International Journal Of

Recent Scientific Research

ISSN: 0976-3031

Volume: 7(6) June -2016

THE SOCIAL SKILLS AND RESILIENCY OF MENTALLY CHALLENGED CHILDREN IN SELECTED SCHOOLS IN KUWAIT

Ali Mohamed Heder Mohamed

THE OFFICIAL PUBLICATION OF
INTERNATIONAL JOURNAL OF RECENT SCIENTIFIC RESEARCH (IJRSR)
http://www.recentscientific.com/ recentscientific@gmail.com

ISSN: 0976-3031

Available Online at http://www.recentscientific.com

International Journal of Recent Scientific Research
Vol. 7, Issue, 6, pp. 11640-11648, June, 2016

International Journal of Recent Scientific Research

Research Article

THE SOCIAL SKILLS AND RESILIENCY OF MENTALLY CHALLENGED CHILDREN IN SELECTED SCHOOLS IN KUWAIT

Ali Mohamed Heder Mohamed

Department of Educational Special School, Alwafaa School, Kuwait

ARTICLE INFO

Article History:

Received 20th March, 2016
Received in revised form 29th April, 2016
Accepted 30th May, 2016
Published online 28th June, 2016

Key Words:

(Social skills, resiliency of mentally challenged).

ABSTRACT

This study analyzed the social skills and resiliency of mentally challenged students in selected schools in Kuwait. The research design included descriptive method such as classification, description, and analysis. The major tool of investigation was a questionnaire that measured the social and resilience of the subjects. Eighteen (range from 13-16 years old) subjects were chosen, and simple stratified sampling technique was utilized in the study. Their parents served as informants in the survey. Statistical measures such as mean values, T-test, F-test, and Pearson R were employed.

On the basis of the data gathered through the survey, the following findings were identified. The intrapersonal and interpersonal social skills of the subjects are within the moderate level. The resiliency levels of the subjects as to future orientation, independence, and active skills are within the moderate level. Age, gender, and level of mental retardation do not significantly influence the level of social skills. There are significant differences in the respondent's levels of social skills when type of mental retardation is considered (Gresham, 1995).

Based on the foregoing findings and conclusions, children who are diagnosed of mental retardation should be provided with parental, school, and community social support to enhance their interpersonal and social skills. Mentally challenged children should be guided professionally on their future orientation and be provided training to become independent and active in their community environment. The schools should enrich their curriculum by providing activities like group games, family day, sports fest, musical renditions to expose their students to social interaction. Schools should include in their intervention programs techniques such as: modeling, coaching, social intervention strategies, peer counseling, and the five step model.

INTRODUCTION

Social skills are highly important to children's development. Peer relation provides support to children in taking part in social recreational activities. By interacting with peers, children make new friends and learn to become responsible group members. Children who have high social skills tend to become popular and have warm friendly personality. Social skill is just as important for individuals who are mentally retarded as it is for those who are non-mentally retarded. In some cases it is as important, if not more important, than intellectual ability.

Individuals with mental disability often exhibit poor interpersonal skills and socially inappropriate or immature behavior: as a result, they frequently encounter rejection by peers (Gargiulo, 2006). Researchers have shown that mentally challenged individuals lack the social skills necessary to establish and maintain friendly relationships with others. This lack of social skills poses significant problems who want to live in a normal environment.

While lack of social skills poses big problem to mentally challenged children, schools intervention programs can be implemented to help improve their social skills. Direct social skill instruction is one way of improving their social development. Behavior modification techniques can reduce inappropriate behavior while establishing appropriate behavior. Modeling of appropriate behavior of classmates is one way that students who are mentally challenged can acquire more socially appropriate behavior which eventually leads to better peer acceptance.

Educators and other professionals now consider children who are mentally challenged capable of learning. However, in order to successfully educate them, individualized instructional program to meet their unique needs is required. Further, the instruction provided to them must be comprehensive and functional to be able to equip them with the experience needed

Corresponding author: **Ali Mohamed Heder Mohamed*
Department of Educational Special School, Alwafaa School, Kuwait

to live independently in their communities. They should be exposed to functional curriculum to learn life skills they require for successful daily living.

Researches have shown that resilient students become healthy and well-adjusted, adept at establishing and maintaining relationships with peers and adults. They have excellent problem-solving skills; they seek resources and help others, autonomous, and see their futures as hopeful and bright. Along these concepts, the aim of this study set to find out the degree of resiliency of the mentally challenged students in selected schools in Kuwait. The study tries to determine if social skills and resiliency are related. Furthermore, the results of this study can be used as a base in developing intervention program for the enhancement of the social skills of the mentally challenged children.

