

The Effectiveness of Social Skills Training on Reducing Autistic Children's Behavioral Problems

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Abstract

The purpose of this study was to investigate the effectiveness of social skills training on reducing the behavioral problems of children with autism and pseudo-experimental. The statistical population of all autistic children is Mashhad. In this research, a goal-based sampling method is used. 30 children were selected from among children with autism and randomly assigned to two experimental groups (15 people) and control (n = 15). The Shelli & Sorkab Communication Skills Questionnaire (2004) and Rutter's Behavioral Disorder (1964). Then, independent variable, ie social skills training (ten sessions 60 minutes), was performed on the experimental group, while no intervention was performed on the control group. After collecting data, the data were analyzed using covariance analysis. The results showed that social skills training has a positive and significant effect on

reducing the behavioral problems of communication skills improvement in autistic children. Conclusion: Social skills training is a suitable method for reducing behavioral problems and improving communication skills in autistic children. These results can be used by psychologists and counselors.

Key words: Autism, behavioral problems, social skills.

Introduction

Autism is a disorder that disrupts the growth and development of the individual's social and communicative skills, which indicates a kind of developmental disorder characterized by defective communication and verbal behaviors and the existence of abnormal patterns in both fields. This disorder has different symptoms in different individuals and is used to distinguish it from other problems, the term autistic spectrum disorders or its abbreviation (ASD) (Samadi, 2013, p. 31).

Autism is one of the worst and most unknown problems in childhood, with many ambiguities in its realm. Despite its low prevalence in society (4 to 5 in 10,000), it has a significant population in specialized pediatric clinics (Saduk and Saduk, 2003). According to research conducted by American research institutes, Autism in the country is growing at a rate of 10-17%. In other countries, as in our country, this is a growing worrying disorder that, unfortunately, the operational plan of the responsible organizations in To identify the disease to the community, it is not presented (Zayer, 2009), the Center for Disease Control and Prevention, the prevalence of autism in 1 out of 150 in 2007 to 1 in 110 in 2011 and 1 in 68 in 2014 Reported. This indicates an upward trend in this disorder. However, no definitive treatment has been provided for it (Disease Control and Prevention Center, 2014; Cited by et al., 2010; Jers, 2007).

From the beginning, the existence of social development in the normal life of a child can be clearly seen. Being staring at others, turning heads to others, grasping fingers and smiling others may be one of the most obvious social behaviors of a child. Unlike a normal baby, the autistic child seems to have serious problems with interacting with others. Many in the first few months of life have poor eye

contact or generally avoid it, they do not seem to show the interest of other children to their parents and embrace, and sometimes they may embrace and stroke in front of them Resist or act in a very passive way. From observing their behavior, they may conclude that they are not able to distinguish family members or do not feel anxious in staying in a foreign environment. They look for the parents less comforting and sympathetic, and display most of their anger in an unusual way (Abbasi Kargand, 2014).

These children are unable to interpret the thoughts and feelings of others, and social signs such as a smile or blink and smile may be meaningless or meaningless for them. Without the ability to interpret and understand the states, gestures and verbal expressions, the world around them confuses them. A 5-year-old ordinary child is able to understand that other people have different information, emotions, and goals from them. But an autistic child lacks such perceptions. This disadvantages them in predicting and understanding the behavior of others incapacitated. Also, many of these children show disability in controlling their emotions, leading to certain behaviors such as crying in class, verbal flooding of physical aggression, breaking down and destroying objects (especially when failing) knocking others, banging the head, biting hands And the legs and arms, as well as the hair loss (Rafei, 2006, pp. 32-31).

Of course, many autistic children, especially those with a better performance, are less likely to drop out of school when they go to school or become less apparent. Instead, the inability to meet, the weakness of the relationship with a friend, the inability to play with peers, and lack of empathy may be evident. At the end of adolescence, autistic people who have made the most of their progress are often reluctant to show friendship. But their inappropriate treatment and their inability to meet the emotions and feelings of others is a major obstacle to the establishment and continuity of friendship. They are not able to maintain friendships because of social insecurity. Adolescents and adults have autistic sexual feelings, but the lack of skills and social adequacy prevents them from achieving a full range of sexual relationships (Abbasi Kaghand, 2014).

