Social Skill Training for the Social Problems among Adolescents with Specific Learning Disability

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Abstract

The present research aimed to study the effectiveness of social skill training for the social problems among adolescents with Specific Learning Disability. Purposive sampling technique was used and the samples consisted of fourteen adolescents certified with Specific Learning Disability, aged between 12–15 years with lack of social skills. Pre-test was conducted using a parent version of social skill questionnaire (Spence, 1995) to assess the lack of social skills in adolescents with Specific Learning Disability. After the pre-test, social skill training was provided for the samples. A post-test was also done to check the effectiveness of the social skill training. Data were analysed using descriptive statistics, normality test and Paired sample t-test. Results obtained indicate that there is a significant difference between the pre-test score and post-test score of social problems among adolescents with specific learning disability. Findings thus reveal that social skill training found to be effective for the social problems among adolescents with Specific Learning Disability. Social skill training enhanced participant's self-understanding and development of their strengths. Implications with respect to the provision of social support and interventions are discussed.

INTRODUCTION

The first case of dyslexia was published by Morgan, a general practitioner in Sussex, England on 7th November, 1896. Dyslexia is derived from Latin word and Greek word. In Latin "dys", means 'difficult', and in Greek "lexia", means 'words'. Thus, dyslexia is "difficulty with words". In 1896, most of the people bracket

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together intelligence with the ability to read. But, the case of Percy F, a 14-year-old child who was intelligent, bright, quick with learning games and the intellectual equal of his peers, but fell behind, in his inability to learn how to read breaks down the association between reading and intelligence.

Morgan and Hinshelwood, an ophthalmologist speculated that difficulties with reading and writing were due to "congenital word blindness". After that for many years, the governing view of dyslexia was that it was caused by visual processing deficiencies. Later, it was widely accepted that dyslexia is a verbal deficit and can be considered as part of the range of language disorders.

After the first case of dyslexia different types of specific learning disabilities were defined such as dyslexia (difficulty in reading), dysgraphia (difficulty in writing), dyscalculia (difficulty in numbers and mathematical concepts).

Specific Learning Disability (SLD)

Specific learning disability (SLD) is a neuro-developmental disorder produced by the interaction of heritable and environmental factors that influence the brain's ability to efficiently perceive or process verbal and nonverbal information. It is characterised by difficulty learning academic skills in reading, written expression or mathematics beginning in early childhood that is consistent with the overall intellectual ability of a child. Children with specific learning disorder find it difficult to keep up with their peers in certain academic subjects whereas they may excel in others. Academic skills that may be compromised in specific learning disability include a) reading single words and sentences fluently, b) written expression and spelling, c) calculation and mathematical problems. Specific learning disorder results in underachievement that is unexpected based on the child's potential as well as the opportunity to have learned.

Specific learning disability in the areas of reading, writing and mathematics were predominantly more found in families. While, increased the onset of four to eight times among the same relatives who were earlier diagnosed with specific learning disorder. Besides, it was found that children had more deficits in the area of mathematics compared to other specific disorders. (Moll, K., Kunze, S., Neuhoff, N., Bruder, J., and Schulte-Korne, G. 2014).

Specific learning disorder crops up two to three times more frequent in males than in females. Learning problems in a child or adolescent identified in this manner can establish eligibility for academic services through the public school system. (Thomas. F. and Joel T. 2015)

Specific learning disorder affects at least ten per cent of the population among youngsters. In the year 1975,

Public Law 94–142 (the Education for All Handicapped Children Act, now known as the Individual with Disabilities Education Act [IDEA] mandated all the states... to provide free and suitable educational services to the needy children.

According to ICD-10 (International Classification of Diseases), 1992 system of classification specific learning disability is categorised under disorders of psychological development and the diagnostic criteria of ICD-10 has to meet up for the diagnosis of specific learning disability.