Statement of the Problem

This study analyzed the social skills and resiliency of mentally challenged students in selected schools in Kuwait during the school year 2008- 2009.

Specifically, it sought answers to the following questions:

1. What is the profile of the respondents as to (chronological age, gender, level of mental retardation, type of mental retardation)?
2. What is the level of social skills of the respondents as to (Interpersonal, Intrapersonal)?
3. What is the level of resiliency of the respondents as to (future orientation, independence, active acquisition)?
4. Are there significant differences on the social skills of the respondents when their profiles are considered?
5. Are there significant differences on the levels of resiliency of the respondents when their profiles are considered?
6. Is there significant relationship between level of social skills and resiliency?
7. What are the implications of the study to the development of intervention program?

Significance of the Study

Viewed from the concept that social skills and resiliency are important to the development of mentally challenged children, the need to analyze their social skills and resiliency is undoubtedly very significant.

To help the schools develop an intervention program that would educate their students improve their social skills, it is necessary to conduct a survey to determine the levels of the social skills and resiliency. The findings will serve as eye-openers to school administration in developing intervention programs for their students.

The faculty and parents will gain insights on the development of social skills and resiliency of their students and children.

Scope and Limitations of the Study

This study which aims to analyze the social skills and resiliency of mentally challenged children in selected schools in Kuwait will be conducted during the school year (2008-2009).

- The problems are limited to the profile of respondents, the levels of their social skills and resiliency, and the implications of the findings to the development of intervention program.
- The study will be conducted in three selected schools involving thirty (30) students per school with ages ranging from thirteen to eighteen years old.
- The instrument is limited to questionnaire which will be answered by informants since the respondents are mentally challenged and cannot answer for themselves. The data that will be gathered through the questionnaire will be statistically analyzed by subjecting the weighted scores to chi-square test and the Pearson R for testing relationships.

Definition of Terms

For purposes of clarity and ease of understanding the following terms are defined:

- ***Active skill:*** the ability to maintain interest in pursuing plans and being able to get through difficult times.
- ***ADHD:*** Attention Deficit Hyperactivity Disorder is defined by the American Psychiatric Association as a persistent pattern of inattention and / or hyperactive impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development (Gargiulo, 2006).
- ***Autism:*** Autism spectrum disorder is a term used to describe a range of behaviorally defined neurodevelopment conditions, characterized by impairments in social interaction, social communication and language development, and restricted repertoire of interests, behaviors, and activities (Hanburry, 2005).
- ***Life Orientation:*** is concerned with the personal, social, intellectual, emotional, spiritual, and physical growth and development of individuals, and the way in which these dimensions are interrelated and expressed in life.
- ***Independence:*** the ability of the mentally challenged child to activities of daily living like eating, toileting, dressing, and the like. Independence also refers to the ability to make one's own decision, one's own choice.
- ***Interpersonal Intelligence:*** the ability of an individual to understand other people.
- ***Intrapersonal Intelligence:*** Gardner as cited by Checkley (1997) defined intrapersonal intelligence as the ability of a person to understand himself.
- ***Mental Attribution:*** it may account for differences in the way people think about certain tasks and for differences in their success with those tasks. Mental Retardation: the disability that results in impaired cognitive abilities and the need for assistance to achieve independence and participation in the community.
- ***Mentally Challenged Children:*** children who have intellectual disabilities.
- ***Mild Mental Retardation:*** in the Stanford Binet Scale, it is within the range of (52- 68) (Gargiulo, 2006).
- ***Moderate Mental Retardation:*** in the Stanford Binet Scale, it is within the range of (36- 52).

- ***Resilience:*** the positive capacity of people to cope with stress and catastrophe. It is also used to indicate a characteristic of resistance to future negative events.
- ***Social Skills:*** social skills are shown by a person's behavior towards others and the society he belongs to.

Previous studies

Learning disabilities is a condition that, despite the lack of other problems, such as mental retardation or emotional or behavioral disorders, causes significant learning problems, most often in areas related to reading and writing (Fuchs, Fuchs, Mathes, *et. al*., 2001). What often begins as a language problem in the preschool years becomes a reading problem by third grade as evolves into a pervasive academic problem as the demands of curriculum increase through middle school and high school. In part, because of the characteristics of this disability, and in part as a result of academic failure, many of these individuals have difficulty achieving social competence (Bryan, Burstein, and Ergul, 2004).