Pediatric patients have a profound defect in social behavior. These children generally failed to expand their relationship with other people and rarely interact with others. They often do not express their emotions. They refrain from active physical contact and avoid the collision of eyes. They do not stay calm and in the arms of their parents in a childhood. In addition, when their parents hug them to remain completely dry and leave themselves. Children in the womb when they grow older. Usually they do not expect their parents to pay attention and comfort, instead they prefer to be alone. In fact, parents are totally indifferent to the presence or absence of parents. This discouragement contrasts with the children's strong dependence on still things such as credit cards or threaded segments. Pediatric patients usually do not play well with toys or other children (Connor, 1943; Heshmat, 2010; Rafeae; 2008; Kakavand, 2009; quoted from Lotfi Kashani and Vaziri, 2011).

In this case, autistic people are not primarily seeking contact with others unless they are needed. This does not mean that they are avoiding or frightening others, but they do not seem to be aware of this relationship. Exact observers must be sure of working with these children, especially when interviewing their parents, that they are likely to listen to everything, but they do not show the behavior that implies it. A point that can only be interpreted as indifference (Rafai, 2006, p. 33). Children with autism have deep problems in communicating with others, even when their intelligence is moderate or moderately high (Klein et al., 2002). They are from a young age in the many skills necessary for basic social development, such as imitation of others, bias towards social motives, showing attention to others, understanding the emotions of others, and participating in fantasy games. (Ozonov and Sauss, 2001) Older children, the older they become, show less social behaviors and seem to be lacking sensitivity to the feelings of others.

The way social expression and sensitivity to the behavioral symptoms of others are limited and less likely to be shared in the experiences or emotions of others. These children are often confronted with facial recognition and in the integration of social, emotional and communicative behavior, such as when an acquaintance enters the room and should greet him. Not understanding humans, as social elements, can cause a child to deal with people like an object, with his attention

and actions, to the body's other components. For example, these children, instead of targeting the person. Attacking at his own hands (Mash and Woolf, translated by Mozafari Maki Abadi and colleague, 2010).

One of the most important categories in the study of mental health is the acquisition of abilities that are essential for the growth path. Given this, social skills are of fundamental importance (Strof, 1984). Elliott (2002) argues that social skills are important in the successful social and educational functions of individuals, and plays an important role in avoiding or inhibiting the negative reactions of others.

According to Trevor et al. (1978), if one is able to influence the behavior of others in a way that they intend to and socially acceptable, they have social skills (Cowell 1990). McFaul (1982) has a different approach and defines social skills as a general value term that, based on certain criteria, reflects a person's judgment that his performance in a particular social task is worthy; therefore, social competence depends on the outcome or outcome of a person's social interactions. It seems to be determined by another's reaction. Social skills are not what the person is doing, but how his performance is being assessed by others; therefore, social inefficiency denotes the inability to achieve successful outcomes or favorable judgments from social interactions (Ibrahim Bai Salami, 2012).

Social skills are the behavior of a friendly community that enables a person to interact with others in a way that provokes their positive reactions and avoids their negative reactions. In sum, social skills refer to treasures of behavior, actions and strategies that a person uses in engaging with others. Social skills training is a set of strategies aimed at helping students create and maintain positive interactions with others (Khezri, 2012, p. 10).) Social skills are those oral and non-religious skills that are mainly learned during education (Bahmanzadegan Jahromi et al., 2010, p. 82). Social skills not only provide opportunities for the onset and continuity of mutual and positive relationships with others, but also create the ability to achieve communication goals in the person. Choosing the right social behavior depends on the proper recognition of interpersonal and

environmental symptoms that lead us to effective responses (Bahmanzadegan Jahromi et al., 2010). Based on the present study, considering the importance of autistic children's study, the aim of this study was to evaluate the effectiveness of social skills training on reducing the behavioral problems of children with autism.

Analysis method

This research is a semi-experimental research with pretest-posttest design with control group. The plot of the research project is shown in the figure below.

