

Impact of Parental Involvement in Training Social Skills to Children with Multiple Disabilities

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ABSTRACT--Multiple Disabilities means as an individual having two or more than two types of disabilities in which required more attention and support in education programming. It is also called double disabilities or complex disability in various occasions. The purpose of the study is to investigate the social skill deficits in children with multiple disabilities and their effect of parental involvement in training social skills. Sixty parents and their children selected for this study with purposive sampling technique. The investigator used adapted functional assessment checklist to measure the independencies in social skills of children with multiple disabilities and parental involvement questionnaire to measure their involvement in training social skills whether no, low, moderate and high. The results found that there is a significant difference in social skills and their parental involvement in training. Parental involvement is extremely important to the ultimate success of their child's program.

Key words-- Multiple disabilities, Social skills, Parental involvement

I. INTRODUCTION

Multiple Disabilities means more than one type of disabilities including deaf blindness, which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems (RPWD Act, 2016). In children with special needs that to a child with multiple disabilities affected with social skills that will impact the whole family due to isolation, poor or no speech, mobility difficulties etc.

Children with multiple disabilities have problems in social skills. They may have poor attention, concentration, lack of initiatives, poor communication skills, unable to follow the social situation and fail to understand the situations, etc. The limitations made their parents to, not to involve them in any of socialization activities other than their schools.

Multiple disabilities like cerebral palsy with additional disabilities and autism spectrum disorder with intellectual disabilities may find difficulty in sharing their enjoyment through the socialization due to their disabilities. Children with cerebral palsy due to their muscle tone they may find difficult to do social smile, extend their arm for to say hello to people, poor speech and communication skills make them more stress. Children with autism spectrum disorder also have problem in mingling with peers and others due to their poor socialization skills.

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Social skill deficits and consequent peer rejection during childhood can affect quality of life in many ways (Cappadocia & Weiss, 2010).

Children with autism spectrum disorder misunderstood by parents and members in the community due to their psychosocial behaviours and their inappropriate social regulated behaviour that they perceived as behaviour problems. The behaviour in which exhibited by mostly socialization related issues, and it is misinterpreted by parents and the caregivers.

Socialization is a tool to exchange information between people in a situation where one can understand his/ her roles. Socialization is the process of connecting to people and their environment when one struggles to maintain he or she may be loose his own social interaction. Social interaction makes the child enjoy, share, create funs, make friendships, build good relationships, develop communication opportunities, provide opportunities to learn to behave appropriately with their peers and adults. If social skills affected in children that will leads to failure in mingling with people, sharing thoughts, playing and making friendships, maintaining relationship, participate cooperatively in community and home.

Laugeson E.A, et al., (2012) examined the efficacy and durability of the peers program for high functioning adolescents with autism spectrum disorders of age group 12 to 17 years participated from twenty-eight middle schools with a parents assisted social skills group intervention. The study evidenced that who has received the peers program significantly improved their social skills in the area of communication, cognition, awareness, motivation, assertion, cooperation and responsibility and when there is decreased autistic tendencies there is an increasing peer interaction, friendships skills were found.

Sahoo, R, Rege S & Rao S (2018) states to identify the level of motor impairment and their social participation among children with cerebral palsy. There are 80 participants were recruited in the age range of 6- 12 years through convenient sampling technique. There are two groups like low and high severity with 40 males and 46 females of parents of children with cerebral palsy. The results revealed that children with cerebral palsy had limited social participation according to their severity of motor impairment in different context and activities.

Raynolds (1992) indicated that parental involvement as “any interaction between a parent and child that may contribute to the children development or direct parent perception with a child’s school in the interest of the child. Social skill deficits also affect interactions with family (Rao, Beidel, & Murray, 2008) and can play a critical role in successful social, emotional, and cognitive development (Bellini et al., 2007). The development of social skills lays a critical foundation for later academic achievement as well as work-related skills (McClelland & Morrison, 2003).

The well- researched paradigm of social learning theory (Bandura, 1977), social skills training programs utilize a wide variety of procedures; such as instructions, modelling, behavioral rehearsal, role playing, reinforcement, cueing, shaping and feedback. Social skill training programs aimed at modifying student interpersonal behaviors with peers and adults. Parent involvement and appropriate training make a difference in children. Stein and Kendall (2004), also recommend that caregivers redirect children toward more appropriate behaviours and teach them coping strategies. High level of parent’s interest during the child’s first years facilitates the commitment and involvement necessary for successful intervention (Bronfenbrenner, 1974). Therefore, the need for the study is to find out the social skill deficits in children with multiple disabilities and their parental involvement in training them appropriately in home and school environment.