Individuals with learning disabilities whose learning problems do not receive early attention can have serious, life-long challenges to face (National Institutes of Health, 2005). Early, intensive intervention makes a difference, and it is imperative that young children and their families get services as early as possible. Just like other individuals with disabilities, those with learning disabilities range widely in abilities. Some students have a mild learning disability. With direct assistance, they access the general education curriculum successfully and take advantage of postsecondary educational opportunities. Those with severe learning disabilities require intensive, sustained remediation and support throughout their school years and often into adulthood.

All students with learning disabilities learn differently from their classmates without disabilities, and in many cases these students learn differently from each other (Fuchs *et al*., 2002). Students identified as having learning disabilities have much lower reading abilities than all other students. Reading difficulty is the most common reason for these student's referrals to special education. Because reading and writing are intimately related, most of these students also have problems with written communication (Troia & Graham, 2003). Reading/ learning disabilities can cause pervasive academic problems because reading skills are increasingly important as the curriculum becomes more advanced. Student with special need who suffer in academic achievement are highly exposed to social problems. In addition, it affects their motivation toward school.

Motivation and attribution play an important role in education. Motivation is the inner drive that causes individuals to be energized and directed in their behavior, while attributions are self-explanations about the reasons for one's success or failure. Differences in motivation and attributions may account for differences in the way people approach tasks and for differences in their success with those tasks (Ring & Reetz, 2000). Assuming responsibility for success in an internal attribution in which individuals understand the relationships among effort, task persistence, ability, and interest. In many cases, the lack of motivation and the negative attribution can lead to social problem that prevent children with special need interaction with their peer causing lack of enhancements.
Deficits in social skills are now considered a common and defining characteristic of learning disabilities (Kavale & Mostert, 2004). Approximately 75% individuals with special needs have problems with social skills that lead to negatively influence their self-concept, their ability to make friends, their interactions with others, and even the way they approach schoolwork (Bryan, Burstein, & Ergual, 2004).

Signs of social problems begin very early, during the preschool years, as these children experience strong feelings of loneliness and lack of friends. Rejection and inadequate social skills persist through adolescence. During the later school years, these students do not seek the support of peers or friends as do their classmates without disabilities, so feelings of loneliness, rejection, and isolation persist. Of even more concern is their tendency to be victimized- threatened, physically assaulted, or subjected to theft of their belongings- more than their peers.

The use of social skills training programs, even though they sometimes have limited results, is strongly encouraged by researchers. Experts recommend implementing programs that match the intervention to the individuals' unique problem areas.

Resilience believed to play an important role in helping cope with academic or social problems for children. Resilience is the positive capacity of people to cope with stress and catastrophe. It is also used to indicate a characteristic of resistance to future negative events. In this sense "resilience" corresponds to cumulative "protective factors" and is used in opposition to cumulative "risk factors". The phrase "risk and resilience" in this area of study is quite common. Commonly used terms, which are essentially synonymous within psychology, are "resilience", "psychological resilience", "emotional resilience", "hardiness", and "resourcefulness". Resilience is defined as a dynamic process that individuals exhibit positive behavioral adaptation when they encounter significant adversity or trauma. Resilience is a two-dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity. Adversity refers to any risks associated with negative life conditions that are statistically related to adjustment difficulties. While positive adaptation, is considered in a demonstration of manifested behavior on social competence or success at meeting any particular tasks at a specific life stage, such as the absence of psychiatric distress.

Resilience emerged as a major theoretical and research topic from the studies of children of schizophrenic mothers in the 1980's. In (Masten's, 2001) study, the results showed that children with a schizophrenic parent may not obtain comforting care-giving compared to children with healthy parents, and such situation had an impact on children's development. However, some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers make efforts to understand such responses to adversity.

Two factors are found to modify the negative effects of adverse life situations. The first factor is vulnerability which includes any indices aggregating the negative effects of difficult circumstances. Another protective factor is related to

moderating the negative effects of environmental hazards or a stressful situation in order to direct vulnerable individuals to optimistic paths, such as external social support, (Werner, 1995).

This study aimed to investigate the social skills and resiliency of mentally-challenged students in Kuwait which believed to be a limited number of studies on resiliency and children with special needs.

Methodology and Design

The descriptive approach was utilized in data collection, presentation, and analysis. The technique of a status survey was utilized.

The research design includes the basic processes of descriptive research such as: classification, description and analysis. The participants were classified according to their profiles. Their levels of social skills and resiliency were determined using the scales with the help of their parents or teachers as informants. Statistical measures such as mean values, T-test, F-test, and Pearson R were employed.

Participants

Eighteen students were selected through stratified sampling technique from children ages (13- 18) years old (3 females and 15 males with mean age = 14.38). They were grouped according to age, gender, number of years exposed to Special Need Education System, type of mental retardation and level of mental retardation. Fourteen subjects with mild mental retardation include attention deficit hyperactivity syndrome disorder, Down syndrome, and autism.

