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Effect of Social Skills Training Through Parents and Teachers Support among Disabled Adolescents

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Abstract: The study 'Effect of Social Skills Training Through Parents and Teachers Support among Disabled Adolescents'- was conducted in Chennai, at the 'National Institute for the Empowerment of Persons with Multiple Disabilities' (NIEPMD) and the 'Spastic Society of Tamil Nadu' (SPASTN) by using Convenient Sampling Method. Initially, 50 adolescents were randomly selected. They were screened for categorization and final selection (n=30). The sample included 19 boys and 11 girls in the age range of 12-18 years. The tools used for assessment were the Case History Schedule (2015) developed by the researcher, Test of Non-Verbal Intelligence (Brown, Sherbenou & Johnsen, 2010), Swassing-Barbe Modality Test (Barbe & Swassing, 1979), and the Developmental Behavior Checklist (Parent and Teacher Versions) Einfeld & Tonge, 2002. The Social Skills Training was applied to the sample with the help of their parents and teachers as support system. After two months, the re-assessment was done using the DBC tool. The follow-up session was conducted to analyze the sustenance of the outcome. The aim was to reduce the social deficits in the adolescents with the help of their parents and teachers. Repeated measures- One-Way ANOVA was conducted to obtain the statistical results. The findings indicated a significant reduction in the social deficits. This indicates that the effect of social skills training show promising result among the sample.

Keywords: Social Skills Training, Parents, Teachers, Disabled Adolescents, Special Needs

I. INTRODUCTION

According to the United Nations, almost one-third of the world's population is disabled youth and 80% live in developing countries. It is a known fact that adolescents with disabilities often experience social exclusion discrimination and inequality in human rights. (International Online

Resource Centre on Disability and Inclusion,2012). They are individuals experiencing difficulties and delays in their developments and maturity.

Cerebral Palsy is a neurological condition involving limited physical movement and flexibility. CP varying across the spastic (including monoplegia, diplegia, hemiplegia and quadriplegia), ataxic and athetoid types were considered for the study. Intellectual Disability is a condition involving limited cognitive abilities, affecting daily living skills and the IQ range of 35-69 was considered for the research.

SOCIAL SKILL TRAINING

Social skills refer to any competence facilitating interaction and communication with others both verbally or through gestures. Common social problems faced by adolescents are anxiety, shyness, emotional connectivity, frustration, sadness, depression and low confidence. This process of learning is termed as socialization.

This training is required for an adolescent with disabilities because more chances and exposures are essential for developing social skills. If they are not trained and left at home isolated, they are deprived of outings and participation in social functions. Once they learn to behave appropriately in a group setting, they are honored to be accepted. This training is beneficial since it enhances relationships, develops personality, increases creativity and productivity, encourages collaborative efforts, increases independence with self-regulation and coping skills. A decrease in feelings of loneliness and isolation, reduction in stress and anxiety is also observed. The training is started at the earliest because an adolescent needs stimulation, repeated chance and supervision to develop proper skills. During infancy, the child must get maximum stimulation from the family to play along. This process is continued through adolescence and adulthood. The researcher applied this to minimize social skill deficits in the sample.

RATIONALE OF THE STUDY

In the present study, as a psychologist, the researcher would like to focus on the following aspects.

- Importance of awareness and acceptance of disability.
- Effect of social skills training focusing on social deficits of adolescents.
- To educate and demonstrate the practical skills to adolescents, parents, and teachers.
- Involvement of parents and teachers as supporting system to help their wards in fostering a positive outcome.

METHOD

Objectives

- To assess the level of social deficits among adolescents with cerebral palsy co-morbid intellectual disability through parents and teachers assessment.
- To design a social skills training to reduce the social deficits through parents and teachers support.
- To assess the pre-post and follow-up effect of the intervention on communication disturbance among adolescents with cerebral palsy co-morbid intellectual disability through parents and teachers assessment.

HYPOTHESIS

- There will be a significant decrease in Communication Disturbance among adolescents from pre to post and post to follow-up phases as a result of Social Skills Training from parents perspectives.
- There will be a significant decrease in Communication Disturbance among adolescents from pre to post and post to follow-up phases as a result of Social Skills Training from teachers perspectives.

TOOLS USED FOR ADMINISTRATION

The screening was done using the Test of Non-Verbal Intelligence (Brown et al, 2010) was applied to identify the level of intelligence quotient in the sample. International Statistical Classification of Diseases and health related problems 10th revision (ICD 10 by WHO, 2016) was applied to categorize the sample under mild, moderate, severe and profound intellectual disability. Gross Motor Functional Classification System (Rosenbaum (Rosenbaum, 2007) This tool was used to classify the type of cerebral palsy which helped in understanding the samples' physical ability. Swassing Barbie Modality Test (Swassing and Barbie, 1979) This tool was applied to identify the learning styles of the sample under 3 categories: visual, auditory and kinesthetic. The pretest, post and follow up assessment was conducted using the Developmental Behavior Checklist-(Einfield and Tonge, 2002 Parent and Teacher Versions) the purpose is to assess the social deficits of children, adolescents and adults with Developmental and Intellectual Disabilities. This tool was used to measure the level of behavior problems which were the foundation for the development of the training module.

