Abstract

An important area of development for children with intellectual disability is the development of social skills and social relationships. To interact and be accepted among one's peers, a child must be able to interpret social situations and problems appropriately, select an acceptable strategy for dealing with the situation, and enact that strategy. Research indicates that individuals with intellectual disability have limited social or interpersonal skills, suffer from several behavioral problems and are more likely to experience psychological problems than those without, and consequently are more in need of psychological services. A critical review of the literature related to social problem-solving skills training (SPSST) in children with intellectual disabilities concluded that there is some evidence that training may be effective in improving some aspects of social behavior of those children. However, there is a need for further investigations to evaluate the efficacy of this kind of training in reducing maladaptive behaviors of those children. Therefore, this study aims to investigate the effectiveness of a social problem-solving skills training program in reducing behavioral problems for children with mild intellectual disability. A classic pre-post test design was used, with an experimental and a control group each of which consists of (6) children (aging 10-13) with intellectual disability. The participants of the experimental group participated in 21 group sessions of social problem-solving training over seven weeks. The findings indicate that the social problem-solving training has been successful in reducing some behavioral problems. Limitations of the current study and suggestions for future research are discussed.

Keywords: Social problem-solving training; intellectual disability; mental retardation; adaptive behavior, behavior problems; Egypt
Introduction and Rational

An important area of development for children with intellectual disability is the development of social skills and social relationships (Jacobs et al., 2002). The ability and tendency to interact socially permeates almost all aspects of one’s life, but it is particularly important during school years when children spend a large amount of time with their peers. To interact and be accepted among one’s peers, a child must be able to interpret social situations and problems appropriately, select an acceptable strategy for dealing with the situation, and enact that strategy.

Research indicates that individuals with intellectual disability have limited social or interpersonal skills are more likely to experience psychological problems than those without, and consequently are more in need of psychological services (Nezu, Nezu, & Arean, 1991). Consequently, there is a great need for developing independent social problem solving competencies among individuals with intellectual disability so that they may effectively handle interpersonal problem situations that they face daily. Furthermore, as children with mental retardation are more completely integrated into their schools and communities, they will have more opportunities to interact with their same-age peers. Therefore, it is important to develop those children skills in order to be able to interact socially with their peers and with others. Recent research has focused on the social problem solving of children with and without mental retardation (e.g., Leffert and Siperstein, 1996; O’Reilly, et al, 2004; Crites & Dunn, 2004; Anderson & Kazantzis, 2008). Social problem solving is important because it is a prerequisite for appropriate social behavior. Students must be able to accurately interpret the social situation and generate and select appropriate strategies.

A critical review of the literature related to social problem-solving skills training (SPSST) in children with intellectual disabilities concluded that there is some evidence that training may be effective (Castles & Glass, 1986; Foxx, Kyle, Faw, & Bittle, 1989; Nezu et al. 1991; Loumidis & Hill, 1997; O’Reilly, et al, 2002, Beelmann, 2003; O’Reilly, et al, 2004; Crites & Dunn, 2004; Anderson & Kazantzis, 2008). These interventions have been shown to improve social behavior of children with intellectual disabilities. However, there is a need to develop further intervention programs to reduce challenging or disruptive behavior of those children.

Additionally, some authors argued that problem solving may be an effective method for promoting the generalization and maintenance of social skills because the participant is taught a generic set of social rules that can be adapted to different social interactions (Gumpel, 1994; O’Reilly et al., 2006). Individuals may therefore be able to use the verbal rules to manage their social behavior after training.

Furthermore, several studies have demonstrated that such interventions can produce long-term positive changes in social behavior (Foxx & Faw, 1992; O’Reilly, Lancioni, & Kierans, 2000). For example, O’Reilly & Glynn (1995) examined a social problem-solving intervention with two school children with intellectual disabilities who were described by their teachers as being withdrawn during class. Both students were successfully taught to initiate and respond with their teachers during regular classroom routines. They also began to generalize social initiations to other contexts within the school (e.g., with peers during recess) and maintained these skills after the removal of intervention.

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Moreover, Anderson & Kazantzis, (2008) found that social problem-solving training has been successful in improving maladaptive behavior and problem-solving skills for individuals with intellectual disability. They examined whether social problem-solving training can improve psychological distress in individuals with intellectual disability and a psychiatric diagnosis. Three participants from a vocational community centre with mild intellectual disability, comorbid mental illness, and challenging behavior, participated in 15 individually delivered sessions of social problem-solving training. Social problem-solving skill, behavior, and psychological distress measures were used to assess outcome. All three participants showed improvement in social problem-solving skills, and two participants showed improvement in depression. Improvement was maintained at 4-week follow-up. The results provide preliminary evidence that social problem-solving training could be an effective intervention tool for the treatment of psychological distress in individuals with mild intellectual disability.