Apparatus and instruments

A questionnaire was created as the major tool of the study. The first part inquired on the profile of participants as to school, age, gender, number of years in SPED, type of mental retardation, and IQ or level of mental retardation.

Part II of the questionnaire dealt on the participant's level of social skills as to interpersonal and intrapersonal behavior.

Part III delved on the level of resiliency of participants as to active skill acquisition, future orientation, and independence. The resilience scale developed by Wagnild and Young (1993) was used as basis in the development of this part of the questionnaire.

Procedures

Information about the schools covered by the study was taken from their bulletin of information. Data on student's type and level of mental retardation and the length of their exposure to special education were taken from their permanent school records.

The questionnaires were accomplished by the teacher who served as informant if the participants cannot accomplish by themselves. Interviews were done to validate the information revealed by the questionnaire.

Gathering of Data

Information about the schools covered by the study was taken from their bulletin of information. Data on student's type and level of mental retardation and the length of their exposure to SPED were taken from their permanent school records.

The questionnaires were accomplished by the teacher who served as informant if the respondents cannot accomplish by themselves. Interviews were done to validate the information revealed by the questionnaire. Classification of gathered data was done in the light of the specific problems.

Statistical Treatment of Data

Descriptive Data Analysis. The frequency counts were made for each category of respondents profile in terms of age, sex, number of years in SPED, type and level of mental retardation. The frequencies were converted into percentages.

The scaled data was summarized into total weighted scores and average weighted scores, and was translated into descriptive ratings.

Inferential Data Analysis. The T-test and ANOVA were used to test the null hypothesis or the differences on levels of social skills and resiliency when respondent's profiles are considered. The Pearson R was applied to determine the relationship of social skills and resiliency of the respondents.

RESULTS

Level of Social Skills

Social skills are shown by the person's behavior towards others and the society he belongs. This study included the intrapersonal and interpersonal skills of the participants to describe their social skills.

Table 1 Level of social skills of the mentally challenged students

Social skills	TWS	Weighted mean	Descriptive rating
Interpersonal			
1. Is Friendly with classmates.	59	3.28	High
2. Gets along with persons of his/her age.	71	3.94	High
3. Gets along well with parents /teachers.	78	4.33	Low
4. Has to be with other people.	34	1.89	Moderate
5. Likes to be with other people.	57	3.17	Moderate
6. Works well with other people.	56	3.11	Moderate
Mean		3.29	
Intrapersonal		3.94	
1. Dresses properly.	71	2.67	High
2. Is concerned with his /her grooming.	48	2.78	Moderate
3. Can control his /her emotions.	50	3.0	Moderate
4. Has self-confidence.	54	2.50	Moderate
5. Can deal with his/her own problem.	45	3.89	Moderate
6. Feels proud of his /her accomplishment.	70		High
Mean		3.13	Moderate
Overall mean		3.21	Moderate

Table (1) shows the interpersonal and the Intrapersonal skills of the participants. It is shown on the table that the participants g*et al*ong well with parents and teachers (4.33) and with persons of their own ages (3.94).

The participants however, showed uncertainty in terms of being friendly with classmates (3.28), whether they like to be with other people (3.17), or work well with other people (3.11). The overall mean of (3.29) confirms the unpredictable attitude of the participants in getting along with other people. This indicates that their interpersonal skills are generally moderate. According to Gargiulo (2006) children with ADHD often experience difficulty making friends and maintaining appropriate relationships with peers.

Also it is shown that the respondents exhibit an above average degree of skills in terms of dressing properly (3.94), and being proud of their accomplishment (3.89). They were rated moderate in the following criteria: concerned with grooming (2.67), can control emotion (2.78), has self confidence (3.0), and can deal with own problem (2.50). The overall mean of (3.13) indicate that the participants had a moderate degree of intrapersonal social skill.

It can be deduced from the findings that the participants support is within the intermittent level.

Level of Resiliency:

Resiliency is the positive capacity of people to cope with stress and catastrophe. It is also used to indicate a characteristic of resistance to future negative events. In this study, resiliency is categorized in terms of future orientation, independence and active skill.