DEVELOPMENTAL PERIOD

All children go through various stages of development and acquire skills based on their phase of development as part of their normative development. There is a particular phase at which certain milestone has to be achieved and it develops in a sequential manner, if there is any delayed milestone it will lead to developmental disabilities. So, it is important to enquire whether the child has gone through each milestone during their phase of development. Thus, developmental disabilities are neurobiological conditions that interfere with the acquisition, retention or application of specific skills or sets of abilities. It may involve dysfunction in areas such as attention, language, learning and social interaction.

Developmental disabilities are being categorised by ICD-10 (International Classification of Diseases) as disorders of psychological development. The second system of classification that is DSM-5 (Diagnostic Statistic Manual) developmental disabilities is named as neurodevelopmental disorders. In ICD-10 (International Classification of Diseases), specific learning disability is under the disorders of psychological development and in DSM-5 (Diagnostic Statistic Manual) specific learning disability is under the neurodevelopmental disorders. Erik Erikson (1963) developed one of the most comprehensive theories of social development. Erikson viewed that there were eight stages through which people pass in terms of psychosocial development. Erikson categorised the phases as struggles between biological tendencies and sociocultural forces acting upon an individual. These stages span all the way from birth to death, and the way that they are completed dictates the way they process their own emotions, participate in relationships, and develop their identity. According to him, psychosocial development is an individual's interactions and understanding of each other and of their knowledge and understanding of themselves as members of society.

According to Erik Erikson, fifth stage of psychosocial development spans from age 13 to 19, and is characterised by identity versus role confusion and the teenagers develop an identity towards the relationship outside the family. It was found that

there was a special importance for internal desire and thinking belonging to a specific social group.

If this stage is successful, then a teenager develops a sense of identity in this phase. If unsuccessful, then they develop a distinct confusion about who they are and where they belong.

Adolescent is the developmental period and is considered as the transition period from childhood to adulthood. There will be lot of developmental changes such as physical, intellectual, and personality during this period. During this period they tend to think on higher level than that of children. In this period of adolescents dealing with abstractions and testing hypothesis also by using infinite possibilities were found to be common characteristics. (As cited in https://my.clevelandclinic.org/)

Adolescents are also developing socially and emotionally during this period. They search for identity and struggle for independence. Thus, for an adolescent with specific learning disability it becomes hard-hitting to cope with the social world and develop social problems.

Social Problems

Social skills may be defined as socially acceptable learned behaviours that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses (Elliot and Gresham, 1993). The social skills include cooperation, assertion, responsibility, and self-control (Elliot and Gresham,

1993). McFall (1982) proposed that social skills include overt behaviour and cognitive skills that determine how we respond. Research has revealed that children with learning disabilities not only have academic difficulties but also exhibit deficits in social skills (Gresham and Elliot, 1984). Social problems are a reality for a significant number of LD youths (Hazel and Schumaker, 1988).

The major social problems faced include a) social competence (Gresham, 1988), b) social cognition (Maheady and Sainato, 1986), c) social behaviour (Thompson and Kronenberger, 1990), d) social relationships (Pearl, Donahue, and Bryan, 1986), e) peer status (Wiener, 1987), f) self-concept (Chapman, 1988), g) interpersonal skills (LaGreca, 1987), h) social adjustment (Bruck, 1986), i) classroom behaviour (Bender and Smith, 1990), j) communicative competence (Donahue, Pearl, and Bryan, 1983), k) motivation (Licht and Kistner, 1986), l) anxiety (Margalit and Zak, 1984), m) locus of control (Bryan and Pearl, 1979). As there were lots of social problems found among specific learning disability, social skill training become a major intervention for social skill deficits among specific learning disability population.

Social Skill Training (SST)

Social skill training programme typically include a comprehensive assortment of skills that cover areas such as social problem solving, friendship, conversation, planning,

and dealing with feelings. The actual training procedures may include different forms and combinations of (a) direct instruction, (b) coaching, (c) modeling, (d) rehearsal, (e) shaping, (f) prompting, and (g) reinforcement (Cartledge and Millburn, 1986; Combs and Slaby, 1978; Gresham, 1981). In all cases, the goal of SST is to help develop effective social response patterns.