Despite the richness of the international literature, there is a dearth of such studies in the Egyptian context. Therefore, the mentioned findings are particularly significant as no prior Egyptian research has examined whether social problem-solving training can improve social problem-solving skills and adaptive behavior in individuals with intellectual disability. Hence, this study aims to investigate the effectiveness of a training program for developing social problem-solving skills for children with mild intellectual disability. To achieve this aim, the following hypotheses will be tested.

Hypotheses:

1. There will be significant differences between the mean scores attained by the experimental group on the post-test and the pre-test on adaptive behavior scale (behavior problems section) in favor of the post-test.

2. There will be significant differences between the mean scores attained by the experimental group and that of the control group on the post-test of adaptive behavior scale (behavior problems section) in favor of experimental group.

3. There will be no significant differences between the mean scores attained by the experimental group on the post-test and that of the same group on the follow-up test on adaptive behavior scale (behavior problems part).

Method

A classic pre-post test design was used, with an experimental and a control group. The participants of this study were (12) children with intellectual disability (aging from 10-13). They were divided into two groups; one experimental and one control each of which consists of (6) children. The control group was matched to the experimental group on age, general intelligence, social problem-solving skills, adaptive behavior, and family socio-economic level. The central goals of the training program were to improve the child's social problem-solving skills and adaptive behavior skills and to reduce some behavioral problems. The behavior problems were measured using the second section (behavior problems) of the Arabic version of the adaptive behavior
scale (Sadek, 1985). This scale was administered immediately before and after intervention and at a six weeks follow-up.

Children assigned to the experimental group (n = 6) received 21 sessions. Sessions lasted approximately 35 min and were administered three times per week. The treatment was originally derived from procedures developed by D’Zurilla, and Goldfried, (1971); Spivack, Platt, and Shure (1976); shure (2001) and D’Zurilla, and Nezu, (2007). Modifications and extensions were made to focus on social problem-solving skills and adaptive behavior to emphasize interpersonal situations in everyday life. The training combines cognitive and behavioral techniques to teach problem-solving skills (e.g., generating alternative solutions) to manage interpersonal situations (e.g., with parents, teachers, siblings, and peers; at home, at school, and in community). Within the sessions, practice, modeling, role playing, corrective feedback, and social and token reinforcement were used to develop problem-solving skills.

Parents were actively involved in the program. Parents were brought into the sessions to watch, to assist the trainer, and to foster use of the problem-solving steps in the home. The parent received written guidelines regarding how to prompt and to assist the child, received feedback and social reinforcement from the trainer as needed to develop parental skills in prompting and reinforcing the child's use of the steps, and assisted the child in the completion of homework outside of the sessions.

Results and discussion

The results of the study showed that there was statistically significant improvement in the experimental group (p< 0.01), but not in the control group (NS) on the degree of adaptive behavior. Specifically, there were significant differences at the 0.01 level of significance between the mean scores attained by the experimental group on the post-test and the pre-test on adaptive behavior scale in favor of the post-test. Namely, some behavioral problems of the experimental group (e.g. aggressive behavior, rebellious behavior, withdrawal, antisocial behavior, inappropriate social behavior and emotional and psychological disorders) were reduced. Furthermore, Improvement was maintained at 6-week follow-up. However, there were no significant differences between the mean scores attained by the control group on the post-test and the pre-test on problem solving scale and adaptive behavior scale.

These findings concur with the results of (Castles & Glass, 1986; Foxx, et al 1989; Nezu et al. 1991; Loumidis & Hill, 1997; Beelmann, 2003; O’Reilly, et al, 2004; Crites & Dunn, 2004; Anderson & Kazantzis, 2008) which showed that social problem-solving training was successful in developing adaptive behavior, and reducing some behavioral problems.

The findings indicate that the social problem-solving training has been successful in improving adaptive behavior and reducing some behavioral problems for individuals with intellectual disability. The results provide preliminary evidence that social problem-solving training could be an effective intervention tool for the treatment of maladaptive behavior in individuals with mild intellectual disability. Further research
is required to investigate the effectiveness of such intervention in reducing different behavioral problems.
References