Table 2 Level of Resiliency of the Respondents in terms of Future Orientation

Resiliency Skills as to Future Orientation	TWS	Weighted Mean	Descriptive Rating
1. When he/she makes plans, he/she follows through with them.	48	2.67	Moderate
2. He/she feels proud that he/she has accomplished things in life.	70	3.89	High
3. He/she is determined.	58	3.22	Moderate
4. He/she believes can get through difficult times because he/she had experienced before.	59	3.28	Moderate
5. He/she keeps interested in things.	35	1.94	Low
6. He/she can look at the better side of a situation.	36	2.0	Low
Mean		2.83	Moderate

Future Orientation. Table (2) presents the mean values and descriptive rating on the perceived resiliency skills of the respondents as to future orientation. Among the indicators, the respondents were perceived proud to have accomplished things in life (3.89). The respondents were undecided on the three indicators such as: determined (3.22), believes can get through difficult times (3.28), and follows through when making plans (2.67). The mean rating of (2.83) which was described as undecided showed that the respondents had moderate resiliency skills in terms of future orientation.

It can be concluded that the respondent's resilience in terms of future orientation has not been well established as they seemed doubtful with the criteria.

Table 3 Level of Resiliency of the Respondents as to Independence

Resiliency Skills as to Independence	TWS	Weighted Mean	Descriptive Rating
1- He/she can depend on himself/herself more than anyone else.	47	2.61	Moderate
2- He/she usually manages one way or another.	46	2.56	Moderate
3- He/she can be on his/her own if he/she has to.	71	3.94	High
4- He/she is okay if there are other people who do not like him/her.	57	3.17	Moderate
5- He/she can do things for himself without the help of others.	45	2.50	Low
6- He/she can solve his own problem.	41	2.28	Moderate
Mean		2.84	Moderate

Independence. As to resiliency in terms of independence, the respondents were perceived to be able to be on their own if they have to (3.94); but undecided as to the following indicators: okay if there are other people who do not like them (3.12); they can depend on themselves more than anyone else (2.61); they usually manage one way or the other (2.56). The respondents, however, disagreed that they can do things themselves without the help of others (2.50), and they can solve their own problems (2.28).

It can be deduced from the findings that the respondents have moderate level of independence as confirmed by the overall mean of 2.84 (U). This is expected because children with retardation had in common absence or impairment of social interaction, communication and development of imagination. Hanburry (2005) citing Wing (1996) wrote that children with autistic features had a narrow rigid, repetitive pattern of activities and interest. According to Gargiulo (2006) citing Friend and Bursuck (2002) diminished self confidence, low self esteem, and feelings of isolation or rejection are fairly typical in some individuals with ADHD.

Table 4 Level of Resiliency of Respondents in terms of Active Skills

Resiliency Skills as to Active Skills	TWS	Weighted mean	Descriptive rating
1- Has enough energy to do what he/she has to do.	70	3.89	High
2- When in difficult situation, he /she can usually find his /her way out.	50	2.78	Moderate
3- In an emergency, he /she can be relied on.	39	2.17	Low
4- Sometimes, he /she makes himself /herself do things whether he /she wants it or not.	61	3.39	Moderate
5- Can lead in group work.	42	2.33	Low
6- Can call for help if needed to.	60	3.33	Moderate
Overall Mean		2.98	Moderate

Active skills. Table (4) presents the indicators of levels of resiliency of the respondents as to active skills. It can be gleaned from the table that the respondents agreed they have enough to do (3.89). They were however, undecided in the following indicators: Sometimes they make themselves do things whether they want or not (3.39); can call help if needed to (3.33); and can usually find their way out when in difficult situation (2.78). On the other hand, the respondents disagreed on the following points: can be relied on in an emergency (2.17) and can lead in a group work (2.33).

The findings showed that the respondents did not have the ability to lead and tackle emergency situation. This can be attributed to the fact that they generally have diminished self – confidence and self-esteem.

Table 5 Differences in the level of Social Skills of the Respondents Grouped According to Their Profile

Profile	Mean	Df	T/F Value		Decision
			Comp.	Tabular	
Age 13 -14 15- 16 Gender Male Female Level of Retardation Mild Moderate Type of Retardation ADH Down Syndrome Autism	 2.98 3.19 3.16 3.33 3.06 3.66 3.38 3.69 2.50	 16 16 16 2.15	 0.396^{NS} 0.3512^{NS} 1.787^{NS} 57.5**	 2.120 2.120 2.120 3.6823	 HO Accepted HO Accepted HO Accepted HO Rejected

** Highly Significant ^{NS} Not Significant

Differences in the Level of Social Skills

Table (5) shows the means, Df, and the tabular and computed T and F values which were used as bases in the researcher's decision in accepting or rejecting the null hypothesis.

Age. In terms of age, the table shows that the respondents in the (15-16) years category obtained a mean value of (3.19) while those in the (13- 14) years category obtained a mean value of (2.98). It can be gleaned from the data that the older respondents had a higher level of social skills than the younger respondents. When the data were subjected to T-test, the resultant T-value of (0.396) did not exceed or equal the tabular value of (2.120) at Df 16; hence the null hypothesis was accepted.