PROCEDURE

Informal experimental research: before and after without control design was adopted, with the experimental group as the study sample. At the onset of the research 50 adolescents diagnosed with Cerebral Palsy co morbid Intellectual Disability were screened from the selected institutions by using convenient sampling. After the screening process, 30 adolescents, (19 boys and 11 girls) their parents and teachers, were selected for the final study. Informed consent was obtained before data collection. The participants were briefed on the research and the data was collected using Case History Schedule, Developmental Behavior Checklist (Parent and Teacher Versions). The module was designed incorporating the learning styles visual, auditory and kinesthetic. The pattern of communication was Bilingual-English and Tamil. After the pretest, the social skills training was given for 8 months under the supervision of the researcher and allowed two months of practice without the researcher's supervision. The post-test was assessed after two months and the

follow-up was done one month later. Though the focus was to bring about a reduction in the adolescents, the assessments and effect of the intervention was taken from their parents (n=30) and teachers (n=13) as they play an essential role in their wards progress.

INTERVENTION PACKAGE

Communication disturbance as observed in the sample were hasty conversation or stammering. From the results, it is evident that the social skills intervention has benefited the adolescents from pre to post and post to follow-up stages. Performance activity was conducted to balance their day to day conversation. Adolescents were made to communicate both verbally and through gestures depending on their needs and comfort ability. They were taught to speak in a slow and stable way with an appropriate pause in between. Basic English vocabularies were taught. Most of them were aware of sign language. It was a floor for them to express themselves in front of their parents openly. The parents were requested to expose their adolescents to opportunities and situations to avoid communication gap.

STATISTICAL ANALYSIS

The comparison of the pre, post and follow-up stages was analyzed using the Repeated- Measures One-Way Analysis of Variance (ANOVA), performing pair-wise comparison of the within-group condition, using the Sidak Method of the post hoc analysis. The results were illustrated using line graphs to pictorially represent the changes that happened during the different phases. Statistical analysis was done using the Statistical Package for Social Sciences, Version 20.0.

