Research Paper

Effects of Social Skills Training on Loneliness for Adolescents with Intellectual Disability

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ABSTRACT

The social interactions and the quality of relationships of youth are likely to be related to their later adjustment in adulthood; therefore, early interventions to remediate social difficulties appear crucial (Hensen, Watson- Perczel, & Christopher, 1989). Social skills deficits may be conceptualized within the model of effective information processing (Gresham, Elliott, & Black, 1987; Kramer, Piersel, & Glover, 1987). The goal of most social learning programs consists of helping the individual to develop the skills necessary for changing either the person himself/herself, the environmental context or both. The aim of this study is to examine the effect of social skills training using play therapy on the social competence of students with intellectual disability within an experimental and control group design. The objective of the study is to identify the effects of play therapy on social skills and loneliness of students with Intellectual disability. 20 samples were collected using purposive sampling method at WISDOMMS Learning Centre for special children, Chennai. The experimental group (N = 10) was trained with play therapy techniques in 7 sessions for one hour a session at alternative days for 15 days. Each student was assessed before and after the training using UCLA loneliness scale (Russell D; Peplau L. A & Ferguson M. L,1978), Modified Social Skills Rating System (Frank M. Gresham and Stephen, 2016), Social skills and Loneliness respectively. t-test was used to compare the level of social skills among the experimental and control group after intervention. This study concluded that two weeks of Social skill training (Jenga game) was effective in enhancing Social skill and reducing Loneliness. Hence, Social skill training or Play therapy (Jenga game) can be incorporated among intellectual disability, to reduce the level of loneliness.

Keywords: *Social Skill Training, Play Therapy, Intellectual Disability, Loneliness*

T he chapter explains about the variables in the study, definition of the variable. This chapter also provides detailed information on the variables used in the study.

Stephanie A. Kolakowsky-Hayner (2018) Social skills training is a therapeutic approach used to improve interpersonal relations. The therapy focuses on verbal and nonverbal behaviours common in social relationships.

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For example, participants may be encouraged to use eye contact when speaking with other people or maintain a certain amount of personal space with the person they are speaking with.

Individuals who struggle with learning and gaining interpersonal skills can benefit from developing their social skills through a training programme. Many trained professionals like teachers and therapists build a specialised programme for training social skills. Some individuals may find it difficult to make eye contact during conversations. Eye contact can be one of the first steps which help in starting a conversation between two or more people.

Intellectual Disability
Karen Gill, M.D. By Shannon Johnson (2019) Intellectual disability (ID), their brain hasn't developed properly or has been injured in some way. Their brain may also not function within the normal range of both intellectual and adaptive functioning. In the past, medical professionals called this condition "Intellectual Disability."

ADOLESCENCE, derived from the Latin word 'adolescere', refers to the period of transition from childhood to adulthood, marked by rapid physical, social, and psychological changes. It is a crucial stage where individuals adapt their childhood behaviours to adult forms, forming a bridge between childhood and adulthood. Adolescence is a critical period for individuals to grow into mature adults, requiring them to adapt and adjust their behaviours to fit their cultural norms.

Adolescence, a distinct phase of life with unique needs, emerged in the West during the early 20th century due to the societal changes caused by the industrial revolution. These changes included rapid urbanization, expansion of secondary education, delayed employment, and later marriage, etc. (Larson, 2002). The focus was on youth preparedness for successful adulthood and their potential to positively contribute to society. The term gained prominence in the early 20th century.

Adolescence, a phase from puberty to the second decade of life, involves physical changes and secondary adult characteristics. The average age of puberty is 11 for girls and 13 for boys, but has decreased to 10 in recent years. Environmental factors like diet and exercise also influence this period. The Indian National Youth Policy defines adolescents as 13-19 years old, while the World Health Organisation defines them as between 10 and 19 years old.
- Early Adolescence: 10-12 years
- Middle Adolescence: 13-15 years
- Late Adolescence: 16 to 19 years

Objectives of The Study
The following objective is formulated based on the problem.
- To identify the effectiveness of social skill training on enhance social skills, and reduce loneliness among the Intellectual Disability adolescents, (Age 11-20).

REVIEW OF LITERATURE
Malka Margalit, (2006). conducted a study on the "Effects of Social Skills Training for Students with an Intellectual Disability", in an experimental and control group design, this study looked at how a computer-assisted social skills intervention affected the social

competence of 73 adolescents with a slight intellectual impairment (age range: 11.0 to 15.0). While the control group (N = 35) practiced computer-related keyboarding and writing abilities, the experimental group (N = 38) received training using the computer-supported software I Found a Solution. Peer evaluations of social acceptability, self-rated loneliness, and instructor evaluations of disruptive behaviour and social skills. The data analysis done by two-way repeated-measures MANOVA. On the other hand, there were no appreciable variations in the experimental and control groups' experiences of loneliness. There is discussion on the implications for further study and intervention.