Gender. Considering the gender of the respondents, it is revealed on Table (3) that the females obtained a higher mean value (3.33) than the males (3.16). It can be deduced from the findings that the girls were more socially competent than the boys. However, when the data were subjected to T-test, the resultant T-value of (0.351) showed no significance since it did not surpass or equal the tabular T-value of (2.120) at Df (16). The null hypothesis, therefore, was accepted. Based on the result, it can be concluded that gender does not significantly influence the level of social skills of the respondents.

Level of Retardation. As shown on Table (3), the mean values obtained by the three groups were as follows: ADH and the least were those with autism.

When the data were subjected to statistical analysis, the results showed significant difference as evidenced by the computed value of (57.5) being higher than the tabular value of (3.6823) at Df (2) and (15). The differences can be attributed to individual differences. Many factors influence individual's behavior and functioning- among them: chronological age, the severity of the disability, and educational opportunities. Further, individuals with mental retardation are more like their non-retarded counterparts than they are different, sharing many of the same social, emotional and physical needs.

Type of Retardation. Table (3) shows the level of social skills of the respondents grouped according to type of retardation. As shown on the table, the students with Down syndrome obtained a weighted mean of (3.69). This was followed by those with ADH (3.38), and the lowest is those with autism (2.50), when the data were subjected to F-test, the result showed significant difference (57.5) because it exceeded the tabular F-value of (3.6823) at Df (2), (15). Hence, the null hypothesis was rejected.

The findings suggest that of the three groups of children, T hose with Down syndrome had better social skills than those with ADHD and autism. Smith (2007), citing Chapman and Hesketh (2002) wrote that although people with Down syndrome have intellectual disabilities, they have fewer adaptive behavior challenges than many of their peers with mental retardation. Individuals with Down syndrome are less active and less likely to spend time outdoors than their brothers and sisters.

Of the three groups, the respondents with autism had the lowest weighted score in social skills. This is in accordance to the definition profound by Gargiulo (2006) that it is a developmental disorder characterized by impaired development in social interaction markedly restricted repertoire of activity and interest. Differences in the level of Resiliency of the Respondents Grouped According to their Profile:

Table (4) presents the differences in the levels of resiliency of the respondents grouped according to their profiles.

Age. As shown on table (4), the respondents of the two groups, (13 -14) and (15- 16) years old obtained almost the same weighted mean scores, (2.988) and (2.986) respectively. This observation was confirmed by the computed T-value of (00037) which is much lower than the tabular T-value of (2.120) at Df (16), since the finding was significant, the null hypothesis was accepted.

Gender. In terms of gender, table (4) reveals that the males obtained higher weighted mean scores (3.01) in terms of level of resiliency than the female respondents (2.87). The differences were validated when the data were subjected to T-test and the computed T-value (2.1538) surpassed the tabular value (2.120) at Df (16). This result proved that there were significant differences in the levels of resiliency between males and females, the males having higher level of resiliency.

Level of Retardation. Considering the level of retardation of the respondents, the weighted mean scores obtained by those with mild retardation (2.93) was lower than those with moderate retardation (3.18).

Type of Retardation. As to type of retardation, the three groups obtained weighted mean scores of (3.305) (ADH), (3.23) (Down syndrome), and (2.43) (Autism).

The computed f-value (8.44) was lower than the tabular f-value (3.6823) at Df (2) and (15); hence the null hypothesis was rejected and the alternate hypothesis was accepted. Based on the findings, it can be concluded that there are significant differences in the levels of resiliency when type of retardation is considered. The respondents diagnosed of ADH and Down syndrome exhibited significantly higher degree of resiliency than t hose respondents detected with autism.

Table 6 Differences in the level of Resiliency of the Respondents Grouped According to Their Profile

Profile	Mean	Df	T/F Value		Decision
			Comp.	Tabular	
Age 13 -14 15-16	2.988 2.986	16	00037	2.120	HO Accepted
Gender Male Female	3.01 2.87	16	2.1538	2.120	HO Rejected
Level of Retardation Mild Moderate	2.93 3.18	16	1.034	2.120	HO Accepted
Type of Retardation ADH Down Syndrome Autism	3.305 3.23 2.43	2.15	8.44	3.6823	HO Rejected

* Significant

The results show that males have better social interaction skills than females. This is contrary to the findings of Ramos (2008) that there were significant differences in the level of respondent's resiliency when the profiles of respondents were considered. In Ramo's study, he found out that the female respondents had significantly higher weighted mean scores in terms of resiliency. The differences in results could be attributed to the ages of the respondents and their nationalities. Ramo's study involved college students, ages (17–20) years old; while this study involved (13-16) years old.

