author:** *Yen Tran Thi Hai, Department of Psychology and Education, National Academy of Education Management, Ha Noi, Vietnam*

**E-mail:** *yentran47@gmail.com*

**Received:** 15 July 2024, Manuscript No. AJOPY-24-141643; **Editor assigned:** 18 July 2024, PreQC No. AJOPY-24-141643 (PQ); **Reviewed:** 01 August 2024, QC No. AJOPY-24-141643; **Revised:** 08 August 2024, Manuscript No. AJOPY-24-141643 (R); **Published:** 15 August 2024, DOI: 10.54615/2231-7805.47363