Bennion, L., Mills, T., Adams, G. R., Openshaw, D. K., & Noble, S. (2016) An investigation on social skills training and loneliness in late adolescence The UCLA Loneliness Scale answers of 243 female 18–19-year olds were subjected to a component analysis in order to determine if the results were unidimensional or multidimensional. Psychological, psychosocial, and social loneliness were identified as the three types of loneliness. For the three subscales, estimates of internal consistency and predictive validity were made. In the

second trial, twenty undergraduate girls who reported high degrees of loneliness and poor or mediocre social skills participated in a social skills training program. Social skill development was linked to less social and psychosocial loneliness but not psychological loneliness. Regarding the self-perceived social inhibition, no impacts were seen.

METHODOLOGY

Research Design
The present research utilised the experimental research design. Experimental research design is the process of carrying our research in an objective and controlled fashion so that precision is maximised and specific conclusions can be drawn regarding a hypothesis statement.

Hypotheses
1. There will be a significant difference on social skills and loneliness among the Intellectual disability adolescents after the intervention.

Sampling Technique
Purposive sampling (also known as judgment, selective or subjective sampling).

Sample Size
For this present study 100 samples have been selected and only participants with a severe level of Intellectual disability were chosen. The sample size for the present study was 20 participants divided into two groups. The two groups included 10 participants in the experimental group and 10 participants in the control group from Special school in Chennai, Tamil Nadu.

Study Criteria
- Adolescent with mild and moderate level of Intellectual disability were included.
- Both males and females were included in the study.
- Adolescents who has never undergone social skill training were considered in the study.

Instruments Used

The following instruments were used for data collection,
- Modified social skills rating system (Frank M. Greshan and Stephen 2016)
- UCLA loneliness scale (Russel D; Peplau L.A &Ferguson M. L, 1978)

Procedure

The data was collected from Intellectual disability for Wisdomms learning centre for special children in Chennai. All the eligible participants who meet the inclusion criteria were provided with information about the procedure and the need for the study was explained in the language they understood the best. Consent was taken after a brief explanation about the study to the subjects and the family members accompanying the patient. The information was kept confidential. Participants who were not cooperative and not willing to participate in this study were omitted. The selected participants were seated comfortably and they were interviewed in person about their demographic details. Both group participants were asked to answer Modified social skills rating system, UCLA loneliness scale.

Intervention

General Instructions (Before and During Jenga Game)

The instruction was kept simple and was easily understood by participants exposed to Jenga game and gives them a clear picture of how to cooperate during the training.

1. Begin by setting up a flat and stable surface, such as a table or the floor.
2. Take out all the wooden blocks from the Jenga box and stack them in rows of three, alternating the direction of each layer (horizontally and vertically).
3. Continue stacking the blocks until you have created a tower of 18 layers, with each layer consisting of three blocks.
4. The objective of Jenga is to remove one block at a time from the tower and place it on top, creating a taller and more unstable structure.
5. Players take turns removing blocks from the tower using only one hand. They can touch and tap blocks to find a loose one but must only use one hand to remove it.
6. Once a player touches a block, they must commit to removing it. They cannot change their mind after touching a block.
7. Players continue taking turns until the tower collapses.
8. The game ends when the tower collapses, and the player who caused the collapse is considered the loser.

This study concludes that the intervention was done during the week days of working hours of school. From the day after collecting the pre-test responses, intervention is given for 15 days (alternative days). Confidentiality among the participants was assessed through observation and interview method.

Statistical Analysis

Table 1 Comparison between of pre and post-test of social skill score of the participant.

Social Skills	Pre/post-intervention	N	Mean	S. D	t - value	p-value
	Pre - intervention	10	95.20	19.86	6.81	0.001
	Post - intervention	**10**	**114.20**	**18.03**		(S)

S-Significant   Source: Primary data

H1: There will be a significant difference between the level of social skill in pre- test and post-test after intervention of social skills training.

Table 1 reveals Mean, SD and t-value of the pre-test and post-test of social skill. Based on that, it is inferred from the obtained results, the pre-test of social skill obtained a mean value of (95.20) and the post-test obtained a mean value of (114.20). The calculated t-value is (6.81), which is significant and there is difference between pre and post-test. The P-value is <0.001 that proved there is highly significant difference between the pre and post-test of social skill. Hence after the intervention, the participants have better social skill.