The study of Bonano *et., al.* (2007), however, revealed that women were less likelihood to resilience than men. However, the difference was proven insignificant when the data were subjected to T-test; the computed T-value (1.034) did not equal or surpass the tabular value of (2.120) at Df (16) being insignificant, the null hypothesis was accepted.

The findings show that those detected with autism have lower level of adaptive behavior because they have poor social skills.

Relationship of social Skills and Resiliency of the Respondents

The data on the comparison of social skills and resiliency levels of the respondents are shown on Table (5). The table shows that the total means scores of the respondents in social skills (x_1) and resiliency ($x_2$2) are (57.47) and (53.77), respectively. The squares of (x_1 $y_{1)}$ are (175.08). When the data were subjected to Pearson Correlation, the coefficient of R showed high correlation as evidenced by the R value, (84). On the basis of this result, it can be concluded that there is high correlation between the social skills and resiliency of the respondents. The data were further subjected to T-test, and the result, (6.198) confirmed that the relationship is highly significant since it exceeded the tabular value of (2.921) at Df (16) and at (.01) level of significance. It can be further concluded that the higher the level of social skills, the higher the resiliency level of the respondents.

Table 7 Relationship Between Levels of Social Skills and Resiliency of Respondents

Respondents	Social skills (x)	Resiliency (y)
1	3.58	3.28
2	3.16	3.22
3	3.67	3.39
4	3.66	3.44
5	3.84	3.22
6	3.50	3.28
7	3.75	2.94
8	3.75	3.17
9	3.66	3.33
10	2.5	2.28
11	2.5	2.5
12	2.5	2.28
13	2.5	2.5
14	2.5	2.5
15	2.5	2.5
16	3.58	3.28
17	3.16	3.22
18	3.16	3.44
Total	57.74	53.77

$\Sigma x^2 = 188.47$
$\Sigma y^2 = 163.72$
$\Sigma xy = 125.08$
Rxy = .84 (High Correlation)
Computed T = 6.198
Tabulated T at Df 16 = 2.120 at (.05) level of significance
2.921 at (.01) level of significance

Implication of the Findings to the Development of Intervention Program:

The study revealed that the respondents' level of social skills was moderate as evidenced by the overall mean of (3.21) (undecided). Likewise, their resiliency levels as to future orientation (2.83), independence (2.84), and active skills (2.98) were moderate. The study further revealed that there is high correlation between their social skills and resiliency scores. Also, among the three groups of respondents, those with autism scored the lowest in terms of social skills (2.50) and resiliency (2.43).

Evidently, there is a need for the respondents to improve the levels of their social skills and resiliency to be able to improve their lives.

Social Skills Development. The use of social skills training program is strongly encouraged by the researcher since social competence is related to almost every action that individuals perform. Deficit of social skills negatively influence their self-concept, their ability to make friends, their interaction with others, and eventually on their academic skills. Gargiulo (2006) identified implementing programs that match the intervention to the individual's problems. To train individuals acquire social

skills, modeling, coaching, practice, and specific feedback are suggested.

Autism skill Disorder. Children with autism disorders maybe helped to learn basic social skills by providing them the five stage model of social skills instruction. The steps include the following:

1. Identify social skills deficit as to level of social functioning.
2. Careful consideration should be used to discern between a skill acquisition deficit and a performance deficit.
3. When selecting intervention strategies, consider the notion of accommodation versus assimilation.
4. Used of social intervention strategies.
5. Assess and modify the intervention.

Resiliency Skills. Development of resilience among mentally challenged children requires more serious and intense consideration than among normal children since they are more vulnerable than those with high intelligence. Hence they should undergo social programs to promote resilience. The social program should include the following considerations: 1) Coping stress effectively and in a healthy manner; 2) Having good problem solving skills; 3) Having social support like big sisters or big brothers program; 4) Being connected with others, such as family or friends; 5) Opportunity to participate in the life of the community as valued members; and 6) Provision of counsel from peers and professionals.

SUMMARY AND CONCLUSIONS

On the basis of the data gathered through the survey, the following findings were identified. The participants mean score in social skills and resiliency was moderate. The results of the T and F tests in the comparison of social skills as to the participants profile were not significant for age, gender, and level of retardation. It was only significant for the type of retardation. The T-test and F-test results showed no significant differences in the levels of resiliency when grouped according to age and level of retardation. There were significant differences as to gender and type of mental retardation.

The result of Pearson R yielded computed value of high correlation and the test of significance yielded a T-value of the type of retardation.