RESULTS

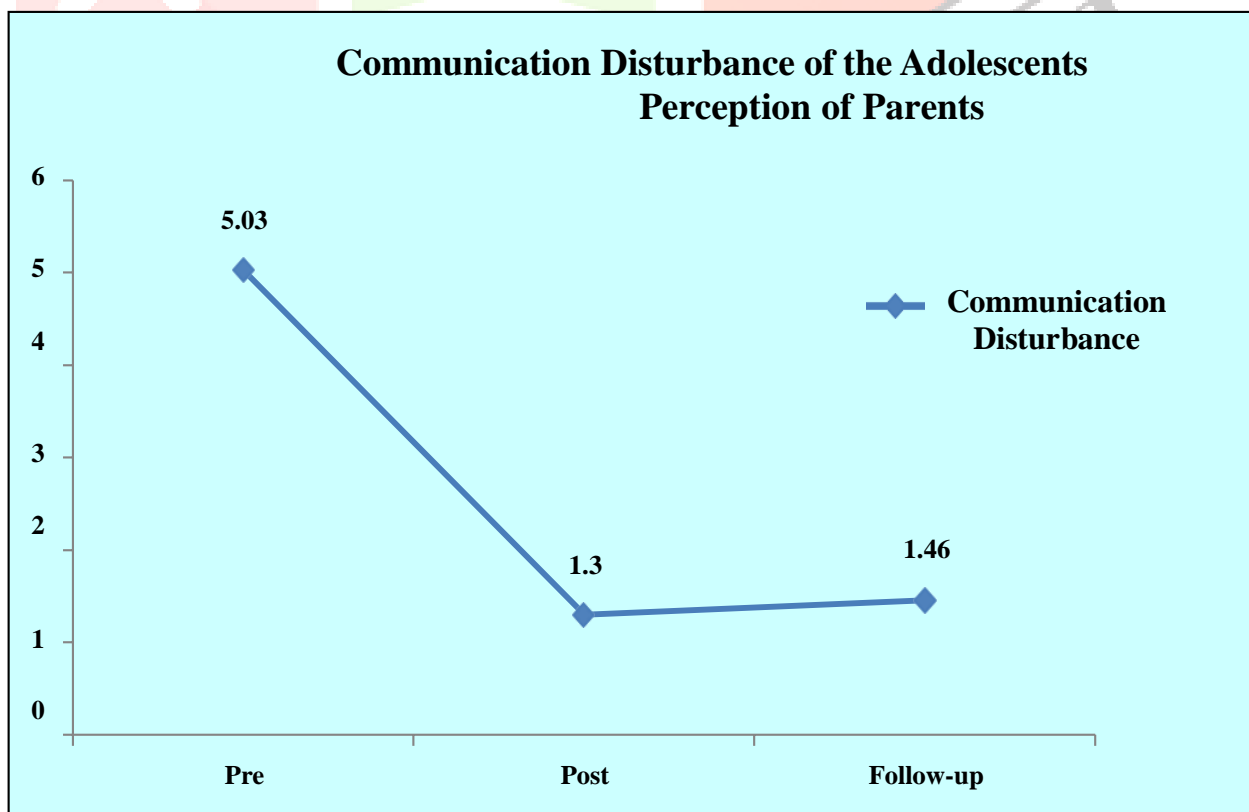


Figure: Mean plots of Communication Disturbance in the adolescents: perception of parents in pre-post and follow-up phases of the intervention.

On the graph the horizontal X axis represents the time duration of the Social Skills Training (Pre, Post and Follow-Up Phases). The vertical Y axis represents the Estimated Marginal Means for the dimension measured. The above graph shows that there is a significant difference in the perception of parents on communication disturbance of their adolescents from pre-test to post-test scores, with less sustenance from post-test to follow up scores. It is evident that social skills training has helped the parents to deal with their adolescent's communication problems.

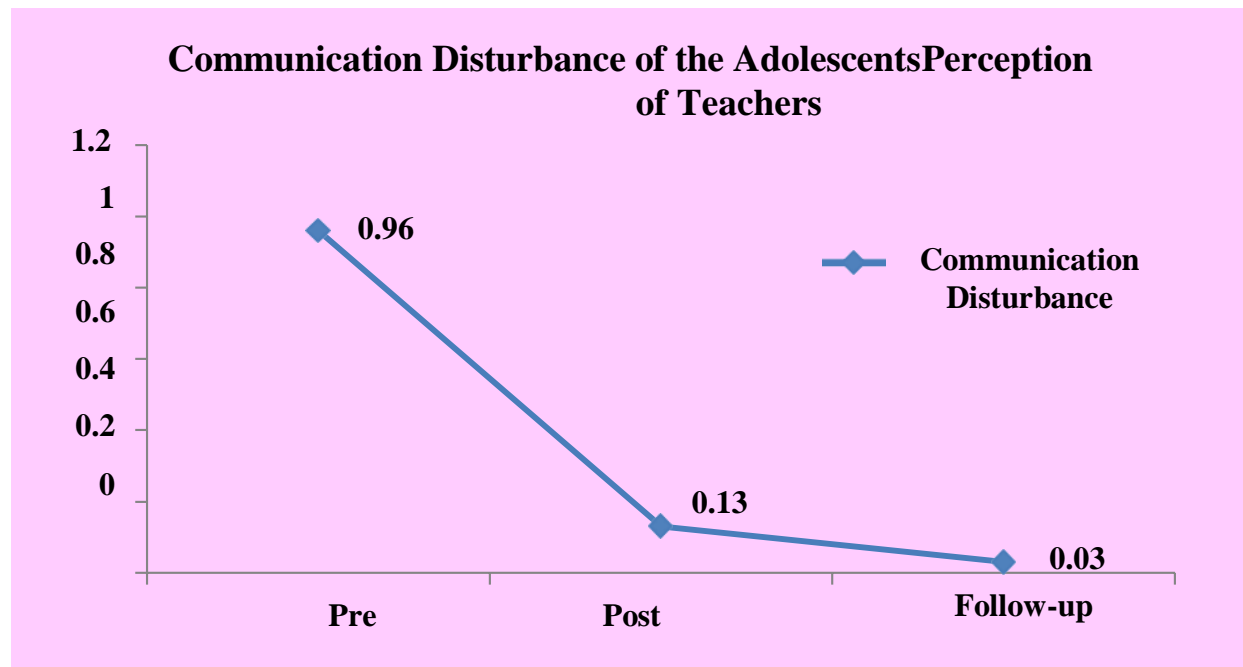


Figure: Mean plots of Communication Disturbance in adolescents: perception of teachers in pre-post and follow-up phases of the intervention

On the graph the horizontal X axis represents the time duration of the Social Skills Training (Pre, Post and Follow-Up Phases). The vertical Y axis represents the Estimated Marginal Means for the dimension measured. The above graph shows that there is a significant difference in the perception of teachers on Communication Disturbance of their adolescents from pre-test to post-test scores, with sustenance from post-test to follow up scores. It is evident that social skills training has helped the teachers to handle their adolescent's communication problems effectively.