NEED AND SIGNIFICANCE OF THE STUDY

Children with learning disability encounter literacy difficulties and it persists during their adolescence and adult life (Nalavany, Carawan, and Brown, 2011). Pupils with dyslexia are dropping out from high school more than the general population (Price and Skinner, 2007). There are several coping strategies that were developed to help learning disability pupil.

Research findings had also suggested that pupil with learning disability is facing different social difficulties (Yari, Rad, Rahimi, and Fathi, 2013). Pupil with dyslexia experience feelings of inferiority and emotional insecurity due to labeling (McNulty, 2003). Children with learning disability have deficits in social perception, behaviour problems, problem solving ability and verbal communication (Celmak and Aberson, 1997). There were several attempts made to enhance social functioning in pupils with specific learning disability. Social skill intervention has become one of the most popular treatments for children

with specific learning disability. The parent- report measures of social skill questionnaire indicate that social skill training found to be effective in improving social skills of children with specific learning disability.

The above research findings indicated that the children with specific learning disability have deficit in social skills and therefore, social skill intervention was found to be effective in order to improve their skills. Adolescent period is considered as the transition period from childhood to adulthood. At this period, they face several social problems due to deficit in social skills. Thus, the present study attempts to provide social skill training for adolescents with specific learning disability to improve their social skills. During adolescence they face issues of independence and self- identity which would hinder their social life and personal life as it is the transition period. So, by improving the social skills of adolescents with specific learning disability having social deficits will help them to improve their social life.

METHOD

The aim of the social skill training is to teach basic social skills and strategies in order to face the challenges in adolescents with specific learning disability. Interventional, with in-group research design is used to study the effectiveness of social skill training for social problems among adolescents with Specific Learning Disability.

Hypothesis

H1: There will be a significant difference between pre-test and post-test scores of social problems among adolescents with Specific Learning Disability.

OPERATIONAL DEFINITIONS

Specific learning disability

Specific Learning Disability is a neuro-developmental disorder resulting in impairment in scholastic skills as a result of impairment in development of reading skills, mathematical skills and writing skills.

Adolescents

Adolescents with Specific Learning Disability are the individuals of age group 12-15 pursuing high school education and are being certified with Specific learning disability.

Social problems

Social problems are problems such as difficulty in describing situation or object, poor communication skill, poor interpersonal relationships, understanding others point of view, lack of social interaction, sharing skills and cooperation that affect an individual's present and the future life.

Social skill training

Social skill training by Susan H Spence is an intervention used to bring about change in social problems such as describing situation or object, poor communication skill, poor interpersonal relationships, understanding others point of view, lack of social interaction, sharing skills and cooperation of an individual.

Sample distribution

The population of the study is adolescents with Specific Learning Disability hence, purposive sampling was used in the current study. The samples were chosen after filling social skill questionnaire. The questionnaire yielded information regarding adolescents with Specific learning disability who lack social skills. The research sample consisted of fourteen adolescents certified with specific learning disability, age 12–15 and was collected from aided school at a particular district from South India. Informed consent was taken from school authority, participants and their parents.

MEASURES

Social Skill Questionnaire for Parents

The present study used questionnaire to assess the social skills. The parent version of social skill questionnaire (Spence, 1995) was used to evaluate the adolescent's social skills. Social skill questionnaire is a 30 item questionnaire for the age group 12-15 years. The internal consistency of SSQP is good with Guttman split-half reliability of 0.90 and coefficient alpha of 0.92. All items exceeded an item-total correlation

of 0.40. Social skill questionnaire is having good construct validity.

PROCEDURE

The current study was conducted in two aided schools. Additionally, permission to conduct the study was approved and granted by the school authority. Informed consent was taken from parents and the samples before the study. School authority, parents and samples were given explanation about the study and techniques used.

A pre-test was done using social skill questionnaire to assess the social problems. Social skill training was conducted on the respective schools of adolescents certified with specific learning disability. As it was a group intervention a group of fourteen adolescents certified with having poor social skills was formed. Social skill training started with a two hour training session for twelve sessions. The structure of the intervention was explained to the parents and adolescents. Thus, the content in social skill training for social problems is from studies (Spence, 1995) and from Spence's research with young people having autism spectrum disorder (Mitchell, 2008).