Table 2 Comparison between of pre and post-test of loneliness score of the participant.

Loneliness	Pre/post-intervention	N	Mean	S.D.	t - value	p- value
	Pre – intervention	10	39.80	5.41		
	Post– intervention	**10**	**34.0**	**3.71**	6.33	0.001(S)

S-Significant   Source: Primary data

H2: There will be a significant difference between the level of loneliness in pre- test and post-test after intervention of social skills training.

Table 2 reveals Mean, SD and t-value of the pre-test and post-test of loneliness. Based on that, it is inferred from the obtained results, the pre-test of loneliness obtained a mean value of (39.80) and the post-test obtained a mean value of (34.00). The calculated t-value is (6.33), which is significant and there is difference between pre and post-test. The P-value is <0.001 that proved there is highly significant difference between the pre and post-test respondents' level of loneliness. Hence after the intervention, the participants level of loneliness was reduce.

DISCUSSION

Play therapy is an effective method for helping children with intellectual impairments develop their social skills (U. Masroor, N.N. Iqbal, and A.T. Asjad, 2017). Social skills and a sense of community within the school are essential parts of procedures aimed to minimize in the classroom and to enhance (Cinzia Albanesi, Elvira Cicognani, and Gabriele Prati, 2017). Social skills training considerably decreases feelings of loneliness and enhanced their drive for accomplishment (Fatemeh Khosravi Saleh Baberi and Zahra Dasht Bozorgi, 2016). Social skill development was linked to less social and psychosocial loneliness but not psychological loneliness (Bennion, L., Mills, T., Adams, G. R., Openshaw, D. K., & Noble, S. 2016). These findings are proved by this study that, social skills training through play therapy reduces loneliness among ID children.

By enhancing their social competence, adolescents with intellectual disabilities can build meaningful relationships, participate more fully in social activities, and improve their overall quality of life. Additionally, acquiring social skills can increase their opportunities for employment and community engagement, promoting independence and self-determination. Therefore, social skills training helps to reduce the loneliness among intellectual disability in adolescents.

Limitations of Study

Limitations of the study are the constraints placed on the ability to generalize from the results, to further describe applications to practice, and or related to the utility of findings that are the result of the ways in which you initially chose to design the study or the method used to establish internal and external.

The study has some limitations. They are,

- The sample were self-selected by the researcher.
- Time constraints for the administration of intervention.
- Lack of previous research studies on the topic.

Recommendations for Further Research

The present study indicates the effect of social skills training among poor social skill and loneliness for adolescents with an intellectual disability. From the present study, it is implied that the social skills training is effective and can be used as a technique on enhancing social skill and reduced loneliness patients. It is hoped that the present study would open new avenues for further research in the area selected for the present investigation. Some of the lines on which further studies can be undertaken are listed below:

- Future studies can be done using an increase in sample size.
- The area of the study can be expanded for other professionals.
- The other psychological interventions and other psychological variables can be implemented along with social skills training.

CONCLUSION

Social skills training is crucial for adolescents with intellectual disabilities as it empowers them to navigate social interactions, fostering independence and inclusion. Adolescence is a critical period for developing social skills, and individuals with intellectual disabilities often face challenges in this area due to communication deficits or difficulty understanding social cues. Social skills training provides structured interventions to teach essential skills such as initiating conversations, understanding nonverbal cues, and resolving conflicts. By enhancing their social competence, adolescents with intellectual disabilities can build meaningful relationships, participate more fully in social activities, and improve their overall quality of life. Additionally, acquiring social skills can increase their opportunities for employment and community engagement, promoting independence and self-determination. Therefore, social skills training helps to reduce the loneliness among intellectual disability in adolescents. This study adopts a purposive sampling technique. The sample size included 20 participants with less social skills are included and randomly assigned. In experimental group (Group A) [n=10] and control group (group B) [n=10]. Experimental group undergone Social skill training one time in 2 days for 15 days. Control group undergone their routine. Pre-test and post-test values of social skills and loneliness were measured using Modified Social skills rating system of Frank M. Greshan and Stephen, UCLA Loneliness scale of Russel D, Peplau L.A &Ferguson M. L. The collected data were statistically analysed using t-test. The findings revealed that there is a significant difference between the pre and post-test values social skills and loneliness which means that social skill training (Jenga game) was significantly effective on enhancing social skill, reduced loneliness among adolescents with intellectual disability. The study recommends Social skill training (Jenga game) for enhancing social skill and helps to manage their loneliness among intellectual disability.

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Conflict of Interest

The author(s) declared no conflict of interest.

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