Need for the study

Social skills are necessary to build relationship with others in the community. These skills developed through structured and unstructured environment. Social skills learned through verbal and nonverbally, set of skills that require maintaining good relationship, interacting with others, sharing ideas and views. Parental involvement equally important with teacher, parents' role in developing social skills is big challenge and to make their children to interact better with their peers, motivate to participate any group discussion, and building confidence. The investigator tries to find out the social skills and the impact of parental involvement in children with multiple disabilities for training appropriately.

Objective of the Study

1. To find out the level social skills in children with multiple disabilities
2. To find out the level of parental involvement and their impact in social skills

II. METHOD

Participants

Sixty parents (3 males and 57 females) and their children with multiple disabilities (41 males and 19 females) selected for the study using purposive sampling technique. Children age range from 6-19 years studying from primary level to prevocational level were participated.

Tools

Parental involvement Questionnaire (PIQ)

The parental involvement questionnaire developed in both English and Tamil based on the parameters of involvement in relation to parental aspects like regularity of training, time spend for training, concentration on training and professionally training their children to achieve their social skills. The content validity of the questionnaire was done by ten professionals working in the field of multiple disabilities at national institute. The questionnaire was rated like highly, moderately, low and no with numerical coding of 3, 2, 1 and 0.

Adapted Functional Assessment Checklist

The present level skill functioning was assessed with adapted functional checklist for measuring social skills in children. The skills was selected from standardized scales based on the developmental milestones to measure upto nineteen years and the individual skills validated by ten professionals working in the field of multiple disabilities. The adapted functional checklist has fifty items on social skills with their developmental age starting from one month to adulthood and the inter-rated reliability score is 84.6 with split half method.

Development of training manual on Social Skills

Based on the assessment report the investigator found the need for developing training manual for them to train their children. A manual developed with task analysis and pictorial illustration based on the developmental milestones included in the functional assessment checklist for training their children social skills through their parents. The manual was developed in both English and Tamil with systematic instruction and material adaptation.

Development of training module for parents training

The investigator developed a training module for training them on how to use the manual and home training methods for their children. The training was conducted weekly thrice for a period of three-month duration on handling children with multiple disabilities. The training module contended with objective, components of target skills, principles and strategies of teaching, individual skills with pictorial illustration and task analysis, method, materials, instructions and evaluation methods. The investigator used lecture method for training the parents with power point presentation, demonstration, modeling and videos.

Procedure

Written consent was obtained from the parents before the data collection. Face to face, interview was done to collect data in a quiet room. The investigator assessed the parental involvement with the help of parental involvement questionnaire, children present level performance assessed with the adapted functional assessment checklist. Parents were instructed to evaluate their involvement on training their children social skills, like social interaction, communication, listening, play, peer relationships and friendship, problem solving, behaviour management, and health and safety skills.

Their involvement was rated with three-point scale coded by 0,1,2,3 as no, low, moderate and high involvements in extending their help on regularly, concentrating, time spend, and professionally helping. Based on the assessment, investigator gave training in a weekly three days for a period of three months through lecture method with power point presentation and demonstration using different prompts and teaching methods. After three months of training, the investigator reassessed the involvement of parents on training their children and children performance.

III. RESULTS AND DISCUSSION

The purpose of the study is to investigate the social skill deficits in children with multiple disabilities and their effect on parental involvement in training social skills. The results of the present study analyzed with SPSS version 20. The mean and standard deviation of social skills used in order to determine the pre and post-test social skills performance of children with multiple disabilities.

Table 1: Comparison of Pre and post-test score of social skills in with multiple disabilities

Skill	Test	N	Mean	SD	't' value	S
Social Skill	Pre	60	59.75	21.195	21.836	.000
	Post		73.33	20.994	27.057	

N-Number of children, SD-Standard deviation, S-Significant

The above table shows that the social skills of children with multiple disabilities pre-test mean score 59.75 and post-test mean score 73.33 and the result evidence that there is a significant difference between pre and post-test social skills of multiple disabilities before and after their parental involvement.