Table 1: Design Patterns

O ₁	X*	O' ₁	R	examination Group (E)
O ₂	X	O' ₂	R	control Group (c)

The statistical population of the present study included all Autistic children in Mashhad who studied in the academic year 1396. A sample of 30 children was selected by sampling in the handler and then assigned to two groups of control (15 people) and a test (15 people). The Rutter Behavioral Disorder Questionnaire, designed for children aged 7 to 13, has 30 questions, 24 of which were directly questioned by Rater. Rutter 12 and 13 phrases on finger sucking and nail biting were reduced to a question because, because of the great similarity between these two questions, it was thought that teachers would not be able to make a difference between the two. Questions 24 and 25 on stuttering and other speech problems were also reduced to a question. Finally, 6 new questions were added to Rutter's questions, which consisted of 30 questions in total. Rotter et al. (1964) conducted a large study on children aged 10 and 11 years. In this study 1536 children with Rutter questionnaire were evaluated and the reliability of this questionnaire was measured. Rutter tested the reliability and reliability of the questionnaire in a pre-test and post-test study with a distance of 2 items. Also, the correlation between / with a 2 month interval was 0.74. Also, the correlation between the responses of fathers and mothers was 0.64. In the Yusefi research, a retrospective method was used to measure the reliability of the questionnaire. For this purpose, after 2

months, the teachers were asked to complete the questionnaire again for 30 subjects, the coefficient obtained from this screening was equal to 90%.

Findings

Table 1: Mean and standard deviation of behavioral problems

Group type	Testing times	Maximum score	Minimum score	mean	Standard deviation
examination Group	Pre test	56	28	93/41	19/9
	Post-test	42	18	93/26	29/7
control group	Pre test	60	28	86/42	11/10
	Post-test	59	27	53/41	30/10

As the table above shows, the mean of the two pretest groups is close to each other and in the post test the mean of the experimental group has decreased. In this study, the pre-test and post-test were used in two experimental and control groups. Since the level of measurement of the variables was a gap, the Kolmogorov-Smirnov test for the normal distribution of two variables and the t-test were used to examine the difference between the two groups Levin test and control tests for the difference of variances and the main test of the research, namely, one-way covariance analysis, was used to compare the scores of the two variables, and finally, the adjusted post-test averages were investigated in both the experimental and control groups and the difference between them. Normal distribution of variables One of the applications of the Kolmogorov-Smirnov test is to examine the normal distribution of variables in society. To interpret this test, you can do two things:

The first is to pay attention to the Z-value of Kolmogorov-Smirnov. If this is between 1.96 to 1.96 +, then the vote can be distributed to normal. The second way is to pay attention to the level of significance. Therefore, a significant level

of achievement should be divided into two if the result is more than 0.225, the distribution is normal and otherwise the distribution will be abnormal. The results of this analysis are presented in the table.

Table 2 The results of the Kolmogorov-Smirnov test

Variable	Test type	mean	Standard	Kolmogorov-Smirnov	Meanin
behavioral problems	Pre test	40/42	51/9	54/0	92/0
	Posttest	23/34	49/11	60/0	85/0

(behavioral problems)

Based on the results of Table 2, it can be concluded that the distribution of behavioral problems scores in the pre-test and post-test is normal.

Checking the Consistency of Variance The commonality of variances is presupposed by looking at whether the samples are selected from communities with equal variances. To test the variability of variables of research variables, Levin's variance error test was used.

. Based on the significance level obtained in this test, one can judge the consistency or inconsistency of variances. In this way, if the level of significance obtained is greater than $P = 0.05$, the variances are equal and vice versa. The assumption of the uniformity of variances for the two sample groups is presented in Table 2.

Table 3 Levin test results to examine the consistency of behavioral problems variances.

Variable	Levine index	Meaningful
behavioral problems	13/4	048/0

Inserted results in the table above show that the assumption of the uniformity of variances on behavioral problems ($P = 0.048$, $F = 4/13$) has been achieved. The results of the covariance analysis are reported in the table below.