The social skill training programme for the study included—

Step 1: Instruction and discussion

According to incentive theory of motivation, an external goal has capacity to motivate behaviour. Participants are given motivation through need for communication skills, assertiveness and making them aware of their disability and how they can overcome it. Children in this session are taught to use eye contact during their conversations and also how to understand whether others are listening or interested in their conversation.

Step 2: Modeling

Modeling is done through films, videos. The participants will be observing the characters and role play is done to model the characters in the film.

Step 3: Reinforcing listening skills

Participant read a selected text and is being asked to reflect on its content; meaning and questions are being asked from the text.

Step 4: Communication skills

In order to develop communication skills, different topics were given and were asked to present it in group. Also, group discussion is done on a particular topic.

Step 5: Roleplay

Participants were given different life situations and were instructed to take decisions and solve the problem. They were also given situation for developing assertiveness.

After the group social skill training was completed, a post-test on social skill questionnaire was administered to check the effectiveness of the social skill training on social skills of adolescents with specific learning disability.

STATISTICAL ANALYSIS

Data were analysed using descriptive statistics, normality test and paired sample t-test. Descriptive statistics was used to describe the basic features of the data in the study such as summary about the sample and its measures. Normality test was being used to determine whether the sample data of the study has been drawn from a normally distributed population and to use the parametric tests to analyse the data. Normality can be tested using graphical method and statistical method. Thus, the current study uses statistical method, Shapiro-Wilks test. In Shapiro- Wilks test if the significance value is >0.05 the data is normal and <0.05 data is not normally distributed. In inferential statistics, paired sample t-test was used. Paired sample t-test is a parametric test and is used when there is only one group and data is collected from two different occasions or under two different conditions. In paired sample t-test if the p<0.05,

then we can conclude that there is significant difference between two scores. If the p>0.05, then we can conclude that there is no significant difference between two scores. The mean scores in paired sample t- test will help us to conclude whether there is significant decrease or increase in pre-test score and post-test score.

RESULTS AND DISCUSSION

The aim of the study was to check the effectiveness of social skill training for social problems among adolescents with Specific Learning Disability. Descriptive statistics, normality test and paired sample t-test were used for the analysis in the current study. Following are the result findings after the analysis.

Preliminary data analysis was done in order to understand the mean differences and skewness in the pre-test and post-test scores of the social skill training. The following are the data obtained for the descriptive statistics.

Table 1

Mean differences and skewness value of pre-test and post-test scores

Social Skill	N	Mean	Skewness	Standard Error	Normality Value
Pre – test	14	20.29	-0.024	.597	*-0.040
Post – test	14	51.86	- 1.947	.597	-3.261

*± 1.96 assumed normal

From Table 1, the mean obtained for pre-test was 20.29 and for the post-test were 51.86. This indicates that there is a significant difference

in the mean scores of the pre-test and post-test. Thus, the mean value of post-test indicate poorer social skills which proves that it is consistent with

previous research supporting that pupil with specific learning disability have deficit in social skills. (Harnadek and Rarke, 1994). The post-test mean value was 51.86 which indicate higher social skills. From pre-test and post-test, mean value observed that there is a significant difference in the mean scores of the pre-test and post-test. Thus, it supports the research findings which state that interventions would bring difference the social skills of pupils with specific learning disability (John, 2010).

The skewness value of pre-test was -0.024 and the corresponding standard error was .597. In post-test the skewness value was -1.947 and the corresponding standard error was .597. In order to assume the normality, simple rule of thumb was used by dividing skewness value with standard error. If the normality value is between ±1.96 then the data assumed to be normal. In current study, the normality value of pre-test was -0.040 which indicates that data can be assumed to be normal in pre-test. The normality value post-test was -3.261 indicating that the data of post-test is not normal. In pre-test normality value is between ±1.96 which indicate that the data is assumed as normal. Whereas the normality value post-test was -3.261 indicating that the data of post-test is not normal.