Table 2: Comparison of pre and post-test score of parental involvement in social skills of children with multiple disabilities

Domain	Test	N	Mean	SD	't' value	S
Social interaction	Pre	60	7.92	3.222	-1.741	.087
	Post		8.88	3.020		
Communication	Pre		6.80	3.521	-4.248	.000
	Post		9.07	3.041		
Listening	Pre		8.52	3.149	-2.701	.000
	Post		9.67	2.808		
Play	Pre		6.77	3.510	-4.018	.000
	Post		9.08	3.044		
Peer Relationship & Friendship	Pre		6.88	3.489	-4.240	.000
	Post		9.15	3.007		
Problem Solving	Pre		7.47	3.789	-2.964	.004
	Post		8.93	3.517		
Behavior Problems	Pre		8.43	3.514	-.697	.488
	Post		8.78	4.154		
Health & Safety	Pre		6.97	4.141	-4.337	.000
	Post		9.77	3.154		

N-Number of children, SD-Standard deviation, S-Significant

The above table shows that the pre-test mean score of social interaction, communication, listening, play, peer relationship & friendship, problem solving, behavior problems, and health safety skills were 7.92, 6.80, 8.52, 6.77, 6.88, 7.47, 8.43 and 6.97 and the post-test mean score the same group were 8.88, 9.07, 9.67, 9.08, 9.15, 8.93, 8.78 and 9.77 respectively. Results shows that the pre-test and post-test score of communication, listening, play, peer relationship and friendship, problem solving and health and safety skills highly significant and the two social skills including social interaction and behavior problems statistically not significant.

Table 3: shows the pre and post-test mean and standard deviation of parental involvement in social skills of children with multiple disabilities

Group	Test	N	Mean	SD	't' value	S
CP	Pre	30	67.83	31.155	4.923	.000
	Post		55.23	32.119		
ASD	Pre	30	56.27	15.510	-5.539	
	Post		70.00	18.937		

N-Number of children, SD-Standard deviation, S-Significant

The above table shows that the mean score of pre in cerebral palsy group 67.83 and autism group 56.27 and the post-test mean score of cerebral palsy 55.23 and autism group 70.00. The result shows that there is a significant

difference between the two groups after the parental involvement. It is evidence that the parental involvement equally important in training the social skills at home and school.

Table 4: shows the level of involvement of parents in training social skills of children with multiple disabilities.

Variables	Test	N	Mean	SD	't' value	S															
High	Pre	60	14.67	10.005	-.694	.491															
	Post		15.92	11.037			Moderate	Pre	7.27	7.194	.067	.947	Post	7.18	8.380	Low	Pre	6.47	7.786	.078	.938
Moderate	Pre		7.27	7.194	.067	.947															
	Post		7.18	8.380			Low	Pre	6.47	7.786	.078	.938	Post	6.35	8.875						
Low	Pre		6.47	7.786	.078	.938															
	Post		6.35	8.875																	

N-Number of children, SD-Standard deviation, S-Significant

The above table shows the level of parental involvement in training their children social skills. Both pre and post-test score evidence that the mean score differ significantly and the p-value is statistically not significant.

IV. DISCUSSION

The present study conducted to assess the social skills of children with multiple disabilities and their parental involvement in training these social skills. The result of the study evidence that the training module effective and based on the training parents involvement in training the social skills namely social interaction, communication, listening, play, peer relationship and friendship, problem solving, behavior problems, and health and safety skills. Parents highly involved in training all these skills and even the child has severe impairment. The instructional strategies for teaching social skills used such as modelling, role playing, positive reinforcement, practice and rehearsal, incidental teaching, prompting and coaching, self-monitored and self-directed training, cooperative learning, peer tutoring, were help them to initiate and develop their social skills (Randy L. Seevers & Michelle Jones-Blank 2008), John Heffernn (2011). Weiss & Harris (2001) said that social reciprocity and social communication deficits remain prominent issues for high treatment priority. Parents also an important member in the intervention process as proved by many studies, in this study parents as a primary intervention provider to train and evaluate their children independencies.

V. CONCLUSION

Children having multiple disabilities face great difficulty in acquiring personal, social, communication, motor, cognitive and other related skills without extra support from both parents as well as professionals. In order to develop their potential, these children with special needs require more support services beyond those that are considered most important for the development of their same age peers. If the problem is identified early and they benefit maximum in rehabilitation by professional and parental collaborative program. The Family involvement is extremely important to the ultimate success of their child's program, because they know better about their child.