In the light of the findings revealed by the study, the following conclusions were drawn. The intrapersonal and interpersonal social skills of the participants are within the moderate level. The resiliency levels of the participants as to future orientation, independence, and active skills are within the moderate level. Age, gender, and level of mental retardation do not significantly influence the level of social skills. There are significant differences in the participants' levels of social skills when type of mental retardation is considered. Age and level of retardation of the respondents do not significantly influence their levels of resiliency. Differences exist when gender and type of retardation are considered. Girls are less resilient than the boys. The level of social skills is significantly related with resiliency level.

Recommendation

Based on the foregoing findings and conclusions, the following recommendations are forwarded:

1. Children who are diagnosed of mental retardation should be provided with parental, school, and community social support to enhance their interpersonal and social skills.
2. Mentally challenged children should be guided professionally on their future orientation and be provided training to become independent and active in their community environment.
3. The schools should enrich their curriculum by providing activities like group games, family day, sports fest, musical renditions to expose their students to social interaction.
4. Girls should be trained to be confident, independent, and active to develop their resilience to environmental stress.
5. Children with autism disorder should be helped to learn the basic social skills and to develop resiliency.
6. Schools should include in their intervention programs techniques such as: modeling, coaching, social intervention strategies, peer counseling, and the five step model.

References

Gargiulo, Richard. (2006). Special Education in Contemporary Society. Singapore: Thomson Learning, Inc.

Gresham, F.M. (1995). Best Practices in Social Skills Training. In A. Thomas And J. Grimes (Eds), Best Practice in School Psychology.

Hanburry, Martin. (2005). Education Pupils With Autistic Spectrum Disorder. London: Sage Publications, Inc.

Masten, A.S. (2001). Ordinary Magic; Resilience Processes in Development. *American Psychologist*. 56, 227- 238.

Ramos, Frederick Von L. (2008). Social Skills and Resiliency Among Selected College Students of De La Salle Araneta University. Unpublished Thesis.

Chapman RS[1], Hesketh LJ, & Kistler DJ. (2002). Predicting longitudinal change in language production and comprehension in individuals with Down syndrome: hierarchical linear modeling. *Speech Lang Hear Res*. Oct; 45(5), 902-15.

Ring, M. M., & Reetz, L. (2000). Modification effects on attribution of middle school students with learning disabilities. *Learning Disabilities Research and Practice, 15*, 34–42.

Emmy E. Werner (1995). Resilience in Development, Current Directions in Psychological Science, *Association for Psychological Science*. *Sage Publications,* Inc. Vol. 4, No. 3, pp. 81-85

Kavale, K. & Mostert, M. P. (2004). *The positive side of special education. Minimizing its fads, fancies, and follies.* Oxford: Scarecrow Education.

Bryan, T., Burstein, K., & Ergul, C. (2004). The social-emotional side of learning disabilities: A science based presentation of the state of the art.
Learning Disability Quarterly, 27, 45-52.

National Institutes of Health Consensus Development Project on Criteria for Clinical Trials in Chronic. (2005). Graft-versus-Host Disease: I. Diagnosis and Staging. Working Group Report. Biology of Blood and Marrow Transplantation 11:945-955 American Society for Blood and Marrow Transplantation

Fuchs M[1], Kastner J, Wagner, M, Hawes S, & Ebersole JS. (2002). A standardized boundary element method volume conductor model, *Clin Neurophysiol.* 113(5),702-12.

Bonanno, E. R., Coifman, K. G., & Rafaeli, E. (2007). Affect Dynamics, Bereavement and Resilience to Loss, *Journal of Happiness Studies* 8,371-392

Checkley, K. (1997). The first seven…and the eighth: A conversation with Howard Gardner. *Educational Leadership*, 8-13.

Fuchs, L. S., D. Fuchs. (2001). Principles for sustaining research-based practice in the schools. A case studt. Focus on Exceptional Children, 33 (6): 1-14.

Gail M. Wagnild, & Heather M. Young (1993). Development and Psychometric Evaluation of the Resilience Scale. *Journal of Nursing Measurement, Spring Publishing Company,* 1(2).

Friend, M. & Bursuck, W. D. (2002). Including students with special needs: A practical guide for the classroom teacher. Boston, MA: Pearson.

Troia, G. A., & Graham, S. (2003). Effective writing instruction across the grades: What every educational consultant should know. *Journal of Educational and Psychological Consultation, 14,* 75-89.

****

How to cite this article:

Ali Mohamed Heder Mohamed.2016, the Social Skills and Resiliency of Mentally Challenged Children in Selected Schools in Kuwait. *Int J Recent Sci Res.* 7(6), pp. 11640-11648.

TSSN 0976-3031