In research, as there are chances for statistical error in the normality test, Shapiro Wilks test was used to check the normality. Table 2, shows

the significant value of pre-test and post-test using Shapiro Wilks test.

Table 2

Shapiro Wilks test value for pre-test and post test

Social Skill	P
Pre-test	0.255
Post-test	*0.005

* p≥ 0.05 significant

From Table 2, the Shapiro Wilks test value for pre-test was 0.255. As p≤0.05, the values are not significant and data is not normal. The Shapiro Wilks test value for post-test was 0.005. The p≥ 0.05 indicates that p value is significant and data is normal. Thus, the results of Shapiro Wilks test indicate that post-test data is normal whereas pre-test data is not normal.

In order to test the assumption of normality there are two ways; one is by interpreting the skewness and another way is by statistical testing of normality. It is difficult to determine the skewness value to assume the normality. Thus, by applying the simple rule thumb, normality assumption was done. The normality value shows that the data is normal. Thus, parametric test is being used in the present study.

Hypothesis of the study indicates that there will be a significant difference between the pre-test score and post-test scores of social problems among adolescents with specific learning disability. Paired sample t-test was used to check the hypothesis. Table 3, shows the mean,

standard deviation, standard error and p value f paired sample t-test.

Table 3

Mean, Standard Deviation, Standard Error and p value of paired sample t- test

	Mean	SD	SE	P
Pre- test and Post- test	-31.57	5.1101.366	*0.000	

* p≤ 0.05 significant

From Table 3, the p value of pre-test and post-test is 0.000 (p≤ 0.05) which indicates that there is significant difference between the pre-test score and post-test score. Thus, the alternative hypothesis states, there will be a significant difference between the pre-test score and post-test scores of social problems among adolescents with specific learning disability is accepted and null hypothesis is rejected.

The pre-test scores using social skill questionnaire (Spence, 1995) revealed that adolescents with Specific Learning Disability have social skill deficits. Concerning social relationships, more than half of the students mentioned that they were teased by some of their peers and felt rejected, a finding frequently reported in the literature (Ingesson, 2007). The students considered that teasing as well as their feelings of insecurity because of the learning disability and their poor social skills were the main factors that hindered the development of close friendships with their peers. These findings are consistent with those of other studies (Goldberg et al., 2003; Hellendoorn and Ruijsenaars, 2000). On the other hand, the development of friendships of students with dyslexia with their peers depends on a variety of factors such as personal characteristics, opportunities to socialise and the presence of similar difficulties in learning (Wiener and Tardif, 2004).

The findings of the present study indicated that social skill training is effective in coping with the social problems among adolescents with specific learning disability. Social skill training produced more interaction, enhanced cooperation, and improved friendships (Kavale and Mostert, 2004). The results demonstrated that social skill training improves social interactions, communication skills of children with learning disabilities. Social skill training is a viable means for improving the social skills of children with learning disabilities.

CONCLUSION

Social skill training was found to be effective for the social problems among adolescents with specific learning disability. Social skill training enhanced participants' self-understanding and assisted in the development of their strengths. Social skill training produced more interaction, enhanced cooperation, and improved friendships (Kavale and Mostert, 2004). The results demonstrated that social skill training improved social interactions, communication skills of children with

learning disabilities. Hence, social skill training is a viable means for improving the social skills of children with learning disabilities.

Since, studies have shown that a child's difficulty in social skills may relate to problems reading non-verbal cues which are due to visual perceptual problems (Harnadek and Rourke, 1994), when perceptual problems are encountered, it is important for therapists to investigate the child's social skills. If deficits are found, some of the training techniques described in this research may be used. However, approaches to the treatment of social skills often identify isolated impairments and train isolated skills, and the child's ability to use these skills for everyday interactions has not always been examined. The child's capacity to generalise what is taught in treatment is an important consideration that must be monitored. The findings of the study would help to include social skill training in inclusive education. The children with specific learning disability should be included in inclusive education which would give them more opportunity to learn and come up in life. Improving the social skills of adolescents with specific learning disability having social deficits will help them to improve their social life.

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