DISCUSSION

The results are significant from post to follow-up stages due to the sustenance in changes. The sample also had trouble socializing in groups, depicted restrictive behaviour towards cuddling or touching. Bonding was improved through team work and group participation in the form of activities involving parent-adolescent and peer communication. Cuddling activity was conducted to help both the parent and the adolescent to express their love and affection towards each other through appropriate touches, hugs and cuddles. It was observed that most of them had not been given positive touches by their parents as revealed from individual counselling sessions. Some of the adolescents even mentioned verbally that their mothers would mostly beat them. Peer activities such as puzzle making and building blocks helped in developing a sense of sharing, taking turns and happiness. These sessions enhanced

their existing and new relationships between one another. Statistical significance observed from post to follow-up phases is due to the healthy communication and relationship in a primary and secondary social setting.

School is not only the place of reading, writing and learning but also the mass network for social skills, as social environment plays a major role in an adolescent's life. For adolescents with disabilities, friendship and social communication strengthen their emotional development which in return makes them compatible in learning. They face traumatic emotional disparity if they find anything hindering their social environment. Their social communication has a setback when they have memory problems. As some of them find it difficult to remember what their friends' have spoken to them, for instance: remembering their names. Majorly adolescents suffer emotionally when their peer groups are not approving them. This is the fallout of shyness, being quiet in class or has a timid attitude. Psycho-education on the topic, 'communication strategies in a classroom' was conducted. This session included ten simple and effective strategies that were practiced regularly.

Teachers were insisted to speak with the adolescents using simple vocabulary and precise intonation. This process helped them to grasp the words spoken by their teachers thereby enhancing their communication and improving their social relationships. They encouraged them to speak slowly, clearly, and naturally. Face the adolescents squarely without distracting, which would help them to observe the lips of the teacher while speaking. This is not the same for adolescents with lack of eye contact. They don't understand the expressions immediately. When a question is asked whether verbal or non-verbal, they will often hesitate before he or she answers the question because he or she first needs to make sure the words heard are in order and need to translate the words into concepts or sign-language. A sufficient pause was given between the question and the answer. Do not give hints or answer the question for them until they show or say that they need help. Teachers aid supplement language in their classes with pictures, manipulative objects, kinesthetic activities, and other ways of teaching that use all of the senses. Tape-record method is also used. Many students with language difficulties listen to the words several times and review the tape for main points. Every teacher's extra effort, planning, and regular practice make communication clearer and comprehensible. By taking the time to incorporate these strategies into the teaching helped the adolescents engage in active participation.

CONCLUSION

From the key findings of the study, it is appropriate to arrive at a reasonable conclusion regarding the effectiveness of the psychosocial intervention on adolescents with cerebral palsy and intellectual disability.

- The perception of parents and teachers revealed that Social Skills Training was useful in reducing the communication Disturbance in adolescents.

IMPLICATIONS

This study intended to develop a Behavior Modification Intervention. It was designed for the Indian culture with significance in the areas of disabilities and rehabilitation.

1. The Social Skills Training has helped the adolescents to reduce the social deficits.
2. The results of this study have opened a window for psychologist and other mental health professionals in understanding the efficacy and importance of tailor-made interventions in managing various problems of the disabled population.
3. The intervention not only gave a better effect in reducing the social problems but also long-term sustenance was observed in the follow-up phase.
4. The present study supports and clarifies earlier clinical reviews that suggested Social Skills Training for better outcomes.

LIMITATIONS

1. The study included only two disabilities, particularly cerebral palsy co-morbid intellectual disability.
2. The samples included only mild and moderate intellectual disability.
3. The geographical area of the samples was restricted only Chennai,
4. The sample size is small (n=30)

REFERENCES

- Barbe W.B and Swassing R.H (1979) Swassing Barbe Modality Test Published by Zaner Bloser, Inc Retrieved from <http://people.umass.edu>
- Einfeld. L and Tonge. J (2002) Developmental Behavior Checklist 2nd Edition Publisher Western Psychological Services Torrance Los Angeles California United States of America (USA)
- International Online Resource Centre on Disability and Inclusion (2015) Adolescence and Disability, Humanity and Inclusion, retrieved from <https://asksource.info>
- Johnsen. K, Sherbenou. K and Brown. L (2010) Test of Non Verbal Intelligence 4th Edition Pro- Ed An International Publisher, Austin Texas, United States of America (USA).
- Palisano. R Rosenbaum P Walter. S, Bartlet. D and Livingston M (2007) Gross Motor Functional Classification System (Expanded and Revised) Can Child Centre for Childhood Disability Research Institute for Applied Health Sciences McMaster University Retrieved from <https://www.canchild.ca>.