Table 4 The results of covariance analysis of reducing behavioral problems.

Sources of changes	Degrees of freedom	Mean Square	F	Significance level
Companion variable (pre-test scores)	22	68/93	31/3	012/0
Effect of group (experiment-control)	1	66/450	92/15	016/0
Error	6	29/28		
Total revised	29			

As the results of Table 4 show, with respect to ($F = 0.31$, $P = 0.012$), the effect of the associated variable is significant, that is, the difference between the pre-test and post-test scores is significant. Also, the effect of the group was significant ($F = 15.92$, $p = 0.016$), meaning that the difference between the two experimental and control groups in terms of social skills training on reducing the behavioral problems of autistic children was significant.

Table 5 Modified Averages in Covariance Analysis of Behavioral Problems.

Modified post-test average			
experiment		Control	
mean	Standard deviation	mean	Standard deviation
43/27	43/1	29/42	41/1

As shown in the table above, the mean of the moderated experimental group was significantly lower than the control group, which means the effect of social skills training on reducing the behavioral problems of autistic children.

Discussion and conclusion

In recent decades, psychologists have come to the conclusion in their study of behavioral problems and social deviations that many of the problems and disadvantages in the failure to properly and properly analyze their own position, lack of sense of adequacy and personal control to deal with difficult situations and lack of awareness for Solving problems and real life issues is rooted in the right way. Autism spectrum disorders are complex developmental disorders that are classified according to a set of problems in social interactions, language, behavior, and cognitive functions. Among the causes of autism disorder, which have been identified so far, are prenatal factors and immune-induced factors, evolutionary factors, biochemical factors, genetic factors and biological agents. Children with autism spectrum disorder often do not express their emotions. Understanding and expressing emotional states and recognition of emotional effects in autistic children are accompanied by shortcomings and as a result of their interaction and social behavior they are not desirable (Naseh, 2010).

The lack of skills in expressing and recognizing emotions is also one of the most prominent characteristics of these children and is probably one of the main obstacles to establishing a sincere relationship with others and building social relationships. Among the various groups of children with special needs, children with developmental (autistic) disorders are a group of children who have many problems in the field of social communication as well as in the field of behavior, and in particular in friendliness skills. ; Therefore, the enhancement of social skills and the social transformation of these children is an essential component of health interventions. The problem of social interaction of children with autism occurs very early even before the age of one. These children often do not provide eye responses, lack empathy, and can not express emotional responses and positive emotions (Hussein Khanzadeh, 2011).

Of course, children with behavioral problems not only can not expand their capacities in the community to the level of skill and self-development, but with incongruent and unorganized behaviors, it will be possible to anticipate anti-social behaviors in a young age. While acquiring skills that make expression of thoughts and emotions possible, they will enrich the interpersonal relationships with others in the family, school, and community situations.

In a research on social skills training, Short (2006) concluded that social skills training increased the social network (peers and teachers), social-friendly behavior, positive social interaction, regular behaviors, and initiation of dialogue at appropriate times in children Attention Deficit / Hyperactivity Disorder. The lack of social skills of children has multiple problems and causes a lack of reconciliation in interpersonal relationships, problems and behavioral disorders, and adversely affects the growth of the child's personality and his adaptation to the environment, which is a disadvantage in social skills that reflects potential advances in psychological disorders (Sergin and Taylor, 2007).

Social skills are visible and measurable behaviors that improve autonomy, acceptability, and quality of life. These skills are important for compromise and normal functioning, and failure in social skills is closely related to mental disorders and behavioral problems. Although this term seems to be simple, it is strongly influenced by psychological structures and basic human features such as personality, intelligence, language, perception, evaluation, attitude and interaction between behavior and environment (Eliot and Gersham, 2005).

Social skills are behaviors that help people to interact with others. At school, mutual interaction may be with classmates, teachers and other school staff. In the later stages of life, this interaction can be with colleagues, supervisors, friends and other people that they may meet (Randy and Michel, 2008). Social skills training is systematically used in any way that people use naturally, helping people to experience different situations using different strategies, and effectively contribute to responding to others. (Lieberman, 1989).

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