The study also reveals that the parent involvement increased after the training program highly in social interaction, health and safety, behavior management, problem solving, play, listening, communication, peer relationship and friendship skills and before the training the involvement were identified in responses no and low involvement. The study concludes that parental involvement increases always, even though if the child's severity and associated condition is more the involvement considerably increased. So parents should be trained enough to handle their children effectively in social skills and community participation.

REFERENCES

1. Bandura, A. (1977) *Social Learning Theory*. Englewood Cliffs, Hall. NJ: Prentice-
2. Bellini, S., Peters, J. K., Benner, L., & Hopf, A. (2007). A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial and Special Education*, 28(3), 153–162.
3. Bronfenbrenner, U. (1974). *Is early intervention effective?* Washington, DC: Office of Human Development.
4. THAKUR, N. AETIOLOGY OF MILD AND SERIOUS INTELLECTUAL DISABILITIES/MR WITHOUT ANY IDENTIFIED GENETIC CAUSE.
5. Cappadocia, M. C., & Weiss, J. A. (2010). Review of social skills training groups for youth with Asperger Syndrome and High Functioning Autism. *Research in Autism Spectrum Disorders*, 5(1), 70–78; doi: 10.1016.
6. John Heffernan. (2011). Children with social skills deficit: effects, potential contributors, and potential interventions: a literature review, integrated studies project, Athabasca University Alberta. <http://dtp.lib.athabasca.ca/action/download.php?filename=mais/jheffernan%20literature%20review.pdf>.
7. RAI, AJEET KUMAR, and ASHUTOSH KUMAR RANA. "ADJUSTMENT OF HEARING-IMPAIRED STUDENTS IN SPECIAL SCHOOLS OF PURVANCHAL REGION OF UTTAR PRADESH."
8. Laugeson, E.A., Frankel, F., Gantman, A., Dillon, A.R, Mogil, C. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders: the UCLA PEERS program. *J Autism Dev Disord*. Jun; 42(6):1025-36. doi: 10.1007/s10803-011-1339-1.
9. McClelland, M.M., & Morrison, F.J. (2003). The emergence of learning related social skills in preschool children. *Early Childhood Research Quarterly*, 18(2), 206-224.
10. Bala, R., Chikkara, S., & Sangwan, S. CHILDREN WITH LEARNING DISABILITIES: COPING SUGGESTIONS.
11. Randy, L.S., Jones-Blank, M. (2008). Exploring the effects of social skills training on social skill development on student behavior, *National Forum of Special Education Journal*, Volume 19, Number 1.
12. GUWALANI, A., DUBEY, A., & RATHI, R. PREVENTION OF PHYSICAL DISABILITIES THROUGH ORI TECHNIQUE.
13. Rao, P. A., Beidel, D. C., & Murray, M. J. (2008). Social skills interventions for children with Asperger's Syndrome or high-functioning autism: A review and recommendations. *Journal of Autism and Developmental Disorders*, 38, 353–361.
14. UPRETI, R., & SINGH, R. DEGREE OF MENTAL CHALLENGE-A STRONG PREDICTOR OF LEVEL AND TYPE OF PARENTAL STRESS.
15. Reynolds, A. J. (1992). Comparing measures of parental involvement and their effects on academic achievement. *Early Childhood Research Quarterly*, 7, 441–462.

16. RPWD Act. (2016). MSJ & E, GOI, <http://www.iitg.ac.in/eo/sites/default/files/RPwDAct2016.pdf>.
17. Yashoda, K., & DEVI, T. K. (2017). Influence of Parental Employment, Grade and Gender on Emotional Maturity of Adolescents. *International Journal of Environment, Ecology, Family and Urban Studies (IJEEFUS)*, 7(4), 1-6.
18. Sahoo, R., Rege, S., Rao S. (2018). Social Participation in Children with Cerebral Palsy. *Online J Health Allied Scs.* 16(4):5. Available at URL:<https://www.ojhas.org/issue64/2017-4-5.html>.
19. Stein, P.T., & Kendall, J.C. (2004). *Psychological trauma and the developing brain: Neurologically based interventions for troubled children.* New York: Hawthorn Press.
20. NATHANI, N., Samaria, J. K., & Tiwari, S. K. (2014). EVALUATION OF THE EFFECT OF RITUCHARYA ON SPIROMETRIC PARAMETERS IN PATIENTS OF BRONCHIAL ASTHMA. *JMPS*, 4(2), 111-118.
21. Weiss, M. J., & Harris, S. L. (2001). Teaching social skills to people with autism. *Behavior Modification*, 25, 785–802.